

KPCO Interested Participating Provider Request Form/Application

Must submit current W9

Thank you for your interest in becoming a contracted provider with Kaiser Permanente.

- Please fill out the below information. N/A any questions not applicable. If the necessary information is not received your request form will not be reviewed.
- After submitting a completed request form, a Provider Experience Consultant will have your request form reviewed.
- Status updates will be directed to the contact email address given.
 - **If form/application is approved to be added to the Network:** A **CONGRATULATIONS:** Email will be sent along with the Combined New Practitioner and New Office template. To be emailed to the assigned contact. Please filled out and returned for provider demographics/contracting/credentialing processing.
 - **If form/application is declined:** Provider/Group information will be saved on file along with an email stating reason of decline.
- You will not be able to re-apply for 365 days from date of your request below.

If you are a behavioral health provider in Colorado Springs, Pueblo, Canon City or Northern Colorado or surrounding areas and would like to join the Kaiser Permanente Colorado network, please contact Carelon Behavioral Health (formally Beacon Health Options) enrollment requests may be submitted at the following link <https://www.carelonbehavioralhealth.com/providers/join-our-network> if you have questions contact Carelon Behavioral Health at 1-800-397-1630.

GENERAL INFORMATION	
1. Interested Provider/Group Name	•
2. Interested Provider/Group Tax ID	•
3. Interested Provider/Group NPI	•
4. Contact	•
5. Contact Email	•
6. Contact phone number	•
7. Contact fax number	•
8. Date of Request:	Click or tap to enter a date.
9. Prior Request:	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Type of Request:	<input type="checkbox"/> Professional <input type="checkbox"/> Facility <input type="checkbox"/> Ancillary
11. Type of Request	<input type="checkbox"/> New
12. Service Area:	<input type="checkbox"/> D/B <input type="checkbox"/> NoCO <input type="checkbox"/> Co Springs <input type="checkbox"/> Pueblo
13. Primary Location Address	•

14. Billing Address	•
15. <i>List name or third party entity handling contract negotiations?</i> (Name, Phone number, Email address)	•

PROFESSIONAL/FACILITY REQUEST - INFORMATION	
16. Size of Practice:	<input type="checkbox"/> Single Provider <input type="checkbox"/> Multiple Providers – number:
17. Practice Specialty <i>List primary specialties; tab/indent for subspecialties or specialized skill set</i>	<input type="checkbox"/> Single Specialty <input type="checkbox"/> Multiple Specialties
18. Specialty / Facility Type	<input type="checkbox"/> Home Health <input type="checkbox"/> SNF <input type="checkbox"/> ASC <input type="checkbox"/> BH <input type="checkbox"/> Other <i>Comments:</i>
19. Open panel- are you and or the group accepting new patients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Patient Ages Accepted (Check ALL that apply):	<input type="checkbox"/> Child: (Ages-_____) <input type="checkbox"/> Adolescent: (Ages-_____) <input type="checkbox"/> Adult: (Ages-_____) <input type="checkbox"/> Geriatric: (Ages-_____)
21. Lines of business accepted? (Medicare, Medicaid, Commercial) A. Is the group and are all practitioners participating Medicare providers?	•
22. Hospital/ASC affiliations- Bullet additional comments, <i>as appropriate, with attention to affiliations not aligned w KP</i>	•
23. Practice Description- What services does your office provide? A. Provide website, as appropriate	• • Does your practice prescribe opioids? If so, please describe your opioid monitoring program. <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No
24. Quality – Provider Database Review A. Summarize any negative reports; attach PDF as appropriate	• Has a practitioner in group been previously employed w Kaiser Permanente (if yes, list providers below)? <input type="checkbox"/> Yes <input type="checkbox"/> No •
25. Quality & Safety A. <i>What are you looking at to measure quality; what quality metrics can you share; is data benchmarked</i>	• Please verify if any of the practitioners on your roster have any quality of care concerns, ie actions against license, credentialing concerns, etc. Please also note any practitioners who have opted out of Medicare. • Do you have a quality plan or quality data you can share? Can you share your quality reports?
26. Care Experience- <i>Patient satisfaction, wait times, etc.</i>	• Patient Sat or Surveys: • Access, New Visit / Consult Wait times:
27. Interoperability	• EMR: <input type="checkbox"/> Epic <input type="checkbox"/> WEBPT/REVFLOW <input type="checkbox"/> Other <input type="checkbox"/> No • HIE: <input type="checkbox"/> CORHIO <input type="checkbox"/> Other <input type="checkbox"/> No • If not Epic, please answer the following questions:

	<ul style="list-style-type: none"> • Do you participate in any of the following interoperability exchange platforms: <ul style="list-style-type: none"> ◦ <input type="checkbox"/> Carequality <input type="checkbox"/> Commonwell <input type="checkbox"/> CORHIO <input type="checkbox"/> eHealth ◦ <input type="checkbox"/> No • If participating in one of the above platforms: <ul style="list-style-type: none"> ◦ Are you sharing the following discretely via the exchange? ◦ <input type="checkbox"/> Notes <input type="checkbox"/> Results <input type="checkbox"/> Encounter diagnoses <input type="checkbox"/> Plans of Care ◦ If yes, are you sending industry standard codes with the diagnosis and results? (i.e. ICD-10, LOINC, SNOMED) ◦ <input type="checkbox"/> Yes <input type="checkbox"/> No • If not participating: <ul style="list-style-type: none"> ◦ Can you provide a timeline for engaging in this effort? ◦ <input checked="" type="checkbox"/> <6 mo <input type="checkbox"/> 6-12 mo <input type="checkbox"/> No current plan ◦ Are you able to utilize Direct messaging to share a CCDA or PDF? ◦ <input type="checkbox"/> Yes <input type="checkbox"/> No ◦ Are you utilizing any API's (Application Program Intervace) for exchange? ◦ <input type="checkbox"/> Yes <input type="checkbox"/> No • Willingness to use Affiliate Link (Epic Link portal): <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>28. Privileges with other Health Systems? List current privileges.</p>	<ul style="list-style-type: none"> • <input type="checkbox"/> Yes <input type="checkbox"/> No