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) 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:	☐ Yes ☐ No
10. Type of Request:	☐ Professional ☐ Facility ☐ Ancillary
11. Type of Request	☐ New
12. Service Area:	☐ D/B ☐ NoCO ☐ Co Springs ☐ Pueblo
13. Primary Location Address	•

14. Billing Address	•
15. *List name or third party entity handling contract negations?* (Name, Phone number, Email address)	•

PROFESSIONAL/FACILITY REQUEST - INFORMATION	
16. Size of Practice:	☐ Single Provider ☐ Multiple Providers – number:
17. Practice Specialty List primary specialties; *tab/indent for subspecialties or specialized skill set*	☐ Single Specialty ☐ Multiple Specialties
18. Specialty / Facility Type	☐ Home Health ☐ SNF ☐ ASC ☐ BH ☐ Other *Comments:*
19. Open panel- are you and or the group accepting new patients? 20. Patient Ages Accepted (Check ALL that apply):	☐ Yes ☐ No ☐ Child: (Ages-_________) ☐ Adolescent: (Ages-__________) ☐ Adult: (Ages-__________) ☐ Geriatric: (Ages-)__________)
21. Lines of business acceped? (Medicare, Medicaid, Commercial) A. Is the group and are all practitioners participating Medicare providers?	•
22. Hospital/ASC affiliations- Bullet additional comments*, as appropriate, with attention to affiliations not aligned w KP*	•
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. ☐ NA ☐ Yes ☐ 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)? ☐ Yes ☐ No •
25. Quality & Safety A. *What are you looking at to measure quality; what quality metrics can you share; is d ata benchmarked*	• 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 pratcitioners 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- P*atient satisfaction, wait times, etc.*	• Patient Sat or Surveys: • Access, New Visit / Consult Wait times:
27. Interoperability	• EMR: ☐ Epic ☐ WEBPT/REVFLOW ☐ Other ☐ No • HIE: ☐ CORHIO ☐ Other ☐ No • If not Epic, please answer the following questions:

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	• Do you participate in any of the following interoperability exchange platforms: ○ ☐ Carequality ☐ Commonwell ☐ CORHIO ☐ eHealth ☐ No • If participating in one of the above platforms: ○ Are you sharing the following discretely via the exchange? ○ ☐ Notes ☐ Results ☐ Encounter diagnoses ☐ Plans of Care ○ If yes, are you sending industry standard codes with the diagnosis and results? (i.e. ICD-10, LOINC, SNOMED) ○ ☐ Yes ☐ No • If not participating: ○ Can you provide a timeline for engaging in this effort? ○ ☐ <6 mo ☐ 6-12 mo ☐ No current plan ○ Are you able to utilize Direct messaging to share a CCDA or PDF? ○ ☐ Yes ☐ No ○ Are you utilizing any API's (Application Program Intervace) for exchange? ○ ☐ Yes ☐ No • Willingness to use Affiliate Link (Epic Link portal): ☐ Yes ☐ No
28. Privileges with other Health Systems? *List current privileges.*	• ☐ Yes ☐ No