

Hawaii Independent Physicians Association

1600 Kapiolani Boulevard
Suite 1030
Honolulu, HI 96814



For providers who were previously in the program, HIPA Membership Committee conducts a full performance review. HIPA PO Provider minimum performance targets are 60% overall performance (% total \$ captured/% total \$ available) and 50% performance per each LOB (% LOB \$ captured/% LOB \$ available). As such:

Please explain your understanding of your previous performance in PT and any areas for improvement?

Do you service the QUEST population, and if so, how do you ensure performance for this population?

Do you grant Hawaii IPA permission to obtain your previous PT performance and attribution data from HMSA? Yes No

Comments:

Do you grant Hawaii IPA permission to discuss your PT participation with your previous PO(s)?

Yes No

Comments:

Can you perform the functions of the contractual agreement for which you are applying for with or without accommodation (i.e. for NDs, APRNs, PAs, supervising MD signing off on **all** notes; promoting all quality measures under PT, minimum performance targets, etc.)? If no, please explain (attach an additional page if necessary).

Yes:

No. Please explain:

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Anything else you would like the Membership Committee to know regarding your Hawaii IPA PT application?:

Guidelines for Switching POs

If you are currently in a PO, HMSA only allows PO transfers twice a year. Please see below requirements and deadlines to switch POs

Effective Date with New PO	Notification given by both POs to HMSA	HIPA Deadlines	Current PO
July 1	May 1	All application materials received by end of February; Contract with HIPA signed by April 30 th	Check with your current PO for termination clauses and deadlines. Contract termination must be submitted to current PO, with a termination date of 6/30, prior to signing HIPA contract
January 1	Nov 1	All application materials received by end of August; Contract with HIPA signed by October 31st	Check with your current PO for termination clauses and deadlines Contract termination must be submitted to current PO, with a termination date of 12/31, prior to signing HIPA contract

I acknowledge and understand the above requirements for switching POs

I am not currently in a PO and the above does not apply to me

Good Standing Review: Medical License and Credentialing

Are you presently using illegal drugs?: Yes No

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Have you, in the past 5 years used and/or been treated for substance (i.e., drugs, prescription medication) or alcohol abuse? Yes No

Is there any current or pending due process action relating to denial, revocation, suspension, or restriction for any of your Hawaii Medical Licenses or any license in any jurisdiction? Yes No

Have any of your Hawaii Licenses ever been challenged, denied, revoked, suspended, restricted, limited, conditioned voluntarily or involuntarily relinquished? Yes No

Is there any current or pending due process action relating to denial, revocation, suspension, or restriction for any of your Hawaii State Narcotics Enforcement Division Certificate (NED) or your Federate Drug Administration Certificate (DEA) in any jurisdiction? Yes No

Has your Hawaii State Narcotics Enforcement Division Certificate (NED) or your Federal Drug Administration Certificate (DEA) ever been challenged, denied, revoked, suspended, restricted, limited, conditioned voluntarily, or involuntarily relinquished in any jurisdiction? Yes No

Are you currently named as a defendant to any pending malpractice claim or suit?
 Yes No

Within the past 2 years, have you ever been named as a defendant in any malpractice claim or suit where judgement was made against you or where you settled out of court with the plaintiff?

 Yes No

I hereby acknowledge that the above statements are true and correct to the best of my knowledge.

Signature

Printed Name