

Hawaii Independent Physicians Association

1600 Kapiolani Boulevard

Suite 1030

Honolulu, HI 96814



Hawaii IPA Membership Committee Form: Application of a Provider to RACP

Can you please comment on your ability to & processes in place to meet Hawaii IPA's performance standards: at least 85% reassessment performance overall (# assessed chronic conditions/# total chronic conditions) and best efforts to reach 90% Annual Wellness Visit (AWV) or Annual Health Assessment (AHA) completion (# completed AWVs or AHAs/total patient population)?

Please discuss your willingness to work with Hawaii IPA staff to ensure performance standards are met, if not exceeded (including workflow assessment, review of performance, staff training, etc):

If known, what was your previous performance in MDX's BOI Incentive program? Please include percentage of AWVs/AHAs completed and reassessment score.

If you are unsure of your historical performance with MDX, do you grant Hawaii IPA permission to request your previous performance from MDX?

Yes No

Do you commit to attending the Area Review of Clinical Operations (ARCOs) meetings? *Note: these meetings are scheduled 3x annually and are how the physicians work together to manage total cost of the HIPA patient population,*

Yes No

Are you willing to have an open panel for new patients for both Humana PPO and United HMO (program requirement)?

Yes No

Are you willing to have an open panel for auto-assignments with Humana HMO (optional)?

Yes No