



19601 W. Bluemound Road Suite #130
Brookfield, WI 53045

PHYSICIAN PARTICIPATION REQUEST FORM

Rev.1.2025

Thank you for your inquiry regarding participation in Wisconsin IPA, Inc. (WIPA). Your request will be reviewed by the WIPA Board and a Credentialing Application will be extended to you, if it is determined that the WIPA network structure would benefit from your participation. Due to the costs related to process a credentials file, a non-refundable application fee of \$300 will be required to process your full membership/credentials application.

Please provide the following information and review the membership requirements outlined in this form. You may return your signed form to WIPA via email: rashel.oldfield@wisconsinipa.com or Fax: 262-641-5227.

1. Clinic Name, Name of physician(s) and specific specialty for each physician.

2. List your office location(s) and **percentage** of office hours for each physician at each office.

3. Physician call coverage arrangements, which must be with a WIPA contracted physician of like specialty, unless an alternative arrangement is approved by the WIPA Board.

4. Current medical staff appointment(s) and **percentage** of practice at each hospital.

5. Clarify board certification or board eligibility in the specialty area that the physician(s) will provide services.

6. Clinical integration is the foundation of WIPA's ability to achieve and demonstrate quality and efficient health care. It also supports WIPA's ability to jointly negotiate and execute health plan contracts on your behalf. The following is a summary of requirements, which the WIPA Board may refine and revise on an as-needed basis, in order to maintain an effective clinical integration program. Please review the following and verify that you understand and agree to comply with these requirements by signing in the space provided at the end of this form.

WIPA Membership Requirements

Current Credentials File – Physician Members are required to have a current credentials file that has been approved for a three-year cycle.

Clinical Integration Initiatives – Participate in WIPA initiatives to continuously improve quality, efficiency, cost and resource use. Initiatives include WIPA's bi-annual patient satisfaction survey, quality metrics data collection and related improvement activities, provide input regarding clinical practice guidelines and related measurements, adherence to policies (i.e., wait times, communication, confidentiality, etc.) and other initiatives that may be identified by the Clinical Integration Committee and/or WIPA Board of Directors.

WIPA Annual Provider Scorecard – WIPA maintains an annual scorecard of important clinical integration goals and member citizenship. Elements include compliance with data submission, quality initiatives, completion of annual clinical integration education, timely response to surveys or other information requests from WIPA and other elements determined by the WIPA Board. Providers need to maintain an acceptable score.

Clinic Site Survey – Each provider is required to review and indicate compliance with an Office Site Office Review Audit List to assure proper office safety. On-site audits will be completed by WIPA if: *1. A complaint is received by WIPA regarding your clinic site, 2. At the discretion of the WIPA Board, if your membership is in probation for failing to comply with clinical integration mandates, or 3. A health plan requires more frequent assessment.*

E-Mail Access – Upon approval of membership, each physician agrees to provide an e-mail address that will be responded to in a timely manner for communication with WIPA staff.

Data Feed for WIPA's Data Aggregation Platform - WIPA utilizes a web-based data aggregation platform via the Wisconsin Health Information Network (WISHIN) to facilitate electronic access to relevant patient information required for WIPA's clinical integration initiatives. WIPA also uses other resources to gather clinical quality data, as needed. Each physician will be required to submit data as defined by WIPA's clinical work groups and/or as determined by the Clinical Integration Committee or WIPA Board.

There is a one-time fee to establish your Data Feed via WISHIN, which is approximately \$1,500 per practice, plus any costs that may be charged from your practice management vendor to provide the data feed. If additional barriers are identified during the Data Feed implementation, there may be additional fees that you will be responsible for. Any additional fees will be discussed with the practice prior to incurring.

Upon approval of your Request to Participate, you will be provided with a New Practice Questionnaire that outlines the required data fields and related information. This will help WIPA assess your ability to comply with this requirement.

Support the adoption of technologies to advance clinical integration and efficiency, priorities include:

1. Do you use e-prescribing?

- a) ☐ Yes. Name of e-prescribing vendor: _____
- b) ☐ No.
- c) ☐ I do not prescribe medications in my specialty.

2. Do you use an electronic medical record (EMR)?

- a) ☐ Yes. Name of EMR vendor: _____
- b) ☐ No.

3. Electronic submission of claims is a requirement for all applicable WIPA contracted health plans. Please provide the name of the vendor you use to submit claims electronically:

Claims Submission Vendor Name

WIPA Contract Participation – All participating providers need to agree to be available to participate in all WIPA payer agreements.

WIPA Annual Fees – Annual fees are established by the WIPA Board based on budget requirements and may be changed at the discretion of the Board. Membership dues need to be paid prior to activating your membership and will be prorated only if you are joining with less than six months left in the annual dues cycle, which runs from April 1st to March 31st of each year. Dues are not refunded if your membership is terminated for any reason.

- Specialist Physician - \$3,343 annual participation dues and \$375 annual clinical integration fee
- Primary Care Physician - \$3,009 annual participation dues and \$375 annual clinical integration fee
- Mid-Level Provider Employed by Practice - \$835 annual participation dues and \$200 annual clinical integration fee
- Solo Mid-Level Provider - \$947 annual participation dues and \$200 annual clinical integration fee

Please provide signature(s) on the following page.



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Request to Participate Signature Page

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I have read the current Wisconsin IPA membership requirements, and I agree to comply, or be in compliance within thirty (30) days of my membership activation, if my application is approved by the Wisconsin IPA Board.

Physician's Signature

Date

Physician's Signature

Date

Physician's Signature

Date

Physician's Signature

Date

Physician's Signature

Date

If additional physicians are in your practice, please insert or print an additional signature sheet, so that each physician can provide their signature.

If you have any questions, or require further assistance, please contact the WIPA office, at (262) 787-1525 or email Rashel Oldfield at rashel.oldfield@wisconsinipa.com.

Thank you.