



ORGANIZATIONAL MEMBER APPLICATION

Application is hereby made to become an Organizational Member of America's Physician Groups, formerly CAPG, a 501(c)(6) not-for-profit corporation.

MISSION STATEMENT: The mission of America's Physician Groups (APG) is to assist accountable physician groups to improve the quality and value of healthcare provided to patients. APG represents and supports physician groups that assume responsibility for clinically integrated, comprehensive, and coordinated healthcare on behalf of our patients.

COMPANY INFORMATION

Organization's full legal name Established/Founded (Year)

Senior physician executive name and title (APG delegate)

Telephone Cell Phone Email

Senior administrative executive name and title (APG delegate)

Telephone Cell Phone Email

Organization's street address

City State Zip

Organization's web address

Main telephone # Main fax #

Name and title of individual to whom dues billing should be sent

Telephone Cell Phone Email

Address (if different from above)

PROFILE INFORMATION

1. Provide the number of employed and contracted physicians in each category

A. Number of primary care physicians: Employed _____ Contracted _____
(includes pediatrics, family practice, internal medicine, OB/GYN, urgent care and general practice)

B. Number of specialist physicians: Employed _____ Contracted _____

2. Is your organization For profit Not-for-profit

3. Affiliation or ownership Hospital-affiliated Health plan-affiliated Equity Partnership(s)

If Yes, please specify _____

4. Please indicate which type of structure most closely describes your organization *(for MSO, please attach a list of organizations included in the enrollment numbers listed below)*

Medical Group Medical Group and IPA IPA MSO

Other *(please specify)* _____

5. Does your organization participate in a management services organization (MSO) with defined services?

Yes No If yes, please identify the organization that provides these services:

6. Number of satellite offices - medical groups only *(please attach list of locations)* _____

7. Please list the state(s) in which your organization is based

8. Please check the attributes of coordinated care that your organization has or provides

If you have any questions or need additional information on how to answer these questions, please see the America's Physician Groups' Standard of Excellence™ survey for clarification at APG.org/SOE.

Domain I: Care Management Practices

- High risk case management
- Disease management
- Hospitalists
- Concurrent review nurses, for continuity, problem solving, and efficiency
- Readmission reduction
- Avoidable emergency room use—continuity of care
- Prescription pattern awareness at individual doctor level
- Authorizations—precision and speed
- Palliative and hospice care programs as system offerings
- Collaboratives for quality and efficiency
- Employer-group synergies
- Disaster planning

Domain II: Health IT

- Preventive care and chronic care registries
- Electronic capture and reporting of BP
- EHR deployment
- Secure electronic communication
- Electronic prescriptions—safety and efficiency
- Prescription verification

Domain III: Accountability and Transparency

- Compliance with strict regulations regarding financial solvency and management capability
- Formal measurement and public reporting of patient satisfaction
- Formal measurement and public reporting of clinical quality performance
- Use of resources: Awareness, peer dialogue, and feedback with practitioners regarding tests, images, consultations, ancillary services in clinical areas prone to variability
- Individual physician performance incentives of meaningful scale
- Provider satisfaction with the systems designed to support their work
- Formal patient rights policies

Domain IV: Patient-Centered Care

- Patients' electronic access to their doctors and clinics
- Same day access
- After hours and weekend services
- Timely appointments
- Shared decision making
- Documentation of ethnicity and language preferences in served population
- Cultural engagement and linguistic responsiveness training
- Language interpretation services
- Personalized reminders in multiple media
- Home visits
- Website presence
- Advice line

HEALTHCARE INDUSTRY BUSINESS REFERENCES

Name (1) _____ Title _____

Company name _____

Phone _____ Email _____

Name (2) _____ Title _____

Company name _____

Phone _____ Email _____

DUES CALCULATION

APG considers your organization's business structure and geographical location in the determination of dues. Please complete **only one section (A, B, C or D)** below that best represents your organization. Please contact Lura Hawkins at 213-239-5046 or by email at lhawkins@APG.org, or your APG contact if you need assistance.

Section A: Medical Groups and IPAs whose business operations are in California or multiple states including California

California's Formula Calculation and Dues Structure *(use enrollment figures for the most current month)*

1. Total number of commercial HMO/POS lives _____
2. Total number of MediCal HMO/TANF lives _____ x 0.5 = _____
3. Total number of Medicare Advantage (senior) lives _____ x 3.0 = _____
4. Total number of MediCal with Medicare component
(e.g. Duals, SPDs) _____ x 3.0 = _____
5. Total lives (1) through (4), if applicable _____
6. Based on the total indicated on line 5, use the chart below to determine
your organization's actual monthly dues \$ _____ .00

Total/Equivalent Lives Volume	Dues Per Month	
Up to 10,000 lives	\$1,056	
10,001 - 43,000 lives	\$1,369	
43,001 - 100,000 lives	\$ 0.03286	per life
100,001 - 235,000 lives	\$ 0.02968	per life
Over 235,000 lives	\$ 7,036	

Section B: Medical Groups operating in one or more states, outside of California

1. Total number of FTEs (FTE = Employed and Contracted Physician) _____
2. Based on the total indicated on line 1, use the chart below to determine your organization’s actual monthly dues \$ _____ .00

Groups FTE	Dues Per Month
Up to 25	\$ 519
26 - 125	\$ 880
126 - 300	\$ 1,280
301 - 700	\$ 1,870
Over 700	\$ 2,425

Section C: IPAs operating in one or more states, outside of California

1. Total number of commercial HMO/POS lives _____
2. Total number of Medicaid HMO/TANF lives _____ x 0.5 = _____
3. Total number of Medicare Advantage (senior) lives _____ x 3.0 = _____
4. Total number of Medicaid with Medicare component (e.g. Duals, SPDs) _____ x 3.0 = _____
5. Total lives (1) through (4), if applicable _____
6. Based on the total indicated on line 5, use the chart below to determine your organization’s actual monthly dues \$ _____ .00

IPAs Equivalent Lives	Dues Per Month
Up to 10,000	\$ 519
10,001 - 43,000	\$ 880
43,001 - 100,000	\$ 1,280
100,001 - 235,000	\$ 1,870
Over 235,000	\$ 2,425

Section D: Multi-State Integrated Healthcare System

Multi-State Integrated Healthcare Systems	Dues Per Month
Multi-State Integrated healthcare system is defined as an organization owning one or more hospitals, one or more medical groups, and operating in multiple states.	\$ 7,036

SUBMISSION

Please sign and date application, then submit to America’s Physician Groups, 915 Wilshire Blvd., Suite 1620, Los Angeles, CA 90017. For information, please contact us at (213) 624-2274. Completed applications will be submitted to the Board of Directors for approval. Dues will be invoiced after the Board approves the application.

Signature

Date