

IPA HOSPITAL LINK RESPONSIBILITY GRID

DELEGATED IPA RESPONSIBILITY										IEHP PROVIDER SERVICES RESPONSIBILITY				IEHP CREDENTIALING RESPONSIBILITY								
LICENSE#	LAST NAME	FIRST NAME	SUFFIX	DEGREE	SPECIALTY	ADDRESS	CITY	ZIP	COMMENTS	If PCP, Provide Admitting Arrangements	Existing location with this IPA (Y/N)	PCP office Miles/Minutes from Hospital	Existing Provider with this IPA under IEHP (Y/N)	Choice Letter Required	COMMENTS	Meets Specialty Requirements	Provider Profile, Contract, & W-9 required	Hospital Admitting Privileges Type	COMMENTS	Effective date with IPA		