MEDVERSANT®
The Leader in Provider Data Management

moda HEALTH

PROVIDERSOURCE
YOUR CREDENTIALS MANAGEMENT SOLUTION

Provider User Guide

PROVIDERSOURCE

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Introduction: Registration (Figure 1001)
You may have received a letter from Medversant that contained a link to create a ProviderSource™ account. To begin registration, select the link included in the email or access the registration page directly at modahealth.providersource.com (Figure 1001.0).

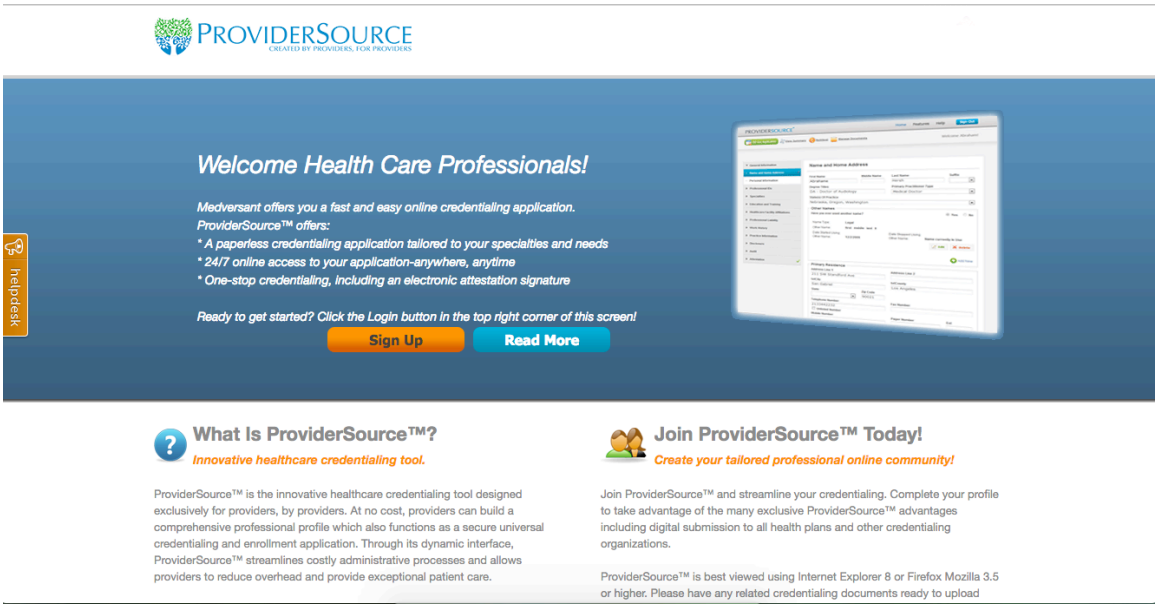


Figure 1001

Navigate to the homepage and select the “Sign Up” button you will then be redirected to the “Create Account” page (Figure 1001.0).

Introduction: Create Account (Figure 1001.0)

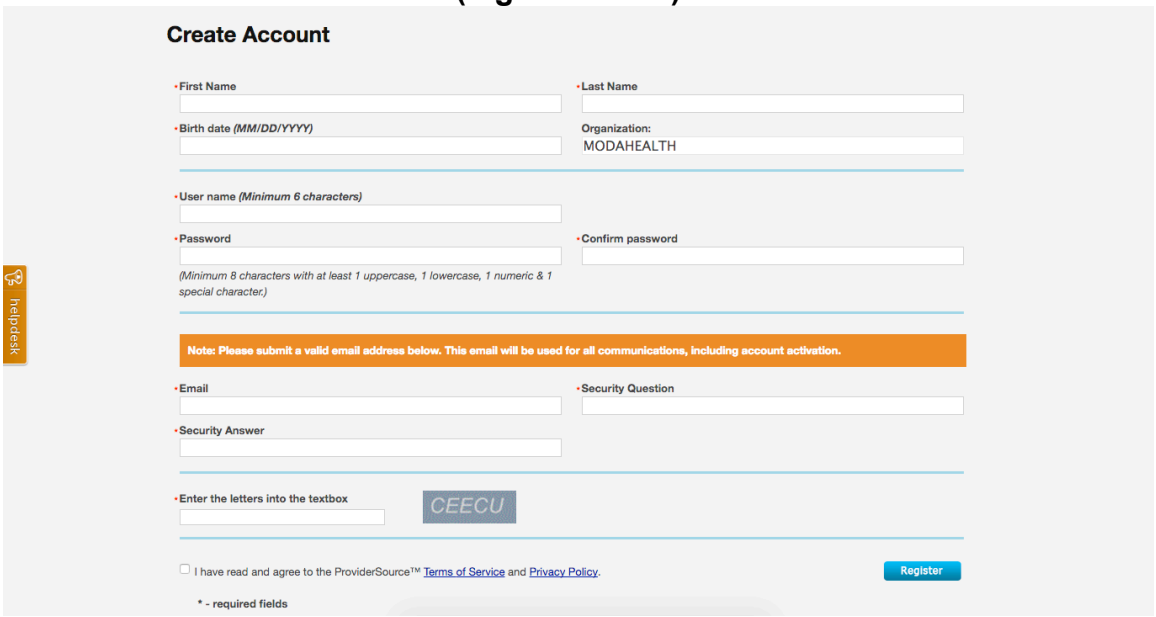


Figure 1001.0

Input the following fields of information:

- Name
  - Quick Tip: List your legal name in the First and Last Name fields.
- Birth Date
- Username
- Password
  - Quick Tip: Must include 8 characters with at least one uppercase, one lowercase, one numeric and one special character.
- Email
- Security Question/Answer
  - Quick Tip: The security question and answer ensure account accessibility if the user forgets their username and/or password.

Complete registration by checking the box that reads, “I have read and agree to the ProviderSource™ Terms of Service and Privacy Policy” at the bottom of the page.

Select “Register” and you will receive an account confirmation with your username sent to the email address listed. To proceed, login with your username and password.

Introduction ProviderSource™ Overview

Quick Tips:

- Throughout the electronic application, required fields are specified with a red asterisk (*).
- You can return where you left off with the “Save Changes” button. The “Save Changes” button will only save information on the current page if all fields are complete and without formatting errors.
- Some questions require multiple records of information such as: employment, employment gaps, education, etc. You can add additional records of information with the “Add New” button; once the record is complete you will see a “Save This Record” button (figure 1001.1) to save the created records. The “Next” button will continue to the next section.
- If you need additional support, you can select the “Help” button on the top right-hand side of the screen for a list of frequently asked questions.

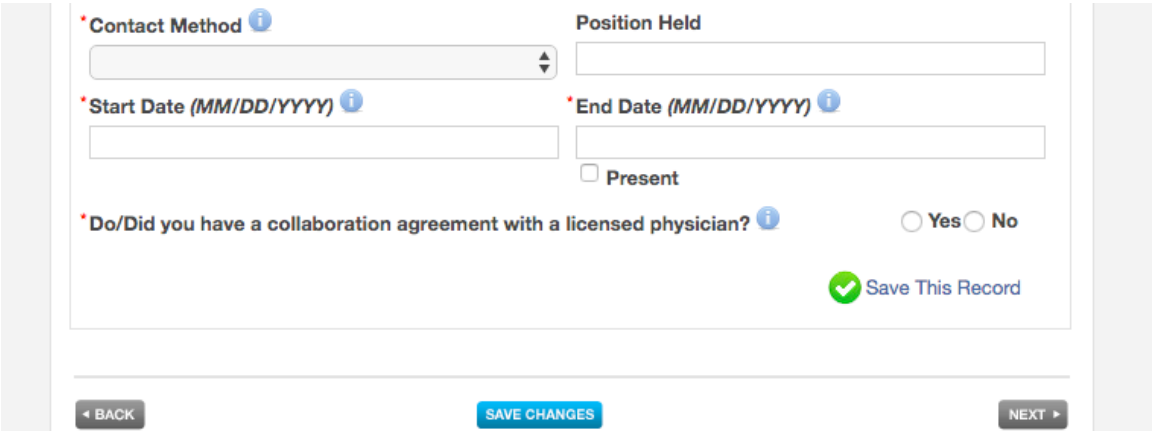


Figure 1001.1

The homepage displays four phases of the application (Figure 1001.2):

1. Pre-Application (If applicable, the pre-application only applies to new applicants and not those going through the re-credentialing process.)
2. Credentialing Application
3. View Summary
4. Re-Attest Application

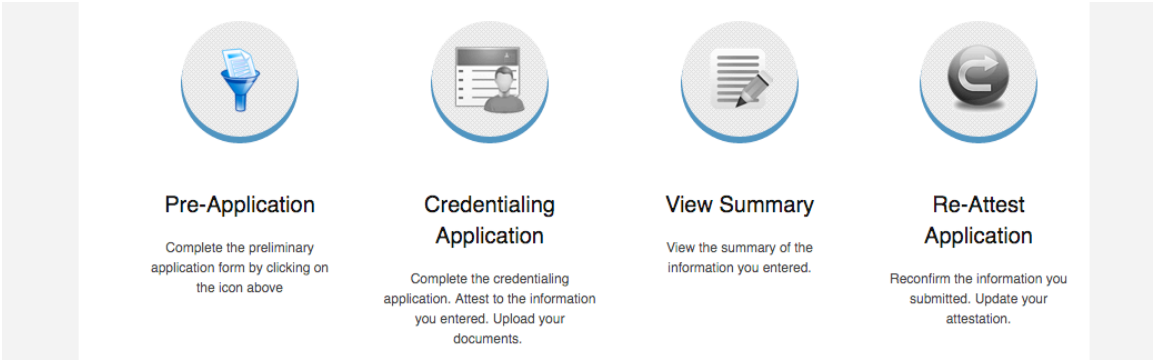


Figure 1001.2

Pre-Application: Applicant Information (Figure 1001.3)
Begin the credentialing process by selecting the “Pre-Application” icon this will redirect to the Pre-Application form (figure 1001.3).

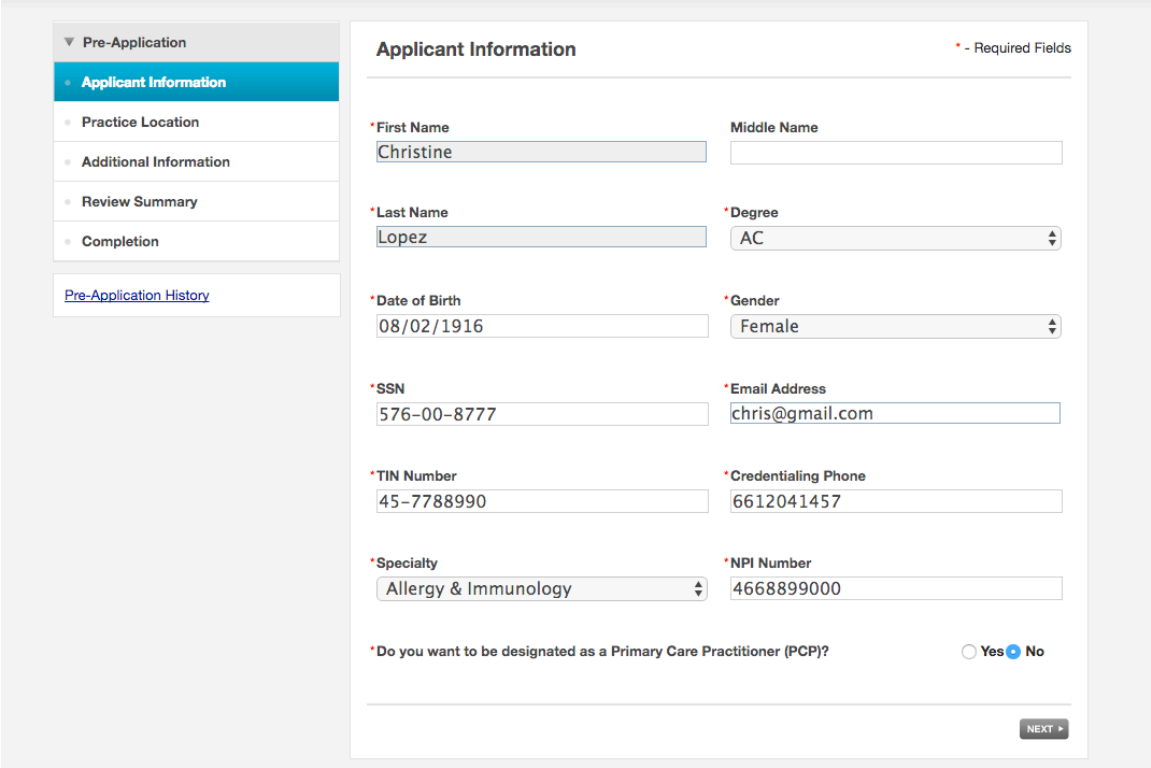


Figure 1001.3

The Pre-Application data fields are listed below:

- Name
  - Quick Tip: You should list your legal name in the first, middle, and last name fields.
- Degree
- Date of Birth
- Gender
- SSN
- Email Address
- TIN - Taxpayer Identification Number
- Credentialing Phone
- Specialty
- NPI - National Provider Identification Number

Input the following fields of information: (If applicable)

- Do you want to be designated as a Primary Care Practitioner (PCP)?

Select the ”Next” button to continue to the “Pre-Application: Practice Location” section.

Pre-Application: Practice Location (Figure 1001.4)

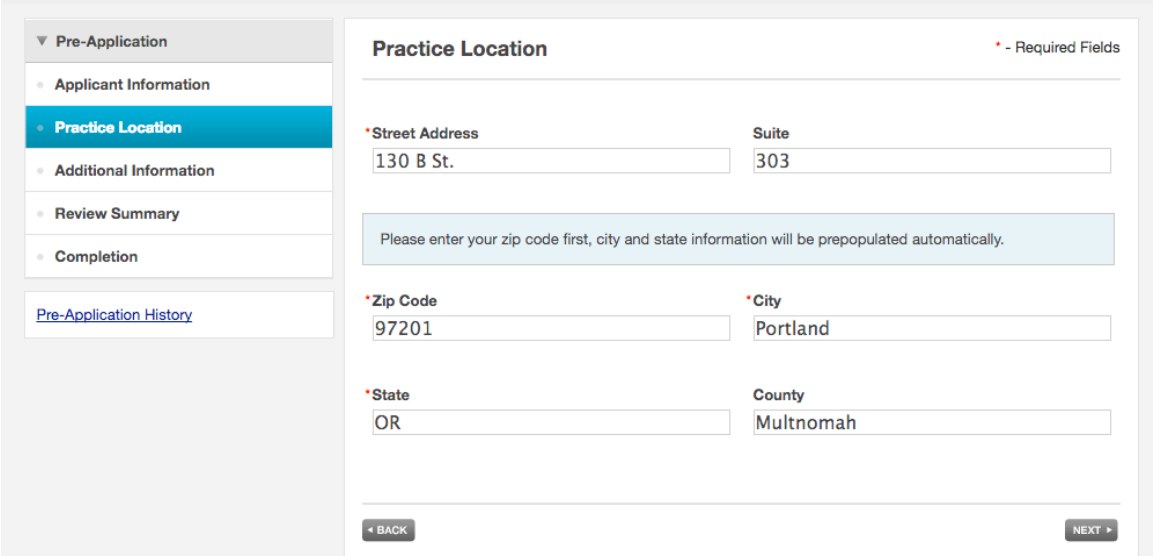


Figure 1001.4

Input the following fields of information: (If applicable)

- Street Address
- Suite
- Zip Code
- City
- State
- County

Select the ”Next” button to continue to the “Additional Information” section.

Pre-Application: Additional Information (Figure 1001.5)

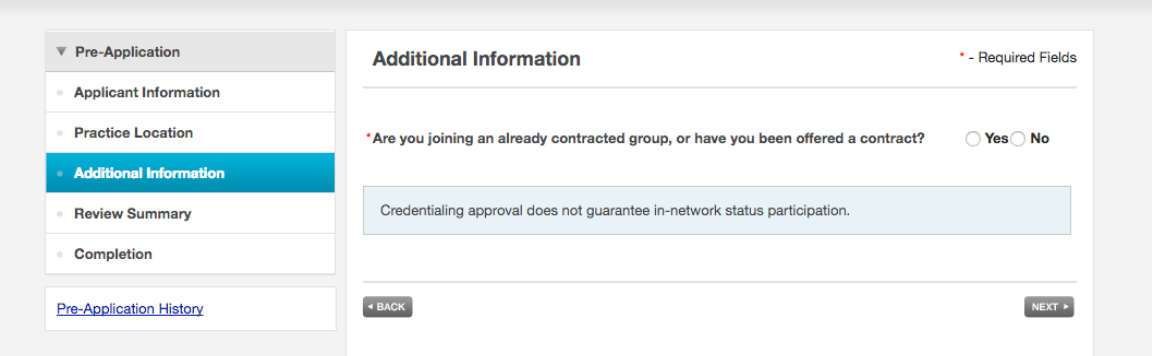


Figure 1001.5

Input the following fields of information: (If applicable)

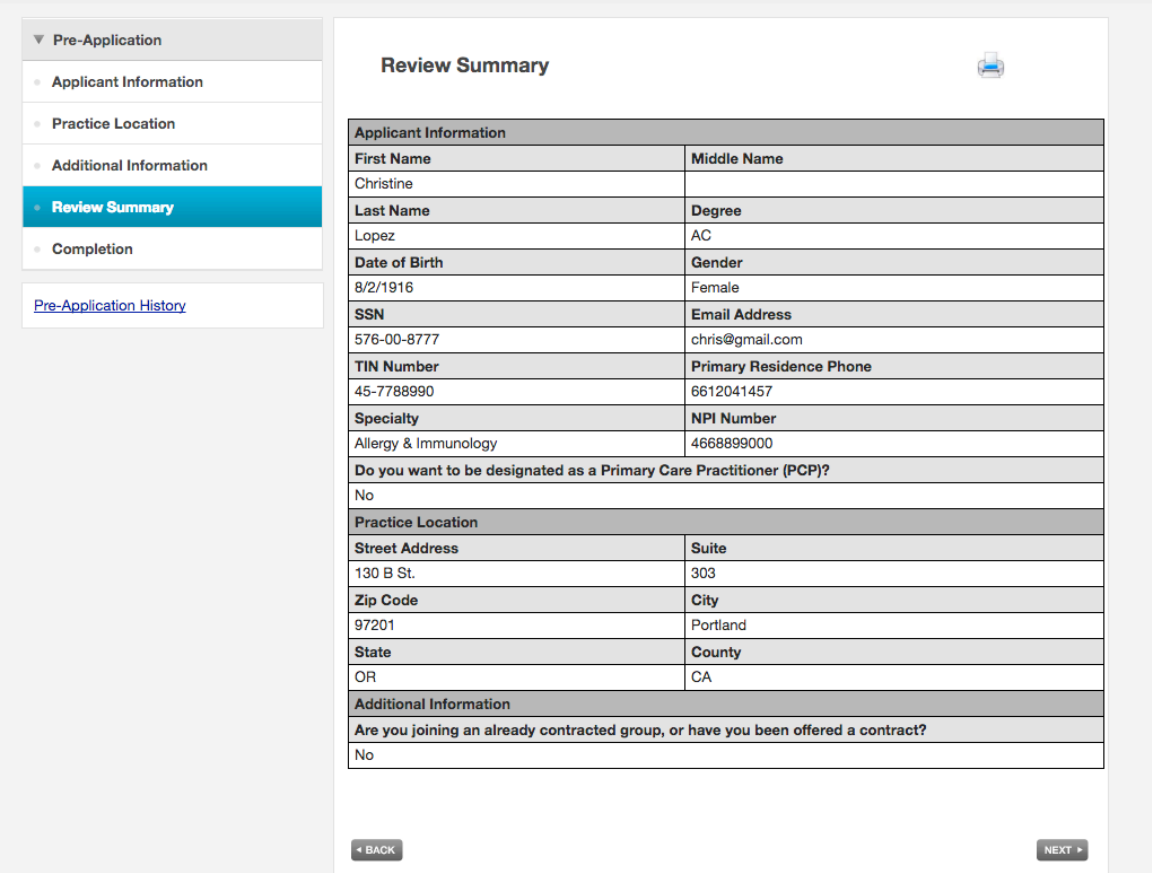
- Are you joining an already contracted group, or have you been offered a contract? (Credentialing approval does not guarantee in-network participation.)

Quick Tip:

- If you are not joining an already contracted group, or have not been offered a contract you will be contacted by the health plan for further instructions. Selecting “No” will not allow access to the ProviderSource™ credentialing application.

Select the ”Next” button to continue to the “Review Summary” section.

Pre-Application: Review Summary (Figure 1001.6)



Applicant Information	
First Name	**Middle Name**
Christine	
Last Name	**Degree**
Lopez	AC
Date of Birth	**Gender**
8/2/1916	Female
SSN	**Email Address**
576-00-8777	chris@gmail.com
TIN Number	**Primary Residence Phone**
45-7788990	6612041457
Specialty	**NPI Number**
Allergy & Immunology	4668899000
Do you want to be designated as a Primary Care Practitioner (PCP)?	
No	
Practice Location	
Street Address	**Suite**
130 B St.	303
Zip Code	**City**
97201	Portland
State	**County**
OR	CA
Additional Information	
Are you joining an already contracted group, or have you been offered a contract?	
No	

Figure 1001.6

Quick Tip:

- Review your provider data submission, if there are no modifications needed, select the “Next” button. If modifications are needed select the “Back” button to modify the appropriate section.

Select the ”Next” button to continue to the “Completion” section.

Pre-Application: Completion (Figure 1001.7)

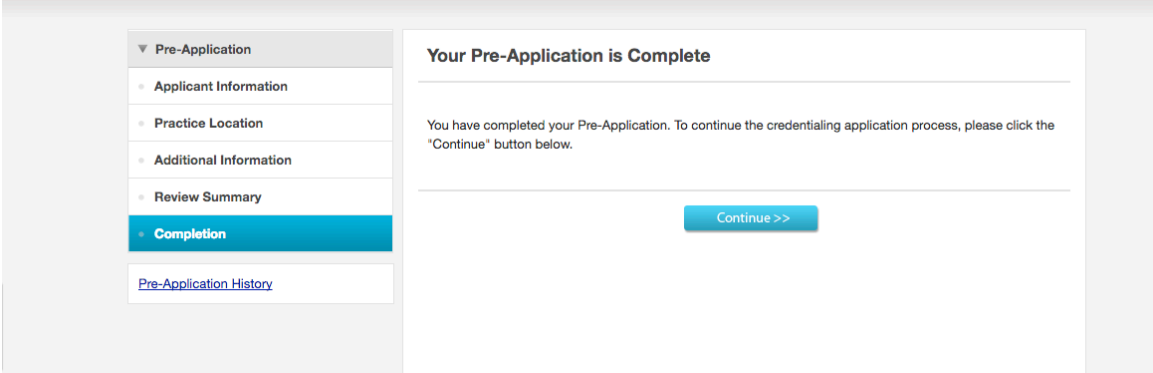


Figure 1001.7

If you have successfully completed your pre-application your screen will display “Your Pre-Application is Complete.“

Select the ”Continue” button to continue to the “Credentialing Application” phase.

General Information: Name and Home Address (Figure 1001.8)

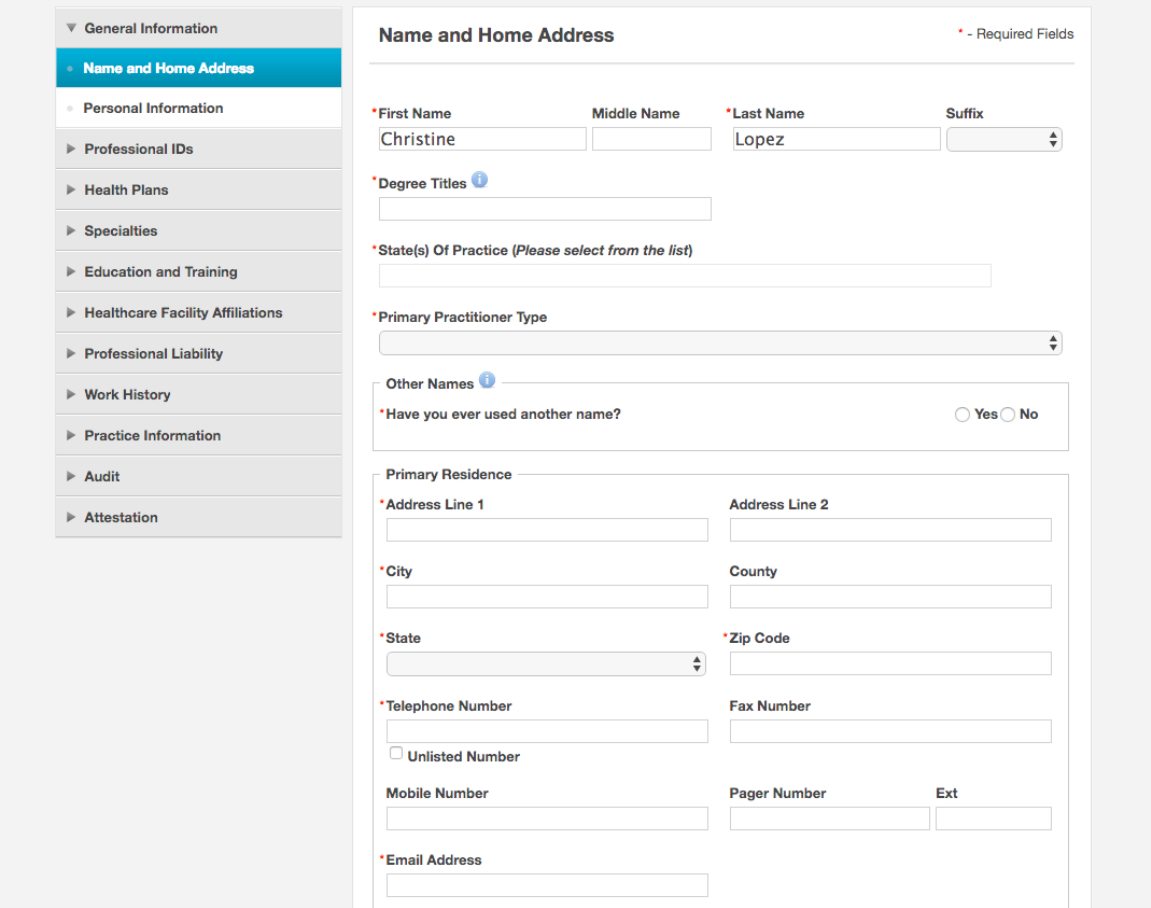


Figure 1001.8

Input the following fields of information:

- Name
- Degree Titles
  - Quick Tip: Enter degrees earned in the order you would like them to appear after your last name.
- State of Practice
- Primary Practitioner Type
- Have you ever used another name?
- Address
  - Quick Tip: Enter your home address.
- (Home Address)
- Telephone Number
- Fax Number
- Mobile Number
- Pager Number
- Email Address

Select the ”Next” button to continue to the “Personal Information” section.

General Information: Personal Information (Figure 1001.9)

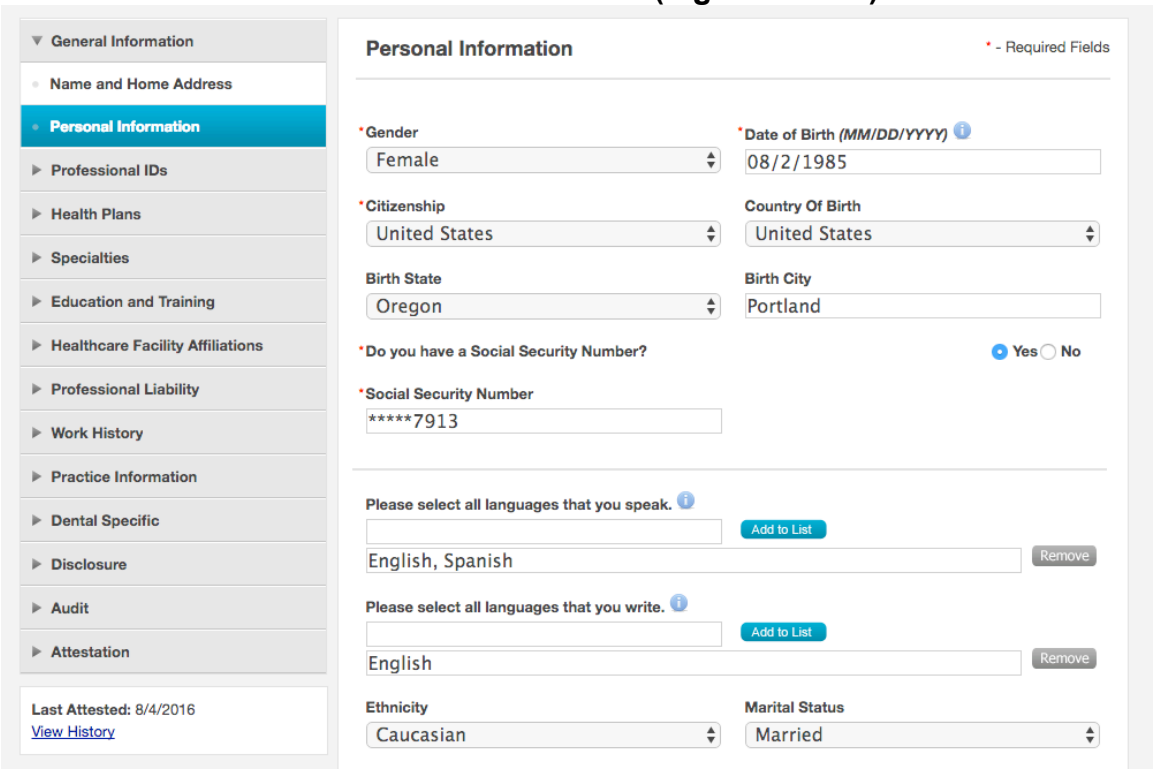


Figure 1001.9

Input the following fields of information:

- Gender
- Date of Birth
- Citizenship
- Country of Birth
- SSN
- Languages
  - Quick Tip: Type the first few letters of the language. Click on the correct language, and then click the “Add to List” button. Repeat to add more languages.
- Ethnicity
- Marital Status
- Emergency Contact Phone Number

Select the ”Next” button to continue to the “Professional IDs” section.

Professional IDs: Registration IDs (Figure 1001.10)

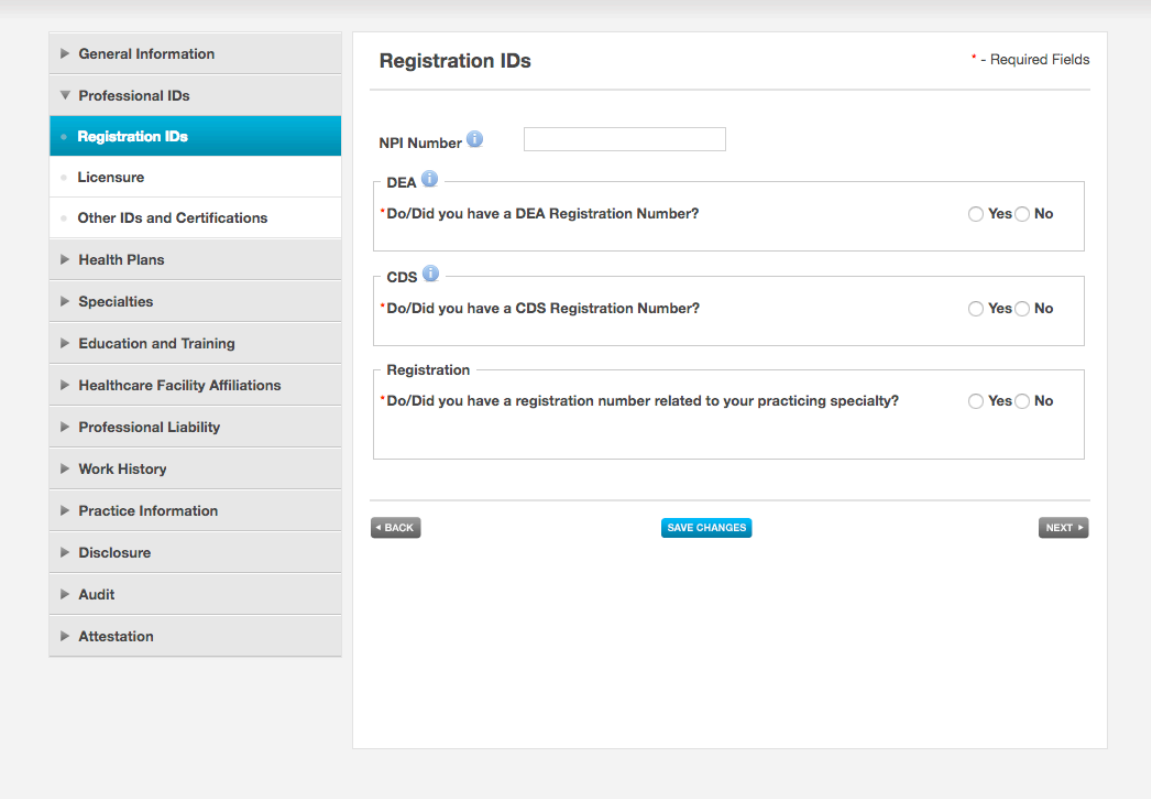


Figure 1001.10

Input the following fields of information:

- NPI - National Provider Identification Number
  - Quick Tip: This is a provider's Type 1 National Provider Identifier. The 10-digit identification number is issued to health care providers by the Centers for Medicare and Medicaid Services (CMS).
- DEA - Drug Enforcement Administration Registration
  - Quick Tip: Drug Enforcement Administration Registration number, is applicable to MD, DO, DDS, DMD, DVM, and DPM only. The DEA Registration Number must be formatted with two letters, six digits and one check digit (i.e., AD0865937).
- CDS - Controlled Dangerous Substance Registration
- Registration Number related to practicing specialty
  - Quick Tip: The registration number may be assigned by a state to regulate a healthcare practitioner in lieu of licensing.

Quick Tips:

- Add additional records by selecting the "Add New" button.
- Save the record by selecting the "Save This Record" button.

Select the "Next" button to continue to the "Professional IDs: Licensure" section.

Professional IDs: Licensure (Figure 1001.11)

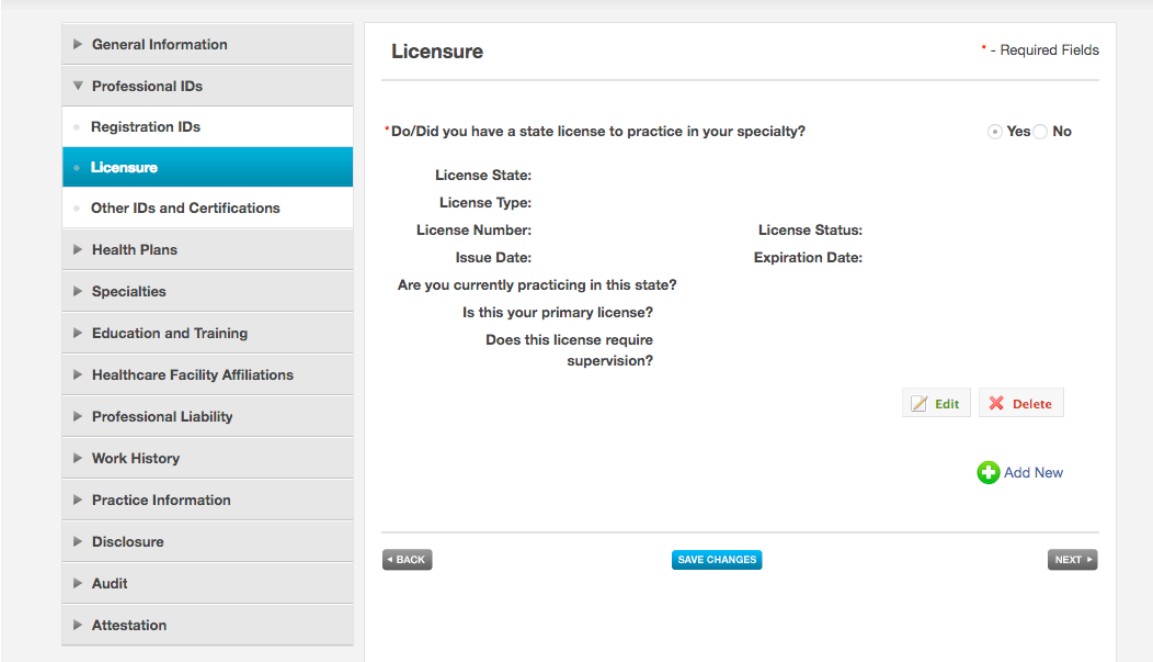


Figure 1001.11

Licensure - enter all state licenses you currently hold or have held.
Input the following fields of information:

- License State
- License Type
- License Number
- License Status
- Issue/Expiration Date
- Are you currently practicing in this state?
- Is this your primary license?
- Does this license require supervision?

Quick Tips:

- Add additional records by selecting the “Add New” button.
- Save the record by selecting the “Save This Record” button.

Select the “Next” button to continue to the “Professional IDs: Other IDs and Certifications” section.

Professional IDs: Other IDs and Certifications (Figure 1001.12)

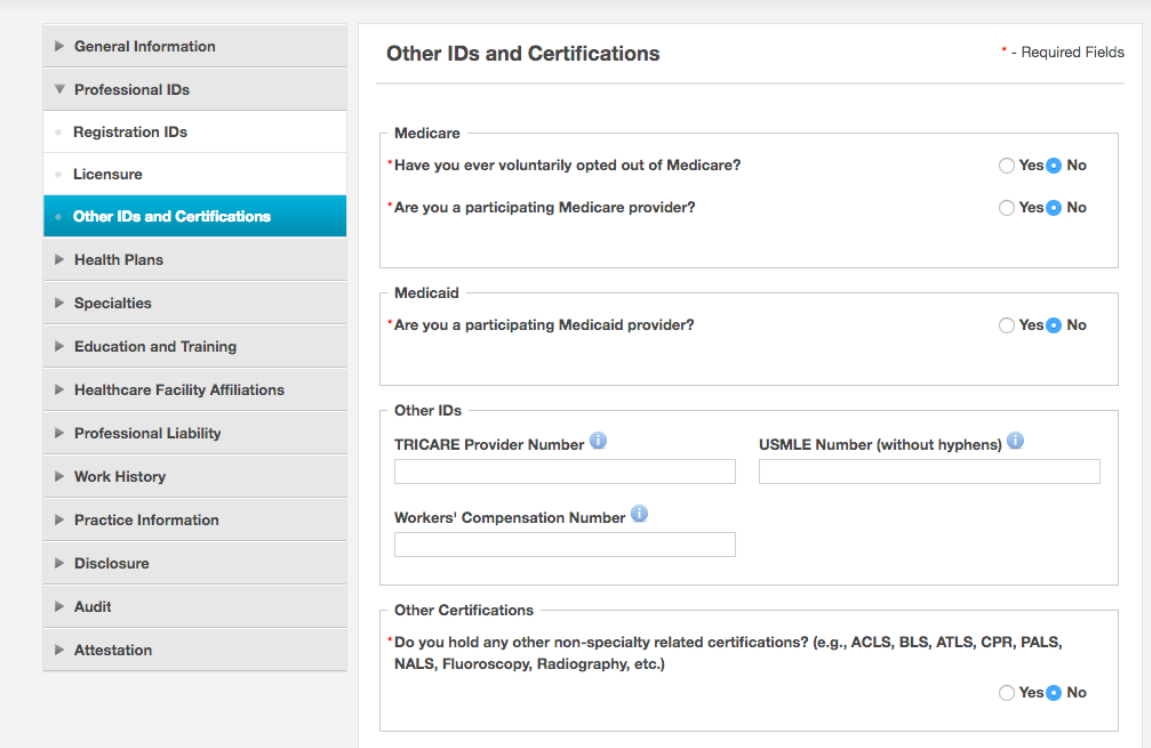


Figure 1001.12

Input the following fields of information:

- Have you ever voluntarily opted out of Medicare?
- Are you a participating Medicare provider?
- Are you a participating Medicaid provider?
- TRICARE Provider Number
- USMLE Number (without hyphens)
- Workers' Compensation Number
- Do you hold any other non-specialty related certifications? (i.e., ACLS, BLS, ATLS, CPR, PALS, NALS, Fluoroscopy, Radiography, etc.)

Select the “Next” button to continue to the “Health Plans: Authorization and Release” section.

Health Plans: Authorization and Release (Figure 1001.13)

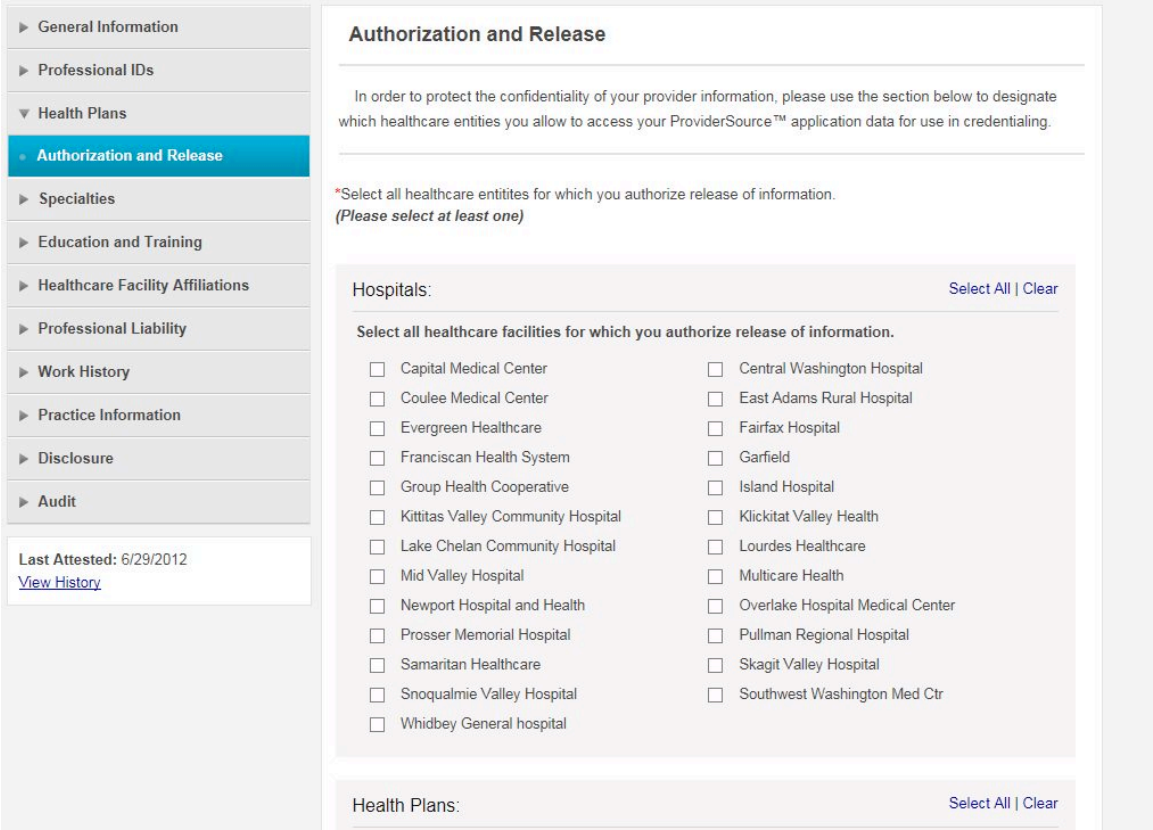


Figure 1001.13

The selected participating organization will have access to your credentialing profile; select the “Next” button to continue to the “Specialties” section.

Specialties: Specialty Information (Figure 1001.14)

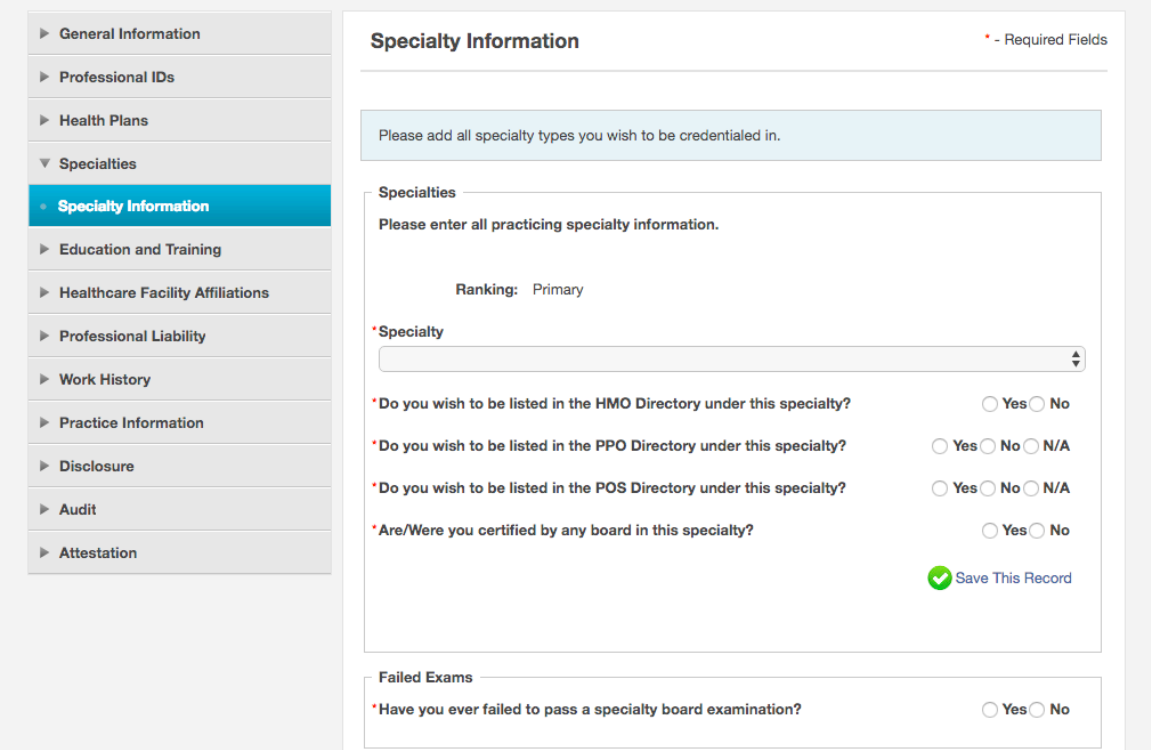


Figure 1001.14

Input the following fields of information:

- Specialty
  - Quick Tip: If you cannot locate your specialty in this list, select the specialty that is most appropriate for your practice.
- Do you wish to be listed in the HMO Directory under this specialty?
- Do you wish to be listed in the PPO Directory under this specialty?
- Do you wish to be listed in the POS Directory under this specialty?
- Are/were you board certified in this specialty?
- Are you eligible to be certified in this specialty?
- Certifying Board
  - Certifying Board Address
  - Fax Number
  - Initial/Expiration/Recertification Date
- Have you ever failed to pass a specialty board examination?
- Other areas of professional practice interest, activities, procedures, diagnoses, or populations:

Quick Tips:

- Add additional records by selecting the “Add New” button.
- Save the record by selecting the “Save This Record” button.

Select the “Next” button to continue to the “Education” section.

Education and Training: Education (Figure 1001.15)

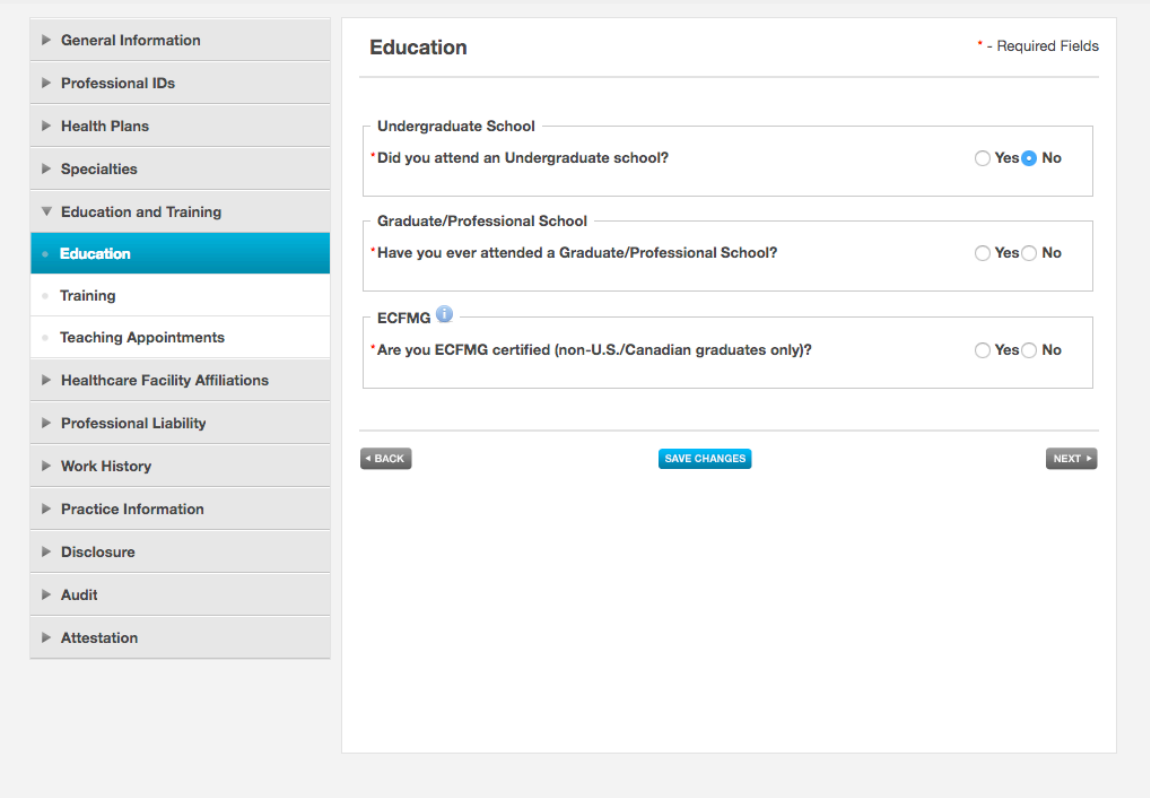


Figure 1001.15

Input the following fields of information:

- Did you attend an Undergraduate school?
  - Undergraduate School Location
  - Undergraduate School Name
    - Quick Tip: Inputting the first letters of the school name will prompted pre-population of name and address information.
  - Address
  - Telephone/Fax Number
  - Undergraduate Major
  - Degree Awarded
    - Quick Tip: Inputting the first letters of the Degree Awarded will prompt pre-population.
  - Did you complete your undergraduate education at this school?
  - Start/End Date
- Have you ever attended a Graduate/Professional School?
  - Education Type
  - Graduate/Professional School Location
  - Professional School Name
    - Quick Tip: Inputting the first letters of the school name will prompt pre-population of name and address information.
  - Address
  - Telephone/Fax Number

- Graduate Type
- Specialization
- Degree Awarded
  - Quick Tip: Inputting the first letters of the Degree Awarded will prompt pre-population.
- Faculty Director Name
- Director Degree
- Did you complete your professional education at this school?
- Start/End Date

- Are you ECFMG certified (non-U.S./Canadian graduates only)?
  - Issue Date
  - Valid Through Date
  - ☐ Permanent

Quick Tips:

- Add additional records by selecting the “Add New” button.
- Save the record by selecting the “Save This Record” button.

Select the “Next” button to continue to the “Training” section.

Education and Training: Training (Figure 1001.16)

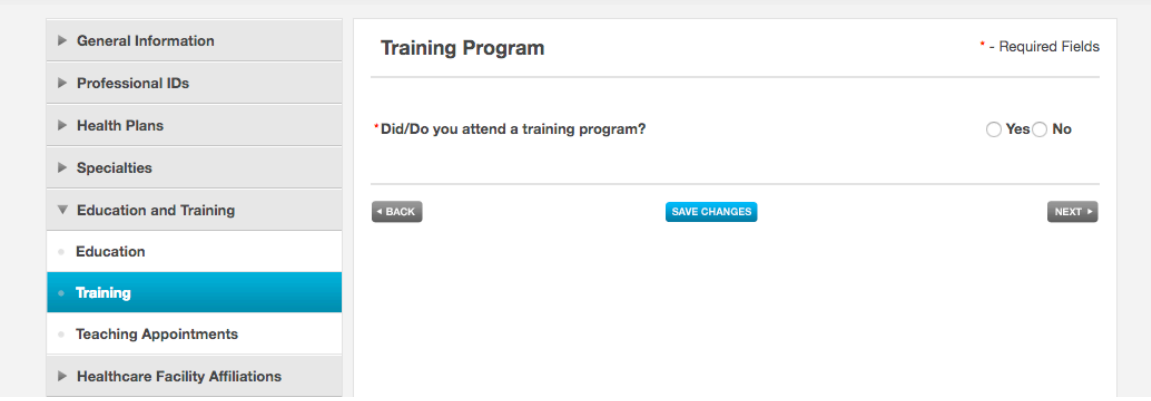


Figure 1001.16

Input the following fields of information:

- Did/Do you attend a training program?
- Training Program Location
- Training Program Name
  - Quick Tip: Inputting the first letters of the training program name will prompt pre-population of name and address information.
- Address
- Telephone/Fax Number
- Email address
- Type of Training
- Specialty
- Program Director Name
- Program Director Degree
- Program Director Email Address
- Start/End Date
- Did you complete your training at this institution?
- University Affiliated Program Location
- Address
- Telephone/Fax Number

Quick Tips:

- Add additional records by selecting the “Add New” button.
- Save the record by selecting the “Save This Record” button.

Select the “Next” button to continue to the “Education and Training: Teaching Appointments” section.

Education and Training: Teaching Appointments (Figure 1001.17)

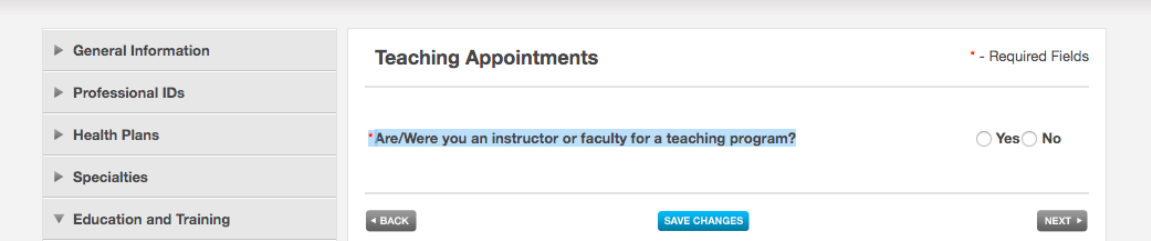


Figure 1001.17

Input the following fields of information:

- Are/Were you an instructor or faculty for a teaching program?
- Teaching Program Location
- Teaching Program Name
  - Quick Tip: Inputting the first letters of the teaching program name will prompt pre-population of name and address information.
- Address
- Telephone/Fax Number
- Email address
- Program Director Name
- Program Director Degree
- Academic Rank or Title
- Start/End Date

Select the “Next” button to continue to the “Healthcare Facility Affiliations: Affiliation Information” section.

Healthcare Facility Affiliations: Affiliation Information (Figure 1001.18)

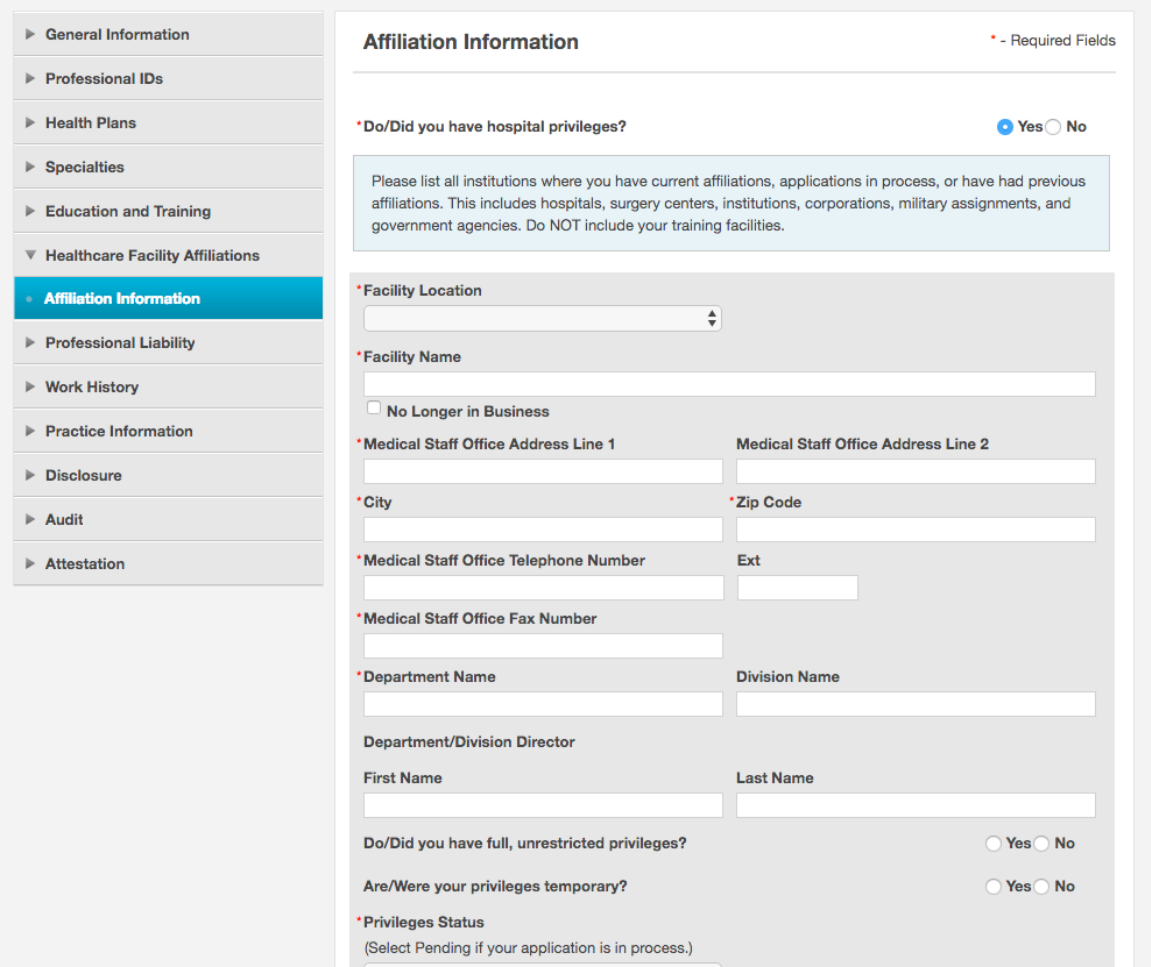


Figure 1001.18

Quick Tips:

- List all institutions where you have current affiliations, applications in process, or have had previous affiliations. This includes hospitals, surgery centers, institutions, corporations, military assignments, and government agencies.
- Do <u>not</u> include your training facilities.

Input the following fields of information:

- Do/Did you have hospital privileges?
- Facility Location
- Facility Name
  - Quick Tip: Inputting the first letters of the school name will prompt pre-population of facility name and address information.
- Address (Medical Staff Office)
- Telephone/Fax Number
- Department/Department Name
- Department/Division Director Name
- Do/Did you have full, unrestricted privileges?

- Are/Were your privileges temporary?
- Privileges Status
- Appointment/Expiration Date
- Is this your primary facility?
- Of your total annual admissions, what percentage is to this hospital?

Quick Tips:

- Add additional records by selecting the “Add New” button.
- Save the record by selecting the “Save This Record” button.

Select the “Next” button to continue to the “Professional Liability: Coverage and Claims History” section.

Professional Liability: Coverage and Claims History (Figure 1001.19)

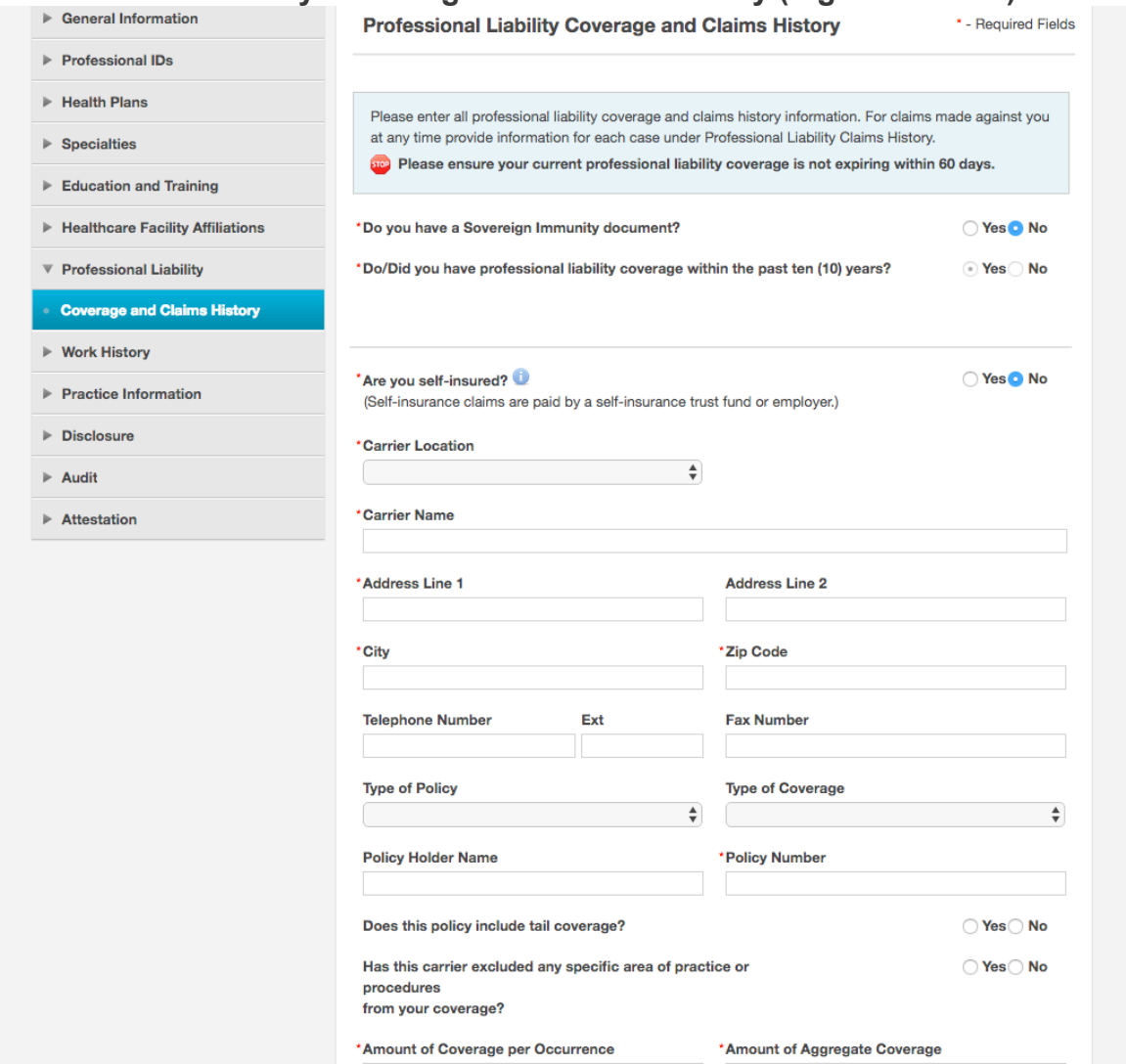


Figure 1001.19

Input the following fields of information:

- Do you have a Sovereign Immunity document?
  - Quick Tip: Sovereign Immunity is legal protection that prevents a sovereign state or person from being sued without consent.
- Was this policy involved in a malpractice claim?
- Do/Did you have professional liability coverage within the past ten (10) years?
- Are you self-insured?
- Carrier Location
- Carrier Name
- Address
- Telephone/Fax Number
- Type of Policy
- Type of Coverage
- Policy Holder Name

- Policy Number
- Does this policy include tail coverage?
  - Quick Tip: Tail Coverage is an extended reporting period endorsement, offered by a physician's current malpractice insurance policy holder, which allows an insured physician the alternative to lengthen coverage after the cancellation or termination of a claims-made policy.
- Has this carrier excluded any specific area of practice or procedures from your coverage?
- Amount of Coverage per Occurrence
- Amount of Aggregate Coverage
- Original Effective (Retroactive) Date
- Effective/Expiration Date
  - Quick Tip: The Effective Date is the date that your current policy became effective. It is not the date that the policy was originally issued.
- Was this policy involved in a malpractice claim?

Quick Tips:

- Enter all professional liability coverage and claims history information. For claims made against you at any time provide information for each case under Professional Liability Claims History.
- Ensure that your current professional liability coverage is not going to expire within the next 60 days.
- Add additional records by selecting the “Add New Policy” button.
- Save the record by selecting the “Save This Policy” button.

Select the “Next” button to continue to the “Work History: Military” section.

Work History: Military History (Figure 1001.20)

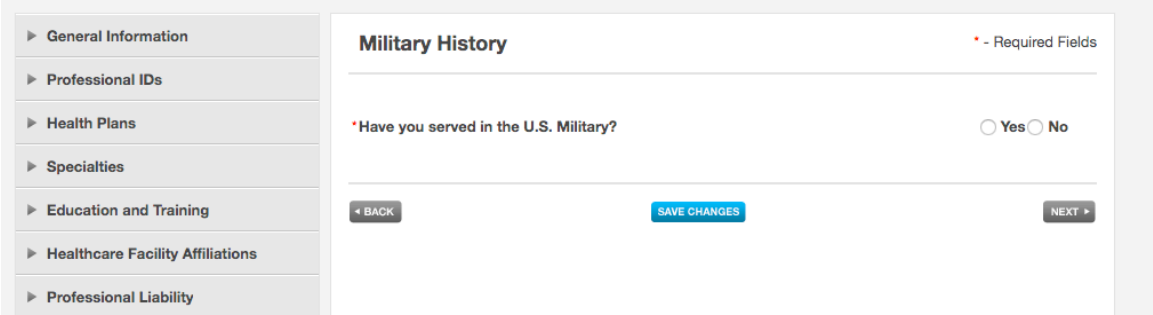


Figure 1001.20

Input the following fields of information:

- Have you served in the U.S. Military?

Select the “Next” button to continue to the “Work History: Employment” section.

Work History: Employment (Figure 1001.21)

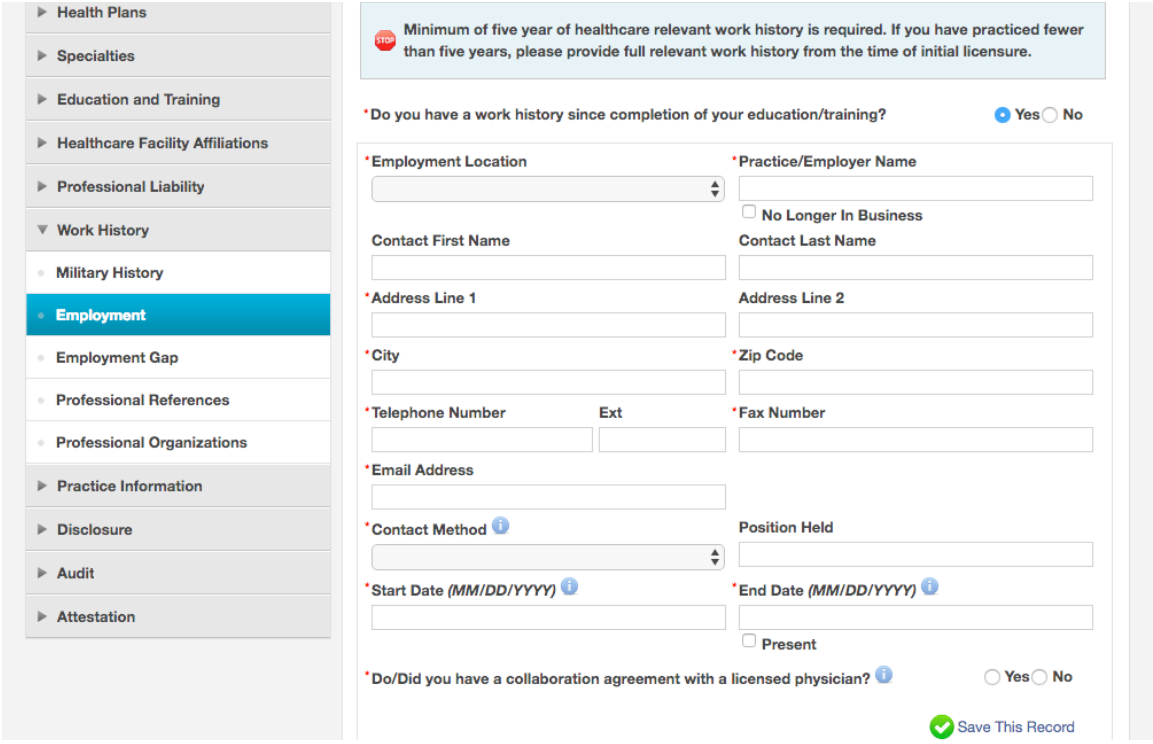


Figure 1001.21

Input the following fields of information:

- Do you have a work history since completion of your education/training?
  - Employment Location
  - Practice/Employer Name
  - Contact Name
  - Address
  - Telephone/Fax Number
  - Email Address
  - Contact Method
  - Position Held
  - Start/End Date
  - Reason for Leaving
- Do/Did you have a collaboration agreement with a licensed physician?

Quick Tips:

- Minimum of five years of healthcare relevant work history is required. If you have practiced fewer than five years, please provide full relevant work history from the time of initial licensure.
- Add additional records by selecting the “Add New” button.
- Save the record by selecting the “Save This Record” button.

Select the “Next” button to continue to the “Work History: Employment Gap” section.

Work History: Employment Gap (Figure 1001.22)

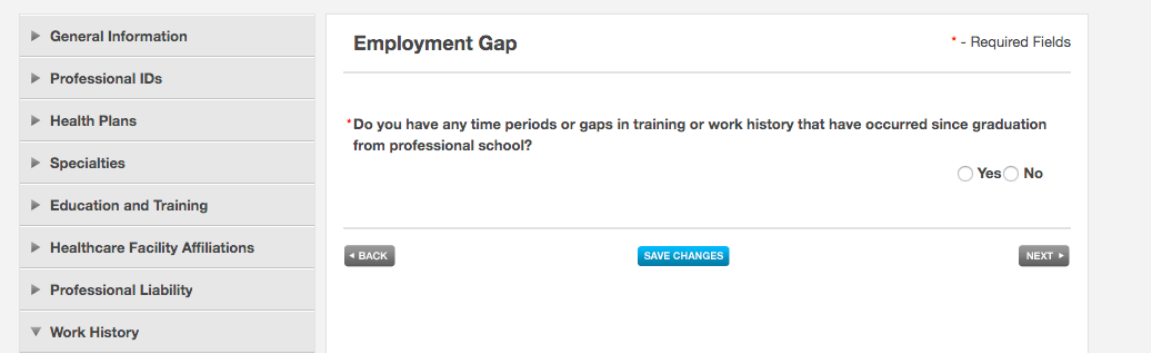


Figure 1001.22

- Do you have any time periods or gaps in training or work history that have occurred since graduation from professional school?
  - Quick Tip: Create an Employment Gap record for gaps 2 months or greater that occurred within the past 5 years and for gap periods 1 year or greater that occurred prior to the past 5 years.
  - Start/End Date
  - Gap Reason
  - Detailed Explanation

Quick Tips:

- Add additional records by selecting the “Add New” button.
- Save the record by selecting the “Save This Record” button.

Select the “Next” button to continue to the “Work History: Professional References” section.

Work History: Professional References (Figure 1001.23)

Input the following fields of information:

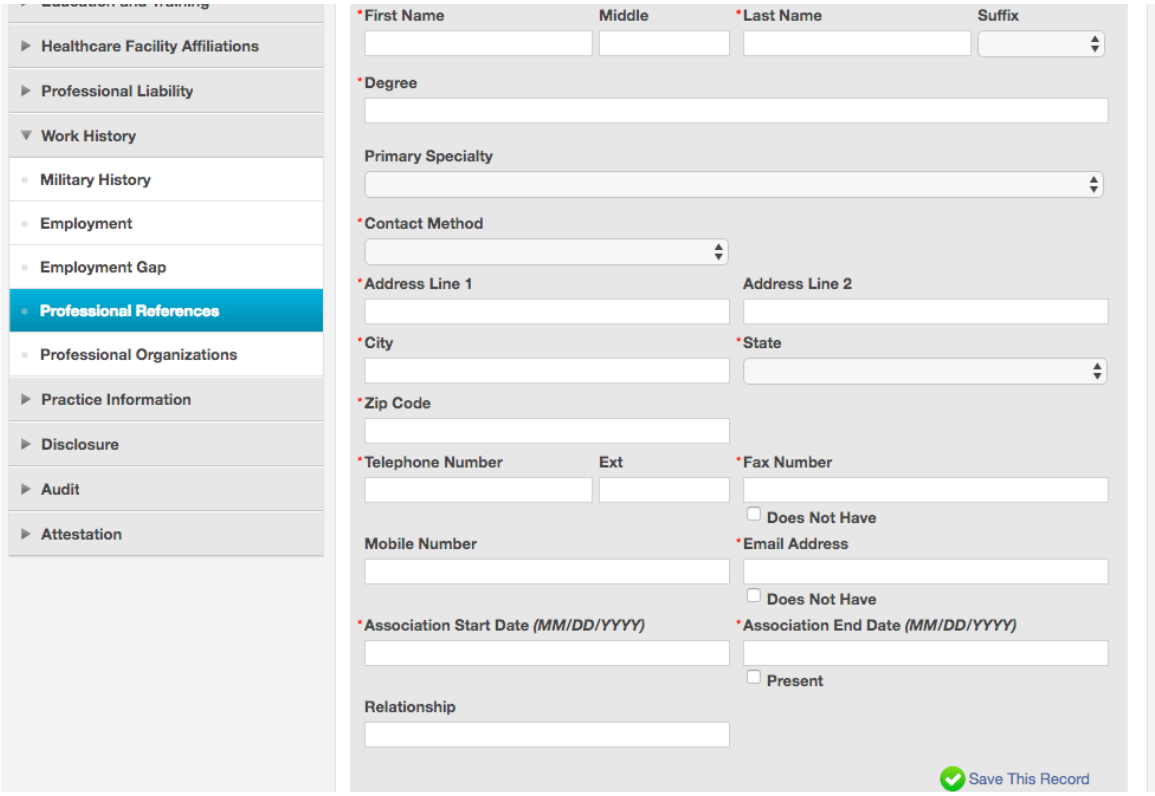


Figure 1001.23

- Reference Name
- Degree
  - Quick Tip: Inputting the first letters of the Degree will prompt pre-population.
- Primary Specialty
- Contact Method
- Address
- Telephone/Fax Number
- Mobile Number
- Email Address
- Association Start/End Date
- Relationship

Quick Tips:

- Create an Employment Gap record for gaps 2 months or greater that occurred within the past 5 years and for gap periods 1 year or greater that occurred prior to the past 5 years.
- Add additional records by selecting the “Add New” button.
- Save the record by selecting the “Save This Record” button.

Select the “Next” button to continue to the “Work History: Professional Organizations” section.

Work History: Professional Organizations (Figure 1001.24)

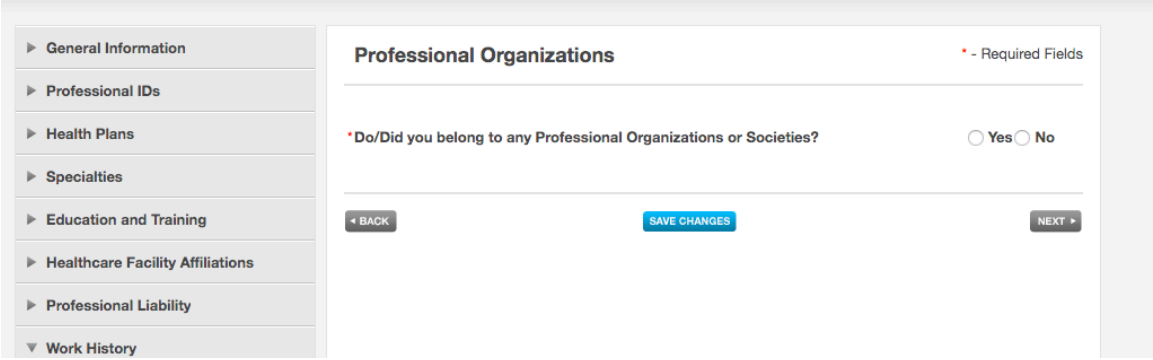


Figure 1001.24

Input the following fields of information:

- Do/Did you belong to any Professional Organizations or Societies?
  - Organization Name
  - Effective/Terminations Date

Select the “Next” button to continue to the “Practice Information: Credentialing Contact” section.

Practice Information: Credentialing Contact (Figure 1001.25)

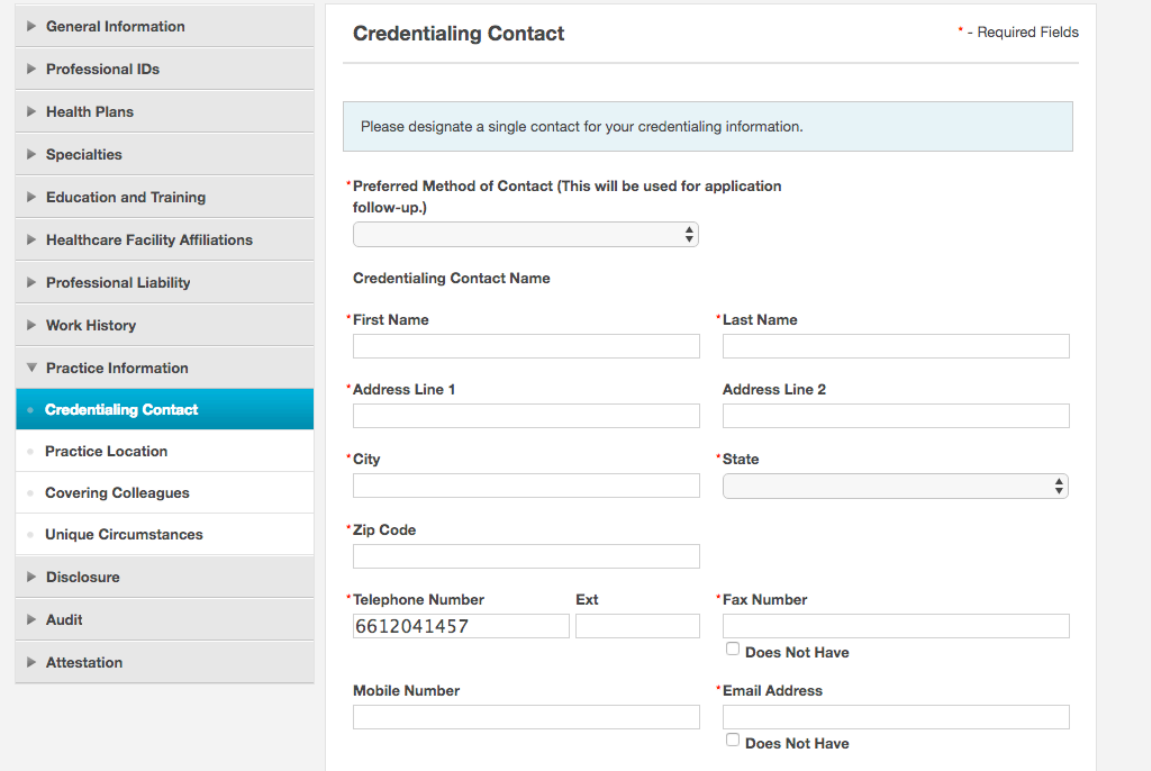


Figure 1001.25

Input the following fields of information:

- Preferred Method of Contact
  - Quick Tip: This will be used for application follow-up.
- Credentialing Contact Name
  - Quick Tip: Designate a single contact for your credentialing information.
- Address
- Telephone/Fax Number
- Mobile Number
- Email Address

Select the “Next” button to continue to the “Practice Information: Practice Location” section.

Practice Information
Practice Location: General Information (**Figure 1001.26**)

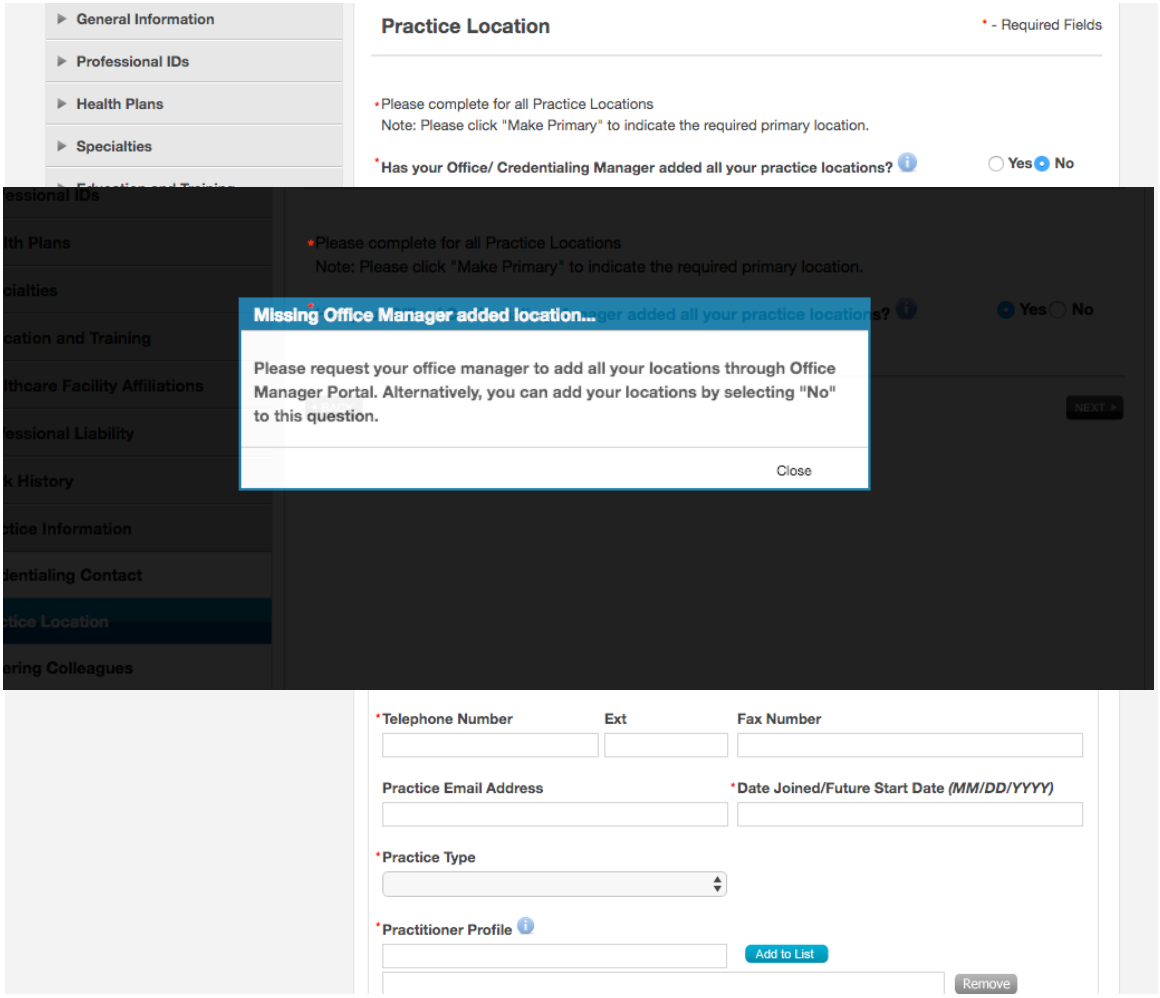


Figure 1001.26

Input the following field of information:

- Has your Office/Credentialing Manager added all of your practice locations?
  - Quick Tip: By selecting “Yes” you are confirming that all practice locations have been entered by your credentialing manager through the "Office Manager" application portal and that you will not enter additional practice locations. The "Office Manager" application portal enables one individual to manage multiple ProviderSource™ accounts, including associating practice locations to each specific provider.

    If this is not applicable you can answer "No" to this question indicating that you will input individual practice locations.

Quick Tips:

- Once you have completed all required information in the “General Information” tab, other tabs (i.e., Contacts, etc.) will be activated. You

must complete all required information on all 9 tabs to save a complete "Practice Location" record.
  - Complete a record for each practice location.
  - Select the "Make Primary" option to indicate the required primary location.

- Primary Group/Practice Name/Affiliation
  - Quick Tip: The Insurer will use this information as it appears in their provider directories.
- Primary Location
- Address
- Telephone/Fax Number
- Practice Email Address
- Date Joined/Future Start Date
- Practice Type
- Practitioner Profile
  - Quick Tip: Practitioner Profile is the type of services performed by the practitioner in the practice location (i.e. PCP, Specialist, OB, Hospital Based, Urgent Care, and Deliveries). Type the first few letters of the Provider Type and an autofill will prompt. Click on the correct type, and then click the "Add to List" button. Repeat to add more Provider Types.
- Group/Corporate Name as it appears on W-9, if different from Physician Group/Practice Name
- Tax ID
  - Quick Tip: Add additional Tax ID records by selecting the "Add Another Tax ID" button. Save the record by selecting the "Save This Record" button.
- Type of Tax ID
- Name Affiliated with Tax ID
- Primary Tax ID
- Do you have a Group NPI Number for this location?
- Group NPI Number
- Group NPI Number Effective Date
- Group Medicare Number
- Date you saw your first Medicare patient at this location

Select the "Save/Update" button, and then select the "Go to Next Practice Tab" hyperlink.

Practice Information
Practice Location: Contacts (Figure 1001.27)

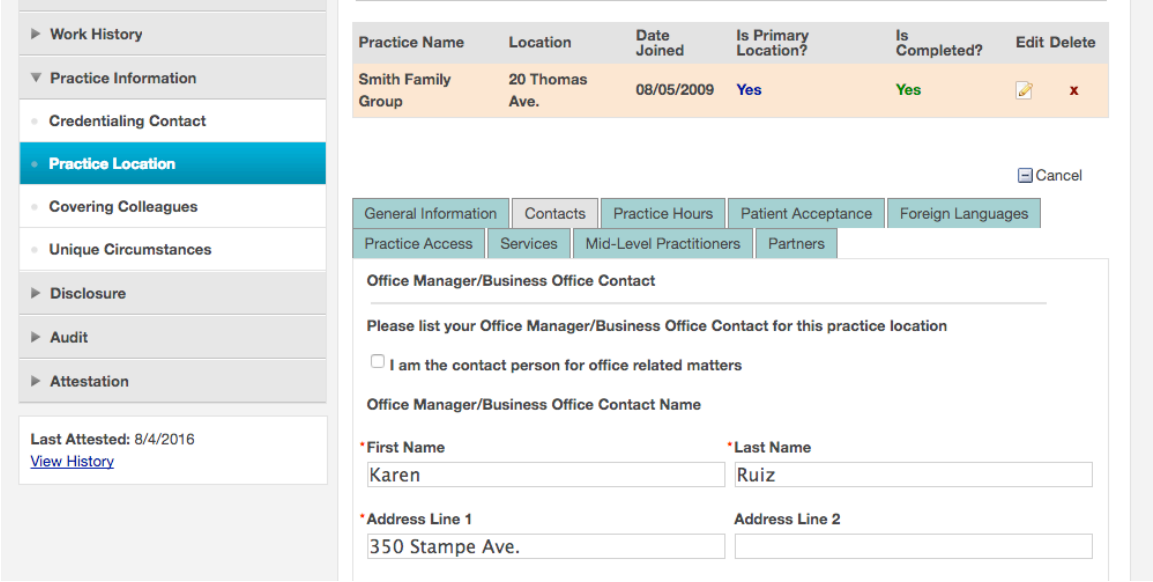


Figure 1001.27

Input the following fields of information:

- ☐ I am the contact person for office related matters
  - Name
    - Quick Tip: Office Manager/Business Office Contact Name
  - Address
  - Telephone/Fax Number
  - Email address
  - Mobile Number

Billing Contact

- ☐ Same as Office Manager/Business Office Contact
  - Name
  - Address
  - Telephone/Fax Number
  - Email address
  - Mobile Number
  - Do you have electronic billing capability?
  - Check Payable To
    - Quick Tip: Must be consistent with your W-9

Remittance Contact

- ☐ Same as Billing Contact
- ☐ Same as Office Manager/Business Office Contact
  - Remittance Contact Name
  - Address
  - Telephone/Fax Number
  - Remittance Email address
  - Mobile Number

Select the “Save/Update” button, and then select the “Go to Next Practice Tab” hyperlink.

Practice Information
Practice Location: **Practice Hours** (Figure 1001.28)

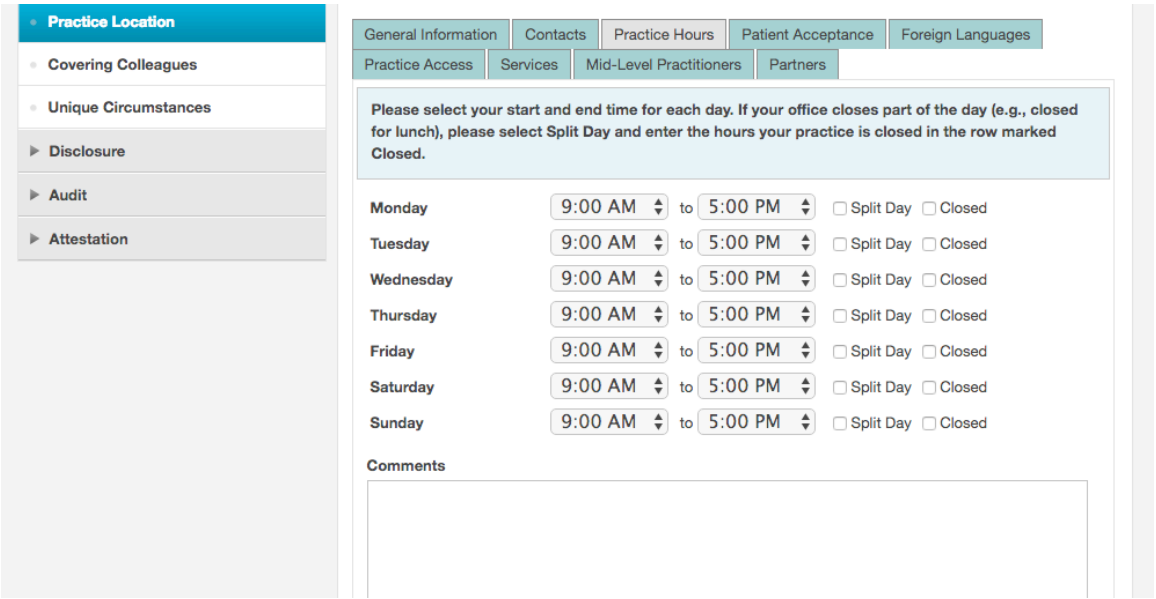


Figure 1001.28

Input the following fields of information:

- Hours of Operation
- Patient Appointment Telephone Number (If different than listed practice telephone number)
- Does this location have 24 hours/7 days per week telephone coverage?

Quick Tip:

- Select your start and end time for each day. If your office closes part of the day (i.e., closed for lunch), select “Split Day and select the hours your practice is closed in the row marked “Closed.”

Select the “Save/Update” button, and then select the “Go to Next Practice Tab” hyperlink.

Practice Information
Practice Location: **Patient Acceptance** (Figure 1001.29)

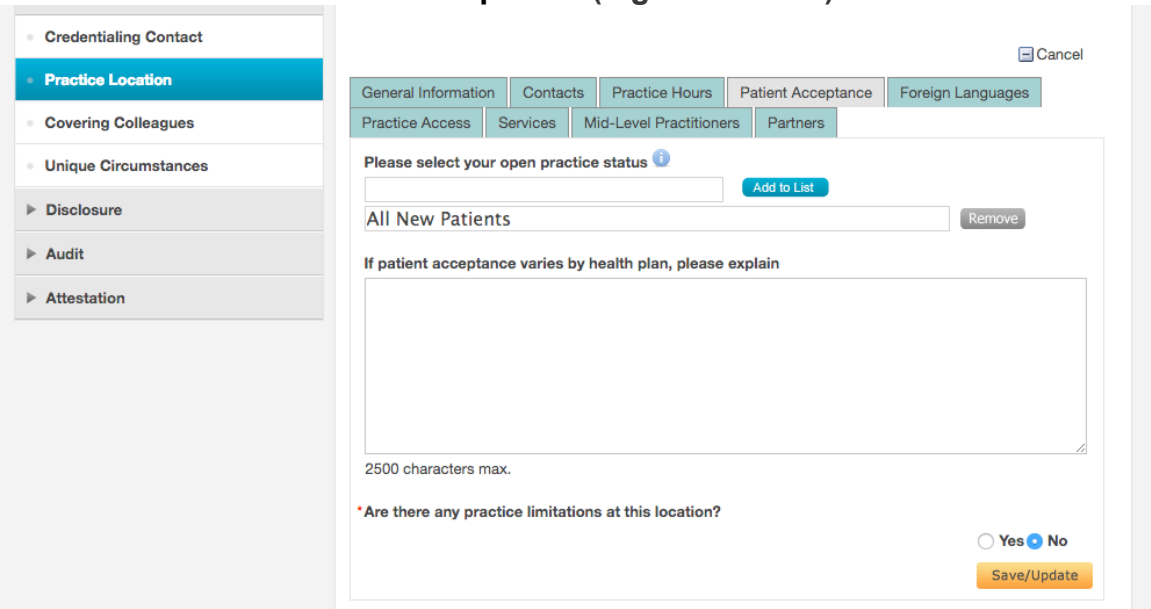


Figure 1001.29

Input the following fields of information:

- Select your open practice status
  - Quick Tip: Type the first few letters of the Patient Acceptance Type. Click on the correct type and then click the “Add to List” button. Repeat to add more Patient Acceptance Types
- If patient acceptance varies by health plan, please explain:
- Are there any practice limitations at this location?

Select the “Save/Update” button, and then select the “Go to Next Practice Tab” hyperlink.

Practice Information
Practice Location: **Foreign Languages** (Figure 1001.30)

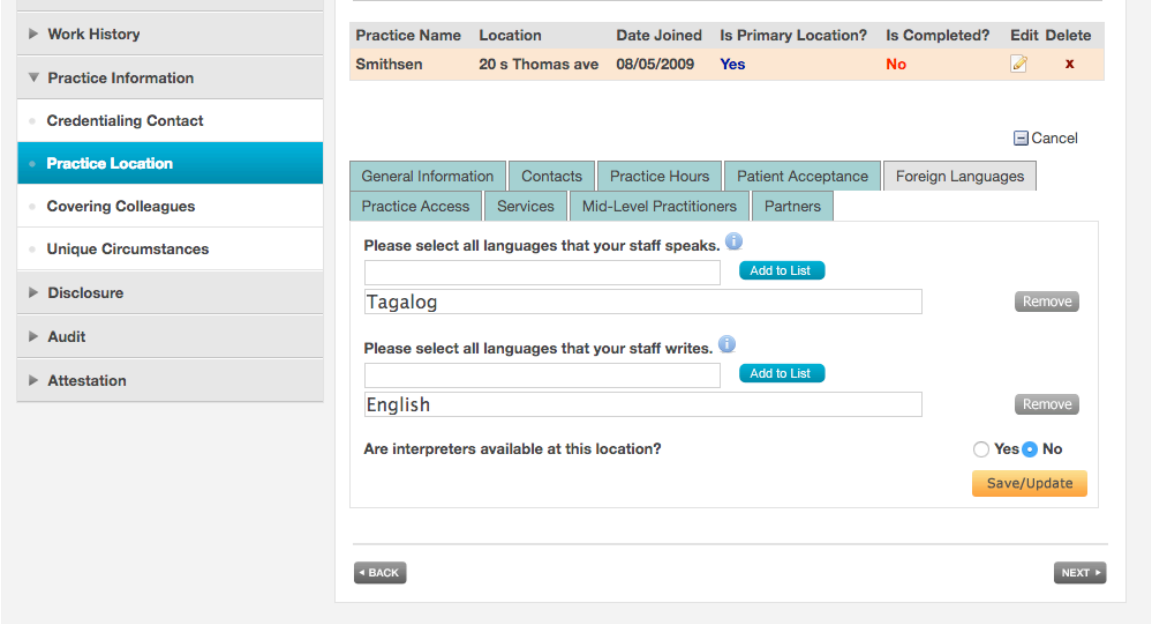


Figure 1001.30

Input the following fields of information:

- Select all languages that your staff speaks
- Select all languages that your staff writes
  - Quick Tip: Type the first few letters of the language. Click on the correct language, and then click the “Add to List” button. Repeat to add more languages types.

Select the “Save/Update” button, and then select the “Go to Next Practice Tab” hyperlink.

Practice Information

Practice Location: **Practice Access (Figure 1001.31)**

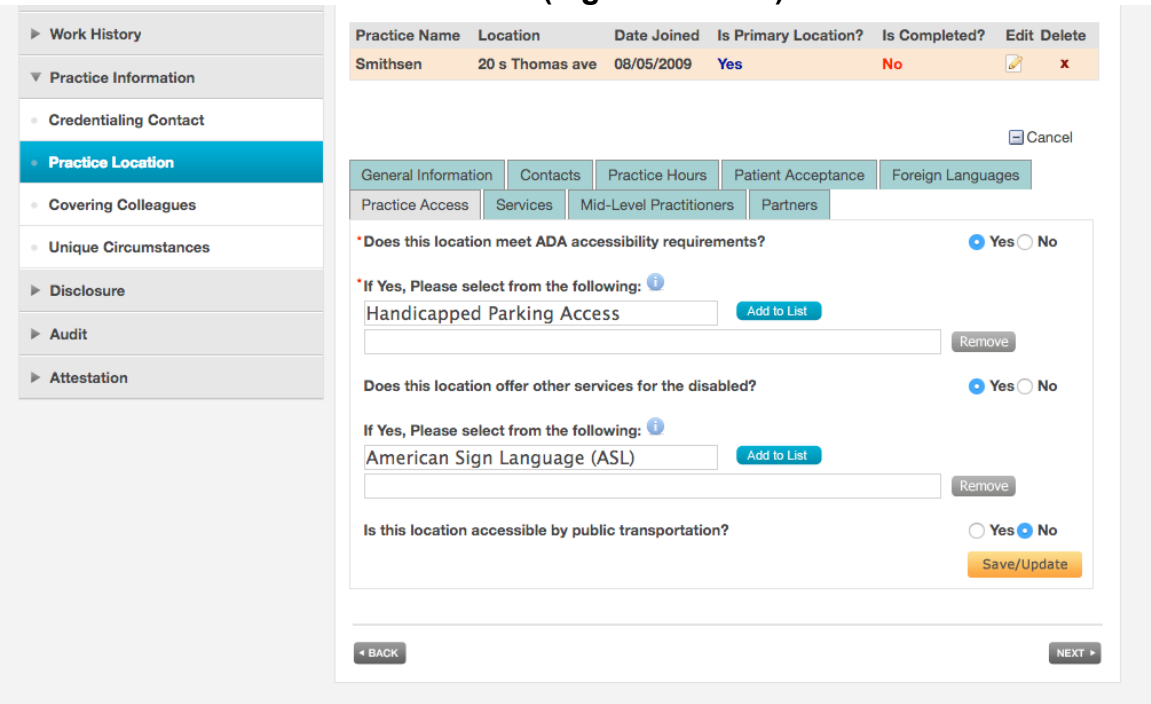


Figure 1001.31

Input the following fields of information:

- Does this location meet ADA accessibility requirements?
  - Quick Tip: If yes, type the first few letters of the Accessibility Handicap Type. Click on the correct type, and then click the “Add to List” button. Repeat to add more Accessibility Handicap Types.
- Does this location offer other services for the disabled?
  - Quick Tip: If yes, type the first few letters of the Accessibility Disabled Type. Click on the correct type, and then click the “Add to List” button. Repeat to add more Accessibility Disabled Types
- Is this location accessible by public transportation?
  - Quick Tip: If yes, type the first few letters of the Accessibility Transport Type. Click on the correct type, and then click the “Add to List” button. Repeat to add more Accessibility Transport Types.

Select the “Save/Update” button, and then select the “Go to Next Practice Tab” hyperlink.

Practice Information
Practice Location: **Services** (Figure 1001.32)

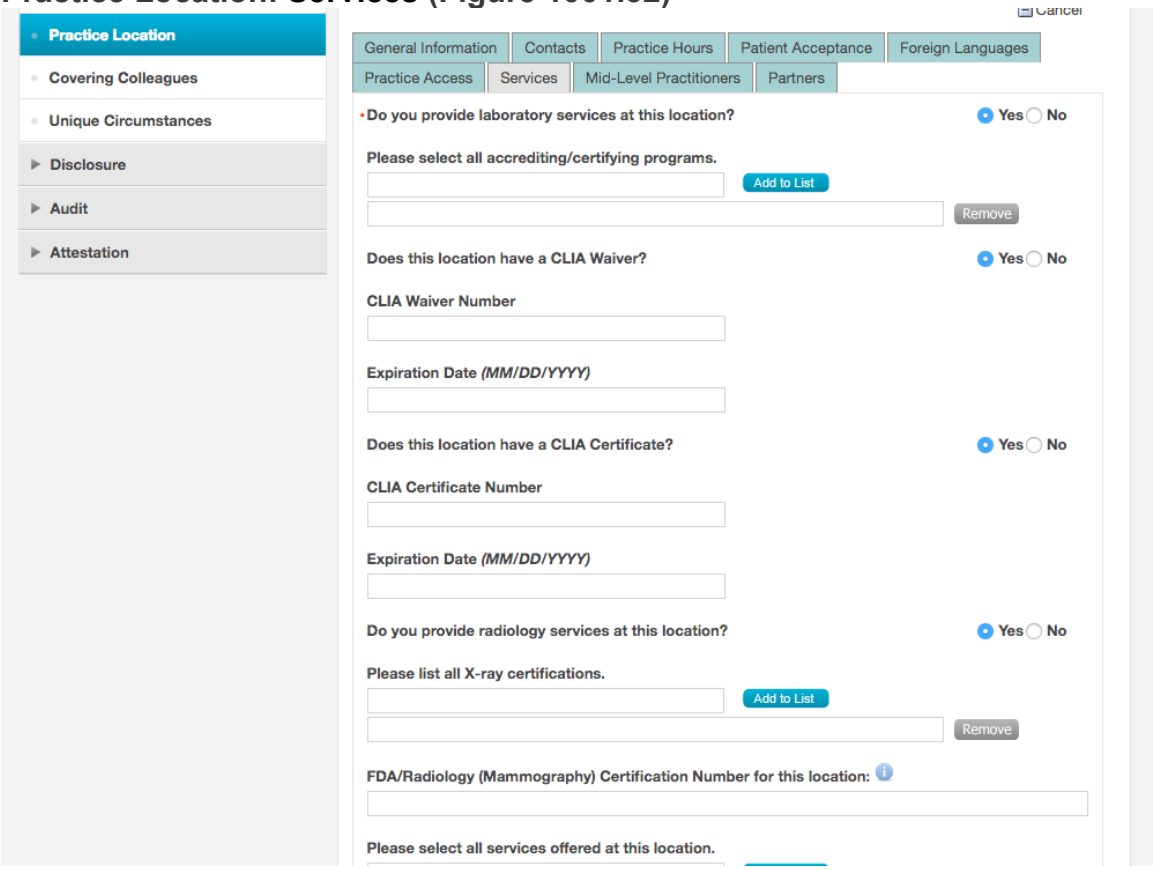


Figure 1001.32

Input the following fields of information:

- Do you provide laboratory services at this location?
  - If Yes, please select from the following:
  - Quick Tip: Type the first few letters of the accrediting/certifying programs. Click on the correct type, and then click the “Add to List” button. Repeat to add more accrediting/certifying programs.
- Does this location have a CLIA Waiver?
  - CLIA Waiver Number
  - Expiration Date
- Does this location have a CLIA Certificate?
  - CLIA Certificate Number
  - Expiration Date
- Do you provide radiology services at this location?
  - Please list all X-ray certifications
  - Quick Tip: Type the first few letters of the X-ray certification. Click on the correct type, and then click the “Add to List” button. Repeat to add more X-ray certifications.
- FDA/Radiology (Mammography) Certification Number for this location:
  - Quick Tip: The FDA/Radiology (Mammography) Certification Number is issued by the Food and Drug Administration.

- Select all services offered at this location.
  - Type the first few letters of the services offered. Click on the correct type, and then click the “Add to List” button. Repeat to add more services.
- Is anesthesia administered at this location?
  - Quick Tip: Type the first few letters of the anesthesia offered. Click on the correct type, and then click the “Add to List” button. Repeat to add more anesthesia types.
  - Provider Name
  - Degree
  - Quick Tip: Type the first few letters of the Degree, this will prompt pre-population.
- List any additional procedures provided at this location (including surgical procedures).

Select the “Save/Update” button, and then select the “Go to Next Practice Tab” hyperlink.

Practice Information

Practice Location: **Mid-Level Practitioners** (Figure 1001.33)

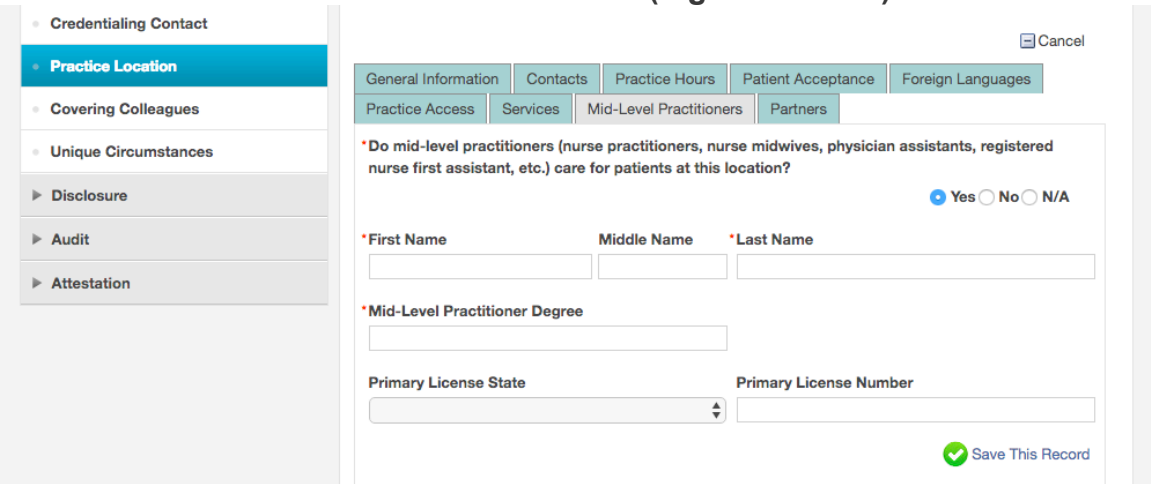


Figure 1001.33

Input the following fields of information:

- Do mid-level practitioners (nurse practitioners, nurse midwives, physician assistants, registered nurse first assistant, etc.) care for patients at this location?
  - Name
  - Mid-level Practitioner Degree
  - Quick Tip: Type the first few letters of the Degree, this will prompt pre-population.
  - Primary License State
  - Primary License Number

Quick Tips:

- Add additional records by selecting the “Add Another Record” button.
- Save the created record(s) by selecting the “Save This Record” button.

Select the “Save/Update” button, and then select the “Go to Next Practice Tab” hyperlink.

Practice Information
Practice Location: **Partners** (Figure 1001.34)

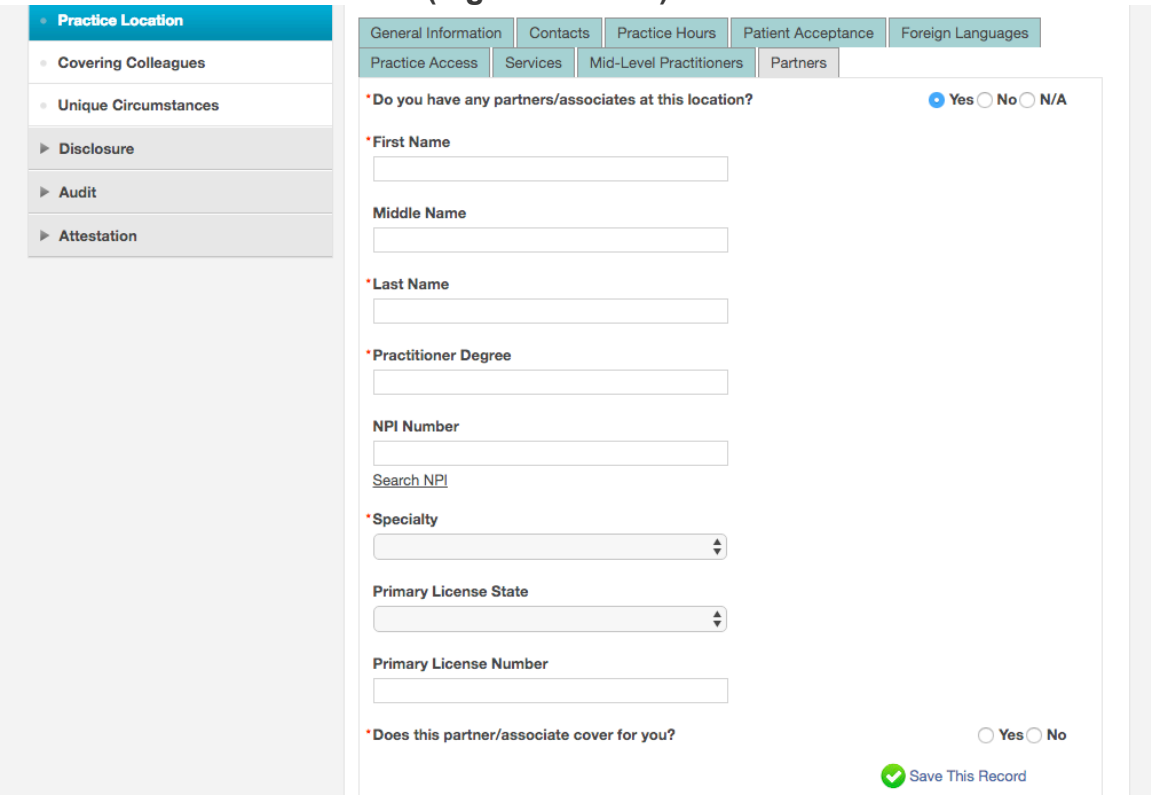


Figure 1001.34

Input the following fields of information:

- Do you have any partners/associates at this location?
  - Name
  - Practitioner Degree
  - NPI Number
  - Specialty
  - Primary License State
- Does this partner/associate cover you?

Quick Tips:

- Add additional records by selecting the “Add New” button.
- Save the record by selecting the “Save This Record” button.

Select the “Save/Update” button. Continue to the “Practice Information: Covering Colleagues” section by selecting the “Next” button.

Practice Information: Covering Colleagues (Figure 1001.35)

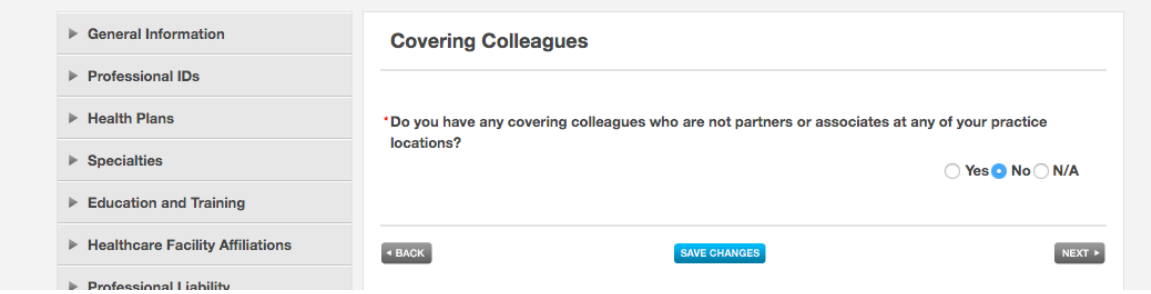


Figure 1001.35

Input the following fields of information:

- Do you have any covering colleagues who are not partners or associates at any of your practice locations?

Select the “Next” button to continue to the “Practice Information: Unique Circumstances” section.

Practice Information: Unique Circumstances (Figure 1001.36)

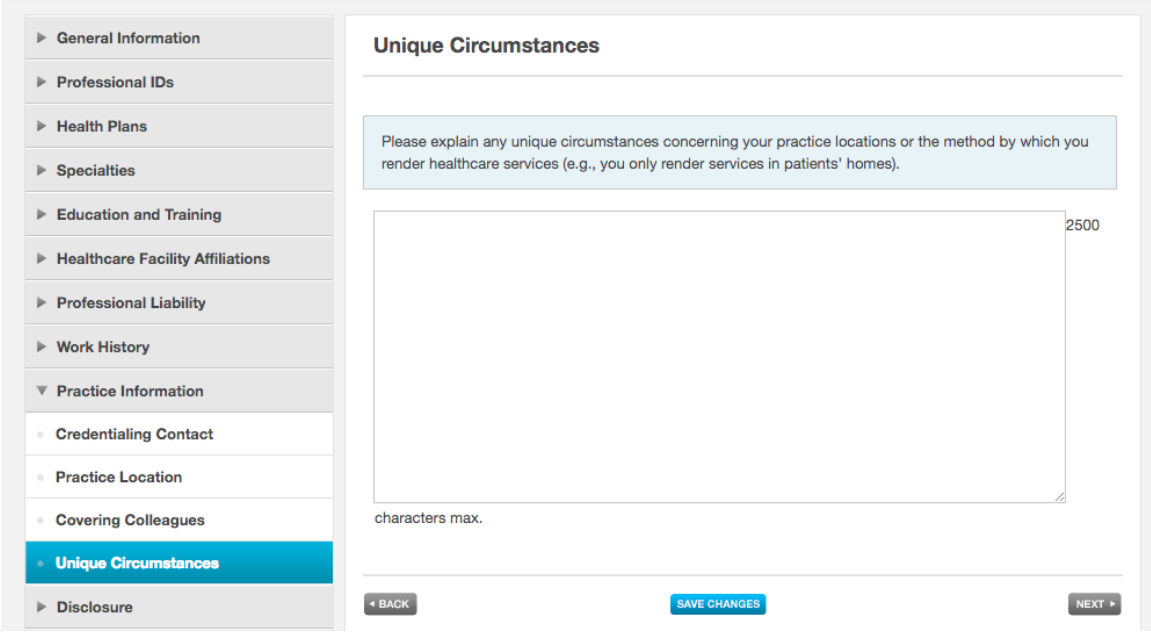


Figure 1001.36

Quick Tip:

- Explain any unique circumstances concerning your practice locations or the method by which you render healthcare services (i.e., you only render services in patients’ homes).

Select the “Save/Update” button to continue to the “Disclosure” section.

Disclosure: (Figure 1001.37)

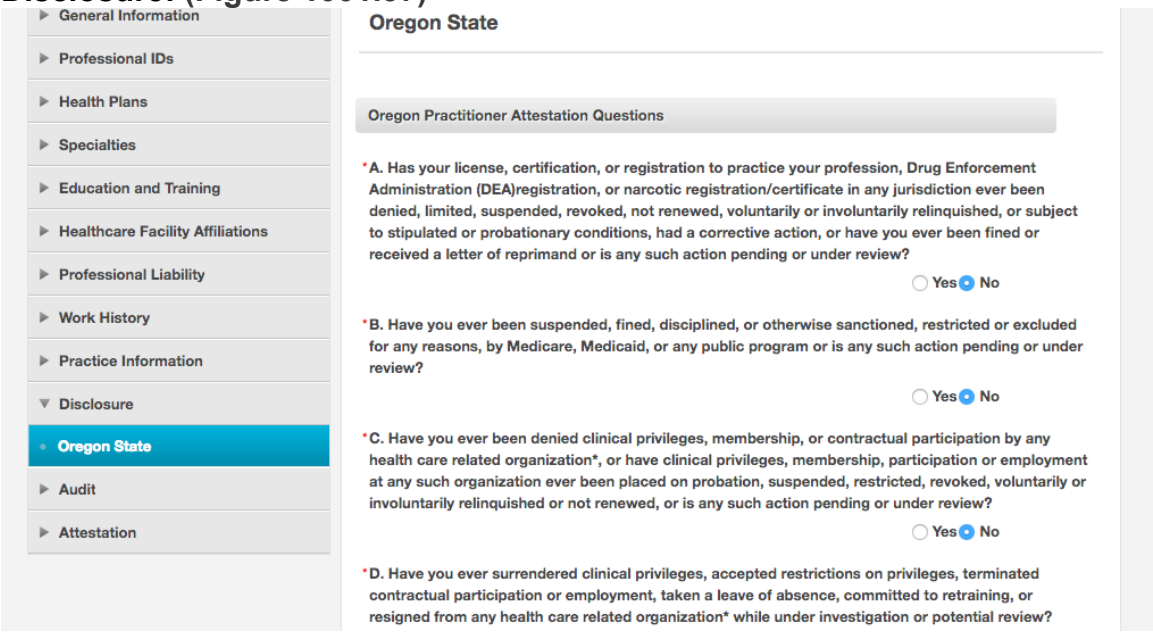


Figure 1001.37

Input the practitioner attestation questions.

Select the “Next” button to continue to the “Audit: Application Checklist” section.

Audit: Application Checklist (Figure 1001.38)

If you have successfully fulfilled the application requirements your screen will read, “Required items have been filled in, please proceed...”

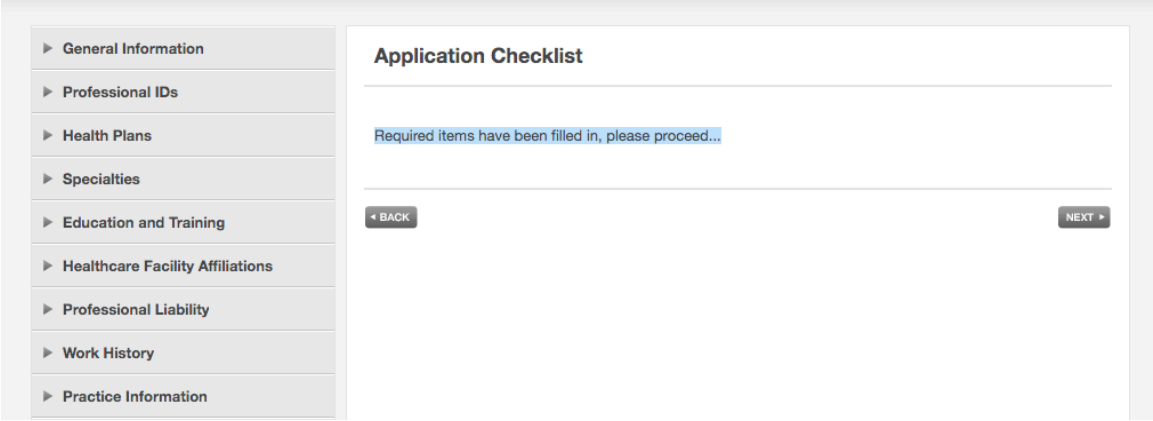


Figure 1001.38

Select the “Next” button to continue to the “Audit: Application Documents” section.

Audit: Application Documents (Figure 1001.39)

In this section, you will upload all supporting documentation.

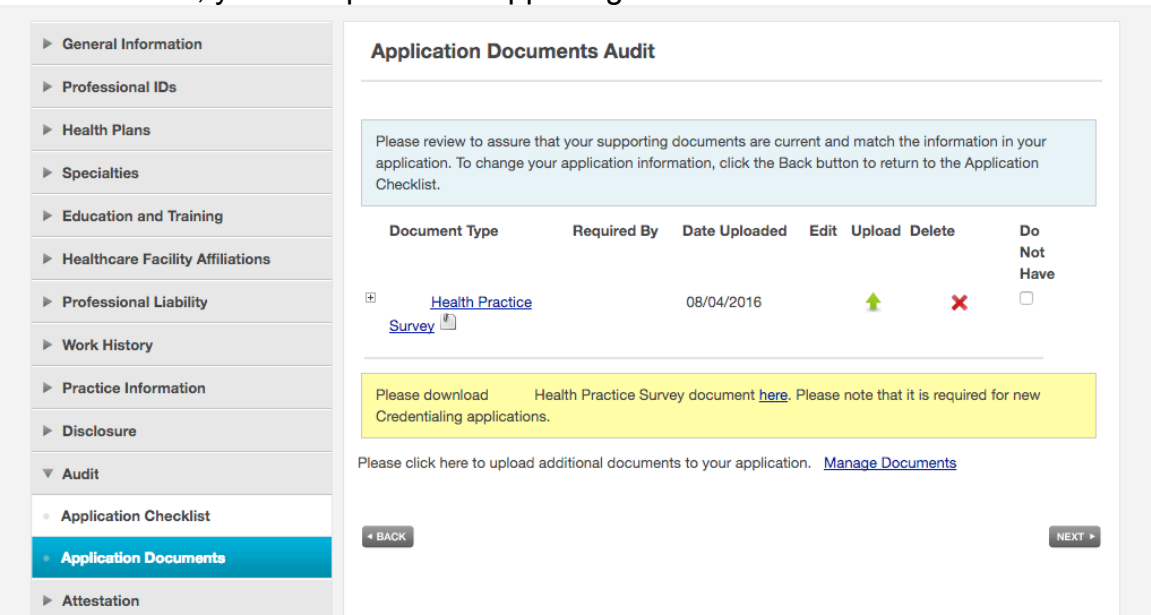


Figure 1001.39

- Download all required documents (if applicable).
- Select the “Manage Documents” hyperlink or the “green arrow” icon to upload supporting documents this will prompt the window in Figure 1001.40.
- Select the “Choose File” button, navigate to the files location and select the “open” button on the lower right-hand side. Next, select the “Upload” button.

Quick Tip:

- Review that your supporting documents are current and match the information in your application. To change your application information, click the “Back” button to return to the “Application Checklist” section.

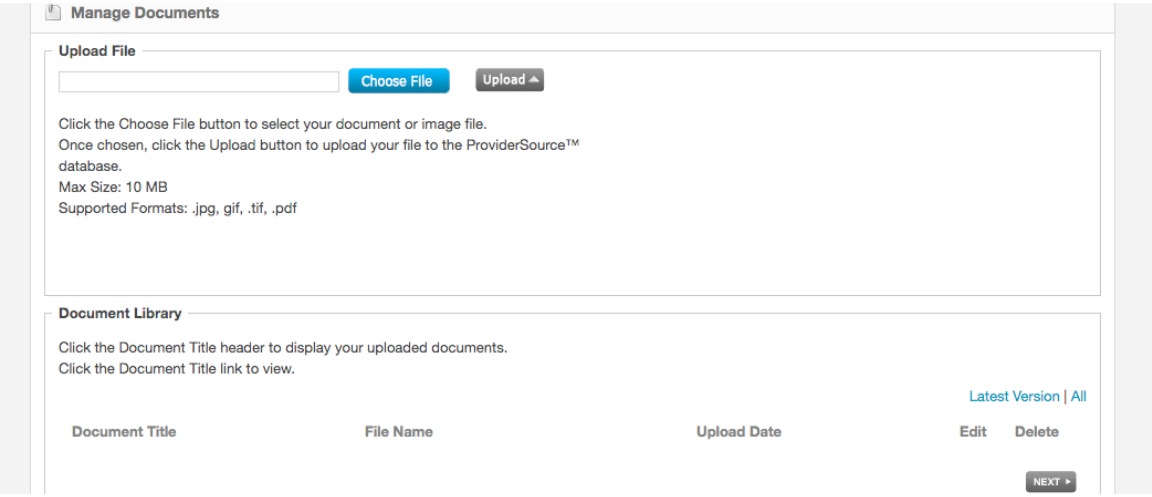


Figure 1001.40

You will then need to input the following information:

- Type
- Title
- Description

Quick Tip:

- By selecting the “Type” field you will be presented with various document categories (1001.41). Select your document category and type, and then select the “Add” button to assign the document type to your file. This action will autofill “Type” and “Title,” lastly, add a description to the document.

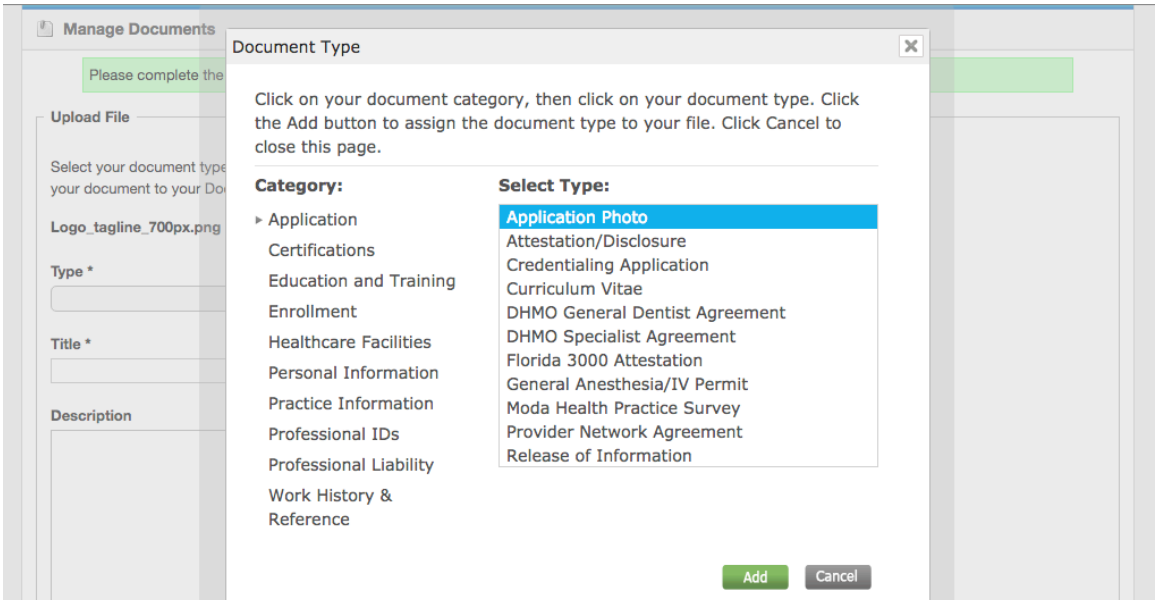


Figure 1001.41

Once you have uploaded all supporting documents select the “Next” button to continue to the “Attestation and Signature” section.

Attestation and Signature: Attestation (Figure 1001.42)
To complete your application, please read and agree to the following attestation and release agreement.

You must click the "I Attest" button to certify that you have carefully reviewed all information, including supporting documentation, contained within your ProviderSource™ application and that all information provided is true, correct, current and complete, to the best of your knowledge.

By clicking "I Attest", you also acknowledge that you must create an electronic signature in order to complete your application.

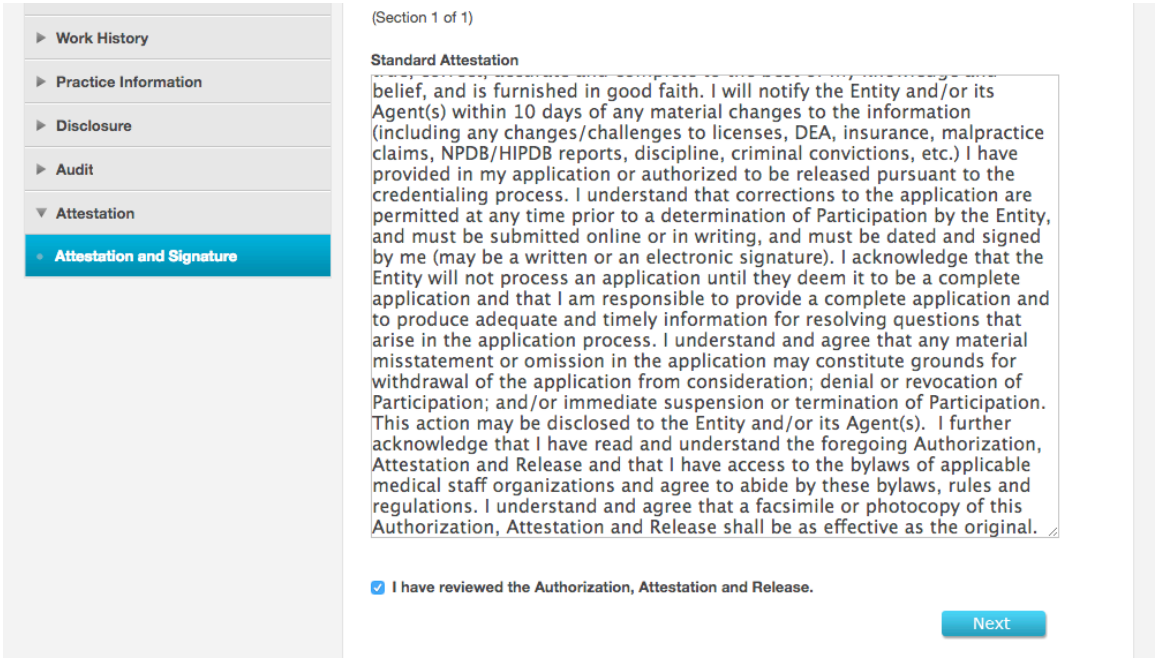


Figure 1001.42

Attestation and Signature: Signature (Figure 1001.43)

- Input your signature by drawing your signature using the mouse or by using the keyboard.
  - Quick Tip: Please use your mouse to draw in a legible signature below or type in your full name as it appears on your application. By typing your name you will be electronically attesting the application.
- Lastly, select the "I Attest" button.

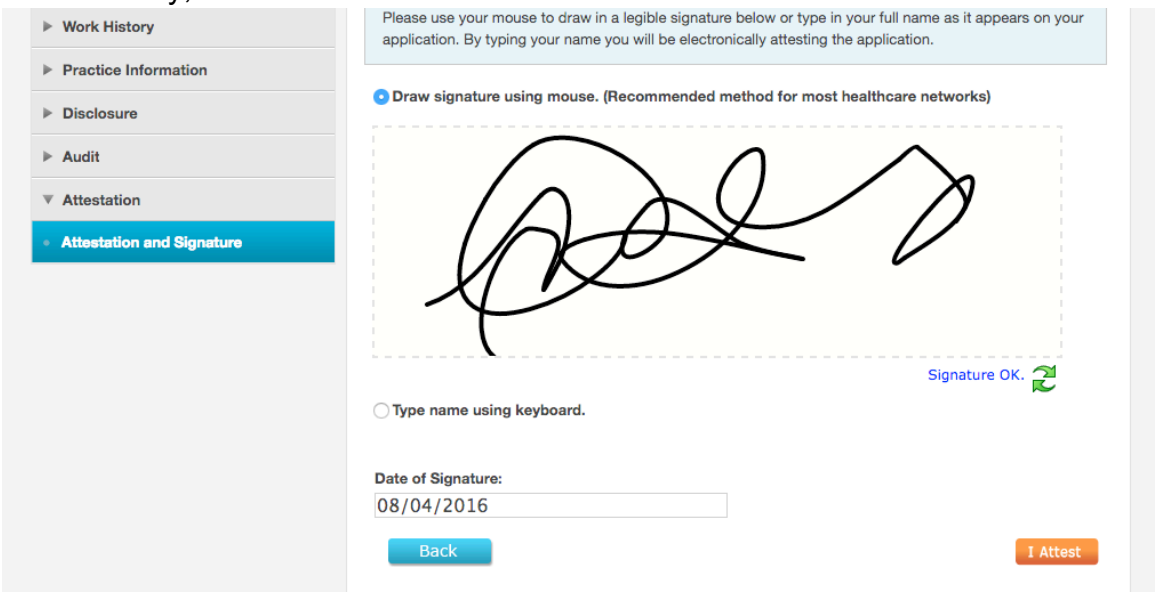


Figure 1001.43

If your submission was successful your screen will read (Figure 1001.44), "Thank you for submitting your application. It will be reviewed for completeness and you will be contacted if additional information I needed."

To download the completed credentialing application, select the PDF hyperlink.

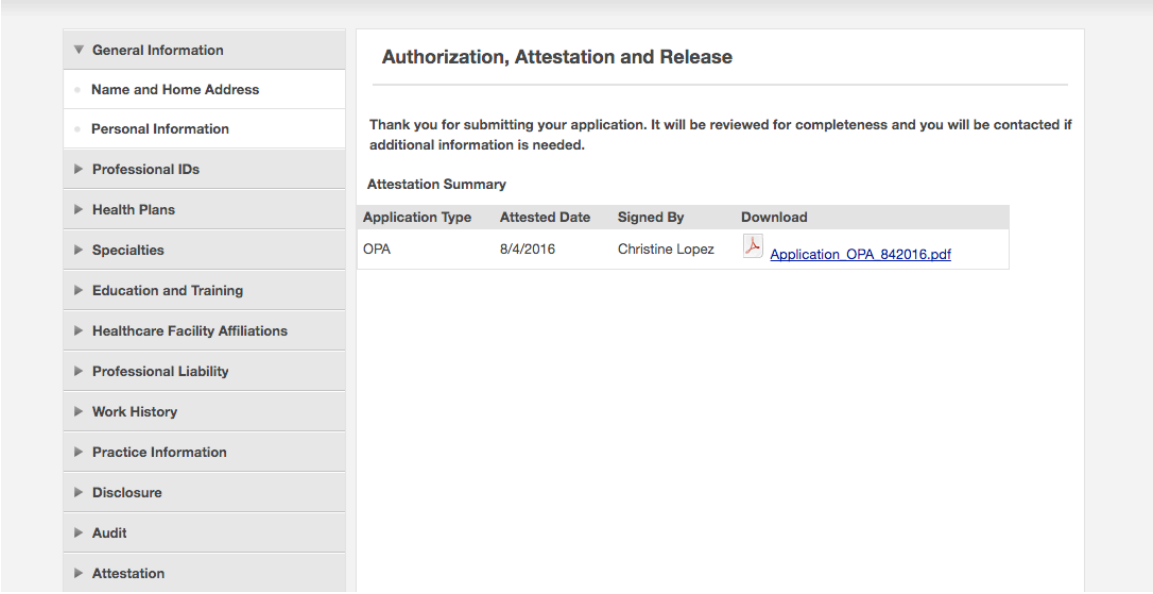


Figure 1001.44

Medversant Provider Support Center Information:
ProviderSource™ Support Center: Phone: 888-308-3895
Email: support@medversant.com
Help Desk Hours: Monday – Friday: 6 AM – 5 PM (PST)