



TIP GUIDE :
REQUESTING NEW FORMS

Find this guide and additional tip guides under the "Support" section.

FORM REQUESTS

Modio will convert your PDF/Word file(s) into a DocuSign template that supports pre-filling provider credentialing data. Once the mapping is complete (usually takes 3-7 business days), the form will be listed as "Available" on the Forms dashboard and can be sent to coordinators or providers. To request a custom form, send your files to updates@modiohealth.com.

What to include in your Request:

- What team should the form be added to?
- Is this form replacing an existing form?
- Does it need to be added to a composite?
- Are there any special instructions?

The screenshot shows the Modio Health Master Practice (DEMO) Forms dashboard. The top navigation bar includes links for Team, Forms, Tracking, Logins, Tasks, and Notes. The main content area displays a table of available forms. A yellow callout box points to the 'Support' link in the top navigation bar.

ID	Status	Templates	Count	Form Name	Form Type ...	Tag	Last Update...	Actions
45728	Available	Composite	3	*DEMO*: New Composite Packet	Modio Health		02/04/2022	[Email] [Print] [Edit]
27972	Available	Single	0	*DEMO*: Peer Reference Form (07.2020)	Reference L...		02/24/2021	[Email] [Print] [Edit] [Download]
27971	Available	Single	0	*DEMO*: State of Georgia - Employee's Withholding Allowance Certificate (...)	Tax Docum...	GA	02/24/2021	[Email] [Print] [Edit] [Download]
7112	Available	Single	1	Accountable Health Care IPA - Allied Health Professional Application (06.97)	Payor Appli...	Requires Fa...	01/20/2020	[Email] [Print] [Edit] [Download]
22753	Available	Single	0	Alabama - Physician Assistant Application for Registration Agreement	License App...	Allied Licen...	12/02/2020	[Email] [Print] [Edit] [Download]
22754	Available	Single	0	Alabama - Physician Assistant Reinstatement Application	License App...	Allied Licen...	12/02/2020	[Email] [Print] [Edit] [Download]
22333	Available	Single	0	Alabama Board of Medical Examiners - Medical School Certification (Appe...	State Applic...	Alabama	12/06/2021	[Email] [Print] [Edit] [Download]
13103	Available	Single	0	Alabama Department of Revenue - Employee's Withholding Tax Exemption ...	State Applic...		03/31/2020	[Email] [Print] [Edit] [Download]
8937	Available	Single	0	AlohaCare - Provider Credentialing Application & Disclosure Information F...	Payor Appli...		08/26/2019	[Email] [Print] [Edit] [Download]
14198	Available	Single	0	Ambetter-Allwell — MHS Practitioner Enrollment Form (0819.CC.P.FO 08.19)	Payor Appli...	ink signature	06/22/2021	[Email] [Print] [Edit] [Download]
13183	Available	Single	0	Argus - FL - Full Application GP & SP - Rev 8.2018	Payor Appli...	Kate	03/09/2020	[Email] [Print] [Edit] [Download]
6093	Available	Single	1	BCBS of AL - Uniform Provider Application	Payor Appli...	Alabama	08/01/2019	[Email] [Print] [Edit] [Download]

Page 1 of 1, 200 items per page, 1 of 80 of 80 items

FORMS: SUBMITTING DO'S



Following these tips will help the Forms team complete your request in a quicker timeframe.

 **PDF or Word Document are acceptable.**

 **Blank fields where information should populate.**

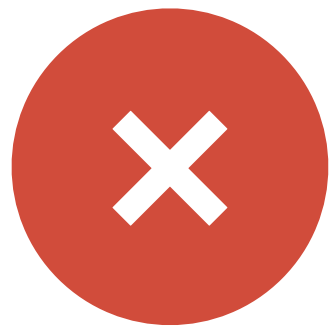
Example of a form with blank fields:

These are blank fields

Group Information:
W9 Legal Name: _____ Tax ID#: _____
Group Primary Address: _____
Number of Service Locations: _____ Electronic Health Records: Yes No
Group Type: Single-Spec Group Multi-Spec Group

 **High quality scan or source PDF/Word Document are acceptable.**

FORMS: SUBMITTING DON'TS



Following these tips will help the Forms team complete your request in a quicker timeframe.

✘ No Excel Based Roster (but we do recommend a custom report)

✘ No Reference Text/Mail Merge Labels

Form should not have placeholder text in boxed fields (see highlighted area).

* VERIFY EMAIL ADDRESS (FORMATTED AS EXAMPLE@SAMPLE.COM)

* PRIMARY SERVICE LOCATION PHONE NUMBER (10 DIGITS)

* PRIMARY SERVICE LOCATION FAX NUMBER (10 DIGITS)

* TAX IDENTIFICATION NUMBER (TAX ID) TYPE

Date of last credentialing

Provider Name

Email Address

Date

<<Provider Name>>

John Smith is pleased to inform you that on the **date of last credentialing** the....

Form should not have mail merge labels (see highlighted area).

✘ Remove Provider Specific Information

No provider info should be pre-filled on the form (see provider name highlighted).

Name of physician being credentialed: **John Smith, MD** (indicate: MD, DO,DPM, PA, etc)

✘ Remove Practice Specific Information

No pre-populated text in form fields (see highlighted content).

Section 5: Practitioner Service Locations

Service Location Name: **Modio Health**

Address: **123 Main Street** City: **Citville**

State: **VA** Zip Code: **12345-6789**

Phone Number: **888-555-1234** Fax Number: **888-555-6541**

Office Hours: Monday **8-5** Tuesday **8-5** Wednesday **8-4**

Thursday **8-5** Friday **8-5** Saturday Sunday

FORMS: NEXT STEPS

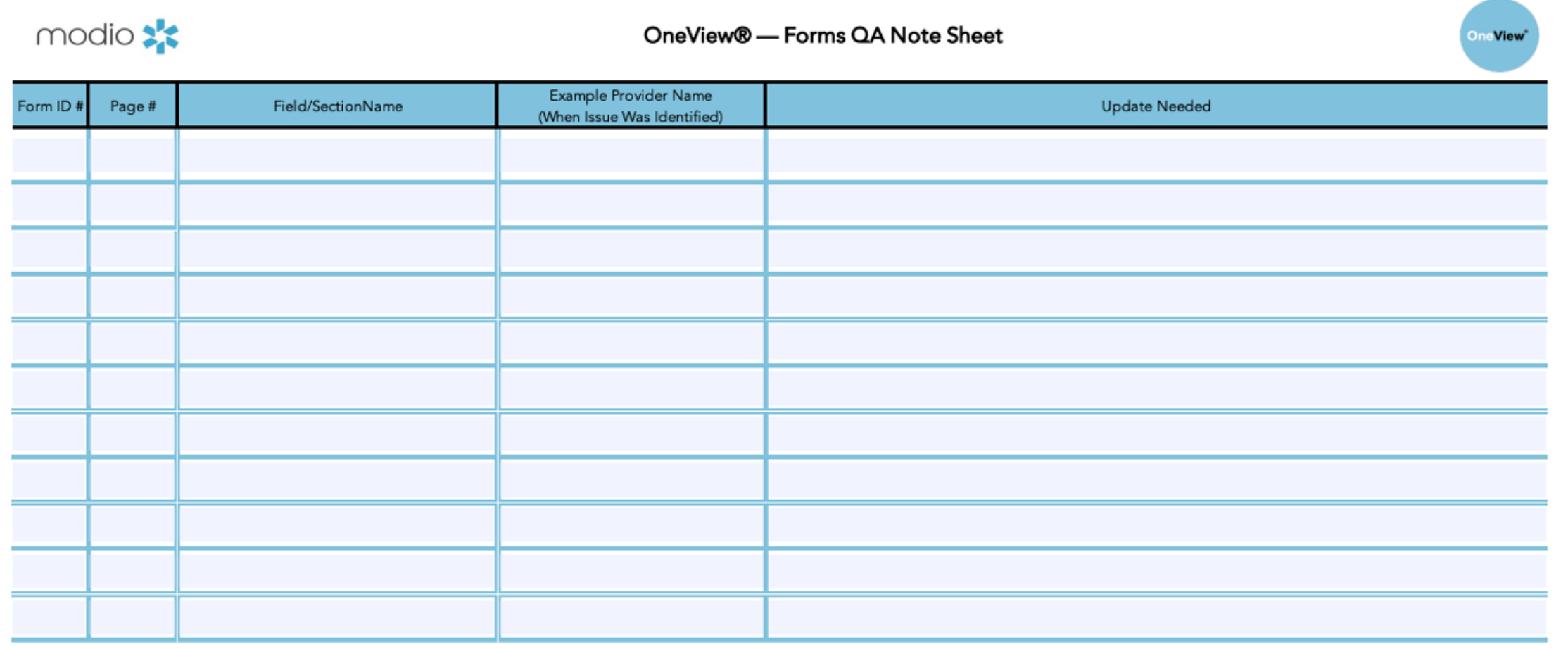
Find this Forms QA Note Sheet under the **"Support"** section.



After you have been notified that your form(s) are available and ready for use, we strongly suggest you audit the form to confirm it is meeting all of your needs.

How to Perform a Quality Audit (QA):

1. Locate the recently completed form and select a provider with a robust profile
2. Send the form to yourself and open the DocuSign envelope
3. Review each section on the form and notate any issues on the "Forms QA Note Sheet" (Found on the support page)
 - Be as specific as possible about which field on the form you are referencing and where the information should pull from within OneView. Also you can provide screenshots or marked up PDFs to help with clarity
 - Please remember that pre-filled information is tied directly to data within the provider profile. If information is not entered in the profile it will not populate.
4. Send the "Forms QA Note Sheet" to updates@modiohealth.com
5. Forms team will notify you once the changes are made



The screenshot shows a table titled "OneView® — Forms QA Note Sheet" with the following columns: Form ID #, Page #, Field/SectionName, Example Provider Name (When Issue Was Identified), and Update Needed. The table contains several empty rows for data entry.

Form ID #	Page #	Field/SectionName	Example Provider Name (When Issue Was Identified)	Update Needed

Requesting a composite

If have multiple single forms that will need to be sent at one time, you can request for them to be packaged into a Composite.

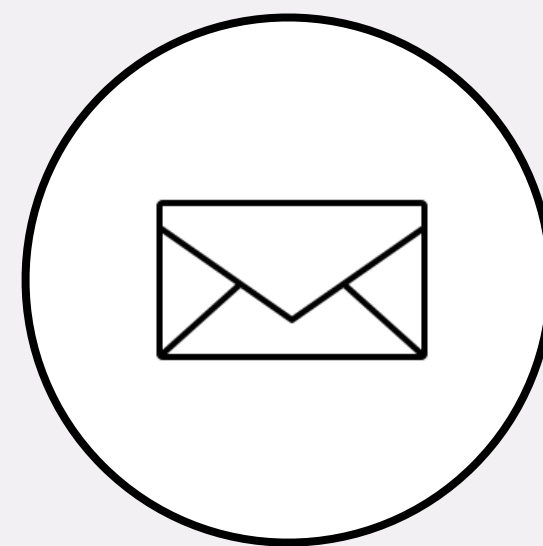
Steps:

- Send request to support@modiohealth.com with the following details:
 - Desired Composite Name
 - List of Forms to be included in composite (Form ID is ideal)
 - Form order (if needed)

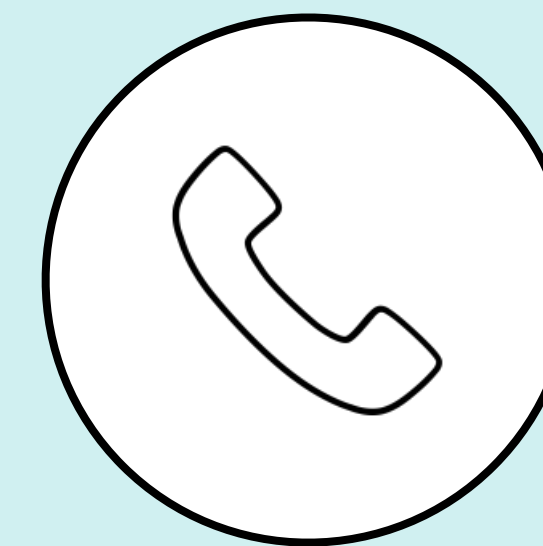
For additional questions or further training,
 contact the Modio Team:



Online:
Live Chat Support



Email:
updates@modiohealth.com



Phone:
844.696.6346