



**OneView<sup>®</sup>**

**TIP GUIDE : FORMS**

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

## INTRODUCTION:

# FORMS

The Forms tab gives you access to our digital forms center, where you can create and store forms like facility applications, payor contracts, and more. When your form is added to OneView™, you can send it to other people on your team for them to fill out and electronically sign. Forms can automatically be pre-filled with details from your providers' profiles to save time.

# 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 5-7 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](mailto:updates@modiohealth.com).

The screenshot shows the Modio Health Master Practice (DEMO) interface. At the top, there is a navigation bar with links for Support, Modio U, New Features, Settings, Services, and Sign out. Below this is a secondary navigation bar with Team, Forms, Tracking, Logins, Tasks, and Notes. The main content area displays a list of forms for 'Modio Health Master Practice (DEMO) (San Francisco, CA)'. The forms are listed in a table with the following columns: Status, Templates, Count, Form Name, Form Type, Tag, Last Updated, and Actions. The first row shows a form titled '(Test) MD Board of Physicians - Application For Initial Medical Li...' with a status of 'Available', a count of 1, and a last updated date of 08/01/2019. Other forms include '\*\*Modio Test Document Signature Fields\*\*', 'Accountable Health Care IPA - Allied Health Professional Applic...', 'AlohaCare - Provider Credentialing Application & Disclosure Inf...', 'Anthem Blue Cross Physician Application', and 'Aspen Pointe - Verification of Privileges (1.19)'. At the bottom of the page, there is a footer with links for Privacy Policy, Terms and Conditions, and a Live Help button.

Status	Templates ...	Count ...	Form Name	Form Type ...	Tag	Last Updat...	Actions
Available	Single	1	(Test) MD Board of Physicians - Application For Initial Medical Li...	State Appli...		08/01/2019	[Email] [Edit] [Download]
Available	Single	1	**Modio Test Document Signature Fields**	Other Misc		11/14/2019	[Email] [Edit] [Download]
Available	Single	1	Accountable Health Care IPA - Allied Health Professional Applic...	Payor Appli...	Requires Fa...	08/01/2019	[Email] [Edit] [Download]
Available	Single	0	AlohaCare - Provider Credentialing Application & Disclosure Inf...	Payor Appli...		08/26/2019	[Email] [Edit] [Download]
Available	Single	1	Anthem Blue Cross Physician Application	Payor Appli...	Electronic S...	08/01/2019	[Email] [Edit] [Download]
Available	Single	1	Aspen Pointe - Verification of Privileges (1.19)	Facility App...		08/01/2019	[Email] [Edit] [Download]

# FORMS: DASHBOARD

**Templates:** Forms can be filtered by:

- Singles
- Composites

**Count:** Indicates the number of files within this form/ Composite.

**Status:** Forms can be filtered by status:

- New
- In Process
- Available
- Rejected
- Archived

Status	Templates	Count	Form Name	Form Type	Tag	Last Updated	Actions
Available	Single	1	(Test) MD Board of Physicians - Application For Initial Medical Licensure (11.2018)	State Application		08/01/2019	[Send] [Edit] [Download]
Available	Single	1	Accountable Health Care IPA - Allied Health Professional Application (06.97)	Payor Application	Requires Faxing o...	08/01/2019	[Send] [Edit] [Download]
Available	Single	0	AlohaCare - Provider Credentialing Application & Disclosure Information Form (Rev. 06.2...	Payor Application		08/26/2019	[Send] [Edit] [Download]
Available	Single	1	Anthem Blue Cross Physician Application	Payor Application	Electronic Signat...	08/01/2019	[Send] [Edit] [Download]
Available	Single	1	Aspen Pointe - Verification of Privileges (1.19)	Facility Applicati...		08/01/2019	[Send] [Edit] [Download]
Available	Single	1	AspenPointe Initial Credentialing Application - Physician	Facility Applicati...		08/01/2019	[Send] [Edit] [Download]
Available	Single	1	BCBS of AL - Uniform Provider Application	Payor Application	Alabama	08/01/2019	[Send] [Edit] [Download]
Available	Single	1	California Participating Physician Application - CPPA	Payor Application	State CA Applicati...	08/01/2019	[Send] [Edit] [Download]
Available	Single	0	CHN PPO - Provider Application (Rev. 05.2016)	Payor Application		08/06/2019	[Send] [Edit] [Download]

## Actions Icon Key:

- Send Form:** Click here to send your forms to anyone in your team.
- Edit:** Click here to edit details about your form.
- Removing a Form:** If you click this before a provider has completed the form, they can still finish filling it out and sign it, but you won't be able to send anyone else that form.
- Download:** Download the original file used to create the electronic form.
- Composite Icon:** Hover over this icon to view the single files which are within this composite file.

**Template Definitions:**  
**Singles:** An Individual form  
**Single Composites:** A compilation of forms which make up one packet or application. (has a composite icon next to Single).

**Live Help:** Stuck? We are here to help. Click here to chat with our support team.

# FORMS: EDITING FORM DETAILS


**Form Name:**  
Make edits to the form name.

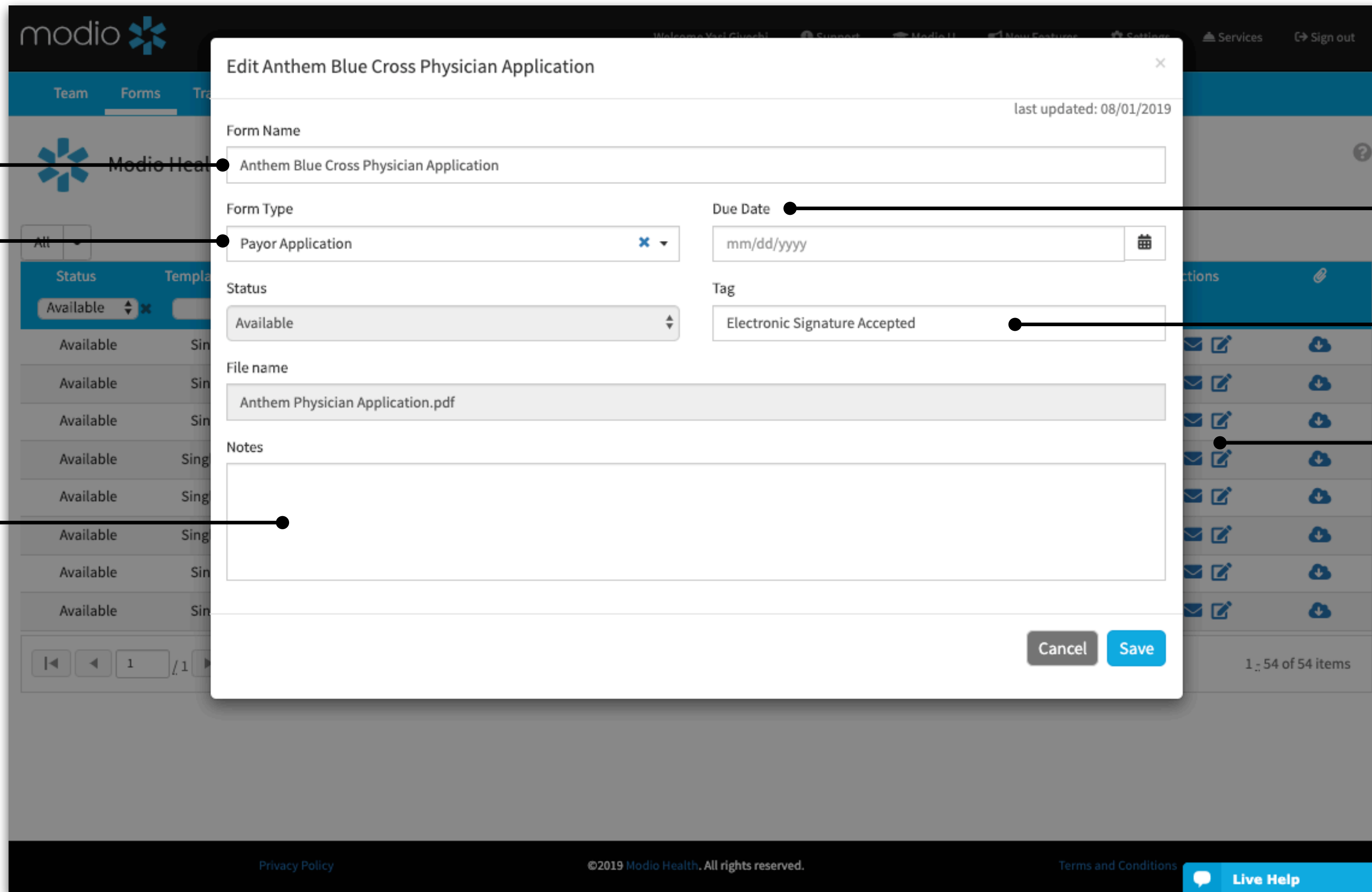
**Form Type:**  
Update the form type.


**Notes:**  
Include additional notes about your form here.

**Due Date:**  
If the form needs to be completed by a certain time, enter the date here.

**Tags:**  
Add a tag to your form for organization.

 **\*Start here:**  
Click here to edit details about your form.



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Team Forms Tr

Modio Health

last updated: 08/01/2019

Form Name  
Anthem Blue Cross Physician Application

Form Type  
Payor Application

Due Date  
mm/dd/yyyy

Status  
Available

Tag  
Electronic Signature Accepted

File name  
Anthem Physician Application.pdf

Notes

Cancel Save

1 - 54 of 54 items

Privacy Policy ©2019 Modio Health. All rights reserved. Terms and Conditions Live Help

# FORMS:SENDING FORMS (PART 1)

**Send Form(s):**  
Select recipient(s) for your form; you will receive a copy once the form has been completed.

**Send Form To:**  
Select whom you want to send the form to; please note you will only receive the form once it's completed.

**Email Subject:**  
Give your email a title.

**Email Message:**  
Enter notes / instructions here.

**Form History:**  
View and search for the status of sent forms here. Once the provider fills and signs the form, you will receive a completed copy in your inbox.

Send Form "MO - Missouri CAQH Credentialing Application"

Prefill form data for provider(s), then choose a recipient for the form.

Prefill form for: \*

Select provider(s) from your team...

Send form to:  Myself  Provider  Coordinator  Contact  
Only you will receive a copy of each provider form.

Email Subject

Specify a subject for the email...

Email Message

Provider	Status	Last Sent	Sender	Actions
<input type="text" value="Search by name..."/>	<input type="text" value="Search by name..."/>	<input type="text" value="Search by name..."/>	<input type="text" value="Search by sent by..."/>	
Marten, Lily - MD	Completed	11/13/2017 14:28 PM	Yasi Givechi	

Cancel Send

**\*Start here:**  
Once a form's status has changed to available, click on the envelope.

**Actions Icon Key:**

- Navigate to the provider's completed form.
- Download the form.
- Archive the form.

**Status:**  
Track the status of your sent forms here. The Filters include: Sent, Delivered, Completed, Voided, and Declined.

# FORMS:SENDING FORMS (PART 2)

Provider	Status	Last Sent	Sender	Actions
Marten, Lily - MD	Completed	11/13/2017 14:28 PM	Yasi Givechi	[Icons]

**Send:**  
After you hit send, the form will be sent via DocuSign (see to the right) and the provider(s) will be able to review and sign it.

**Commonly Asked Question: Do DocuSign envelope notification emails expire?**  
This is a standard DocuSign setting designed for security purposes and it occurs after 5 clicks or 48 hours of inactivity. If a link expires, it does not require a full resending of the form, for when you/the providers attempt to open an expired form for the first time, DocuSign auto sends a new email notification and presents a page advising that the link has expired and a new notification has been sent.  
Learn more here: <https://support.docusign.com/articles/Do-envelope-notification-emails-expire>

**Modio Health QA via DocuSign**  
New Medicaid Form  
From: Coordinator@modiohealth.com  
Date: Thursday, September 15, 2019

**modio**

Modio Health QA sent you a document to review and sign.

**REVIEW DOCUMENT**

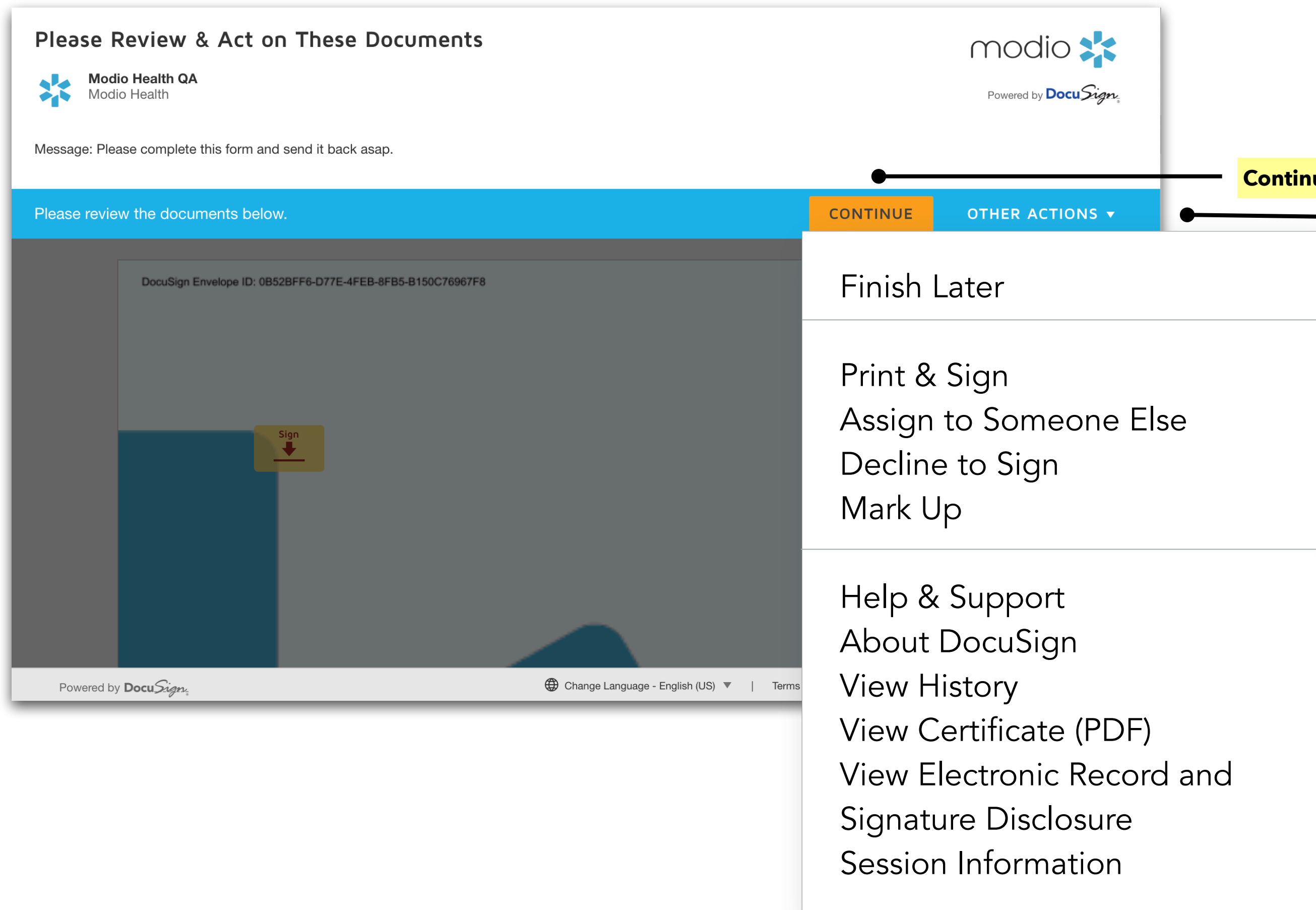
**Modio Health QA**  
[docusign@modiohealth.com](mailto:docusign@modiohealth.com)

Message: Please complete this form and send it back asap.

Powered by **DocuSign**

# FORMS: DOCUSIGN QUICK GUIDE

When you receive a DocuSign form, you don't have to sign it right away. If you can't finish the document right now, you can choose to finish later. Alternatively, if the document was sent to you by mistake, is incorrect, or you're not the right signer, you can either decline to sign or assign the document to someone else.



**Continue:** will take you to the form signature page.

**Other Actions:** View alternative options to signing the form right away.

- **Finish Later:** This option allows you to exit the signing process and save any information you have entered. You can return to finish signing the document later by clicking the link in the original email notification.

- **Print & Sign:** This option allows you to print and sign the document on paper.

- **Assign to Someone Else:** This option can be used to reassign the signing responsibility to another person. You will be asked to provide the new signer's name, email address, and a reason for the change. The sender will receive a notification of the change including the new signer's info and the reason for the change. The new signer you've identified will be prompted to sign the document.

- **Decline to Sign:** This will void the form. This option lets you decline to sign the document. You might be asked to provide a message for the sender of the document indicating why you have declined to sign. In cases where there are other signers, those who have already completed signing receive an email stating that you have declined to sign. Other signers who have not completed signing will not be able to access the documents.

- **Mark Up:** Add notes to the form by clicking here.

# FORMS: ADOPTING A SIGNATURE

The first time you select a **sign** or **initial** field, you are asked to adopt a signature and initials. Verify that the name and initials are correct. To change the name or initials, enter the changes in the **Full Name** and **Initials** fields.

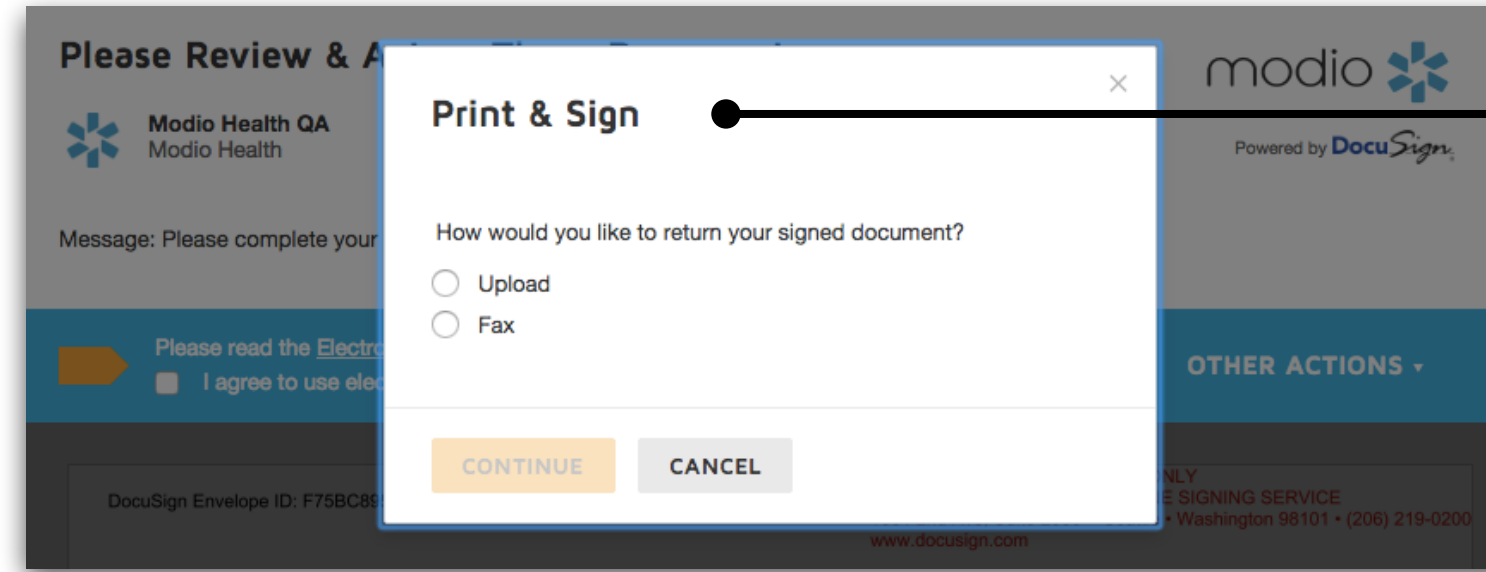
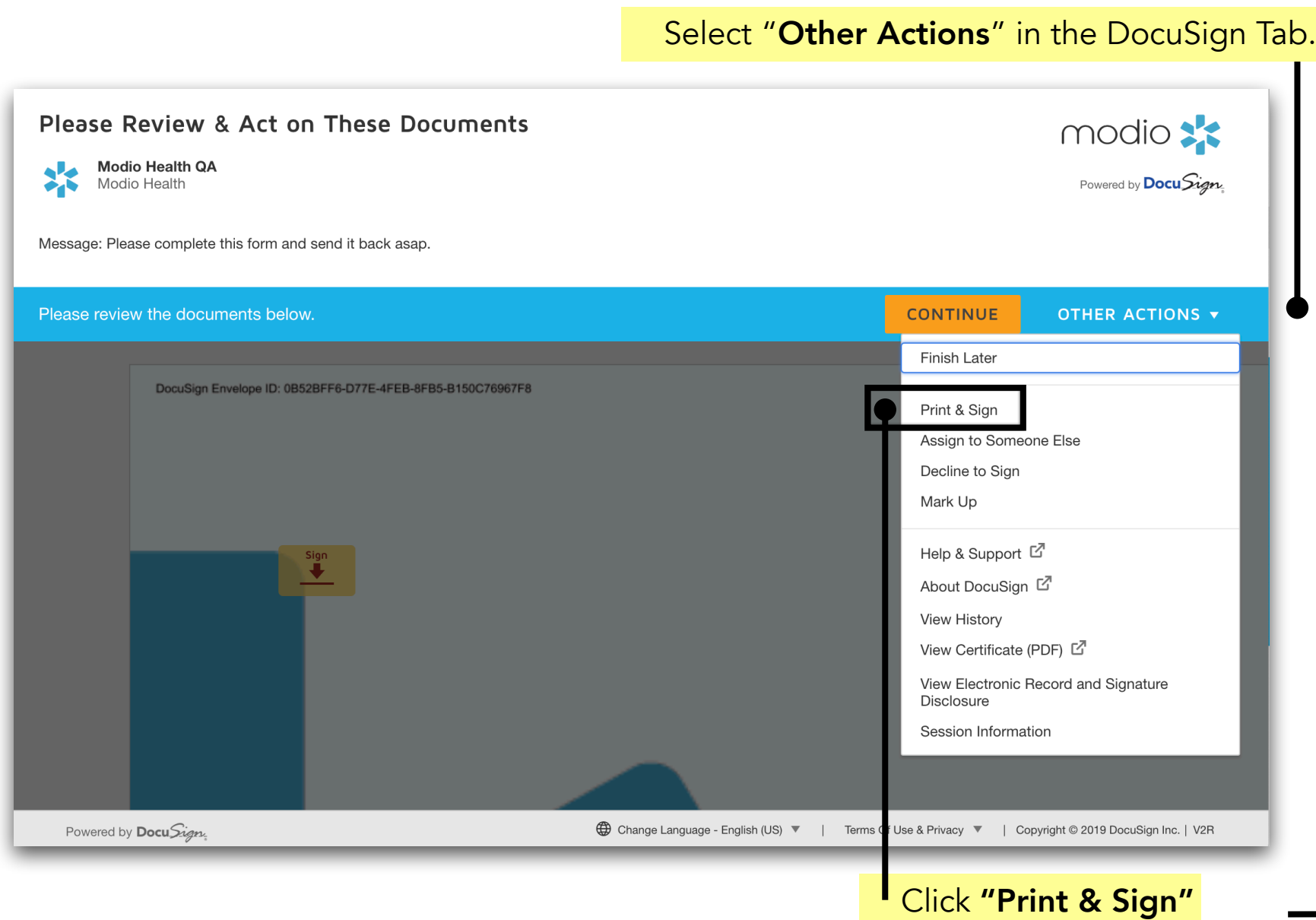
- **SELECT STYLE:** To select from a list of predefined signature styles, click **SELECT STYLE**. If you don't see any signature styles that appeal to you, you can create or upload a signature.
- **DRAW:** Use this field to create your own signature. Use a mouse to draw your signature (or your finger if you're on a touchscreen). If you make a mistake, click **Clear** to reset the field.
- **UPLOAD:** To upload a signature instead, select the **UPLOAD** tab. Click **UPLOAD YOUR SIGNATURE** and navigate to the image file on your device. When finished, confirm your signature and initials are correct, then click **ADOPT AND SIGN**.

Note: After clicking **ADOPT AND SIGN**, your signature is set, and you won't be able to change it for this document.



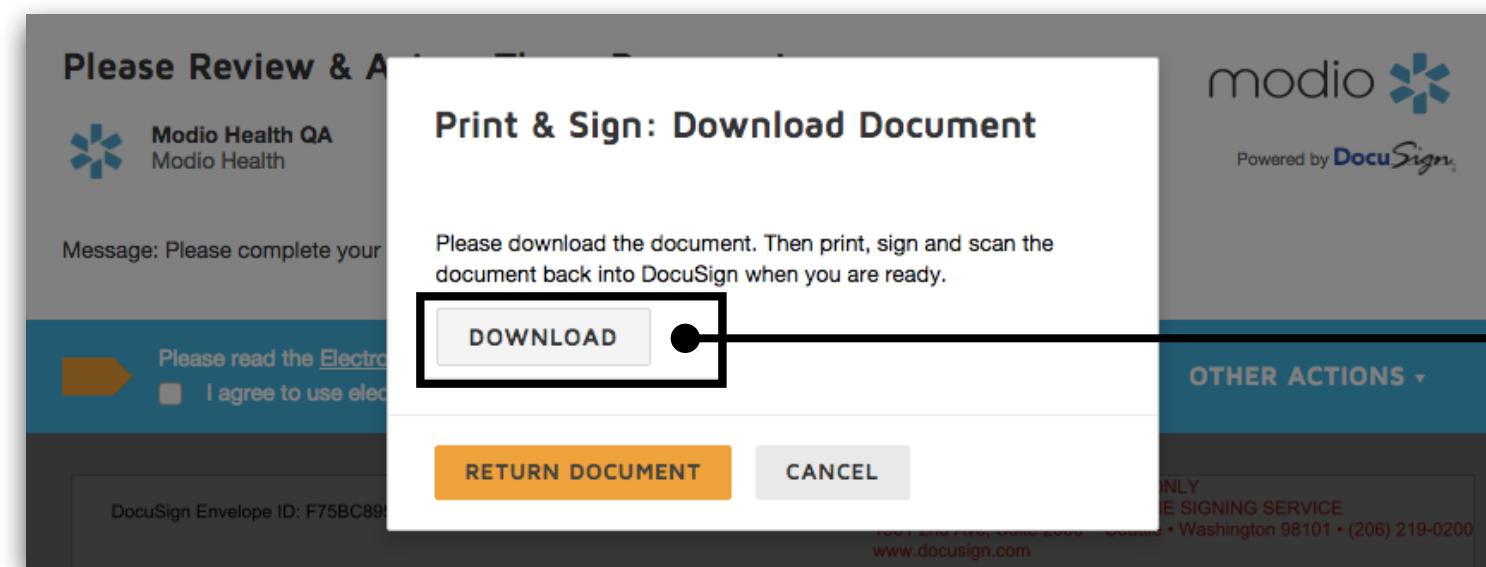
# FORMS: MAKING FORM COPIES

Getting a Form Copy - If you prefer to print and hand sign the pre-filled form, click **“Review Document”** from your inbox. (Only applicable if the provider/office manager has access to OneView™.)

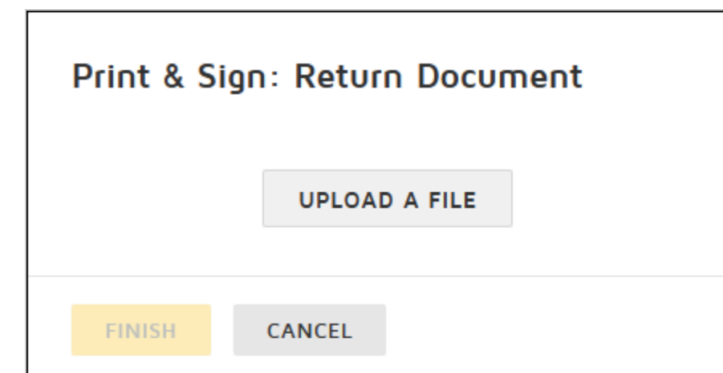


Choose between the return options **Upload** or **Fax**.

- **Upload:** you download the documents, print them, complete them with pen on paper, scan them, then upload the scanned, signed documents in order to return them.
- **Fax:** you download the documents, print them, complete them with pen on paper, and return them to the sender by following faxing instructions you'll be provided.

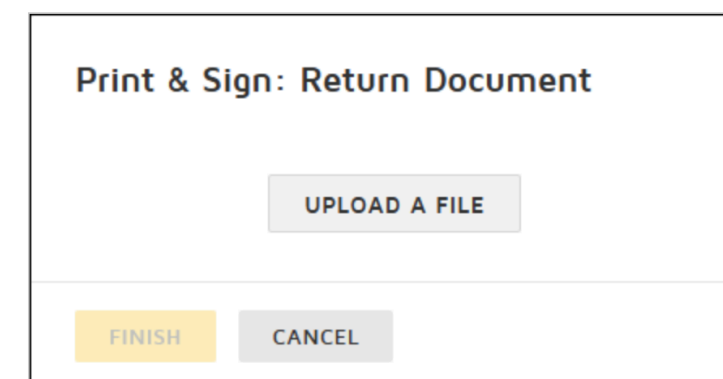


Click **Download**. You will now have a copy of the pre-filled form on your desktop to print and send to your providers. **NOTE: If you download the document and print, the status within OneView will not change to completed. This must be changed to “Completed” Manually.**



### Returning Document:

1. Save the documents to your computer, by clicking **DOWNLOAD**.
2. Using your normal printing method, print the documents you saved to your computer. Fill out and sign the printed pages as needed. Create an electronic file version of the documents (for example, scan the documents and save them as a file on your computer). In the Print & Sign: Download Document dialog box, click **RETURN DOCUMENT**.
3. Click **UPLOAD A FILE**. Then select the electronic file from its stored location on your computer.
4. The file is uploaded and the file name and number of pages are shown in the dialog box. If you selected the incorrect file, select the file name to remove the file and then upload the correct file.

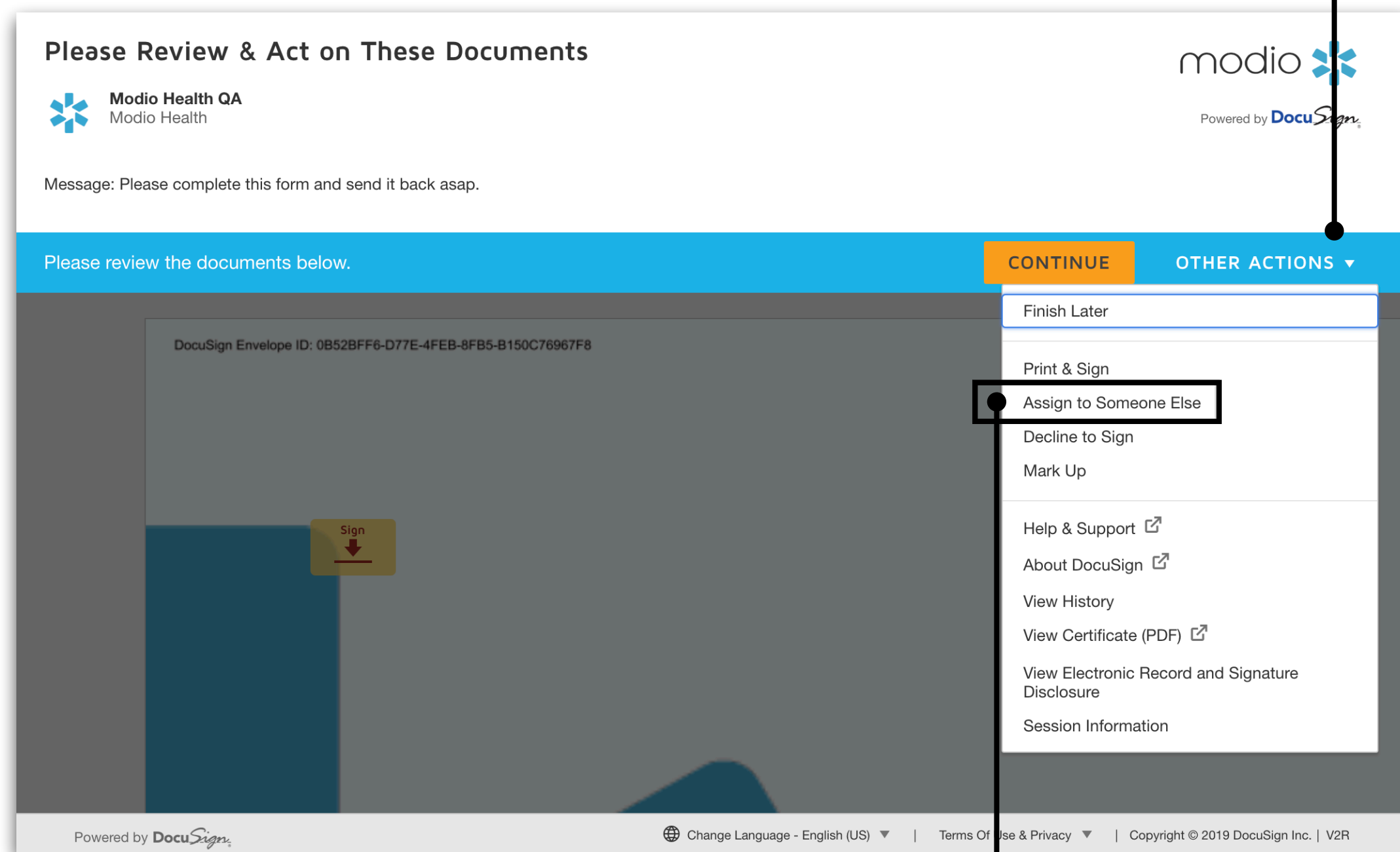


**FAX:** If you chose to fax your documents as the return method, the DocuSign fax cover page must be the first page that is sent. The fax cover page has information that links your documents to the envelope and your documents might be lost if the cover sheet is not the first page.

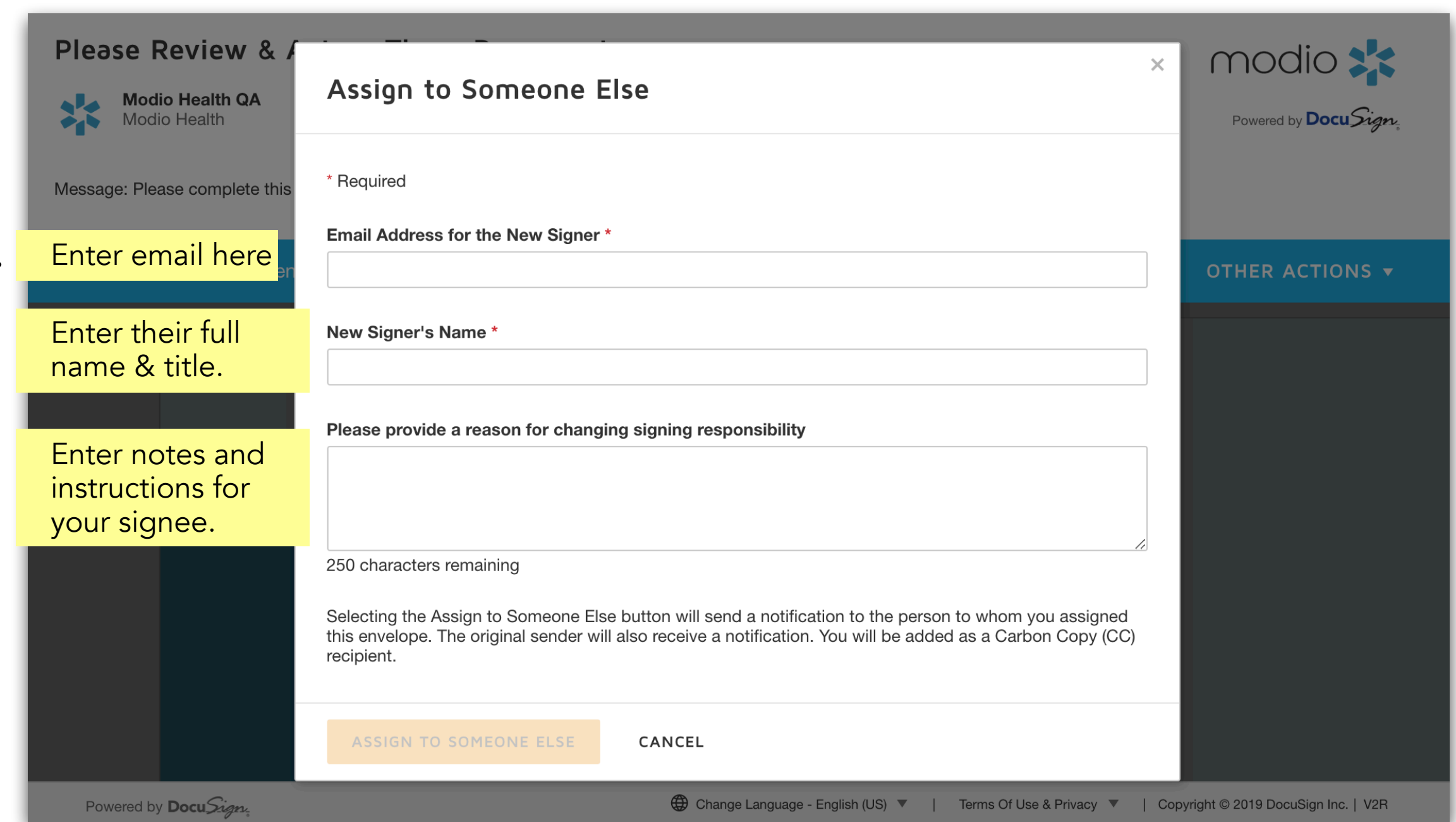
# FORMS: ASSIGN TO SOMEONE ELSE

If you assign a form to someone else, they will receive a notification email to complete the form. Note: if the document is too large, the form will be saved to your provider's profile in the Documents section.

Select "Other Actions" in the DocuSign Tab.



Click "Assign to Someone Else"



Enter email here

Enter their full name & title.

Enter notes and instructions for your signee.

Once the form has been signed, you will be notified and the status will change to complete in OneView™.

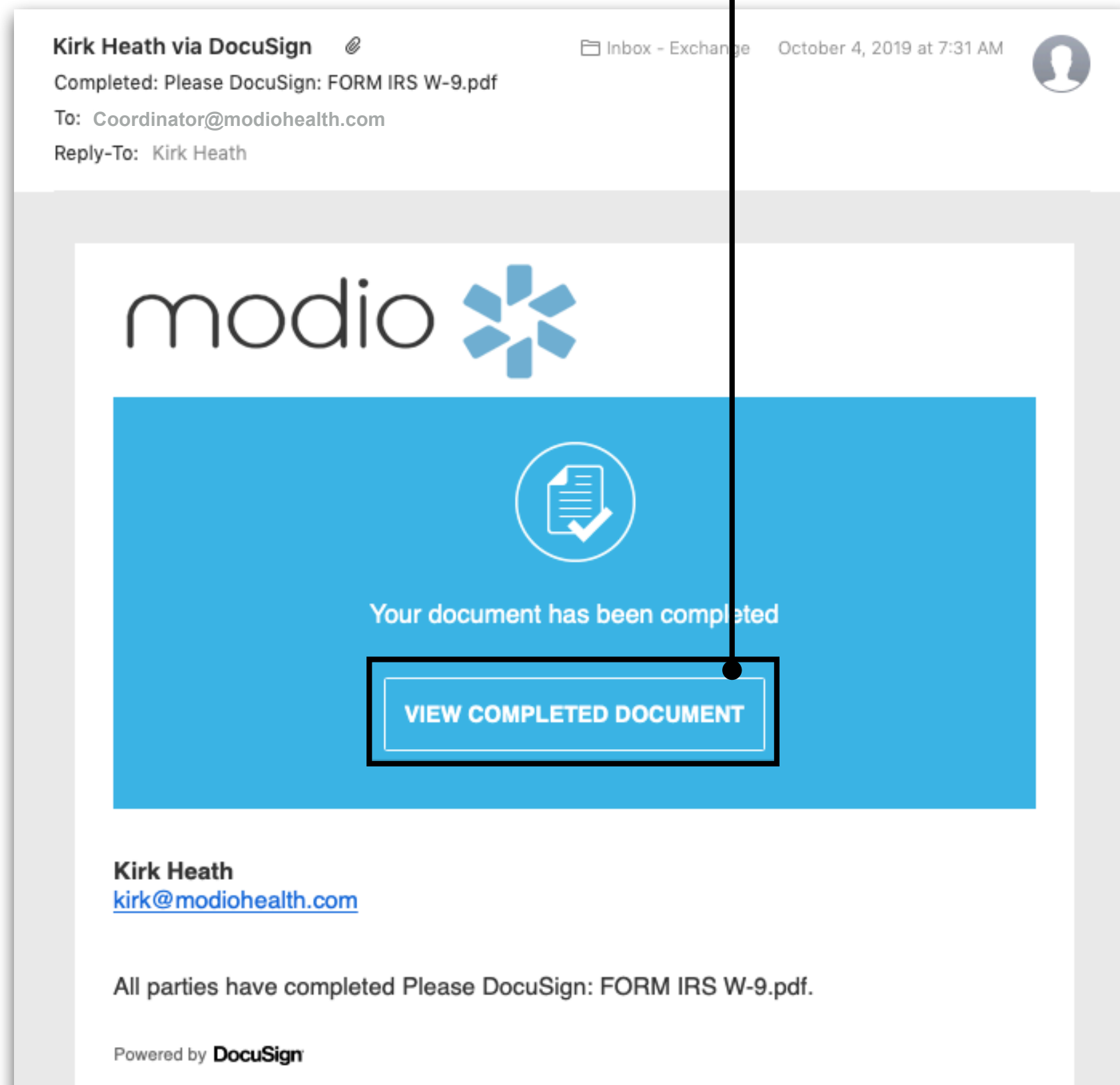
# FORMS: Finding Completed Applications

Once your applications are completed, there are several locations where they will be stored.

1. You can find them in your email 2. They will be available to send in the Forms section within OneView® 3. They will be stored in your providers Documents section.

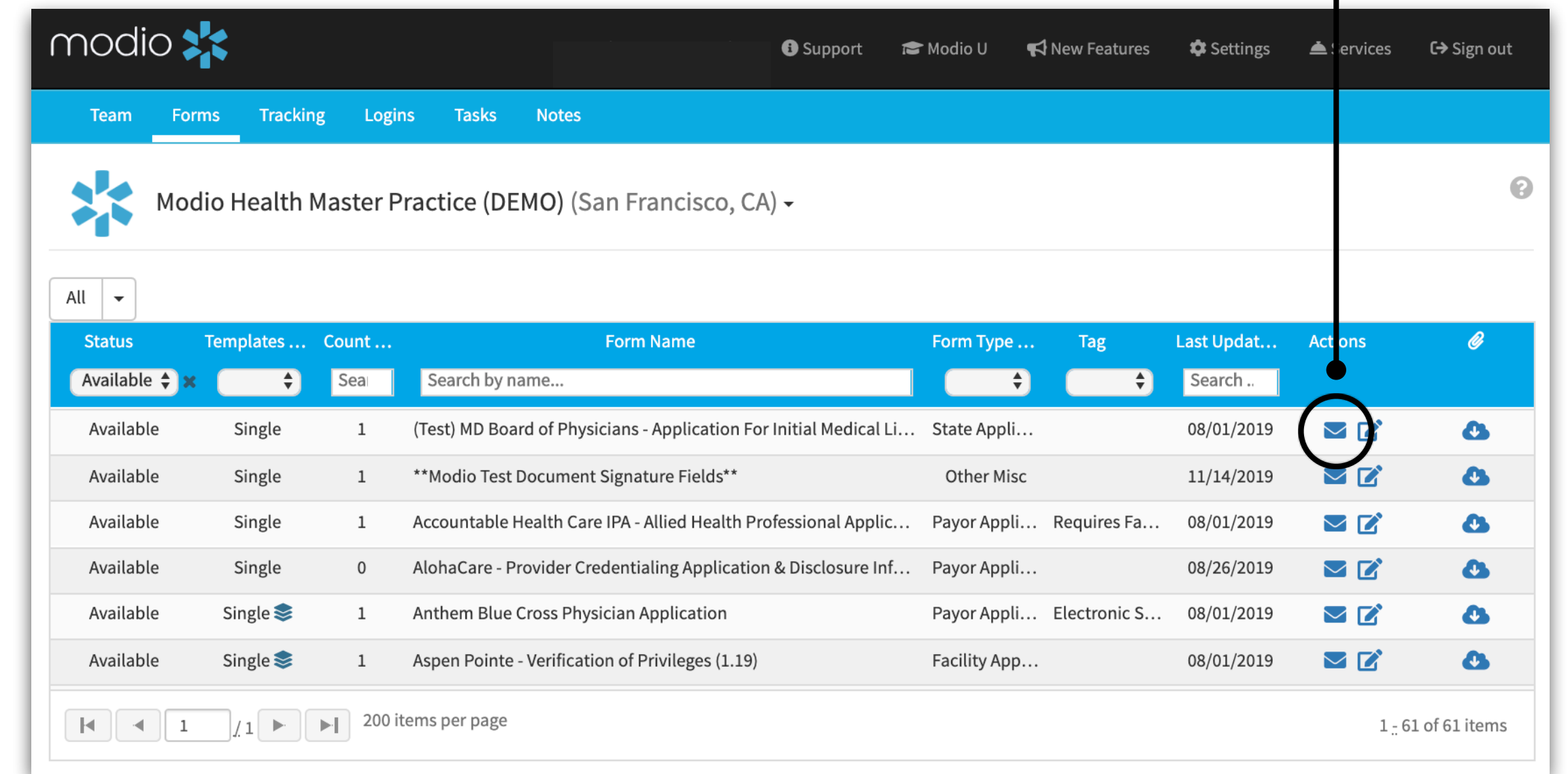
1

Your completed application will be delivered in an email from DocuSign. Follow the link titled "View Completed Document"



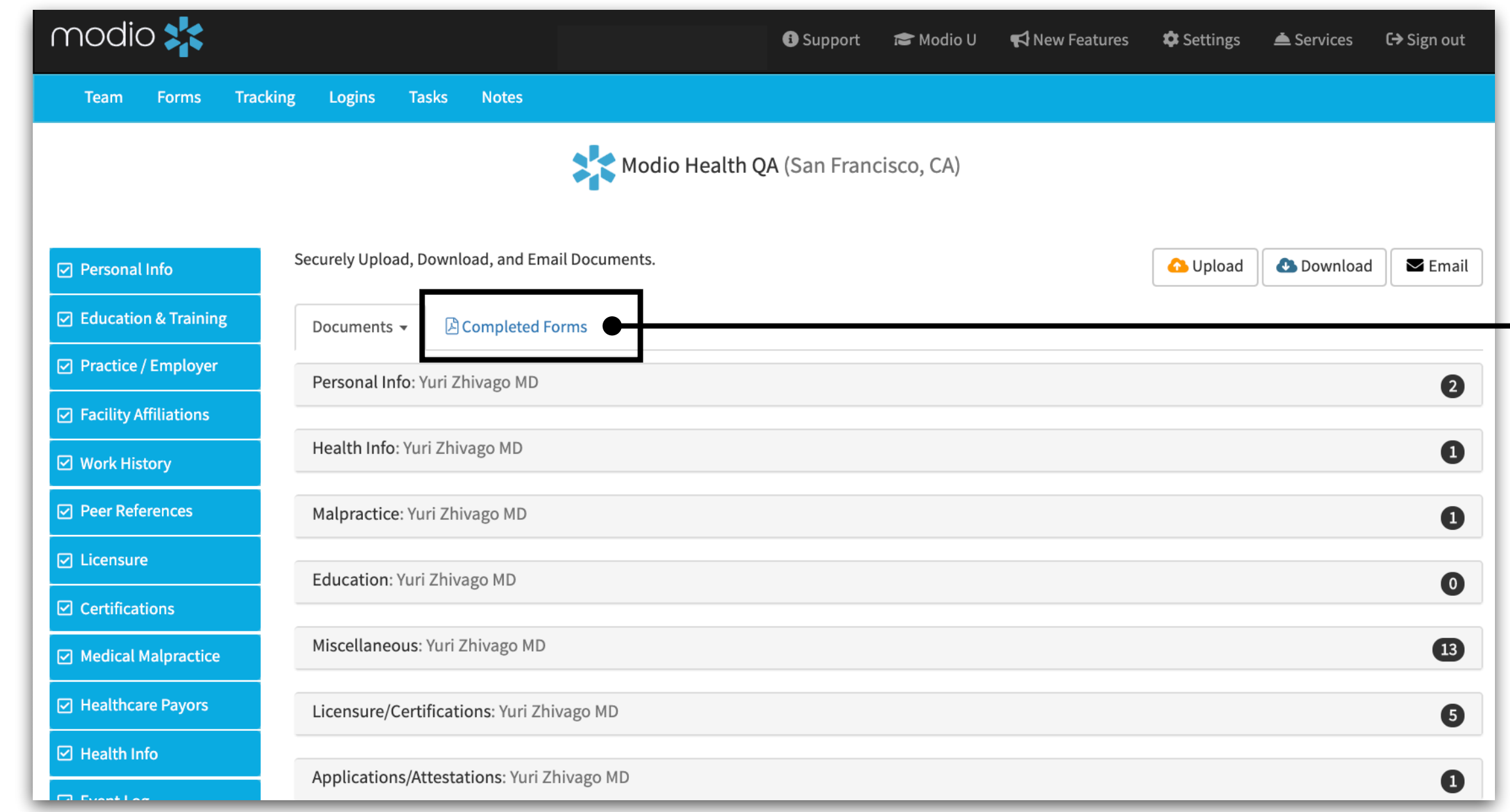
2

Click the envelope icon and you can find the history of the forms status. Refer to slide #5 for more details where you will see the status of the application as **Completed**.



3

Navigate to **Documents** section within your providers profile. From here you can access completed applications by clicking the "Completed Forms" link.



# FORMS: QA FORM MAPPING

All mapped fields correspond to a specific location within the OneView™ platform. It is crucial to ensure that the information related to the provider, practice, facility, etc is already stored in OneView™.

For any adjustments, inquiries, or customizations needed, please email [updates@modiohealth.com](mailto:updates@modiohealth.com) to get a copy of the QA Form or access it on our support page [here](#).



## Form Mapping Request Guide

- All mapped fields correspond to a specific location within the platform, so please ensure that the pertinent Provider and/or Practice/Facility information is currently housed in **OneView®**.
  - Provider specific information will be mapped to the provider's profile
  - Practice/Facility specific information is housed within our database and can be found by running the Facilities report located in the Alerts dropdown menu
- Please utilize the below QA sheet to notate any mapping inquiries, adjustments, or customizations that may be needed
- If you would like to use the **Composites** feature to create application packets, please include the name of the new composite, the applications contained within the composite, and the order in which you would like them to appear
- Completed QA Sheets and/or request for a more in-depth review with our **OneView®** team can be submitted at [Updates@modiohealth.com](mailto:Updates@modiohealth.com)

FORM MAPPING - QA SHEET	
Reviewer Information	
Organization Name:	
Contact Name:	
Contact Email:	

Form/Packet Name	Location/Nature of Change

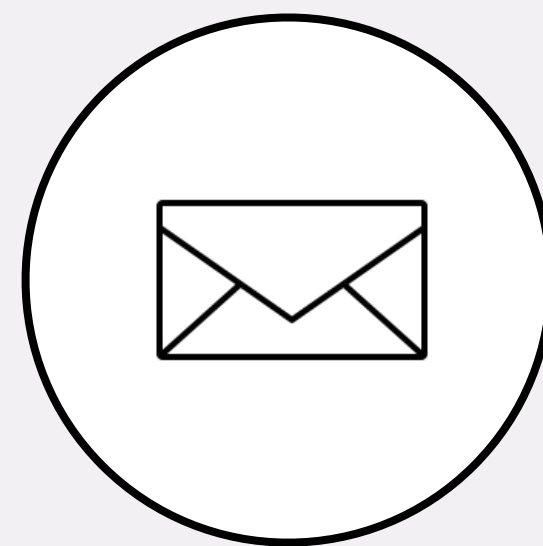
Form QA Mapping Request Document

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

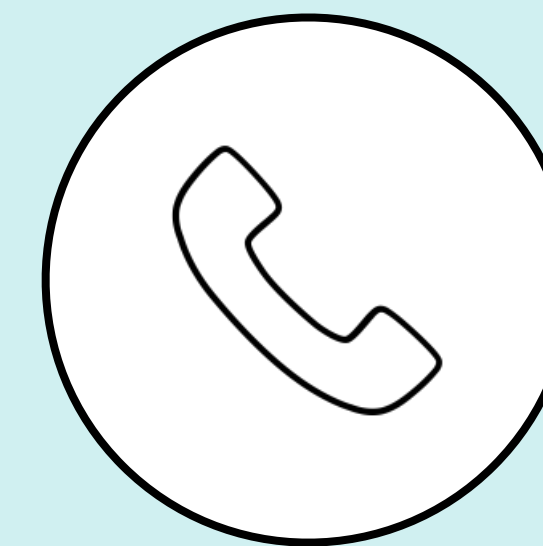
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**Online:**  
 Live Chat Support



**Email:**  
[updates@modiohealth.com](mailto:updates@modiohealth.com)



**Phone:**  
 844.696.6346