

OneView[®] TIP GUIDE : FORMS

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.



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Status	Form Name	Form Type	Тад	Last Updated	Actions	Ø
Available 🗘 🗙	Search by name	÷ (¢	Search		
Available	MO - Missouri CAQH Credentialing Applications	Payor Contracts		04/09/2019	💌 🗹 😣	
Available	Modio Health QA - Form Template	Modio Health		03/05/2018	💌 🗭 😣	J
Available	NFM-HPL-PHL-02 Physician Application	Facility Applications	NMH	06/29/2017	💌 🗹 😣	
Available	Test 1/10	Modio Health	3/22	04/09/2019	💌 🗹 😣	¢

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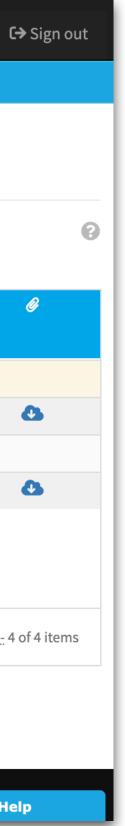
Privacy Policy

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Terms and Condition

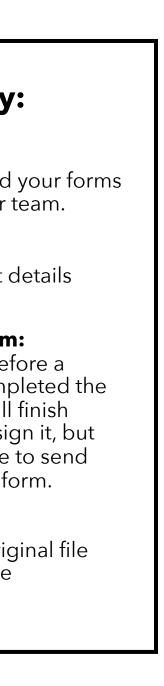
Live Help





FORMS: DASHBOARD

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	Available	Test 1/10	Modio Health	3/22	01/10/2019	Z 🔀 😣	•	filling it out and sigr you won't be able to anyone else that for
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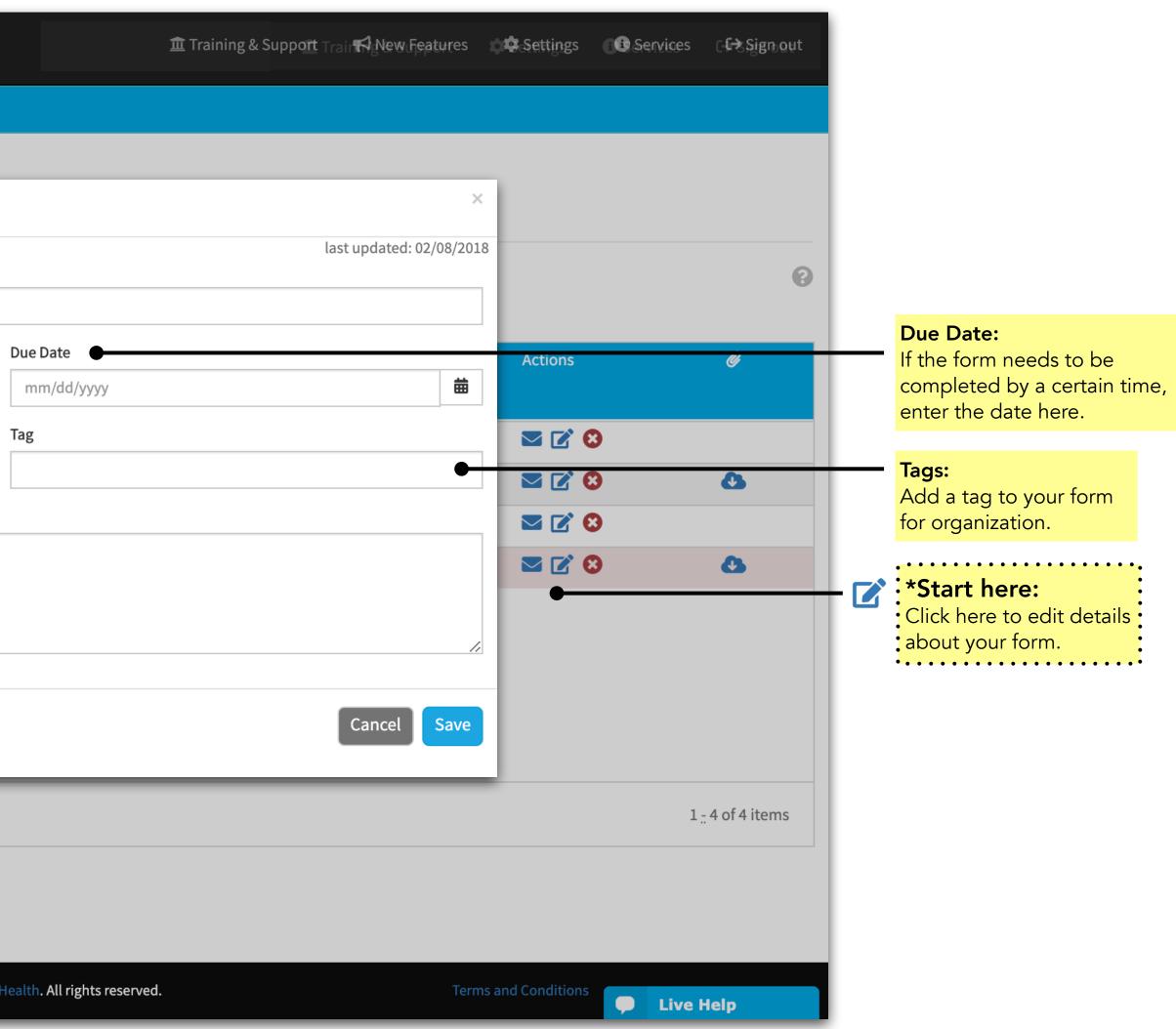


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Click here am.

FORMS: EDITING FORM DETAILS

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	Tear	n Forms	Tracki	ng Logins Tasks	Notes	
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Include additional notes about your form here.	Ava	ailable	Test 1/10	•		
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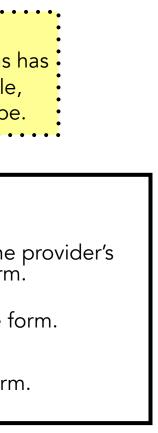
FORMS: SENDING FORMS (PART 1)

	modio	
Send Form(s): Select recipient(s) for your form; you will receive a copy once the form has been completed.	Team Forms Tracking Logins Modio Health QA (San Fre Prefill form for: *	
Send Form To: Select whom you want to send the form to; please note you will only receive the form once it's completed.	All Status Select provider(s) from your team Select provider(s) from your team	
Email Subject: Give your email a title.	Available Search by name Available MO - Missouri CAQH Cree	
Email Message: Enter notes / instructions here.	Available Modio Health QA Form Available NFM-HPL-PHL-02 Physic Provider Available Test 1/10 County hyperse	Status
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.	Search by name Marten, Lily - MD	Completed
	I ↓ ↓ ↓ 200 items per page	
	Privacy Policy	©20.

Status:

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

Cancel Send Send 1: 61 of 61 items Marchive the for	g Applic	ation"	Welcome Vasi Givechi	Training & Support	settings	Services	E→ Sign out		
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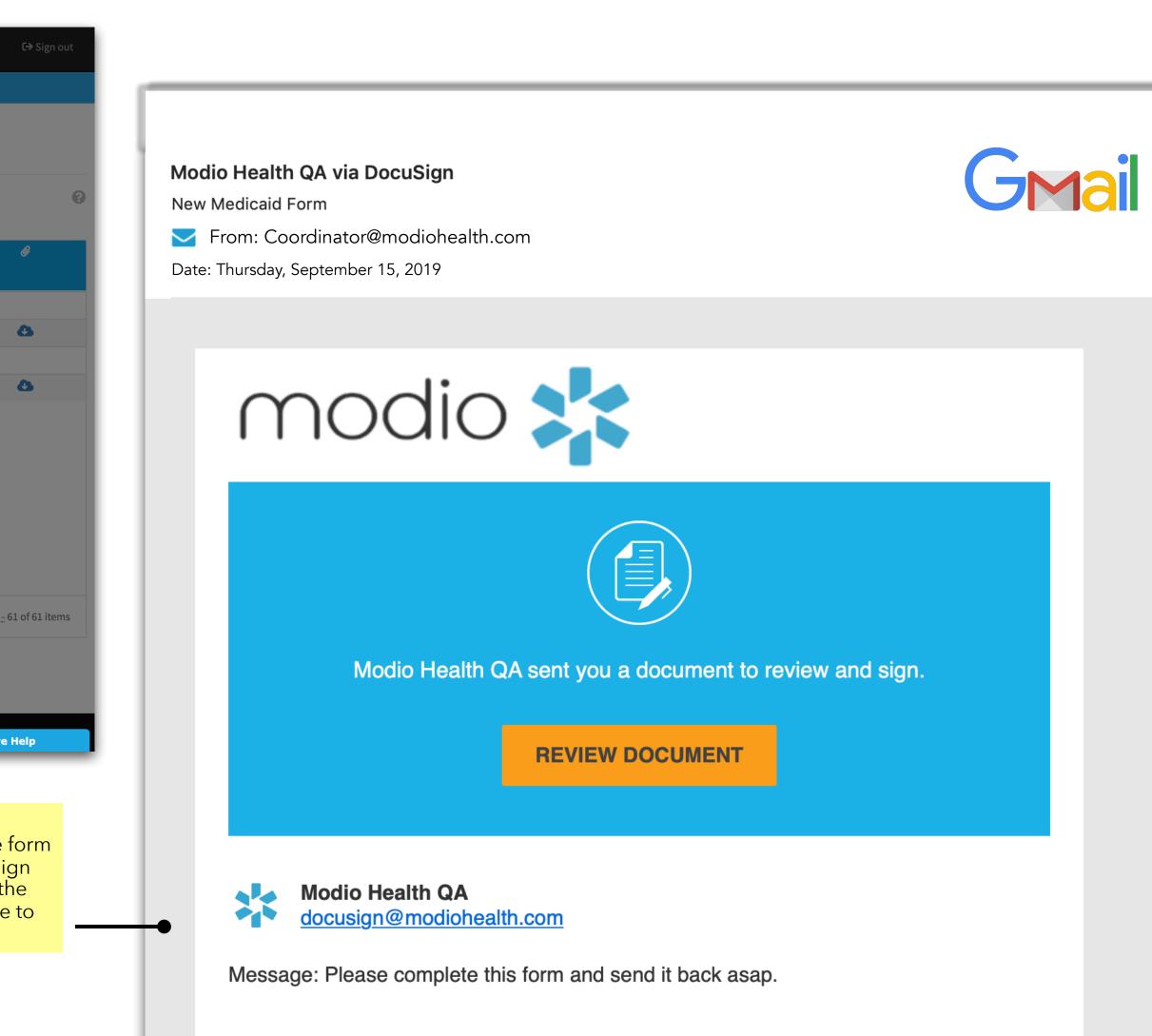
FORMS: TIP GUIDE

FORMS: SENDING FORMS (PART 2)

Team Forms Tracking Logins Team Forms Tracking Logins Modio Health QA (San Fra All Status Available Search by name Available MO - Missouri CAQH Cre	Select provider(s) from your team Send form to: Myself Provider Only you will receive a copy of each p Email Subject Specify a subject for the email Email Message	choose a recipient for the fo	prm.	Walcomo Vasi Givashi	Training & Suppor	Actions	Service
Available Modio Health QA - Form Available NFM-HPL-PHL-02 Physic Available Test 1/10		Status Completed	Last Sent 11/13/2017 14:28 PM	Sender Search by sent by Yasi Givechi	Actions Actions Image: Cancel Send		
	s per page	©2019 M	odio Health. All rights reserved.		Te ms ar	nd Conditions	

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.

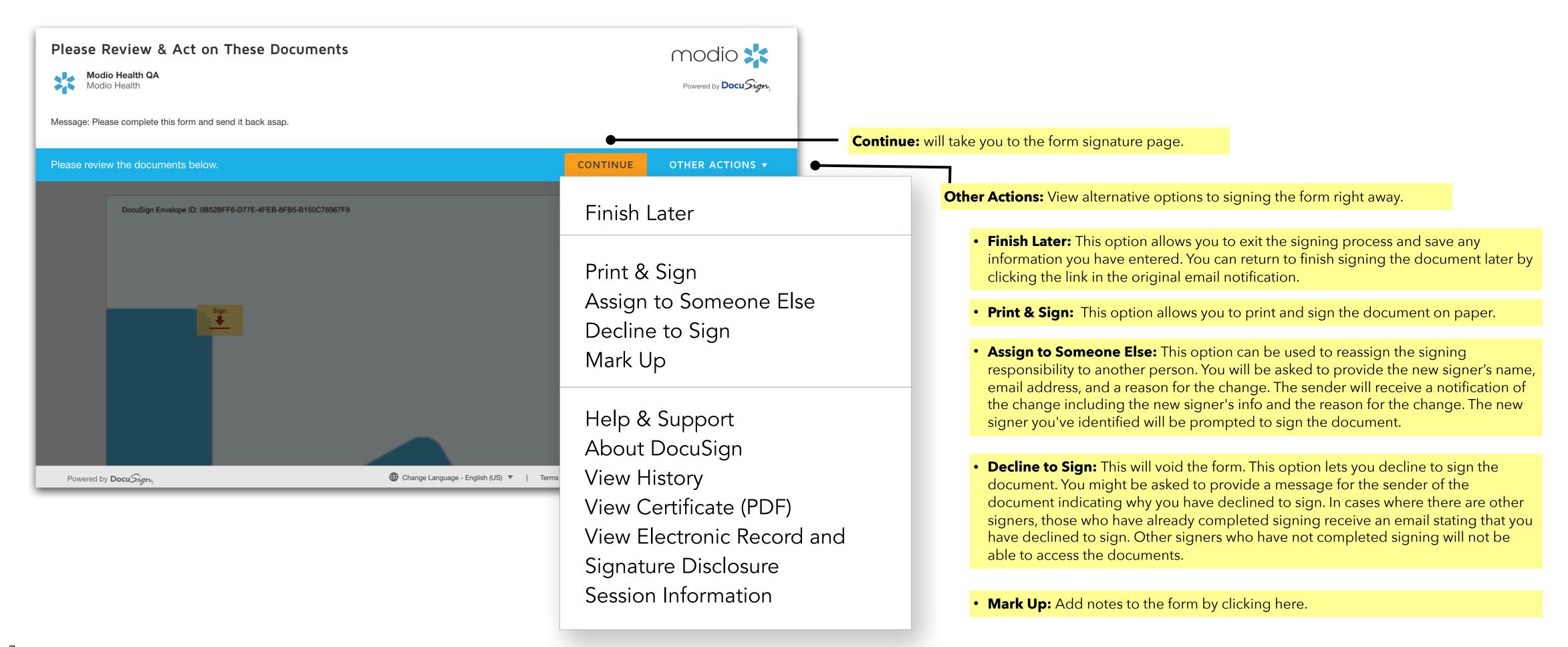


Powered by Docu Sign



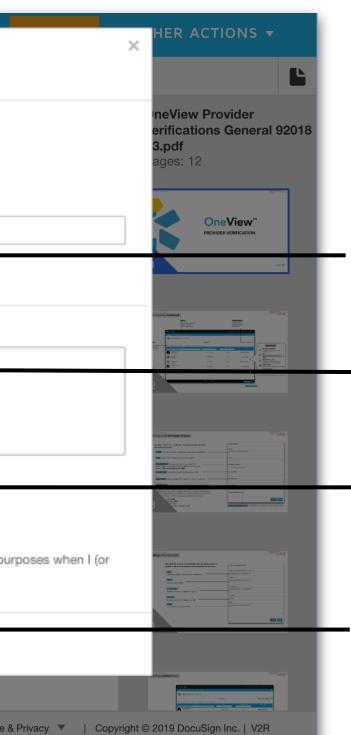
FORMS: DOCUSIGN QUICK GUIDE

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.



FORMS: ADOPTING A SIGNATURE

Select the sign field to	Adopt Your Signature	
NEXT PAGE	Confirm your name, initials, and signature. * Required Full Name*Name required	Initials*Initials required
	SELECT STYLE DRAW UPLOAD	
	PREVIEW	
	UPLOAD YOUR SIGNATURE	
	For best results use an image that is 400 x 145 pixels By selecting Adopt and Sign, I agree that the signature and initials will be the electronic representation of my my agent) use them on documents, including legally binding contracts - just the same as a pen-and-paper s	
	ADOPT AND SIGN CANCEL	
Powered by Docu Sign	🕀 Change Language -	English (US) 🔻 Terms Of Use



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.

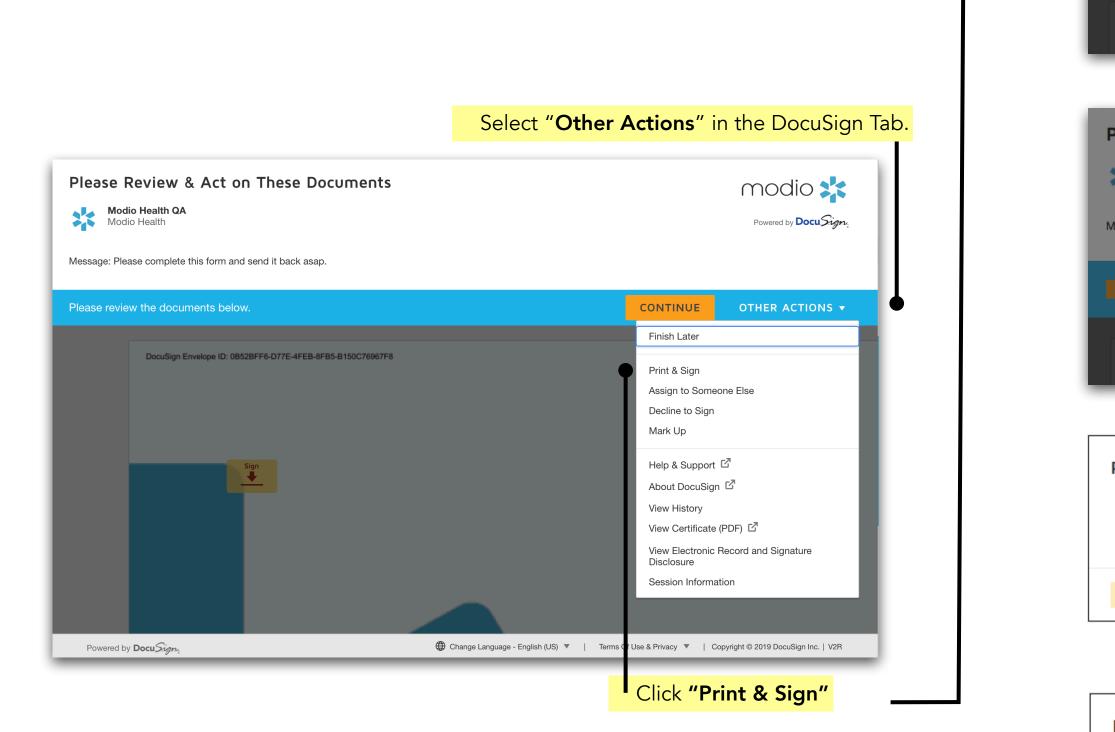
- **SELECT STYLE**: To select from a list of predefined signature styles, click **SELECT STYLE**. If you don't see any signature styles that appeal to you, you can create or upload a signature.
- **DRAW:** Use this field to create your own signature. Use a mouse to draw your signature (or your finger 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**.

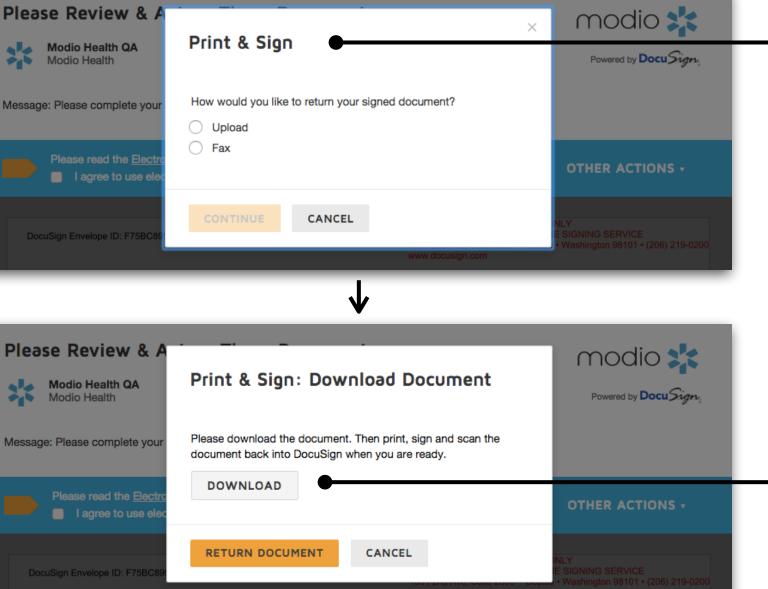
Note: After clicking **ADOPT AND SIGN**, your signature is set, and you won't be able to change it for this document.

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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.

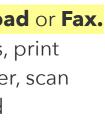
Print & Sign	: Return Document
	UPLOAD A FILE
FINISH	CANCEL
	\checkmark
Print & Sigr	n: Return Document
	UPLOAD A FILE
FINISH	CANCEL

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.



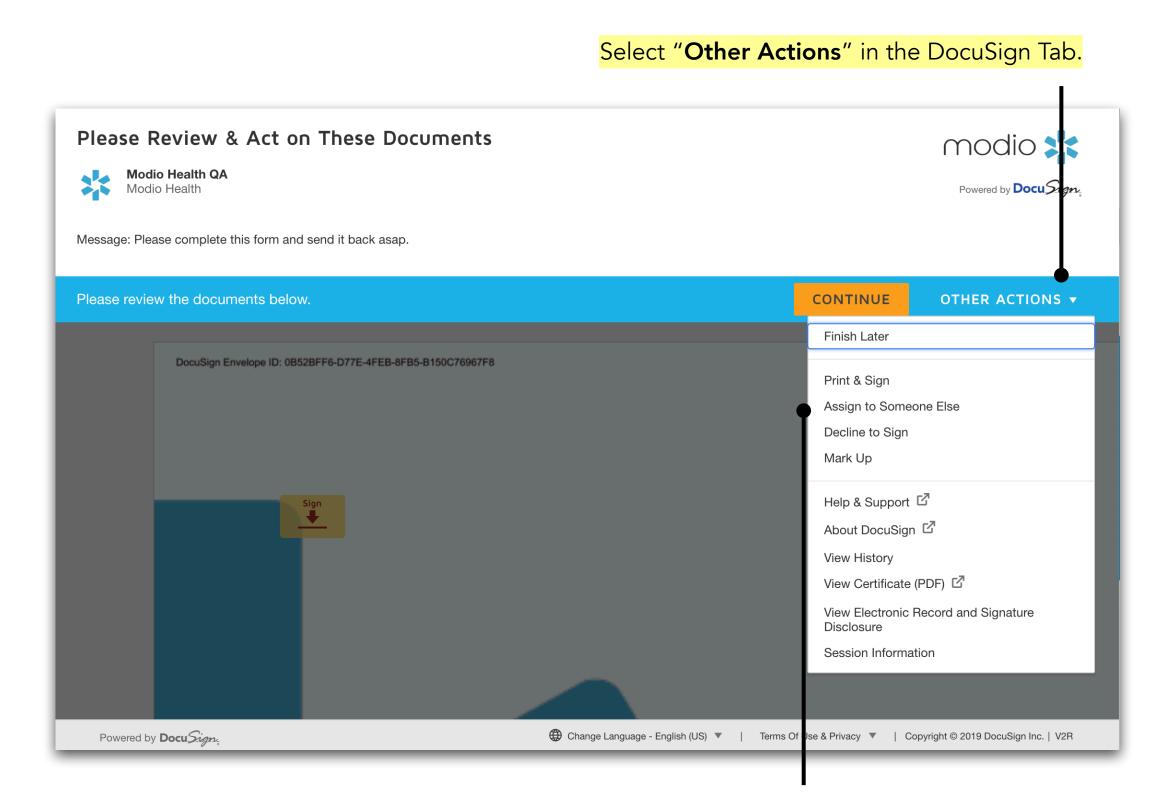






FORMS: ASSIGN TO SOMEONE ELSE

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.



Click "Assign to Someone Else" -

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Please Review & A Modio Health QA Modio Health	Assign to Someone Else	Powered by Docu Sign
Message: Please complete this Enter email here	* Required Email Address for the New Signer *	OTHER ACTIONS •
Enter their full name & title. Enter notes and instructions for	New Signer's Name * Please provide a reason for changing signing responsibility	
your signee.	250 characters remaining Selecting the Assign to Someone Else button will send a notification to the person to whom you assigned this envelope. The original sender will also receive a notification. You will be added as a Carbon Copy (CC) recipient.	
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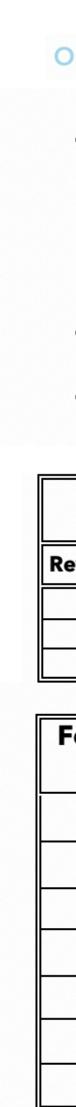
Once the form has been signed, you will be notified and the status will change to complete in OneView^{TM.}



FORMS: QA FORM MAPPING

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

For any adjustments, inquiries, or customizations needed, please email <u>updates@modiohealth.com</u> to get a copy of the QA Form.



OneView[™]



- 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
- Completed QA sheets and/or requests for an in-depth review with our OneView team can be submitted at <u>updates@modiohealth.com</u>.

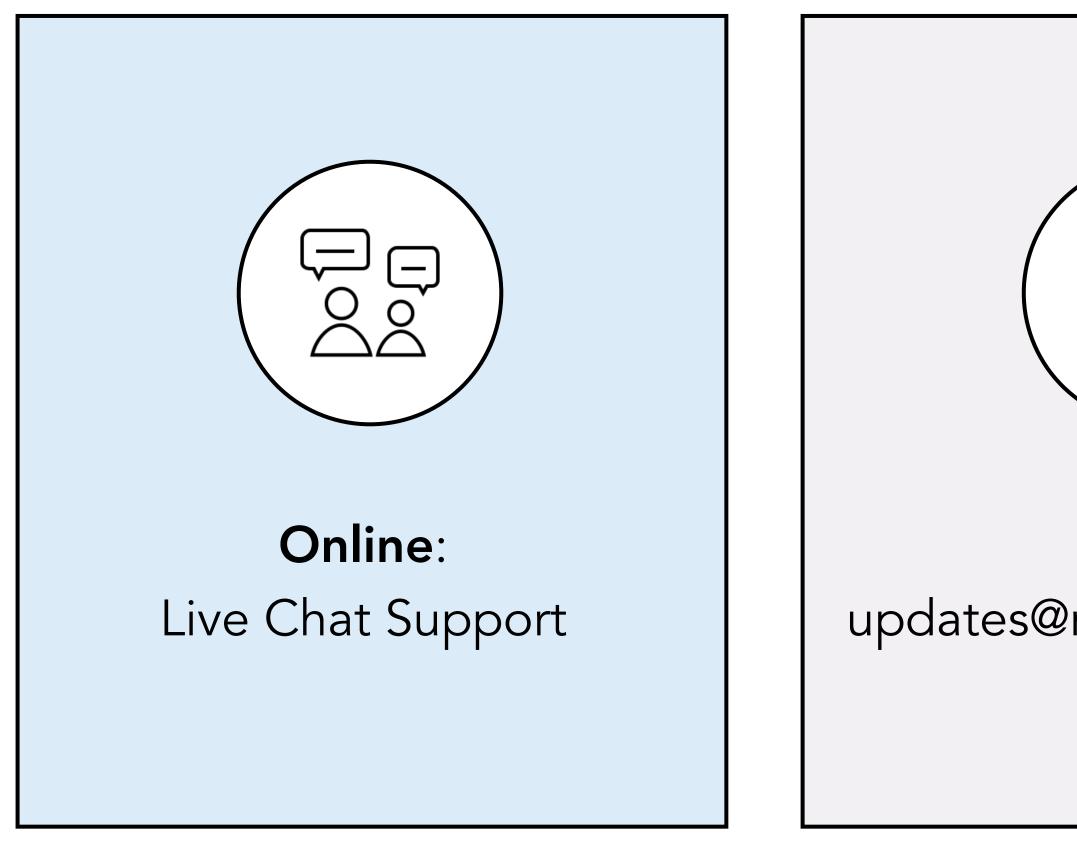
FORM MAPPING - QA SHEET

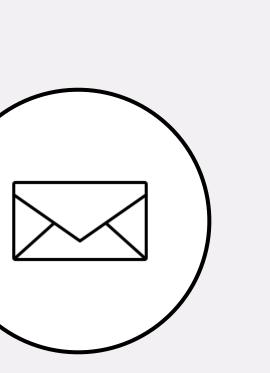
Reviewer Information

Organization Name:	
Contact Name:	
Contact Email:	

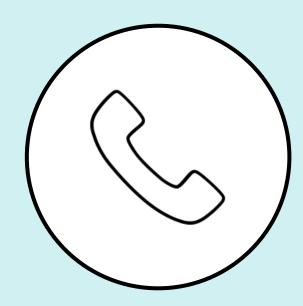
Form/Packet Name	Location/Nature of Change

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





Email: updates@modiohealth.com



Phone: 844.696.6346

