



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.

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Support

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New Features

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Forms

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Logins

Tasks

Notes

 Modio Health Master Practice (DEMO) (San Francisco, CA)

?

All

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

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200 items per page

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Live Help

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

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).

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.

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

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Support Modio U New Features Settings Services Sign out

Team Forms Tracking Logins Tasks Notes

Modio Health Master Practice (DEMO) (San Francisco, CA)


All

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	
Available	Single	1	Accountable Health Care IPA - Allied Health Professional Application (06.97)	Payor Application	Requires Faxing o...	08/01/2019	
Available	Single	0	AlohaCare - Provider Credentialing Application & Disclosure Information Form (Rev. 06.2...	Payor Application		08/26/2019	
Available	Single	1	Anthem Blue Cross Physician Application	Payor Application	Electronic Signat...	08/01/2019	
Available	Single	1	Aspen Pointe - Verification of Privileges (1.19)	Facility Applicati...		08/01/2019	
Available	Single	1	AspenPointe Initial Credentialing Application - Physician	Facility Applicati...		08/01/2019	
Available	Single	1	BCBS of AL - Uniform Provider Application	Payor Application	Alabama	08/01/2019	
Available	Single	1	California Participating Physician Application - CPPA	Payor Application	State CA Applicati...	08/01/2019	
Available	Single	0	CHN PPO - Provider Application (Rev. 05.2016)	Payor Application		08/06/2019	

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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.

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.

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TeamFormsTrackingLogins

Modio Health QA (San Fr

All

Status

Available

MO - Missouri CAQH Cre

Available

Modio Health QA - For

Available

NFM-HPL-PHL-02 Physic

Available

Test 1/10

1200 items

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
Search by name...			Search by sent by...	
Marten, Lily - MD	Completed	11/13/2017 14:28 PM	Yasi Givechi	  




CancelSend




SettingsServicesSign out

Actions










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ConditionsLive Help




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

Status Types:


- **Sent:** Indicates the form was sent to the provider and is in their email inbox.
- **Delivered:** Indicates the provider has received and opened the form. But has not completed it.
- **Completed:** Indicates the provider has completed the form. (DocuSign also sends the coordinator a signed copy of the document)
- **Voided:** Indicates the provider has voided the form. The void status is reflected only when a DocuSign envelope has fully expired (120 days). Please note a coordinator and provider cannot manually mark/generate a form envelope status of voided.
- **Declined:** Indicates the provider has declined to sign the form.

 ***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.

FORMS:SENDING FORMS (PART 2)

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TeamFormsTrackingLogins

Modio Health QA (San Fra

All

Status

Available

Search by name...

AvailableMO - Missouri CAQH Cre

AvailableModio Health QA - Form

AvailableNFM-HPL-PHL-02 Physic

AvailableTest 1/10

1

200 items per page

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Live Help

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
Search by name...			Search by sent by...	
Marten, Lily - MD	Completed	11/13/2017 14:28 PM	Yasi Givechi	  

CancelSend

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. A provider will get a reminder to complete their DocuSign form after 2 days. If they still do not complete the form, they will get additional reminders each day thereafter.

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 Health QA sent you a document to review and sign.

REVIEW DOCUMENT



Modio Health QA
docusign@modiohealth.com

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

Powered by 

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

The screenshot shows a 'Adopt Your Signature' dialog box overlaid on a document viewer. The dialog box has a title bar with a close button. Inside, it says 'Confirm your name, initials, and signature.' followed by '* Required'. There are two input fields: 'Full Name*Name required' and 'Initials*Initials required'. Below these are three tabs: 'SELECT STYLE', 'DRAW', and 'UPLOAD'. The 'DRAW' tab is selected, showing a large 'PREVIEW' area. Below the preview is a button labeled 'UPLOAD YOUR SIGNATURE'. At the bottom of the dialog are two buttons: 'ADOPT AND SIGN' (highlighted in yellow) and 'CANCEL'. Annotations with black dots and lines point to the following elements: 1. The 'Full Name' input field. 2. The 'Initials' input field. 3. The 'DRAW' tab. 4. The 'PREVIEW' area. 5. The 'UPLOAD YOUR SIGNATURE' button. 6. The 'ADOPT AND SIGN' button. The background document is partially visible, showing a 'DocuSign' header and a 'OneView Provider' section.

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.

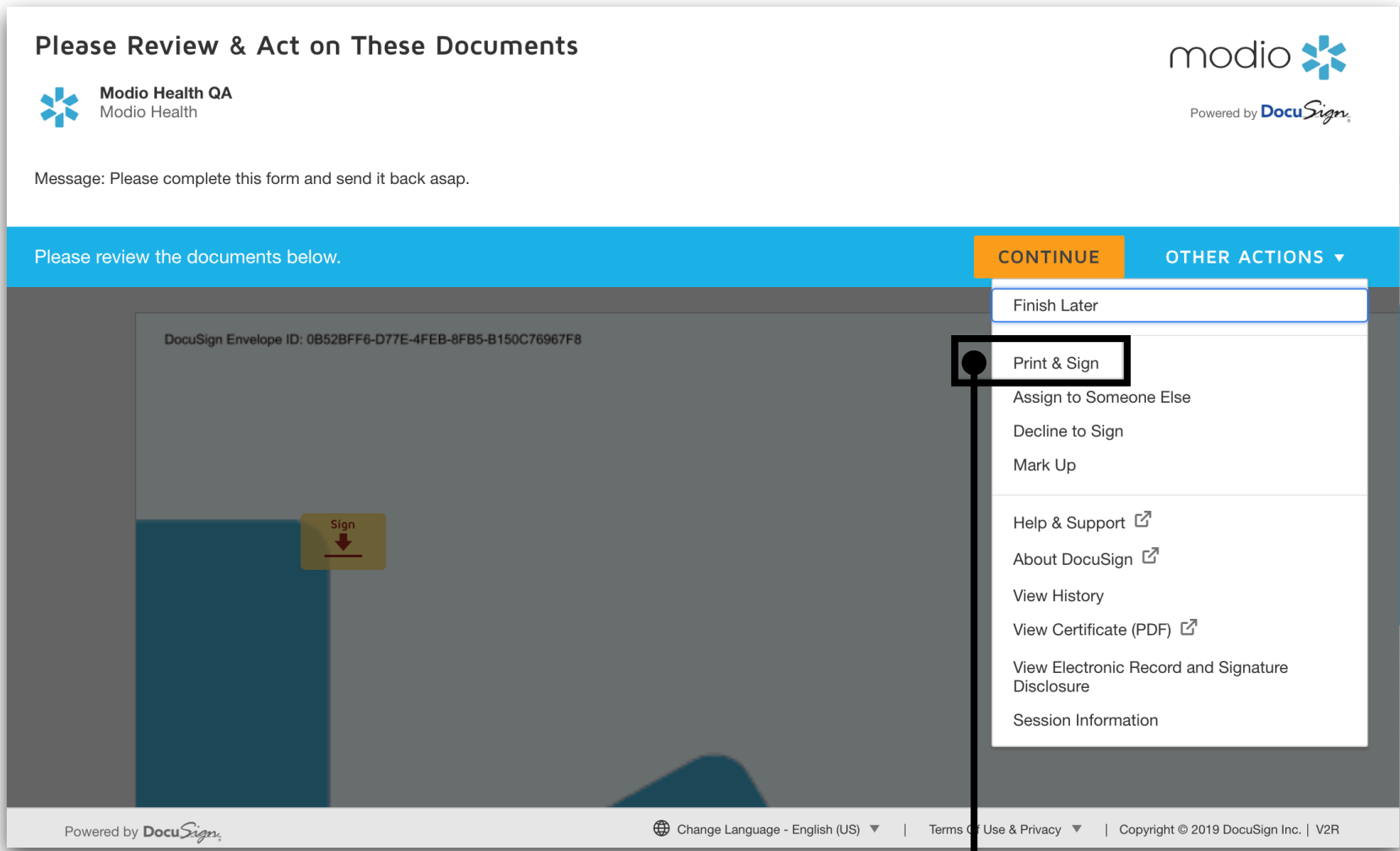
- **SELECT STYLE:** To select from a list of predefined signature styles, click **SELECT STYLE**. If you don't see any signature styles that appeal to you, you can create or upload a signature.
- **DRAW:** Use this field to create your own signature. Use a mouse to draw your signature (or your finger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

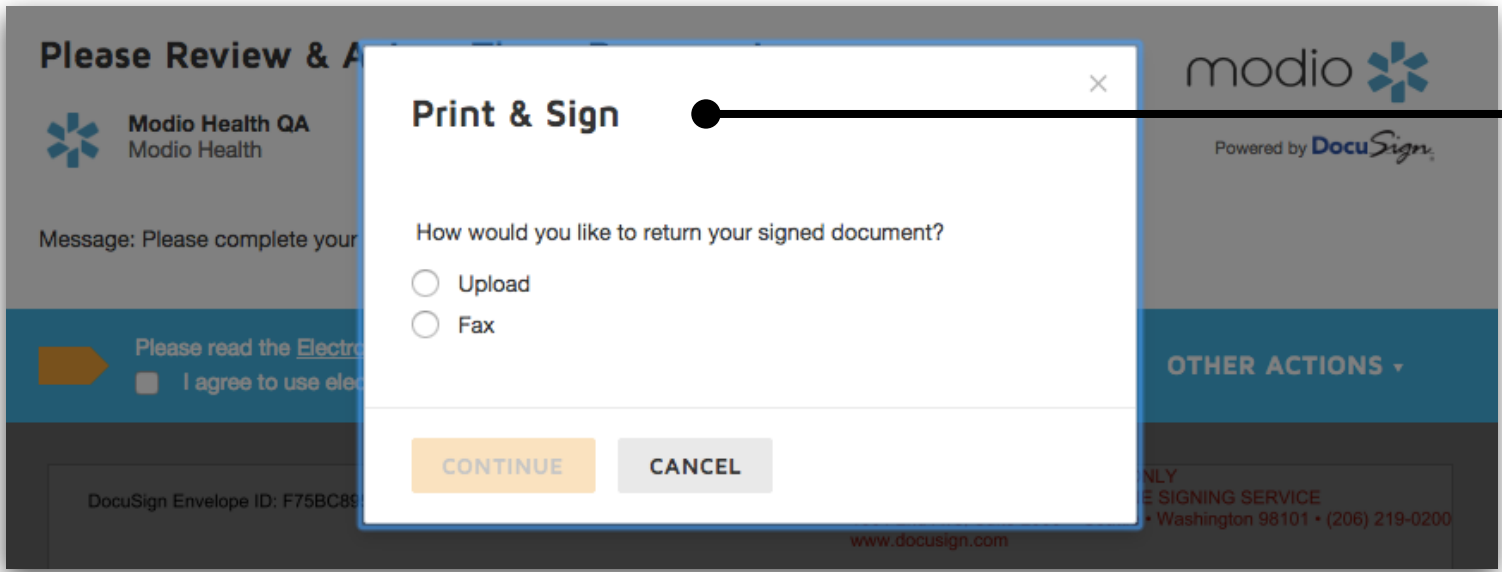
FORMS: MAKING FORM COPIES

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™.)

Select “**Other Actions**” in the DocuSign Tab.

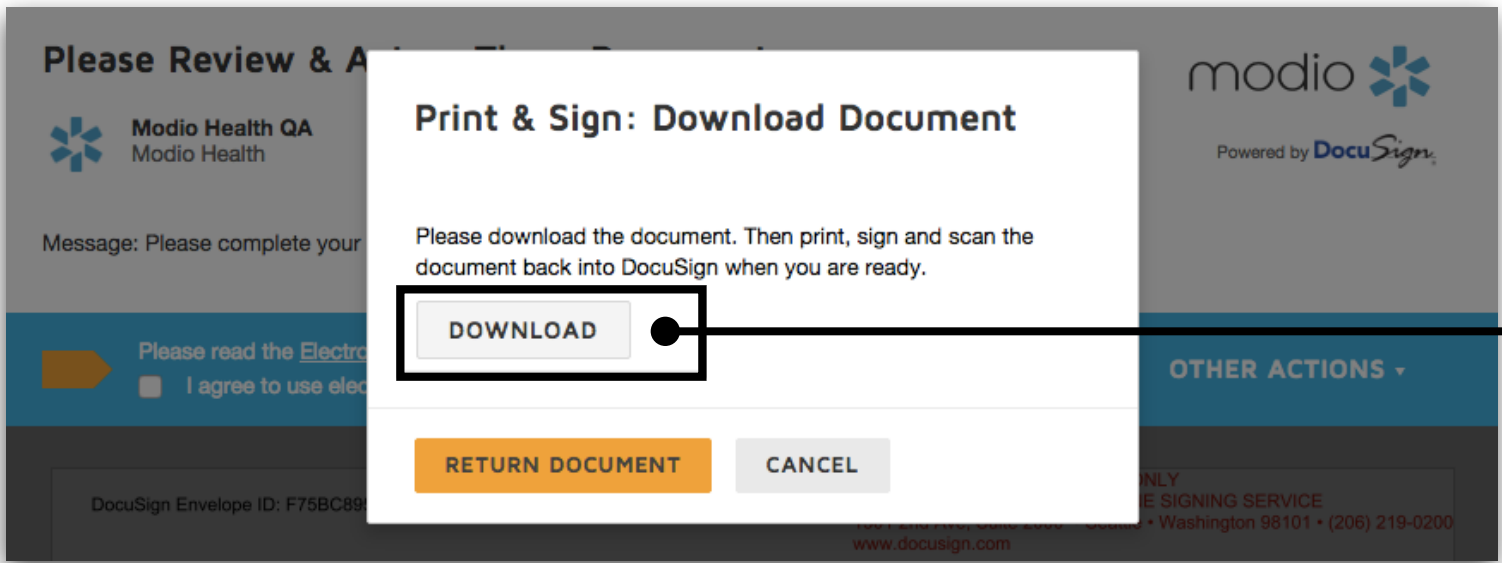


Click “**Print & Sign**”

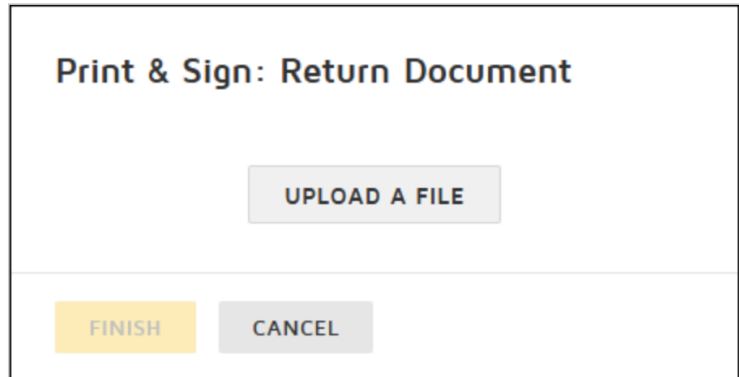
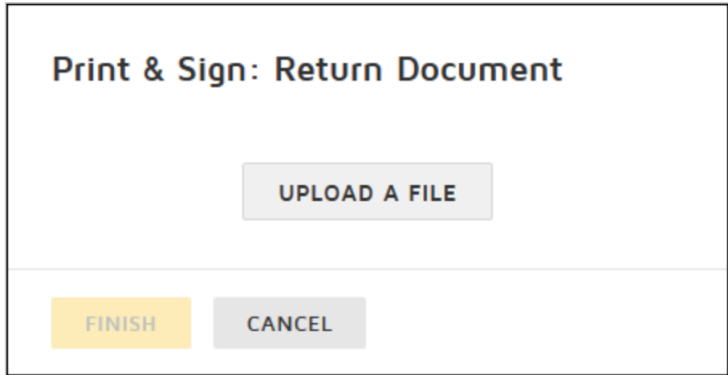


Choose between the return options **Upload** or **Fax**.

- **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:

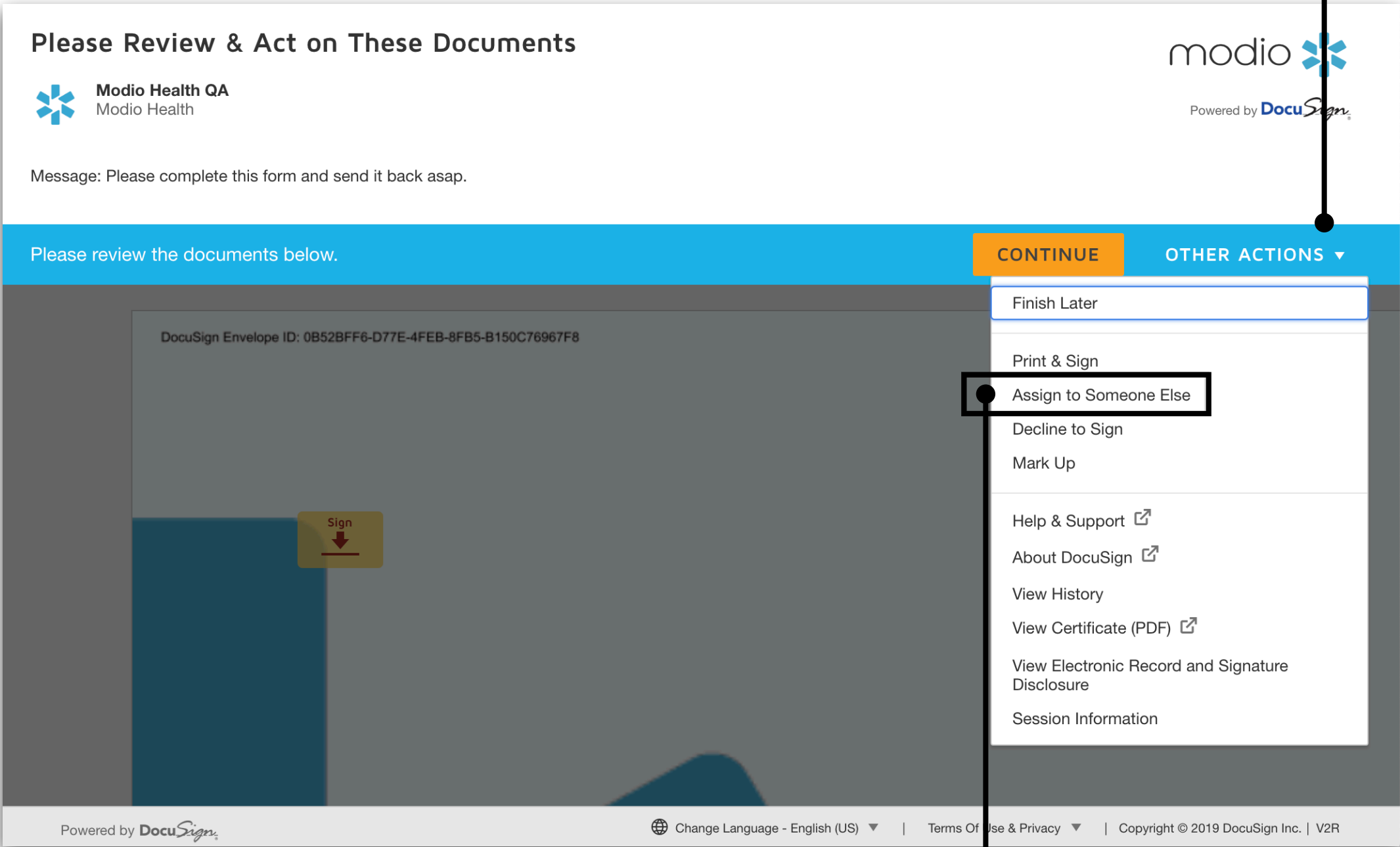
1. Save the documents to your computer, by clicking **DOWNLOAD**.
2. Using your normal printing method, print the documents you saved to your computer. Fill out and sign the printed pages as needed. Create an electronic file version of the documents (for example, scan the documents and save them as a 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.



Please Review & Act on These Documents

Modio Health QA
Modio Health

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

Please review the documents below.

CONTINUE OTHER ACTIONS ▼

DocuSign Envelope ID: 0B52BFF6-D77E-4FEB-8FB5-B150C76967F8

Sign

Finish Later

Print & Sign

Assign to Someone Else

Decline to Sign

Mark Up

Help & Support

About DocuSign

View History

View Certificate (PDF)

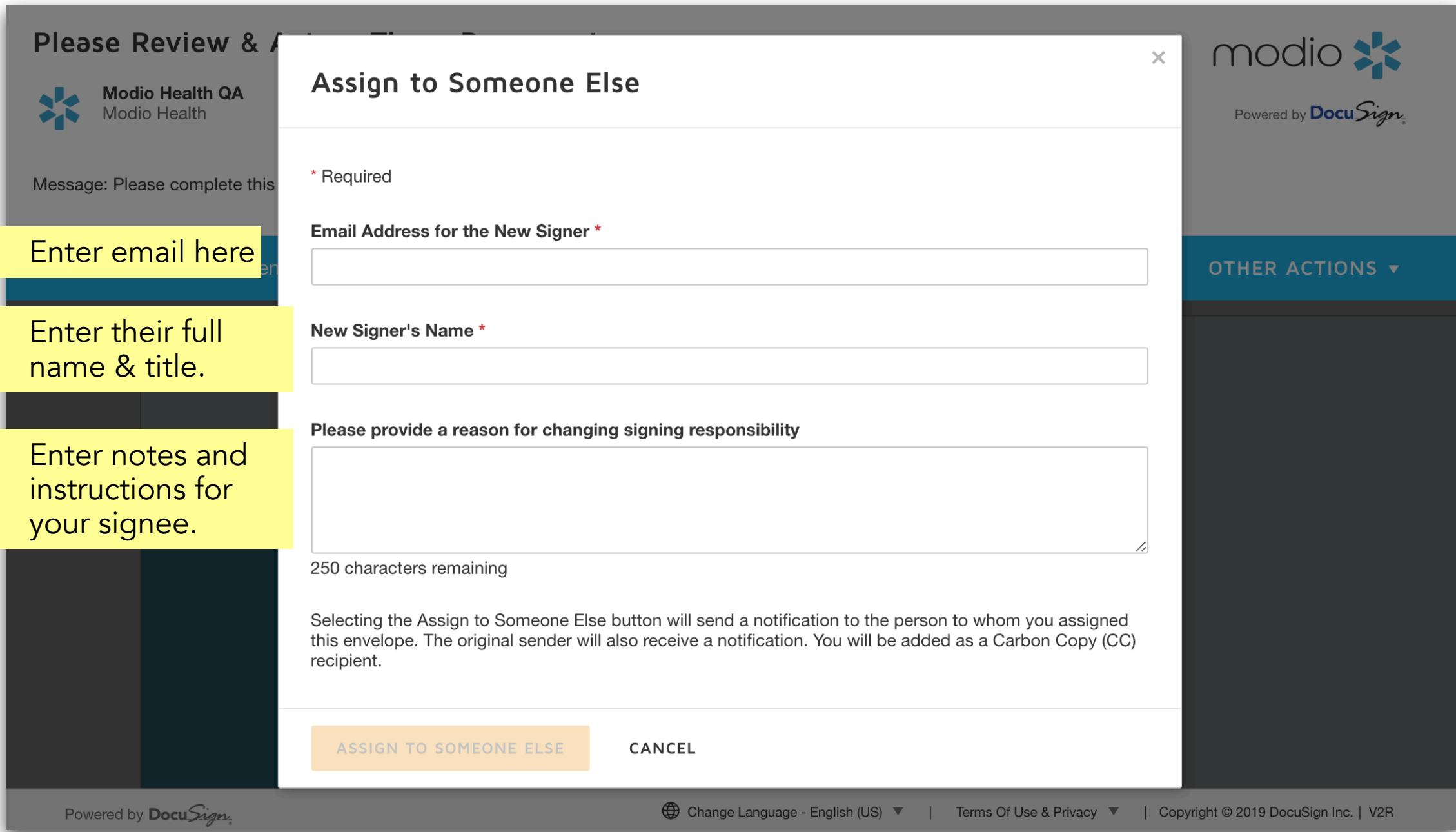
View Electronic Record and Signature Disclosure

Session Information

Powered by DocuSign

Change Language - English (US) | Terms Of Use & Privacy | Copyright © 2019 DocuSign Inc. | V2R

Click "Assign to Someone Else"



Please Review & Act on These Documents

Modio Health QA
Modio Health

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

Assign to Someone Else

* Required

Email Address for the New Signer *

New Signer's Name *

Please provide a reason for changing signing responsibility

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.

ASSIGN TO SOMEONE ELSE CANCEL

OTHER ACTIONS ▼

Powered by DocuSign

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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™.

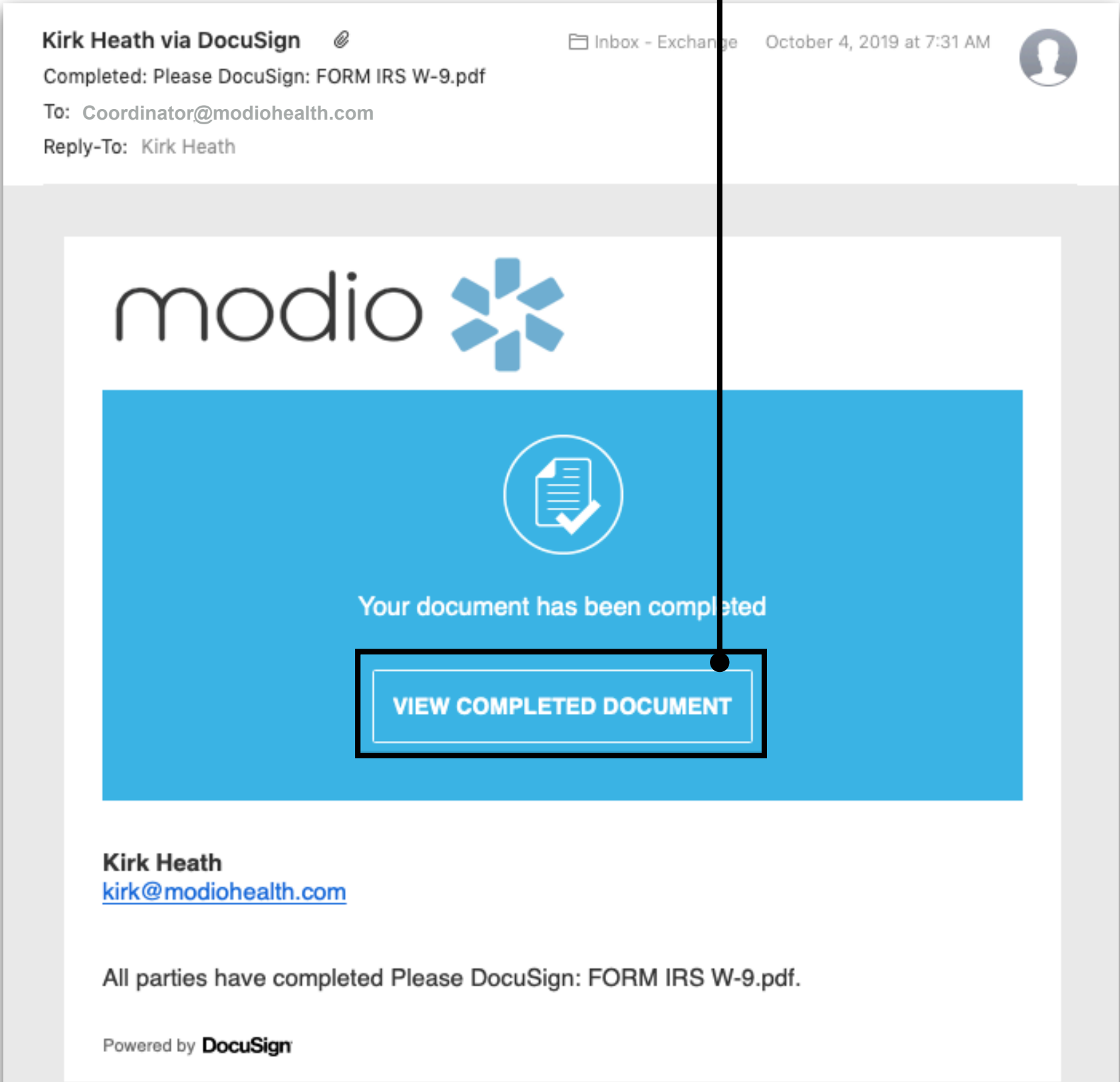
FORMS: Finding Completed Applications

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.

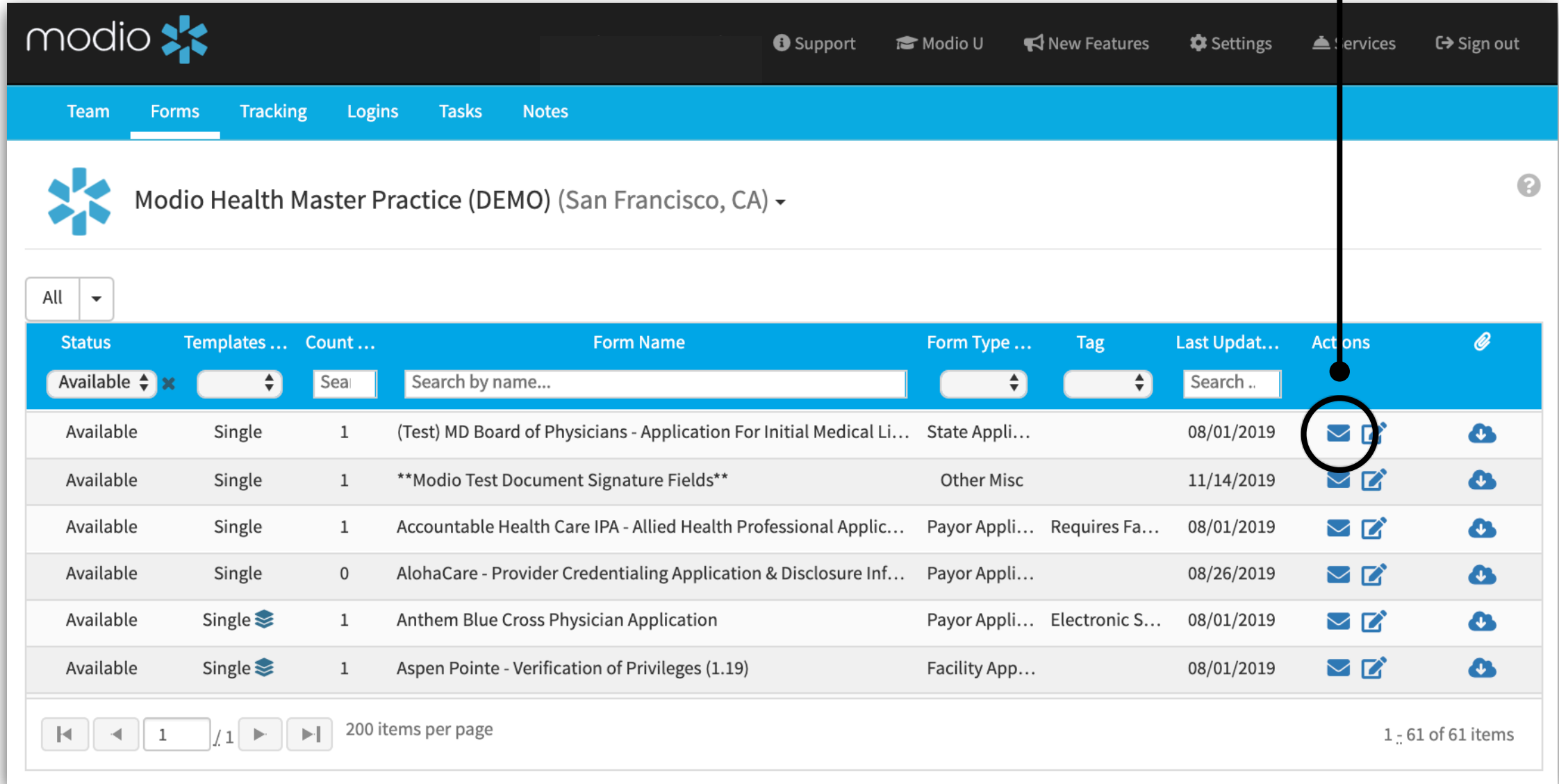
1

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



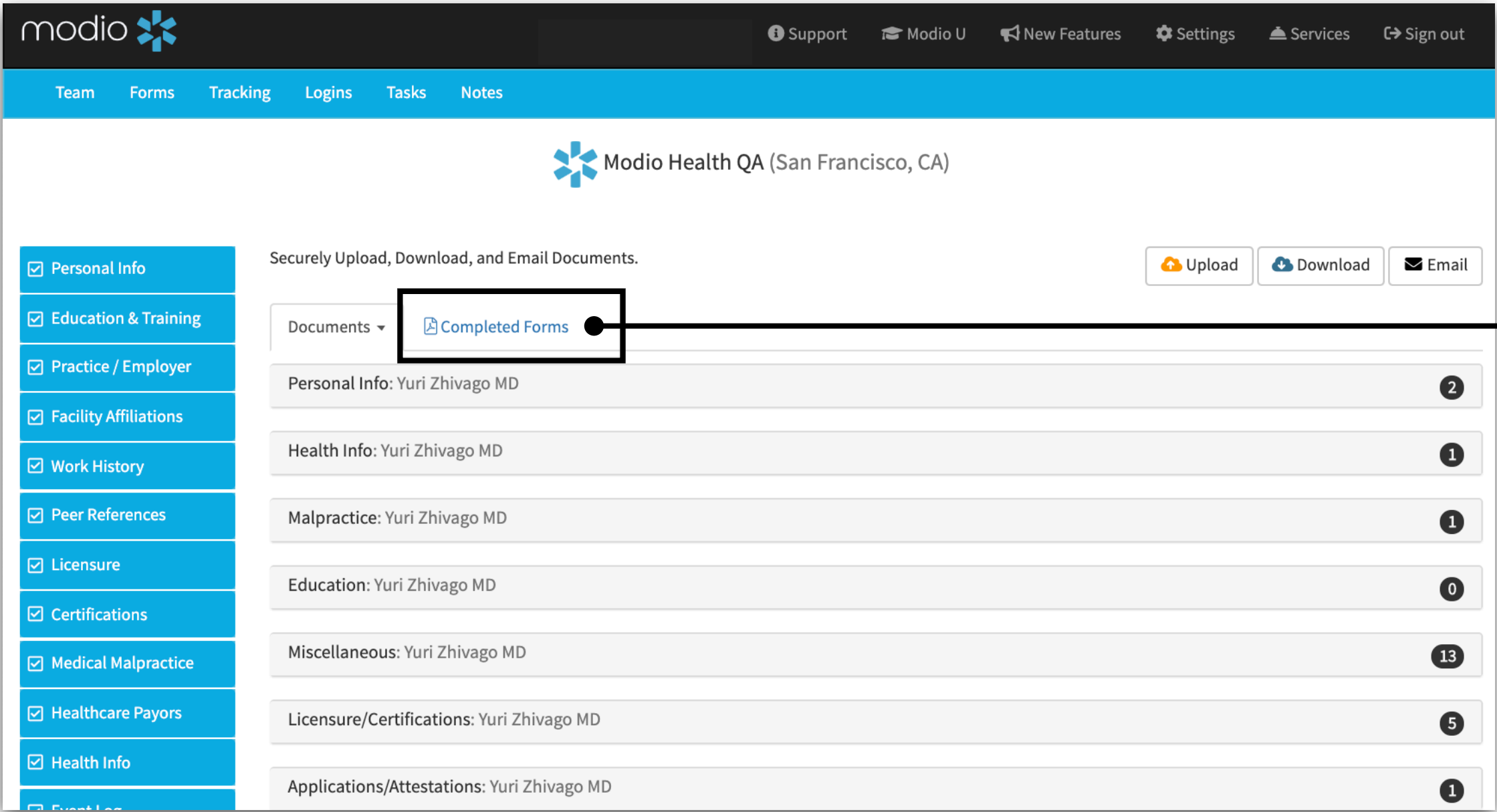
2

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 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

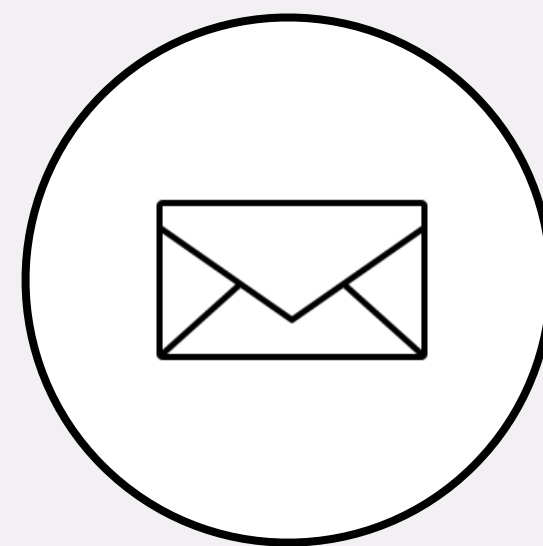
FORM MAPPING - QA SHEET	
Reviewer Information	
Organization Name:	
Contact Name:	
Contact Email:	

Form/Packet Name	Location/Nature of Change

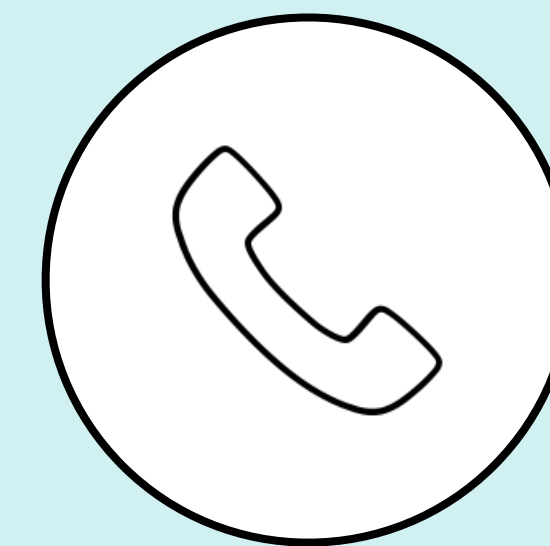
For additional questions or further training,
contact the Modio Team:



Online:
Live Chat Support



Email:
updates@modiohealth.com



Phone:
844.696.6346