



A PROVIDERS GUIDE
TO ONBOARDING

What to expect from the Onboarding Process with OneView®?

If you have received the Welcome email Onboarding Invite, then your organization has decided to use the OneView® onboarding feature to simplify the onboarding process of completing your Provider Profile.

This tip guide will outline expectations and workflows to help you navigate and complete the onboarding intake template sent from our credentialing platform, OneView®.

Once you receive the Onboarding Invitation, you will be prompted to create an account, log in and complete the template.

Throughout this guide you will find find screenshots, tips and tricks, and more to successfully fill out the new provider onboarding template sent to you by your organization. Please do not hesitate to reach out to your organization with additional questions or to Support@modioHealth.com to reach our customer support team.

Tip Guide Key:**Part I**

Slide 1 – 2 – Welcome to the onboarding Invitation

Slide 3 – 6 – The provider workflow for completing the onboarding invite

Slide 7 – Filling out location-based data points

Slide 8 – 9 – Entering Login Credentials and uploading documents

Part II

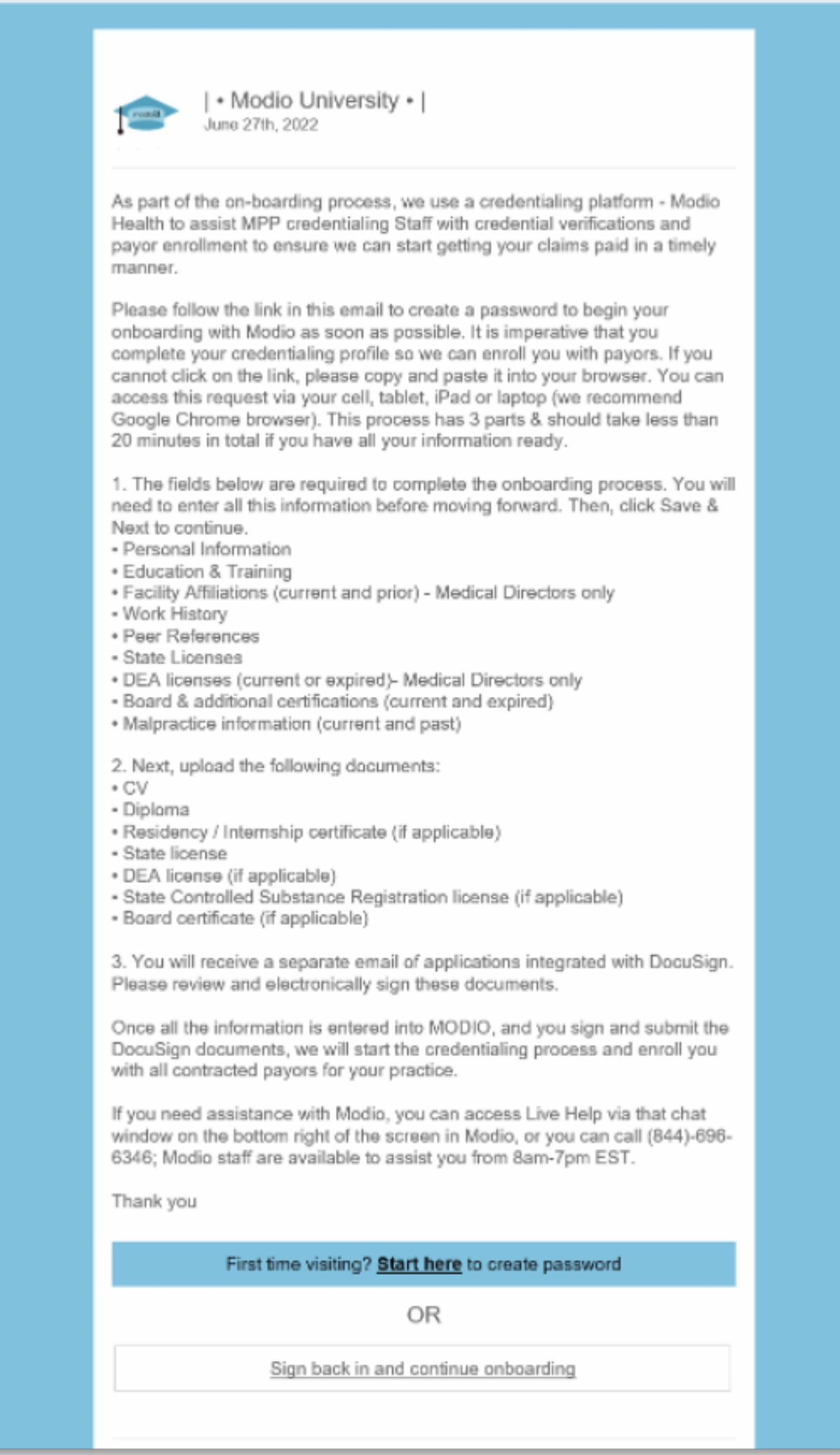
Slide 10 – 13 – Logging back into the Onboarding Application

Slide 14 – Support and Contact info

Tip Guide: Provider Onboarding

Onboarding – High Level Overview of Provider Onboarding Workflow

1. Providers will receive their individual onboarding message by email.



2. Providers should click the link on the bottom of the message and then claim their profile to start the onboarding process. You must use the same email address at which they received the invite.

Claim your profile.

leahannelala@gmail.com

Create Password (use at least 8 characters)

STRONG PASSWORD REQUIREMENTS

- At least 8 characters — the more characters, the better
- A mixture of both uppercase and lowercase letters
- A mixture of letters and numbers
- Inclusion of at least one special character, e.g., ! @ # ?]

☐ I agree to Terms and Conditions and Privacy Policy

Claim profile

3. The provider is guided through the credentialing data sections and prompted to fill out required data. Each organization will customize the requested data points so this part will vary between organizations. Any information added during onboarding is automatically copied to the provider’s profile and available for viewing and editing by designated OneView coordinators. You may be requested to upload a set of required or optional documents and entering username and passwords to specific websites before completing onboarding.

A screenshot of the Modio Health QA onboarding editor interface. The interface shows a list of sections to be completed, including Personal Information, Education & Training, Hospital Affiliations, Work History, Peer References, Licensure, Certifications, Medical Malpractice, Logins, and Documents. Each section has a progress indicator (a circle with a number) and a status icon (a circle with a checkmark or an 'X'). The interface also includes a 'View Summary' button and a 'Mark as Incomplete' button. The footer of the interface displays the copyright year (©2022) and links to the Modio Health Terms & Privacy Policy and a 'Refer a Friend' link.

Tip Guide: Provider Onboarding

Onboarding – Step 1 - Welcome Email Received

When you receive your Welcome email, it will look similar to this example. It will come from sender Message@modiohealth.com

If your organization sends you the invite and you did not receive it, please check your spam folder.

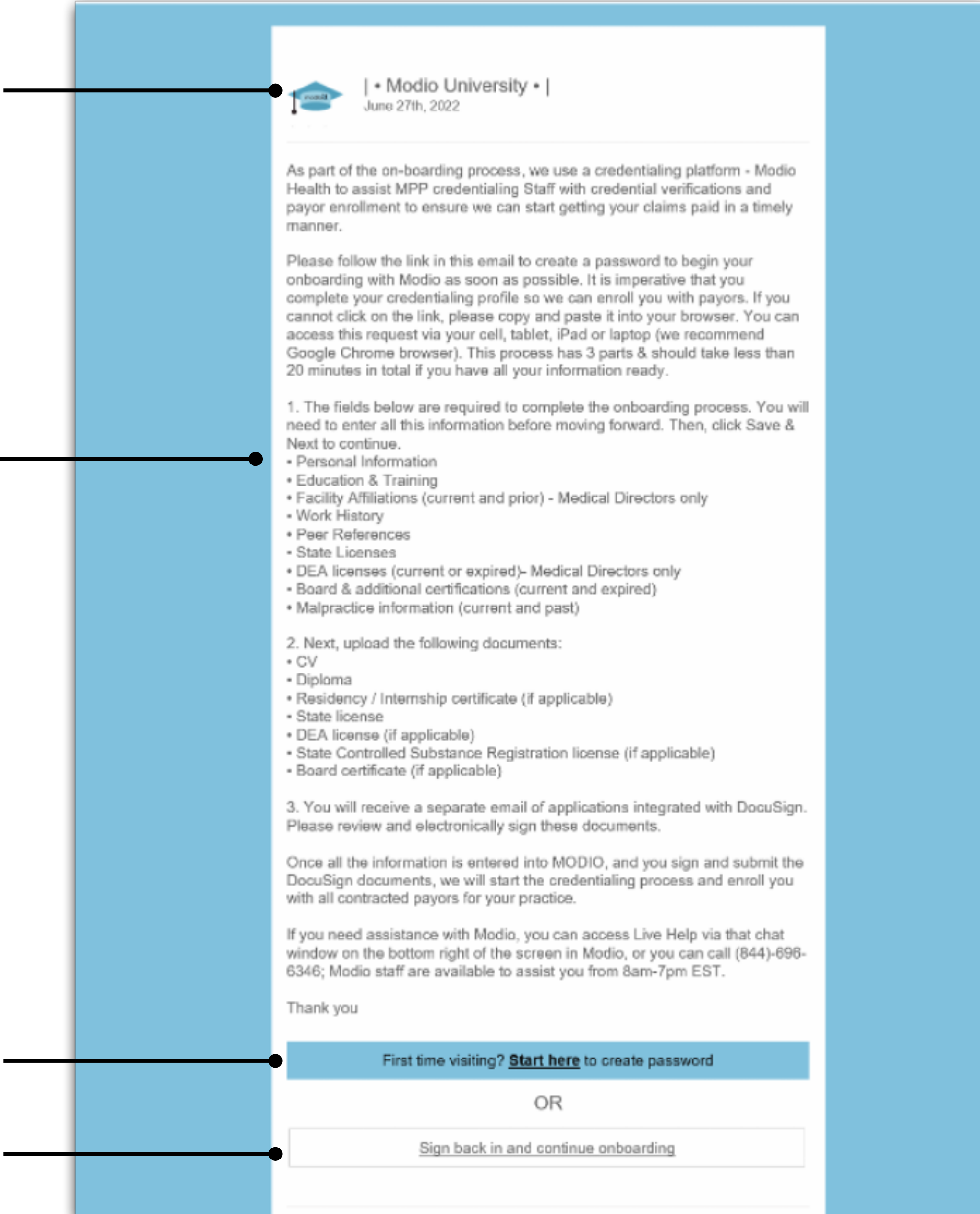
Your organizations logo and Team name will display here

Welcome email may include important details from your organization and a list of action items that require attention in order to complete the onboarding process.

Please read the entire message to best prepare to start the onboarding process.

Click this link to claim your provider profile and start your individual onboarding process.

Save this email for future use. This second link will never expire. You can use it to access your provider profile anytime in the future.



Providers will next navigate onto the Modio **“Claim your provider profile”** page and enter their email and create a password. You MUST use the email address where the Onboarding invite was originally sent.

Create a unique password

Agree to the Terms and Conditions

Select “Claim profile”

modio

(844) 696-6346

Sign in

Claim your profile.

yasi@Modiohealth.com

Create Password (use at least 8 characters)

We recommend using a strong password that includes both upper and lower case letters and one or more numerical digits.

☐ I agree to [Terms and Conditions](#) and [Privacy Policy](#)

Claim profile

Privacy Policy

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Terms and Conditions

Live Help

Tip Guide: Provider Onboarding

Onboarding – Step 2 - Claiming Your Profile



Once you log in you will be directed to the onboarding page in OneView®.

From here, you will be asked to fill in specific data points requested by your organization. Your unique invite may include all or some of the following sections:

- Personal Information
- Education and Training
- Hospital Affiliations
- Work History
- Peer References
- Licensure
- Certifications
- Medical Malpractice
- Logins
- Documents

Any required fields will be indicated with an orange star.

Fill out every requested field in the section and click “Save & Next” to navigate to the next section.

Tip: If you can not complete the entire onboarding application, save the original email invite and use the link at the bottom to log in later. You can also bookmark the link to easily log back in.

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Welcome Bernie Mann (844) 696-6346 Settings Help Sign out

DashboardManage CredentialsLoginsTasksCME

Modio Health QA (San Francisco, CA)

Bernie Mann MD: Provider Profile

1Personal Information

Provider Information

First Name *

Middle Name

Last Name *

Bernie

Middle name

Mann

Provider Title *

MD - Medical Doctor

Professional Information

Fluent languages

Select languages...

Contact Information

Work Email *

Personal Email

Home Phone #

Mobile Phone

yasi.givechi@modiohealth.com

@

() - -

() - -

Emergency Contact Information

Contact Name

Contact Type

Email

Phone #

Contact name

Contact type

Email

() - -

Home Address

Address

Address 2

City

State

Home address

Home address 2

Home city

Zip Code

County

Country

Mailing Address?

- - -

Home county

United States of America

Birth Information

Gender

Date of Birth

Birth City

Birth State

mm/dd/yyyy

Birth city

Birth state

Birth County

Birth Country

Country of Citizenship

Citizenship Type

Birth county

Identification

NPI #

Driver License or ID #

State Issued

Expiration Date

1999999991

Driver license or ID #

mm/dd/yyyy

Social Security #

- - -

Save & Next

2Education & Training

3Hospital Affiliations

4Work History

5Peer References

6Licensure

7Certifications

8Medical Malpractice

9Logins

10Documents

Please make sure all sections above are complete using the Save & Next button in each section before clicking the View Summary or Submit as Complete buttons.

View Summary

Submit as Complete

Privacy Policy

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Terms and Conditions

Tip Guide: Provider Onboarding

Onboarding - Location Based Sections

The Onboarding Intake Template is customized by your organization. Some of these sections may not appear in your unique onboarding invitation.

Hover any “?” icons to view detailed instructions from your organization

Use the **green add button** to start a new data entry.

Once you click the green add button you will be prompted to fill in location data. Search by name or address to find the correct location. If there is not location match, please enter the address in manually.

2

Education & Training

5

3

Hospital Affiliations

1

4

Work History

2

Work History

0

Add +

Military Experience

0

Add +

Save & Next

Work History 1

Former Practice/Employer Name *

Adventi

Adventist Behavioral Health (Rockville, MD)

Adventist Behavioral Health (Silver Spring, MD)

Adventist Glen Oaks (Glendale Heights, IL)

Adventist Health Bakersfield (Bakersfield, CA)

Adventist Health Castle (Kailua, HI)

Adventist Health Family Medicine (Hanford, CA)

Adventist Health Glendale (Glendale, CA)

Adventist Health Lodi Memorial Hospital Lodi, CA (Lodi, CA)

Adventist Health Medical Group (Sandy, OR)

Adventist Health Medical Group (Walla Walla, WA)

Position Held

Position Held

End Date

mm/dd/yyyy

Address

Address

Address 2

Address 2

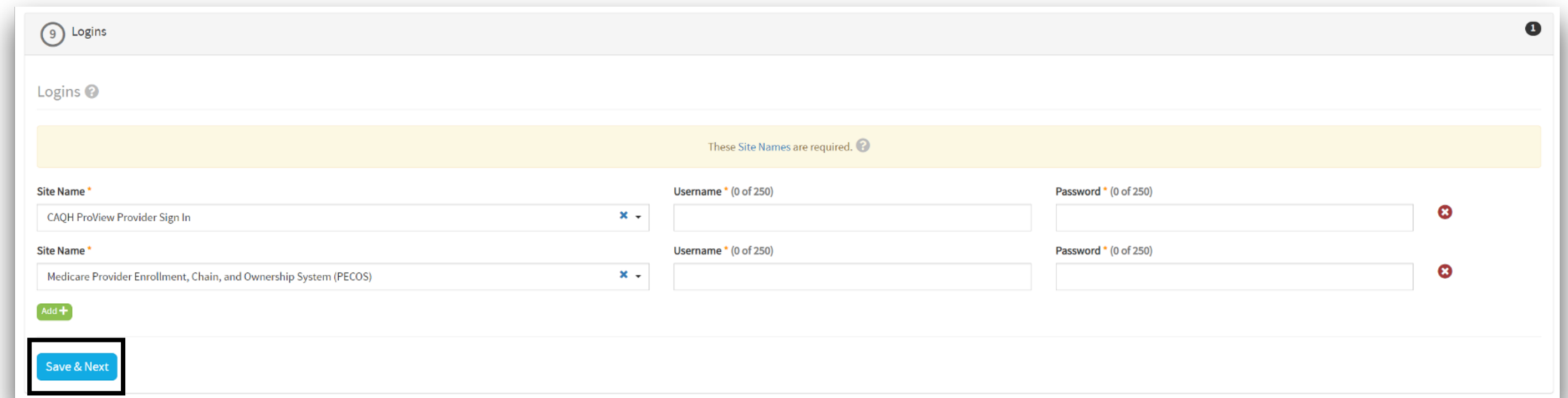
The Onboarding Intake Template is customized by your organization. Some of these sections may not appear in your unique onboarding invitation.

Your organization may request usernames and passwords for accounts they manage for you. Any credentials entered here will be securely stored in the OneView® platform. If you would like to add additional login credentials, use the green add button.

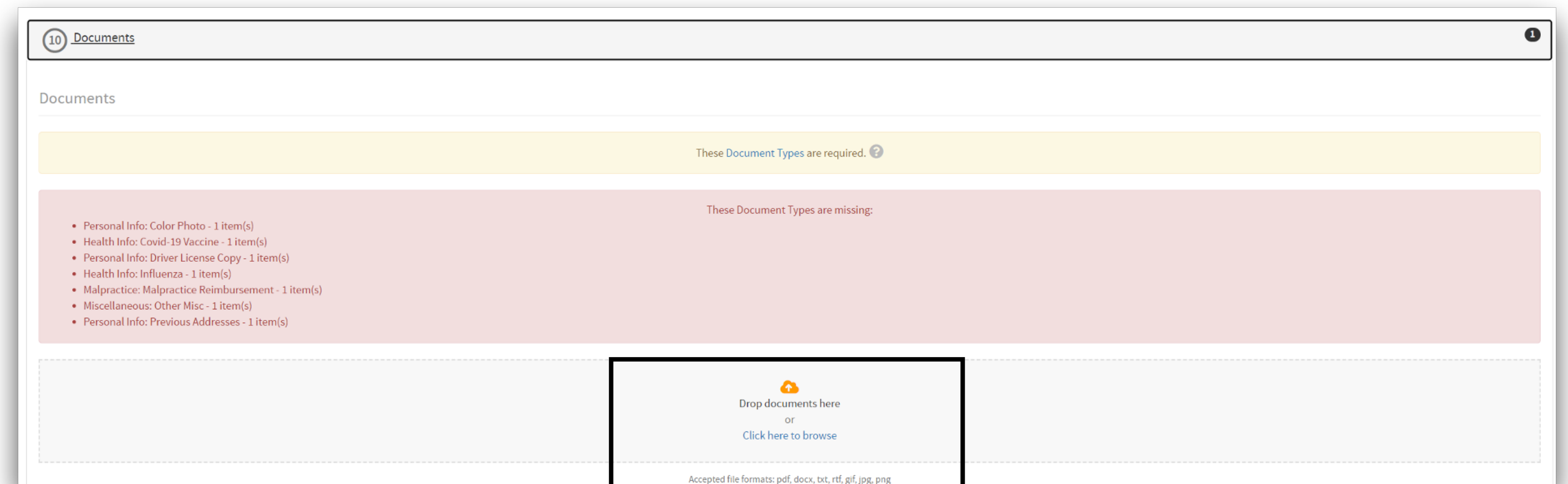
Once all requested login credentials are entered, click **"Save & Next"**

If your organization is requesting documents, you will see a list similar to this. Required documents are in red and will fall off the list as they are added to your profile.

Best practice is to name your documents in the format of "Provider name. Document Type. Expiration Date" before uploading.



The screenshot shows the 'Logins' section of the onboarding interface. It features a header with a tab icon and the title 'Logins'. Below the header, there is a yellow banner stating 'These Site Names are required.' with a help icon. The main area contains two rows of input fields. Each row has a 'Site Name' dropdown menu, a 'Username' text field (labeled '(0 of 250)'), and a 'Password' text field (labeled '(0 of 250)'). The first row's Site Name is 'CAQH ProView Provider Sign In'. The second row's Site Name is 'Medicare Provider Enrollment, Chain, and Ownership System (PECOS)'. Below the input fields is a green 'Add +' button. At the bottom, there is a blue 'Save & Next' button, which is highlighted with a black box and a line pointing to the text 'Once all requested login credentials are entered, click "Save & Next"'. There are also red 'X' icons next to the password fields.



The screenshot shows the 'Documents' section of the onboarding interface. It features a header with a tab icon and the title 'Documents'. Below the header, there is a yellow banner stating 'These Document Types are required.' with a help icon. The main area contains a red box with the text 'These Document Types are missing:' followed by a list of required document types: 'Personal Info: Color Photo - 1 item(s)', 'Health Info: Covid-19 Vaccine - 1 item(s)', 'Personal Info: Driver License Copy - 1 item(s)', 'Health Info: Influenza - 1 item(s)', 'Malpractice: Malpractice Reimbursement - 1 item(s)', 'Miscellaneous: Other Misc - 1 item(s)', and 'Personal Info: Previous Addresses - 1 item(s)'. Below the list is a large dashed box for document upload. Inside this box, there is a smaller box with a cloud icon and the text 'Drop documents here or Click here to browse'. This box is highlighted with a black box and a line pointing to the text 'Use the "Drag and Drop" option or select "Click here to browse" to access all documents on the device you are working from.' At the bottom of the dashed box, it says 'Accepted file formats: pdf, docx, txt, rtf, gif, jpg, png'.

Use the **"Drag and Drop"** option or select **"Click here to browse"** to access all documents on the device you are working from.

Once you have filled in all requested data, entered any login information and uploaded documents, select **“Submit as Complete”**

This will change the status of your onboarding invite to **“Completed”** and your organization will review your completed profile.

1

Personal Information

6

2

Education & Training

5

3

Hospital Affiliations

1

4

Work History

2

5

Peer References

1

6

Licensure

2

7

Certifications

2

8

Medical Malpractice

1

9

Logins

1

10

Documents

1

Please make sure all sections above are complete using the Save & Next button in each section before clicking the View Summary or Submit as Complete buttons.

View Summary

Submit as Complete



PART II

LOGGING BACK INTO THE
ONBOARDING INTAKE TEMPLATE

Tip Guide: Provider Onboarding

Onboarding - Logging back into OneView®

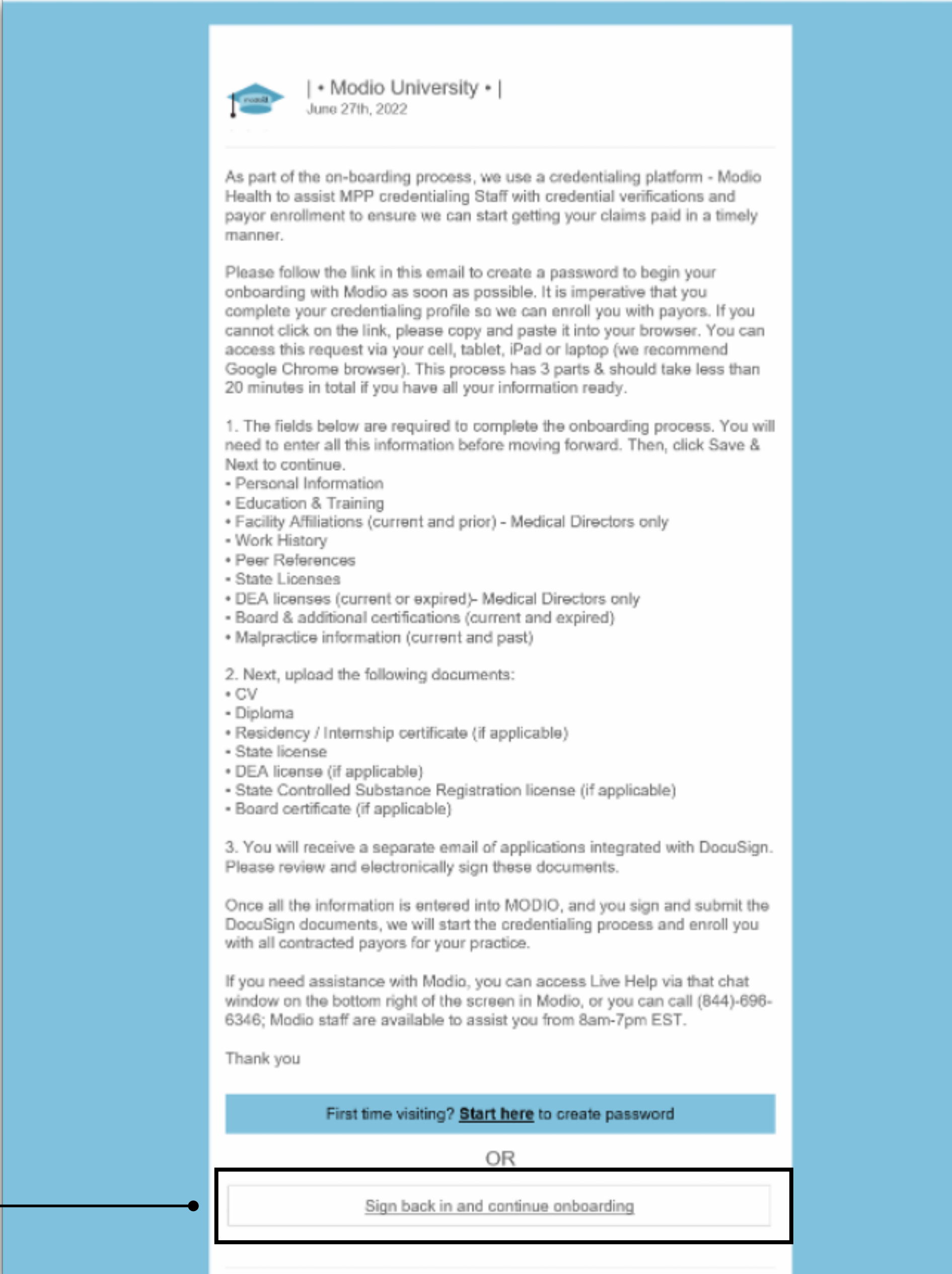
There are several ways to log back in and continue filling in your Onboarding Intake Template.


Best option: Use the provider sign in link listed here: www.modiohealth.com/physicians/#/signin

Remember to bookmark this link to quickly login in the future.

Second option: Use the original email invitation and click the second link to log back in. Enter your username and password. If you can not remember your password there will be a password reset prompt.

If your need support while logging in, please reach out to: support@modiohealth.com



 | • Modio University • |
June 27th, 2022

As part of the on-boarding process, we use a credentialing platform - Modio Health to assist MPP credentialing Staff with credential verifications and payor enrollment to ensure we can start getting your claims paid in a timely manner.

Please follow the link in this email to create a password to begin your onboarding with Modio as soon as possible. It is imperative that you complete your credentialing profile so we can enroll you with payors. If you cannot click on the link, please copy and paste it into your browser. You can access this request via your cell, tablet, iPad or laptop (we recommend Google Chrome browser). This process has 3 parts & should take less than 20 minutes in total if you have all your information ready.

1. The fields below are required to complete the onboarding process. You will need to enter all this information before moving forward. Then, click Save & Next to continue.

- Personal Information
- Education & Training
- Facility Affiliations (current and prior) - Medical Directors only
- Work History
- Peer References
- State Licenses
- DEA licenses (current or expired)- Medical Directors only
- Board & additional certifications (current and expired)
- Malpractice information (current and past)

2. Next, upload the following documents:

- CV
- Diploma
- Residency / Internship certificate (if applicable)
- State license
- DEA license (if applicable)
- State Controlled Substance Registration license (if applicable)
- Board certificate (if applicable)

3. You will receive a separate email of applications integrated with DocuSign. Please review and electronically sign these documents.

Once all the information is entered into MODIO, and you sign and submit the DocuSign documents, we will start the credentialing process and enroll you with all contracted payors for your practice.

If you need assistance with Modio, you can access Live Help via that chat window on the bottom right of the screen in Modio, or you can call (844)-696-6346; Modio staff are available to assist you from 8am-7pm EST.

Thank you

First time visiting? [Start here](#) to create password

OR

[Sign back in and continue onboarding](#)

Tip Guide: Provider Onboarding Onboarding - Navigating back to the Onboarding Intake Template

Once you are logged back into OneView, follow this 3-step process to navigate back to your Onboarding Intake Template.


Step 1- Click on the **Manage Credentials** Section

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Welcome Yuri Zhivago (844) 696-6346 Help Sign out

DashboardManage CredentialsLoginsTasksCME

Yuri Zhivago

My Profile	Specialty	State License(s)	Primary Practice	Professional School	DEA License
<div>NPI #: 1999999991</div> <div></div> <div>ID Verified</div>	- Family Medicine	<div>AR Need ID M-361900 KY TP69700</div> <div>FL ME47888 (01/31/2022)</div> <div>TX 4433112</div> <div>IL 9948383 (10/18/2022)</div> <div>VA Test1 (07/20/2022)</div> <div>LA 448854 (12/20/2022)</div> <div>OR 89334534 (12/08/2022)</div>	<div>South River Main (Winston, OR) 671 SW Main St</div> <div>Winston OR 97496</div>	Albany Medical College 2014	AL AK8264450 (12/31/2024)

Step 2 - Click **Summary**

modio

Welcome Yuri Zhivago (844) 696-6346 Help Sign out

DashboardManage CredentialsLoginsTasksCME

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

Personal Info

Education & Training

Practice / Employer

Facility Affiliations

Work History

Peer References

Licensure

Certifications

Medical Malpractice

Healthcare Payors

Health Info

Event Log

CME

Documents

Summary

Personal Info

Prefix: Dr.

First Name: Yuri

Middle Name:

Last Name: Zhivago

Provider Title: MD - Medical Doctor

Telemedicine Experience: 3 Years

Fluent Languages: English

Contact Information

Work Email: yuri.zhivago@gmail.com

Personal Email: yuri.zhivago@gmail.com

Home Phone #: 4152693403

Mobile Phone #: 4152424353

Home Address

Address: 982 Homeland St.

Address 2:

City: San Marcos

State: California

Zip/Postal Code: 94019-

County: United States

Country: United States of America

Birth Information

Gender: Male

Date of Birth: 01/01/1970

Birth City: San Marcos

Birth State: California

PrintDownloadWord

Edit

Step 3 - Click **Edit**

Now that you are logged back into the Onboarding Intake Template you can continue to work through the different sections. Select **“Save and Next”** to navigate through each section

When all sections have been filled out completely, click **“Submit as Complete”**

modio

DashboardManage OnboardingLoginsToolsCRM

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

Onboarding Editor
Yuri Zhivago MD: Provider Profile

1Personal Information

Provider Information

Title

Dr

First Name *

Yuri

Middle Name

Middle name

Last Name *

Zhivago

Provider Title *

MD - Medical Doctor

Professional Information

Tolmen/Office Experience

3 Years

Fluent Languages *

English

Contact Information

Second Work Email *

yuri.zhivago@gmail.com

Personal Email

yuri.zhivago@gmail.com

Office Phone

(415) 242-4553

Mobile Phone

(415) 242-4553

Emergency Contact Information

Facility Name

Contact name

Contact Type

Email

Email

Phone Number

Home Address

Billing

162 Homestead St.

Address 2

Home address 2

City

San Marcos

State

CA - California

Zip Code

94019

Country

United States

Country

United States of America

Previous Addresses

2Birth Information

Gender

Male

Date of Birth *

01/01/1970

Birth City

San Marcos

Birth State

CA - California

Birth Country *

Alameda County

Birth Country *

United States of America

State

United States of America

Citizenship Type *

U.S. Citizen (Birth/Naturalization)

3Identification

SSN *

199999991

State Issued

AK - Alaska

Driver License Expiration Date

04/06/2023

4CAQH

CAQH Provider ID #

CAQH provider ID #

Last Attestation Date *

mm/dd/yyyy

Revalidation Date

02/06/2022

Account Status *

Pending

Account Manager

Admin

5Education & Training

6Practice and Employment Information

7Work History

8Peer References

9Licensure

10Certifications

11Medical Malpractice

12Logins

13Documents

Please make sure to click the Save & Next button in each section before clicking the View Summary or Submit as Complete buttons.

Save & Next

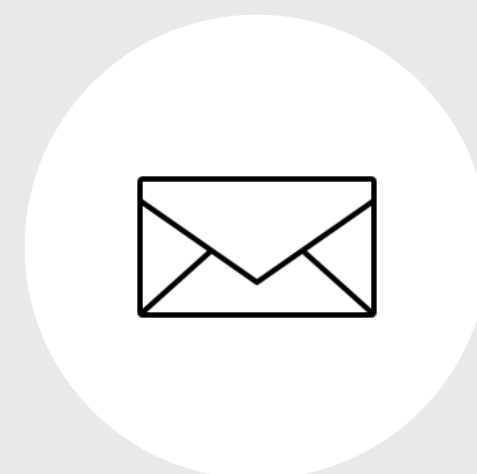
Submit as Complete

Chat

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



Online:
Live Chat Support



Email:
support@modiohealth.com



Phone:
844.696.6346