

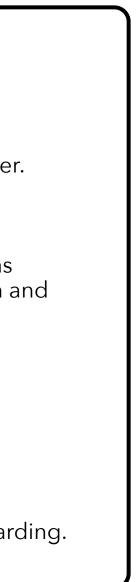
OneViewtm Provider Onboarding



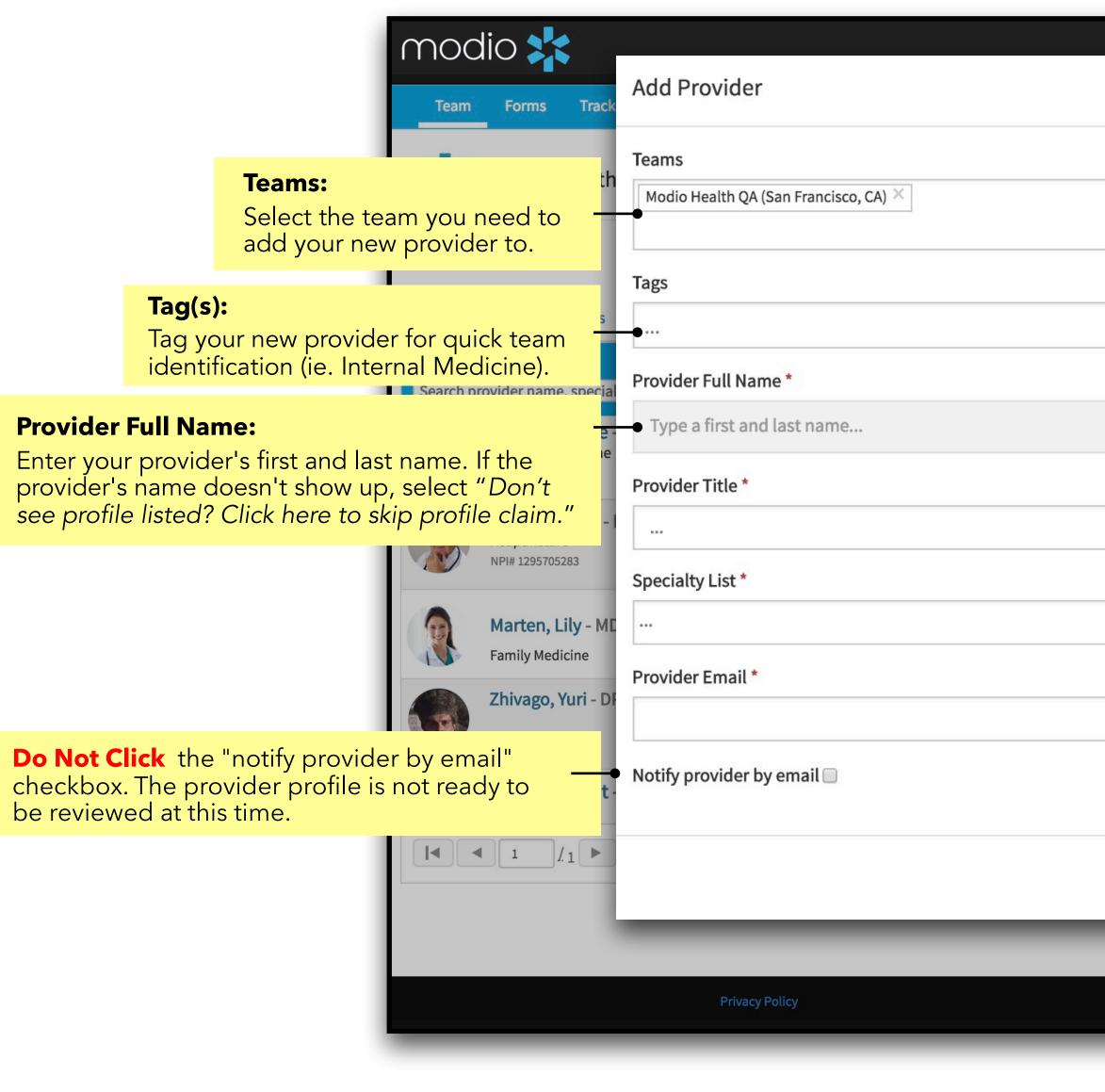
ONBOARDING: DASHBOARD

| modio 🌟 | | 🚯 Support 🛛 😂 Modio U 🛛 📢 New Featu | res 🛱 Settings 📥 Services 🕞 Sign out | |
|--|--|-------------------------------------|---|---|
| Team Forms Tracking Logins Tasks Notes | | | € | |
| Modio Health QA (San Francisco, CA) - | | | | |
| | ▲ Alerts (30) 👻 | | Add Provider Message | |
| All Contract Employees Critical Care Internal Medicine New Pain Medicine | | | | |
| Provider Search provider name, specialty, or NPI | Tags | Compliance ? | Actions ? | Icon Kow |
| Search provider name, specialty, or NPI Mann, Bernie - MD | | | | Icon Key: |
| Internal Medicine NPI# 111111111 | Internal Medicine | 2 alerts \rm 9 | | New Invitation: Indicates a new provide Click to invite. |
| Smith, Judd T - MD Acupuncture NPI# 1295705283 | Contract Employees Critical Care | 1 alert 😲 | ○ 🍰 🗹 🐴 🜑 | Accepted Profile: Indicates a provider has |
| Marten, Lily - MD Family Medicine | Internal Medicine | 3 alerts 🚺 | S 🔊 🏠 🗮 🔍 | accepted the invitation created a profile. |
| Zhivago, Yuri - DPM NPI# 1234567890 | Internal Medicine | No alerts | A A A | Incomplete Profile: Indicates provider has started their profile. |
| No, Julius Dit - OD Cardiology | Pain Medicine | 8 alerts 🚺 | 💌 🔝 📝 🐴 🗮 🜑 | Completed Profile: Indicates provider has completed their onboa |
| Image: 1 to 1 t | | | 1 <u>-</u> 14 of 14 items | |
| | | | | |
| Privacy Policy | ©2018 Modio Health. All rights reserved. | Terms and Condition | ons 🗭 Live Help | |





ONBOARDING: Adding Your Provider(s)

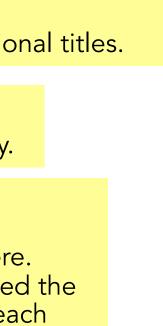


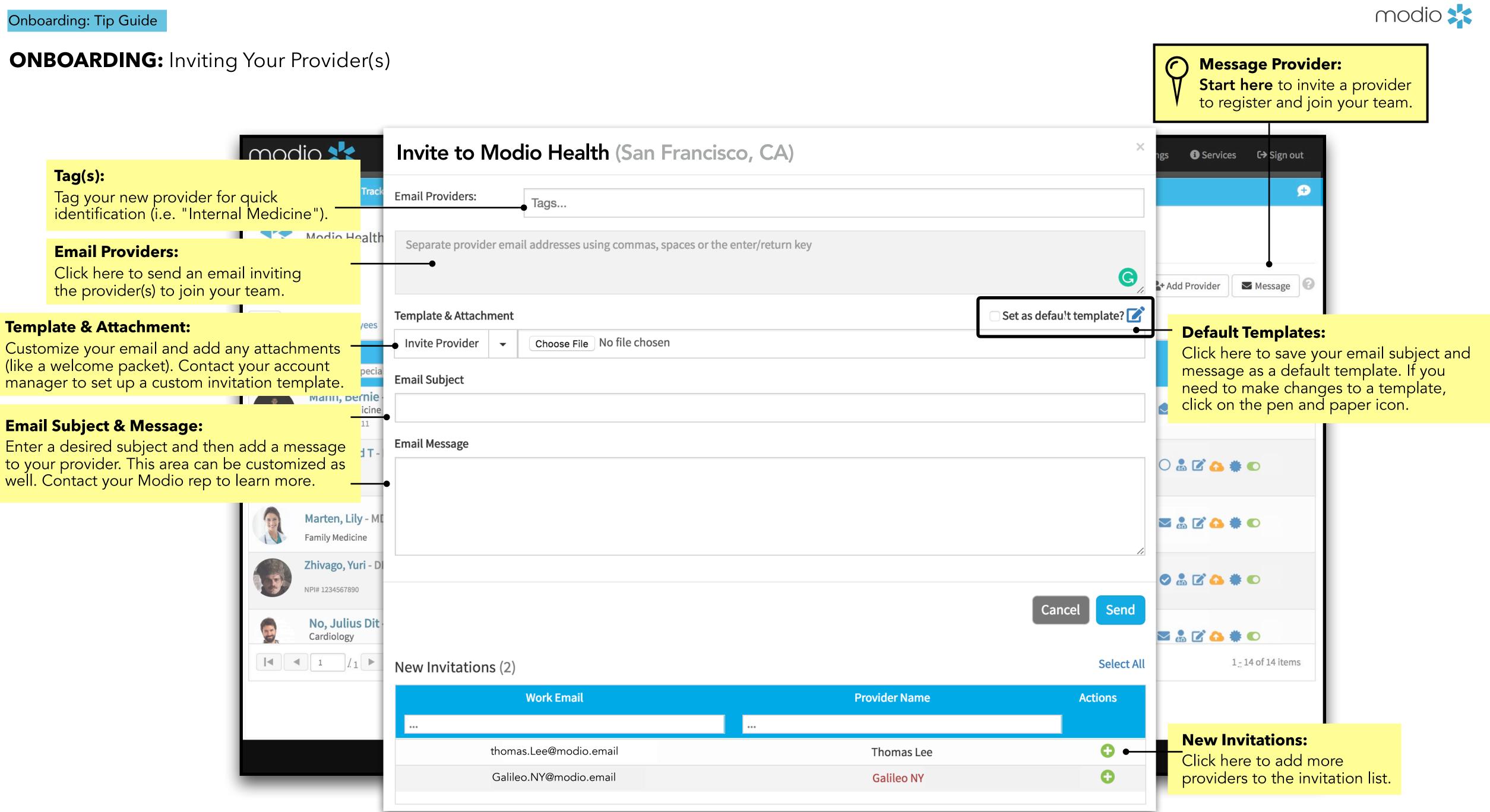
| Add Provider: |
|------------------------|
| Start here to add a |
| new provider yourself. |

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| 童 Training & Support 🛛 🕯 🗙 | | Services | €→ Sign out | |
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| | _+ Ac | ld Provider | Message | |
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| | | provider | needs a uni | que email. |
| Cancel Save | | | h = | |
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| ©2018 Modio Health. All rights reserved. Terms and Conditi | tions | 🗭 Live | Help | |
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ONBOARDING: Next Steps

1. The provider will receive your message in their email. 2. The provider should click the link in your message, then claim their profile to start the onboarding process. The provider must use the **same email** address at which they received the invite.



Modio Health Practice

Welcome to Modio

As part of the on-boarding process for our credentialing and provider enrollment process we use a credentialing program - Modio Health.

This email includes the link (at the end of this email) inviting you to begin the on-boarding credentialing/provider enrollment process by creating a password for our data base.

Once you log into Modio Health you will be required to complete your information. Please complete all sections by clicking Save & Next, including:

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

Finally please upload all documents that were requested under separate email from a member of our team. Please be aware that certain fields are required and you will not be allowed to advance until the required field is completed.

You will be able to access this request via your cell, tablet, iPad or laptop (and we recommend Google Chrome browser for the best experience).

Once we receive your provider information we will begin the credentialing/provider enrollment process.

You will then receive the applications requesting your review, completion and electronic signatures under separate emails.

If you need Live Help it is available on the ModioHealth.com website.

Please feel free to contact me as well if you have any questions regarding the credentialing process.

To proceed, click the link below:

https://www.modiohealth.com/physicians/#/signup?email=DrZ@gmail.com&source=10&claim_id=1343174

Disclaimer: You agree to use the information found within our website only for appropriate, legal purposes, and in compliance with all applicable federal, state and local laws and regulations.

modio 🔀

Claim your pro

yasi@Modiohealth.com

Create Password (use at least 8 characte

We recommend using a strong password that inclu lower case letters and one or more numerical digit

I agree to Terms and Conditions and Pr

Claim profile

Privacy Policy

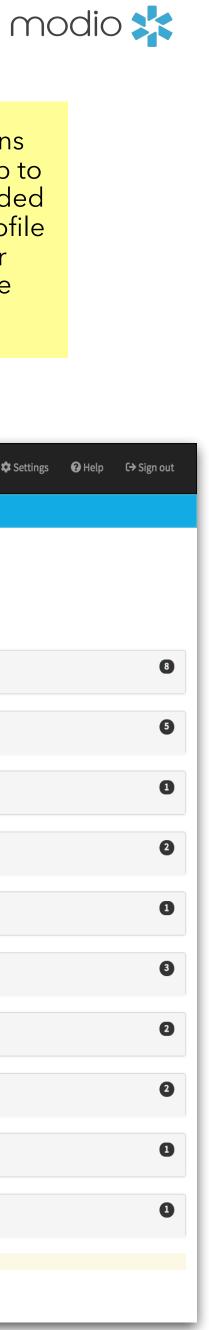
©2020 Modio Health. All rights reserved. Terms and

3. The provider is guided through the credentialing data sections and prompted to fill out required data. (Talk to your account rep to set up custom requirements for each field.) Any information added during onboarding is automatically copied to the provider's profile and available for viewing and editing. You can request that your provider upload a set of required or optional documents before completing onboarding (e.g. a CV or color photo).

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| nodio 📩 | 🍠 (844) 696-6346 | 🌣 Settir |
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| Dashboard Manage Credentials Logins Tasks CME | | |
| Modio Health QA (San Francisco, CA) - | | |
| | | |
| Yasi Givechi MD: Provider Profile | | |
| 1 Personal Information | | |
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| 3 Hospital Affiliations | | |
| 4 Work History | | |
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| 5 Peer References | | |
| 6 Licensure | | |
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| 7 Certifications | | |
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| 8 Medical Malpractice | | |
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| 9 Logins | | |
| 10 Documents | | |
| \sim | | |
| ase 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. | | |
| iew Summary Submit as Complete | | |

Live Help



Onboarding: Tip Guide

ONBOARDING: Step 1 - Welcome Email

Your provider will receive a welcome email in their inbox with a list of action items that require their attention in order to complete their onboarding process.

*Emails can be customized to list specific steps required in onboarding for your practice. Contact your account manager to set up a custom invitation template.

> Provider will need to click the link in the email and then start their profile setup process.



Modio Health Practice

Welcome to Modio Health Practice,

As part of the on-boarding process for our credentialing and provider enrollment process we use a credentialing program - Modio Health.

This email includes the link (at the end of this email) inviting you to begin the on-boarding credentialing/provider enrollment process by creating a password for our data base.

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Finally please upload all documents that were requested under separate email from a member of our team. Please be aware that certain fields are required and you will not be allowed to advance until the required field is completed.

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Once we receive your provider information we will begin the credentialing/provider enrollment process.

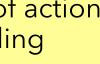
You will then receive the applications requesting your review, completion and electronic signatures under separate emails.

If you need Live Help it is available on the ModioHealth.com website.

Please feel free to contact me as well if you have any questions regarding the credentialing process.

To proceed, click the link below: https://www.modiohealth.com/physicians/#/signup?email=DrZ@gmail.com&source=10&claim id=1343174

Disclaimer: You agree to use the information found within our website only for appropriate, legal purposes, and in compliance with all applicable federal, state and local laws and regulations.





ONBOARDING: Step 2 - Claiming Profile

| Claiming Profile | Providers will next navigate ont "Claim your provider profile" p their email and create a passwo | o the Modio age and enter ord. |
|------------------|--|--------------------------------------|
| 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 | |
| | | |
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| Privacy Policy | ©2020 Modio Health. All rights reserved. | Terms and Con |



ONBOARDING: Step 3 - Completing Onboarding Page

Finally, the provider will be directed to the onboarding page in OneView®.

From here, they will be asked to fill in the following information (unless specified otherwise in your initial email) :

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

| Dashboard Manage Credentials Logins | Tasks CME | | | | | |
|---|---------------------------------------|--------------------------|--|-----------------|----|----|
| Modio Health QA (San Franciso | co, CA) • | | | | | |
| | | Bernie Mann MD |): Provider Profile | | | 8 |
| 1 Personal Information | | | | | | Ŭ |
| Provider Information | | | | | | |
| irst Name * | Middle Name | | Last Name * | | | |
| Bernie | Middle name | | Mann | | | |
| Provider Title * MD - Medical Doctor | | × - | | | | |
| MD - Medical Doctor | | • • | | | | |
| Professional Information | | | | | | |
| luent languages | | | | | | |
| Select languages | | | | | | |
| Contact Information | | | | | | |
| /ork Email * | Personal Email | | Home Phone # | Mobile Phone | | |
| yasi.givechi@modiohealth.com | @ | | () | () | | |
| morgonov Contact Information | | | | | | |
| mergency Contact Information | | | | | | |
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| | contact type | | | | | |
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| ip Code | County | | Country | Mailing Address | 5? | |
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| Birth Information | | | | | | |
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| * | mm/dd/yyyy | 曲 | Birth city | Birth state | | |
| Birth County | Birth Country | • | Country of Citizenship | Citizenship Typ | e | |
| Birth county | | * | | * | | * |
| dentification | | | | | | |
| VPI # | Driver License or ID # | | State Issued | Expiration Date | 1 | |
| 1999999991 | Driver license or ID # | ۵ | | mm/dd/yyyy | | 曲 |
| iocial Security # 🚱 | | | | | | |
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| 4 Work History | | | | | | 0 |
| | | | | | | • |
| 5 Peer References | | | | | | 0 |
| 6 Licensure | | | | | | 3 |
| 2 | | | | | | • |
| 7 Certifications | | | | | | 0 |
| | | | | | | 0 |
| 8) Medical Malpractice | | | | | | 0 |
| | | | | | | |
| 8 Medical Malpractice 9 Logins 10 Documents | | | | | | 0 |
| 9) Logins | he Save & Next button in each sectior | before clicking the View | Summary or Submit as Complete buttons. | | | 0 |



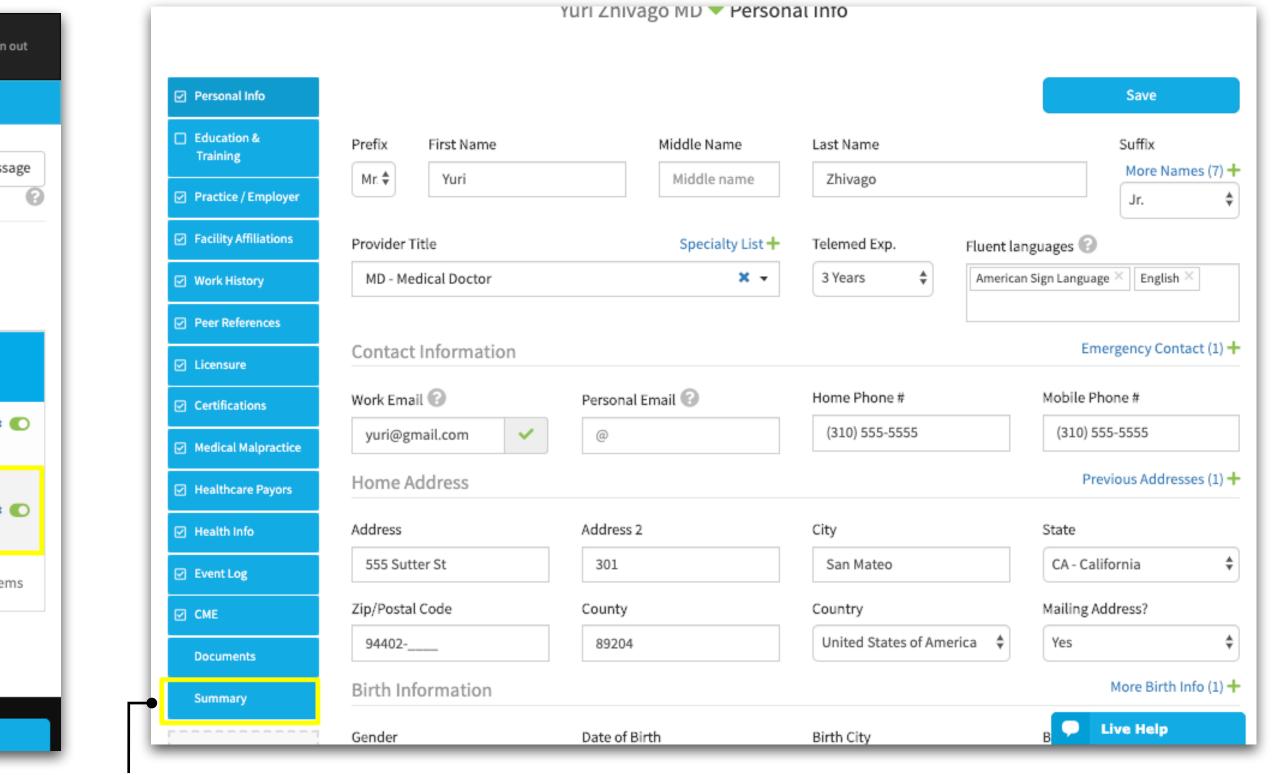


Configuring Invitations for email template and applications.

ONBOARDING: Creating Custom Onboarding Invitations

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| | | | | | Alerts (28) 👻 | | | | | | |
| All Co | ntract Employees | Critical Care | Facility | Internal Medicine | IONM Physicians | Pain M | Medicine | | | | |
| | Pro | ovider | | | Tags | | Compliance | 8 | | Actions | ? |
| Search for | another provider | (name, specia | ilty, NPI) | | ¢ | | | ¢ |) | | |
| MT | Test, Modio I General Practice | | ttle - OP | | Facility | | No alerts | | | \$ 2 \$ | • |
| | Zhivago, Yuri Addiction Medic NPI# 1740201268 | | | | Contract Employees Internal Medicine Pain Medicine | | 7 alerts \rm 9 | | ⊻ (| \$ ∑ ≓ | • • • |
| • | 1 /1 | · • 200 | items per page | 2 | | | | | | 1 : 12 | 2 of 12 ite |
| | | | | | | | | | | | |
| | Priva | | | | odio Health. All rights rese | | | | ferms and | | |

1. To create a custom onboarding application (which is attached to the invitation going out to your provider), start by clicking on any provider in your team roster. This will begin the process to create a custom invitation for your entire team.



2. Click on the Summary tab.



ONBOARDING: Creating Custom Onboarding Invitations

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| Team Forms | Tracking Logins | Tasks Notes | | | | | |
| | | Modio H | ealth QA (San Fra | ncisco, CA) | | | 8 |
| ✓ Personal Info | Personal Info: Y | ′uri Zhivago MD | | | | | |
| Education & Training | Prefix | First Name | | Middle Name | Last Name | | |
| Practice / Employer | Mr. | Yuri | | | Zhivago | | |
| Facility Affiliations | Provider Title | | | Telemedicine Exper | ience | | |
| ☑ Work History | MD - Medical D | | | 3 Years | | | |
| Peer References | Fluent Languages | | | English | | | |
| ☑ Licensure | | | | 216.01 | | | |
| Certifications | Other Names | | | | | | |
| Medical Malpractice | Name Type Preferred | | Name Yasi Givechi | | Date 06/14/2017 | | |
| ✓ Healthcare Payors | Name Type | | Name | | Date | | |
| ☑ Health Info | Father's Full Na | ime | Father's Full Name | | 06/14/2017 | | |
| Event Log | Non o Tomo | | Manaa | | D | 🗭 Live H | elp |

3. Click on the Pencil and Paper "Edit" icon.

| modi | 0 🗱 | | | | | | ش۱ | raining & Support | 📢 New Features | Settings | Services | ር⇒ Sign out |
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| 1 Pe | rsonal Info | rmation | | | Yuri Z | hivago MI | D: Pro | ovider Profile | | | | 8 |
| Provide | er Inform | ation | | | | | | | | | | |
| Prefix | | First Na | ame * | | | Middle Na | ame | | | | | |
| Mr. | ÷ | Yuri | | | | Middle n | name | | | | | |
| Last Name | * | | | | | | TE | ST * | | | | |
| Zhivago | | | | | | | | MD - Medical Doc | tor | | | × - |
| | | ormation | | | | | | | | | | |
| Fluentlan | guages | | - | | | | | | | | 🗭 Live H | elp |

4. The **"Form Editor"** link will now appear on the top of the screen. From here, you can tailor your onboarding invitation fields or keep them as is with the default values.



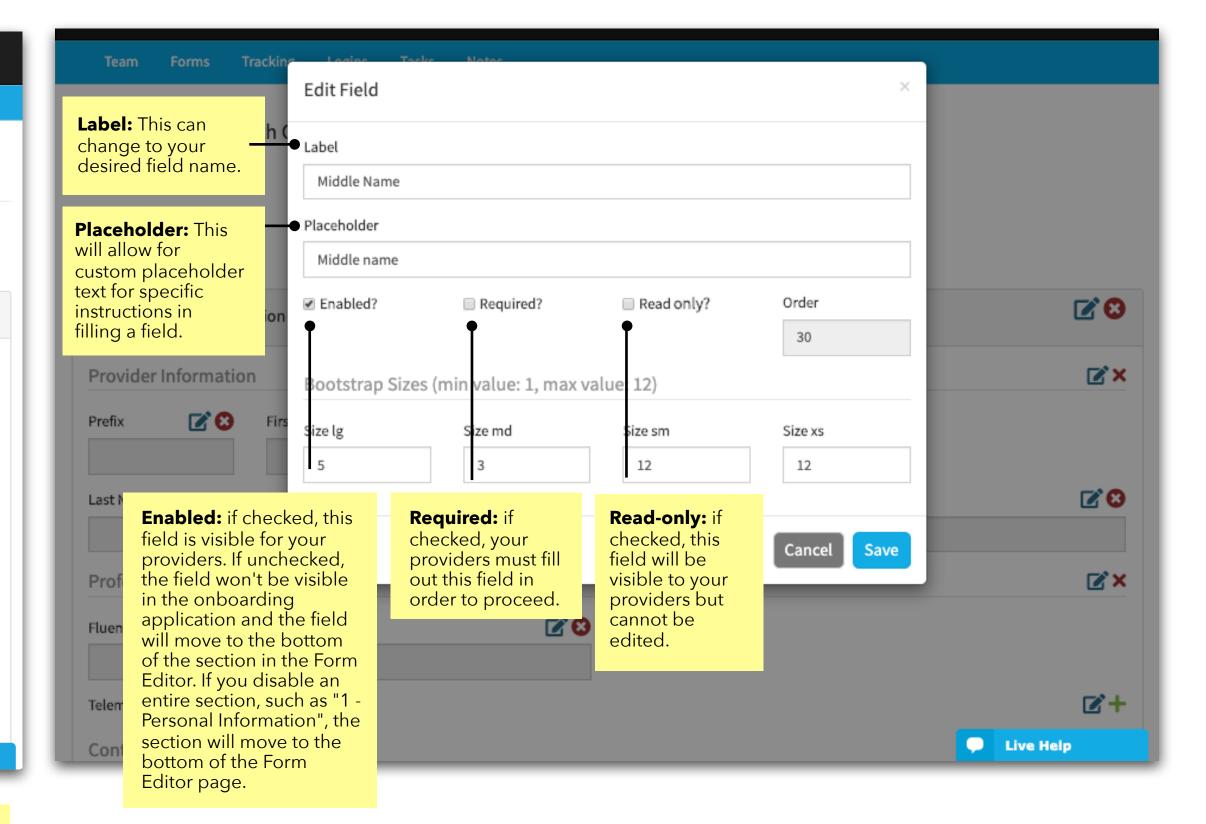


ONBOARDING: Creating Custom Onboarding Invitations

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| Provider ⁻ | Title * | | | | | | ₹ × | | | | | | | | |
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| Contac | t Information | | | | | | | | | | | | | | 2 🖸 |
| Work Ema | ail* | | X | Personal | Email | | | Home Phone | # | | X X | Mobile Phor | ne | | Z X |
| | | | | | _ | | | | | | | | | Cive H | lelp |

5. Once the **Form Editor** title changes to **Form Viewer**, you can start tailoring your invitation.

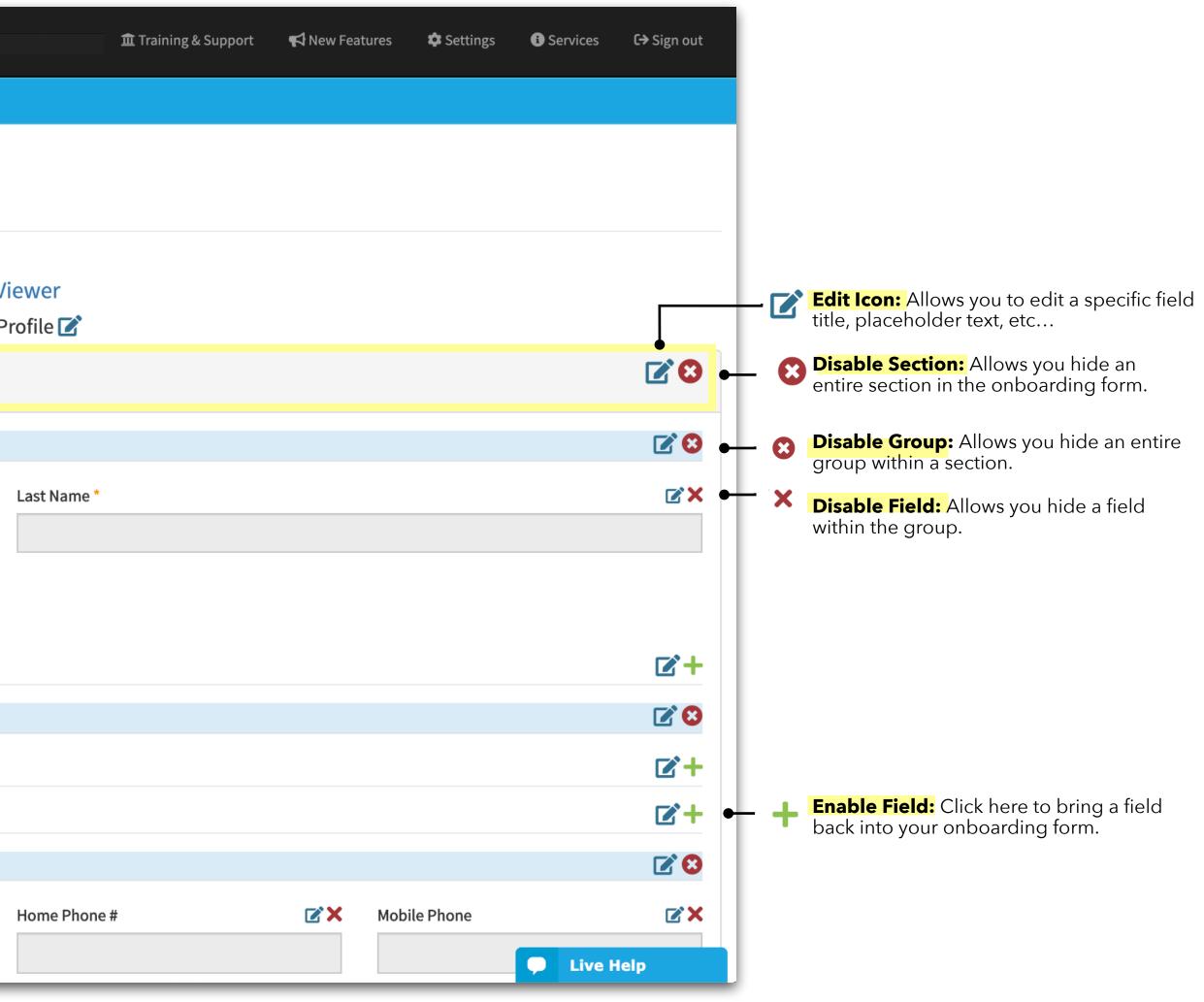
6. Click the paper and pencil edit icon to activate a specific field.





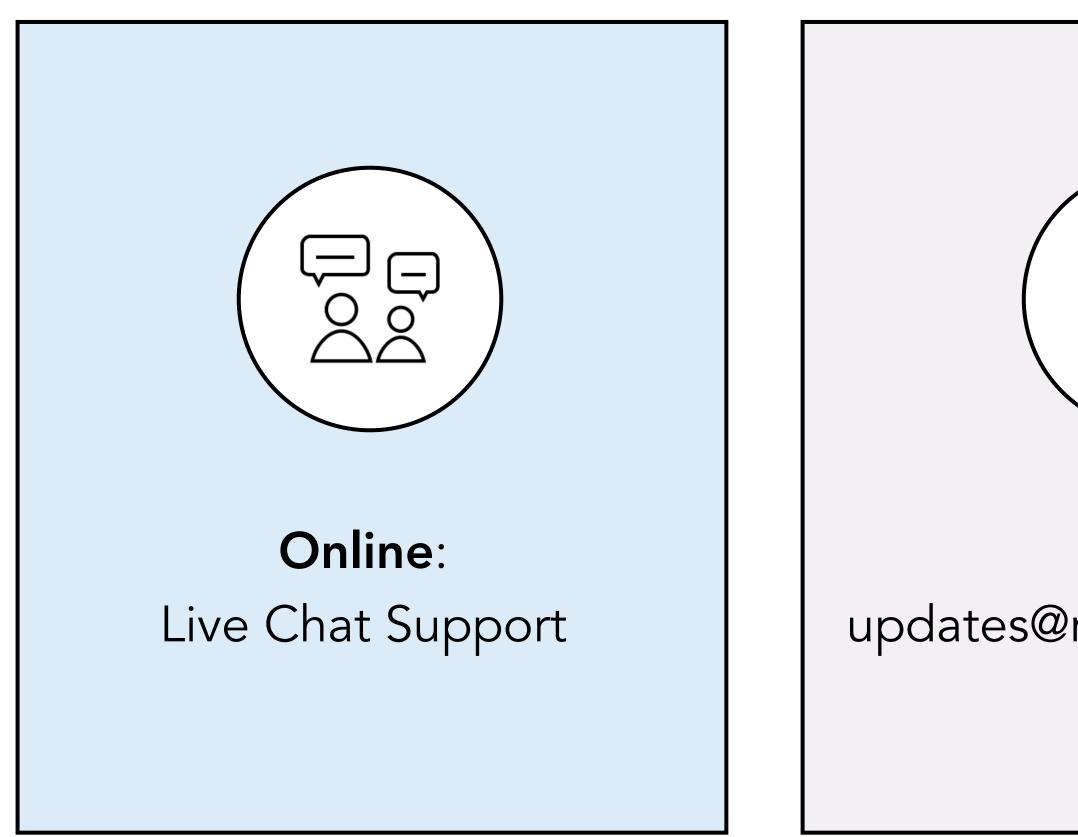
ONBOARDING: Form Viewer Icon Key

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| | Team | Candidates | Jobs | Forms | Tracking | Logins | Tasks | |
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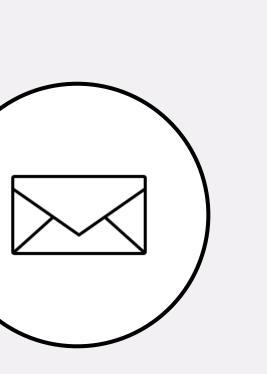




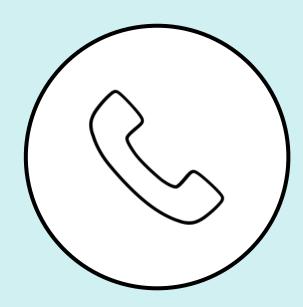
For additional questions or further training, contact the Modio Team via:







Email: updates@modiohealth.com



Phone: 844.696.6346

