

## ***Practitioner Home Page Informational Manual***

**Information:** Practitioner Home Page (PHP) is where Practitioners are required to fill out their electronic application, supplemental forms and submit any corresponding application documentation. All applications and supporting documents are required to be completed within 10 days of initial receipt of notice that the application is available on the PHP. (*Please see email notification*).

**PHP Link:** [https://medicalaffairs.ohsu.edu/practitionerhomepage/navigate\\_main.aspx](https://medicalaffairs.ohsu.edu/practitionerhomepage/navigate_main.aspx)

### **Credentialing Application Process steps (Initial Credentialing and Re-credentialing):**

When practitioners are in the OHSU credentialing/privileging process, they will receive, two emails.

- 1) Notification Email
- 2) Password Email

#### **Example of Notification Email (*Initial Credentialing*)**

**Subject:** Initial Credentialing Application from OHSU

Dear [REDACTED],

Welcome to Oregon Health & Science University (OHSU)! The OHSU Medical Affairs Program and University Medical Group (UMG) are excited to help you on board. The OHSU Medical Affairs Program will credential and privilege you to provide patient care at OHSU. If you will be billing for patient services, your enrollment will be handled by UMG.

Let's get started!

Log onto your Practitioner Home Page (PHP): a one stop portal for credentialing, privileging and enrollment.

[Your Home Page](#)

Your password will arrive in a separate email.

PC users: Please use Internet Explorer

Mac users: Please use Safari version 5.0 or earlier

Thank you,

OHSU Medical Affairs Program: (503) 494-8014

University Medical Group: (503) 494-0924

#### **Example of Password Email (*Initial Credentialing*)**

**From:** turneka@ohsu.edu [mailto:turneka@ohsu.edu]

**Sent:** Tuesday, March 29, 2016 11:30 AM

**To:** Sonya Glavicic <glavicic@ohsu.edu>

**Subject:** Initial Credentialing Application from OHSU

The password for Your Home Page is: [REDACTED]

**Example of Notification Email (Re-credentialing)**

**Subject:** OHSU Credentialing Reappointment Application is now due

Dear [REDACTED],

We hope this e-mail finds you well.

Your current OHSU re-credentialing and privileges are up for renewal, and it is time for you to submit your OHSU re-appointment application documents. Your re-credentialing application documents are due per the 2016 calendar. You will soon be receiving a separate email with the 2016 calendar attached.

Completing your re-credentialing application documents should take no more than 30 minutes. The application is already populated with your information. You are verifying and updating the existing information (particularly the peer references) and submitting your privilege form(s).

Please note that you will also receive a separate email with the password needed to access your application through your Provider Home Page.

[Your Home Page](#)

Above is the link to the website where you can complete the following:

1. Application Forms (Reappointment)

- a. Application Form: please be sure to update your peer references (who have known your clinical work in the past 24 months) as well as add any new hospital affiliations
- b. Attestation questions
- c. Authorization and Release form
- d. Medicare Medical Record Attestation

2. Privileges - must be submitted before an application can be considered complete and processed. Most often times this is missed and causes delay of reappointment application processing. Please remember to complete the privilege forms.

3. Transfer files - Upload new documents such as:

- a. Life support
- b. DEA certificates
- c. Clinical activity report from past 2 years
- d. Copy of OR License

If you have any questions or run into technical issues while completing the forms, please call our main number and speak with any of our credentialing coordinators.

Thank you,  
Medical Affairs Program  
[503-494-8014/mso@ohsu.edu](mailto:503-494-8014/mso@ohsu.edu)

**From:** pardu@ohsu.edu [mailto:pardu@ohsu.edu]  
**Sent:** Thursday, June 18, 2015 8:00 AM  
**To:** Sonya Glavcic  
**Subject:** OHSU Reappointment Application is now due  
  
The password for Your Home Page is: [REDACTED]

**Example of Password Email (Re-credentialing)**

## Steps for Completion

- 1) Accessing the PHP
- 2) Completing the Initial Credentialing Application and requested documents
- 3) Completing the Privilege Form

### Accessing the PHP

- 1) Click on the PHP

Link: [https://medicalaffairs.ohsu.edu/practitionerhomepage/navigate\\_main.aspx](https://medicalaffairs.ohsu.edu/practitionerhomepage/navigate_main.aspx)

- a) Enter your email (for most this will be an OHSU email).
- b) Enter the password sent to you by email
- c) Click on “Submit to access the PHP

### Completing the Initial Credentialing Application

Find the “Initial” tab located on the left side of the page: This is where the application is located.

Instructions are included. Click on the word **“Initial”** to access the application. *Any application received without complete information will be considered “incomplete” and will be returned to you for completion. This will hold up the credentialing process and we will be unable to begin the process until this is complete.*

The following requested application & documents must to be completed and submitted:

FORMS - INITIAL	
<b>Application Instructions - Initial:</b>	
In order for your application to be complete you must submit the following forms (all found on this website):	
<b>A</b>	OHSU Credentialing Application ( <i>see below</i> )
<b>B</b>	OHSU Supplemental Practitioner Form ( <i>see below</i> )
<b>C</b>	Authorization Release ( <i>see below</i> )
<b>D</b>	Privilege Form ( <i>see the link in the left side menu</i> )

1) Initial Credentialing Forms: Click on each form to complete.

	<u>Application</u>	<u>Last Activity</u>
<b>A</b>	<a href="#">Oregon Credentialing Application</a>	Not viewed
<b>B</b>	<a href="#">OHSU Supplemental Practitioner Form</a>	Not viewed
<b>C</b>	<a href="#">Authorization Release Initial</a>	Not viewed

Once the application is ready to submit, click on “Click Here to Apply Digital Signature and Submit Form” button which is found on the last page of the application. All listed items, A-D are required to be completed and submitted. Any outstanding item will deem the application incomplete and the credentialing process cannot begin.

**This is an example of where to click to submit:**

Click Here to Apply Digital Signature and Submit Form

A new window will be open with a prompt to enter Birth Date and Email address. Please use the mm/dd/yyyy date format to enter your Birth Date. This will authenticate the practitioners' information.

Practitioner:

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<u>Questions</u>	<u>Enter answer</u>
Birth date	
E-mail	

Continue
Cancel

Click on “Continue” to proceed with the submission.

## Completing the Re-credentialing Application

- 2) Find the “Reappointment” tab located on the left side of the page: This is where the application is located. Instructions are included. Click on the word **“Reappointment”** to access the application. *Any application received without complete information will be considered “incomplete” and will be returned to you for completion. This will hold up the credentialing process and we will be unable to begin the process until this is complete.*

The screenshot displays the MORRISSEY MSO for the Web interface. On the left is a vertical navigation menu with the following items: Instructions, Application Forms, Initial, Reappointment (highlighted in yellow), Enrollment, Privileges, Transfer Files, View Information, and Application Status. The main content area is titled 'INSTRUCTIONS' and contains a section 'How to Submit an Application'. This section instructs users to click on the appropriate 'Application Forms' link (Initial, Reappointment, or Enrollment) for instructions to complete necessary applications. It then provides specific instructions for INITIAL and REAPPOINTMENT applicants, including the time required to complete the application (no more than 2 hours for initial, no more than 30 minutes for reappointment).

**MORRISSEY**  
MSO for the Web

◆ Instructions  
◆ Application Forms  
◆ Initial  
◆ **Reappointment**  
◆ Enrollment  
◆ Privileges  
◆ Transfer Files  
◆ View Information  
◆ Application Status

**INSTRUCTIONS**

**How to Submit an Application**

Click on the appropriate **Application Forms** link to the left: *Initial, Reappointment or Enrollment* for instructions to complete the necessary applications.

For **INITIAL** applicants: submit the Initial Application, Enrollment, and Privileges forms. Completing your initial application should take no more than 2 hours. The application is already populated with information that was provided by the hiring department. You are verifying and providing information (particularly the peer references, education and affiliations) and submitting your privilege form(s).

For **REAPPOINTMENT** applicants: submit the Reappointment and Privileges forms. Completing your reappointment application should take **no more than 30 minutes**, as the application is already populated with your information. You are verifying and updating the existing information (particularly the peer references) and submitting your privilege form(s).

The following requested application & documents must be completed and submitted

FORMS- REAPPOINTMENT	
<b>Application Instructions: Re-Credentialing</b>	
In order for your application to be complete you must submit the following forms (all found on this website):	
A	Authorization Release Re-credentialing (see below) <b>AUTHORIZATION AND RELEASE OF INFORMATION FORM</b>
B	OHSU Re-credentialing Application (see below) <b>Practitioner Application for Recredentialing/Privileging at OHSU</b>
C	Re-credentialing Attestations (see below) <b>XVI. ATTESTATION QUESTIONS -</b>
D	Medicare Medical Record Attestation (see below) <b>Attestation of Liability for Medical Record Documentation</b>

1) Reappointment Forms: Click on each form to complete.

	<u>Application</u>	<u>Last Activity</u>
A	<a href="#">Authorization Release Recredentialing</a>	Not viewed
B	<a href="#">OHSU Recredentialing Application - Standard</a>	Signature Pending 06-18-2015 <a href="#">Reset</a>
C	<a href="#">Recredentialing Attestations</a>	Not viewed
D	<a href="#">Medicare Medical Record Attestation</a>	Not viewed

*Please note: Medicare Medical Record Attestation is not required for Initials*

Once the application is ready to submit, click on “Click Here to Electronically Sign the Form” button which is found on the last page of the application. All listed items, A-D are required to be completed and submitted. Any outstanding item will deem the application incomplete and the credentialing process cannot begin.

**This is an example of where to click to submit:**

[Click Here to Electronically Sign the Form](#)

A new window will be open with a prompt to enter Birth Date and Email address. Please use the mm/dd/yyyy date format to enter your Birth Date This will authenticate the practitioners’ information.

Practitioner:

Questions	Enter answer
Birth date	
E-mail	

Continue
Cancel

Click on “Continue” to proceed with the submission.



### Completing the Privilege Form(s)

- 3) Find the “Privileges” tab located on the left side of the page. Click on the word “**Privileges**” to access the form. This is where the privilege forms are located. Any privilege form received without complete information will be considered incomplete and will be returned to you for completion. This will hold up the credentialing process and we will be unable to begin the process until this is complete. Please review to ensure you have the correct privilege set available to you. *If you do not have what you need, contact the Medical Affairs Program, 503-494-8014, or mso@ohsu.edu.*

Click on the name of the privilege to open and complete the form. Most will have one set, others may have more than one form to complete. See example below.

**MOORESEY**  
MSO for the Web

**Instructions**

**Application Forms**

- Initial
- Reappointment
- Enrollment
- Privileges**
- Transfer Files
- View Information
- Application Status
- Change Password
- Log Out

**PRIVILEGES**

**Privilege Request Instructions**

Click on the privilege form(s) below to request privileges. The privileges listed below match your area of specialty.

When **done** scroll to the bottom of the form and Click **Submit** to submit your privilege request.

Please note that you may request additional privileges at any time (not only during your re-credentialing cycle) by submitting a request to your Chief or Chair.

**Available Privilege Forms:**

To see which privileges you currently hold, please click on the **View Information** link on the left side menu and choose **Current Privileges** (facility is OHSU).

<u>Privilege Request Form</u>	<u>Facility</u>	<u>Status</u>
<u>Anesthesiology and Perioperative Medicine</u>	OHSU	Requested: 5/1/2015
<u>Emergency Medicine</u>	OHSU	Awaiting Action
<u>Nurse Practitioner - Emergency Medicine</u>	OHSU	Requested: 2/5/2015

See next page for an example of what a privilege form looks like.

## EXAMPLE: Anesthesiology Privilege Form

Once you submit your privilege request, the form automatically records in the database. The Medical Affairs Coordinator will contact you if they require any additional privileging needs, such a proctoring if required number of times performed has not been met.

\*All special privileges require clinical activity documentation (the number of times performed over the past 2 years). Do know that documented clinical activity will be requested if:

- 1) This is the first time you're requesting the privilege
- 2) You've had the privilege before, removed it, and now requesting this cycle. This is considered a new request.
- 3) The privilege specifically states that a specific number of times performed is required.

Privilege Request Form	Facility	Status
Anesthesiology and Perioperative Medicine	OHSU	Requested: 5/1/2015
Emergency Medicine	OHSU	Awaiting Action
Nurse Practitioner - Emergency Medicine	OHSU	Requested: 2/5/2015

  

https://www.ohsu.edu/medicalaffairs/practitionerhomepage/ViewPDF.aspx?Type=4&ID=7707 - Windows Internet Explorer

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**Specialty: Anesthesiology and Perioperative Medicine**  
Delineation of Privileges

Applicant's Name: [REDACTED]

Instructions:

1. Click the **Request** checkbox to request a group of privileges such as *Primary Privileges* or a *Privilege Cluster*.
2. Uncheck any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign/Date form and Submit with required documentation.

**Required Qualifications**

**Certifications - Core General Anesthesiology** Current certification or active participation in the examination process leading to certification in anesthesiology by the American Board of Anesthesiology (ABA) or equivalent board within three (3) years of completion of residency training;

**OR**

Successful completion of an ACGME accredited three (3) year residency in anesthesiology and documented acceptable practice in the privileges requested.

**ANESTHESIOLOGY**

Request	Request all privileges listed below. Uncheck any privileges that you do not want to request	Dept Chair Rec
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	<b>ANESTHESIOLOGY - CORE PRIVILEGES</b> Management of patients rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures; management of problems in pain relief, cardiopulmonary resuscitation, pulmonary care; supervision of patients in post-anesthesia care units and critically ill patients in special care units. Core privileges include the performance of moderate and deep sedation as well as procedures such as endotracheal intubation, fiberoptic laryngotracheobronchoscopy, mechanical ventilation, and invasive hemodynamic monitoring on a consultative basis in the ICU or other hospital locations in emergent situations.	<input type="checkbox"/>
<input type="checkbox"/>	<b>ANESTHESIOLOGY - SUPPLEMENTAL SPECIAL PRIVILEGES</b> (Requires evidence of current competence: the volume performed, clinical activity reports or supervising MD attestation of volume past 2 years. May require additional training as well)	
<input type="checkbox"/>	Comprehensive Pain Management: Comprehensive management of acute and chronic pain; intraspinal narcotics, neurolytic nerve blocks, facet blocks, spinal cord stimulation, discography and radio frequency lesioning.	<input type="checkbox"/>
<input type="checkbox"/>	Limited Pain Management: This category is limited to management of acute pain and common types of chronic pain such as herpes zoster and reflex sympathetic dystrophy using procedures such as patient controlled analgesia, stellate ganglion block, intercostal nerve block and intralesional injection.	<input type="checkbox"/>

Click **Submit** at the bottom of the page when done selecting your privileges