# 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

### **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

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 Glavcic < glavcic@ohsu.edu>

Subject: Initial Credentialing Application from OHSU

The password for Your Home Page is:

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

Subject: OHSU Credentialing Reappointment Application is now due

Dear

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

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:

s:

Example of Password Email (Re-credentialing)

## **Steps for Completion**

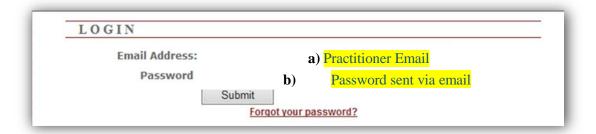
- 1) Accessing the PHP
- 2) Completing the Initial Credentialing Application and requested documents
- 3) Completing the Privilege Form

### **Accessing the PHP**

1) Click on the PHP

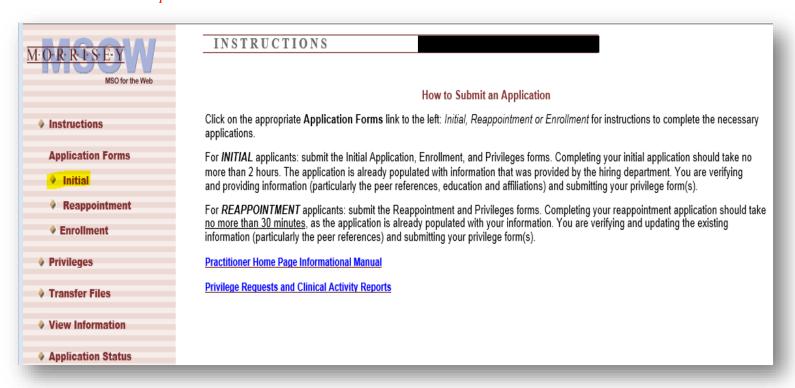
Link: https://medicalaffairs.ohsu.edu/practitionerhomepage/navigate main.aspx

- 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

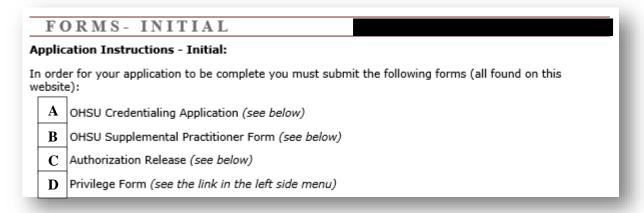


### **Completing the Initial Credentialing Application**

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:



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



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

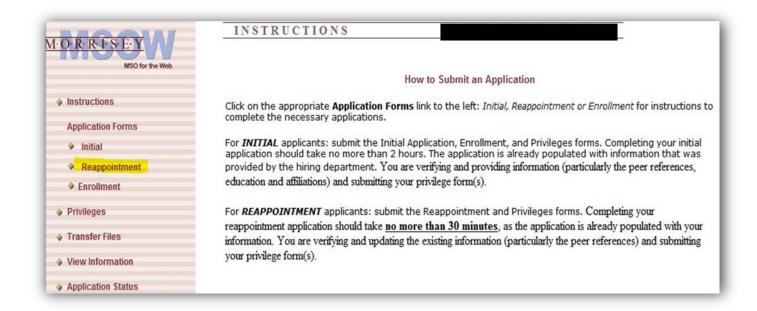
A new window will be open with a prompt to enter Birth Date and Email address. Please use the mm/dd/yyyy date format to enter your Birth Date. This will authenticate the practitioners' information.



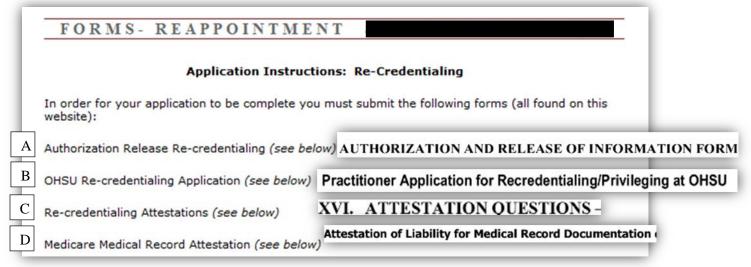
Click on "Continue" to proceed with the submission.

#### **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 following requested application & documents must to be completed and submitted



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



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.

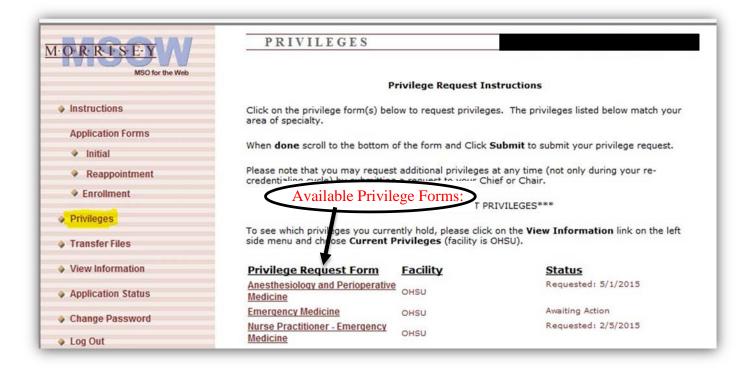


Click on "Continue" to proceed with the submission.

### **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.

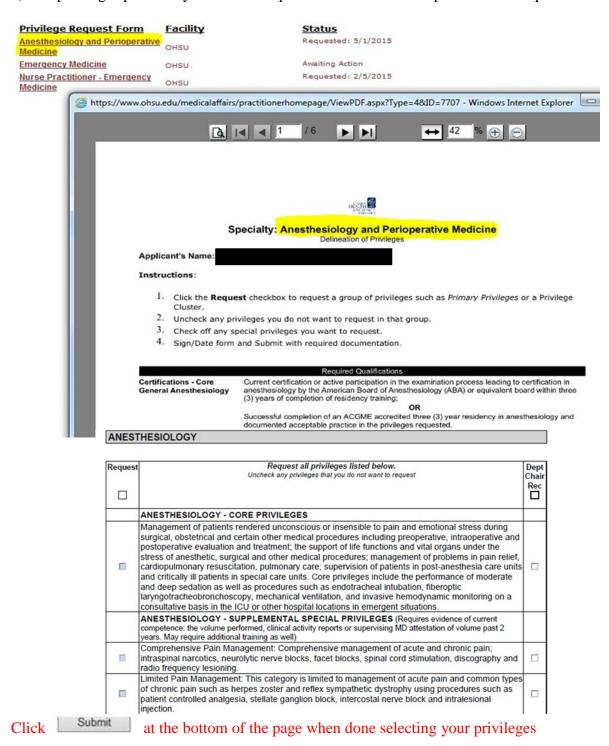


See next page for an example of what a privilege form looks like.

# **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.



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