MPR Online Application Walk Through

We have created walk-through guides to help you navigate through the initial applications, reappointment applications, and document updates.

MPR

MEDICAL PROVIDER RESOURCES

Registrations

01

Register for an Account

Go to https://app.medicalproviderresources.com and select “Need to register?”

On the registration screen, select provider or credentialing agent

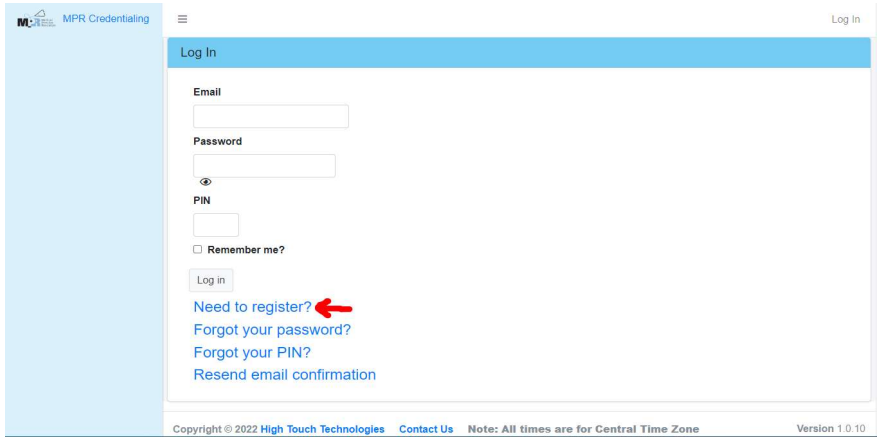
Select Provider if you are the Practitioner who needs to add or renew your privileges (this will include scrub techs, MA’s, RN’s, etc).

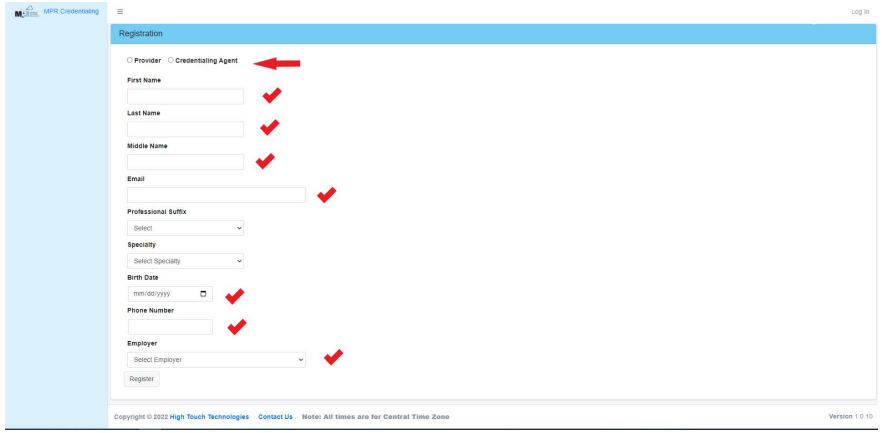
Select Credentialing Agent if you are completing the credentialing information on behalf of the practitioner.

Enter in all your information. In the image below, the red checkmarks are required fields.

- If you are a Credentialing Agent, be sure to enter the credentialing email address and not your email address.

Hit register. You will get a message that a CVS Specialist will contact you soon.

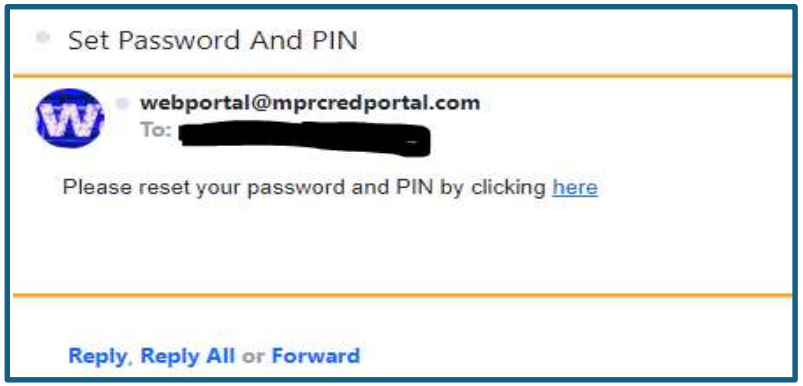




01

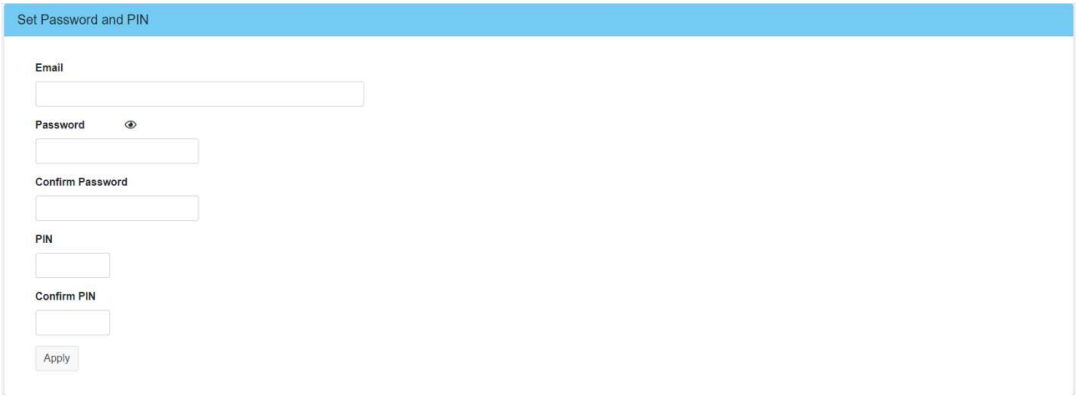
Registration - Continued

- Once MPR approves your registration, you will receive an email notification to set your Password and PIN.



THIS IS A TIME SENSITIVE EMAIL AND WILL ONLY WORK FOR 24 HOURS.

- Click on the link in your email and enter the information requested.

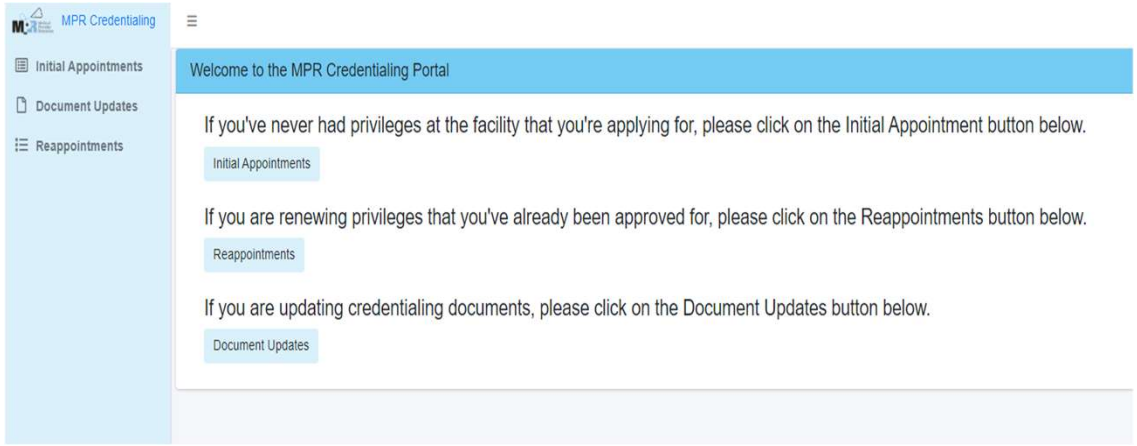


Congratulations – you are now registered and have access to the online application portal!

02

Logging into the Portal

When you log in, you should see this screen. You can also navigate using the 3 tabs on the left-hand side menu



STOP DO NOT PROCEED WITHOUT READING BELOW!

- A brief description of each tab:
  - **Initial Appointments** – use this tab ONLY if you are requesting privileges at a facility you currently have no privileges at.
  - **Document Updates** – use this tab to upload copies of new DEA's and Malpractice Insurance.
  - **Reappointments** – use this tab ONLY if you currently have privileges but need to renew them (this typically happens every two years).

Initial Applications

MPR

MEDICAL PROVIDER RESOURCES

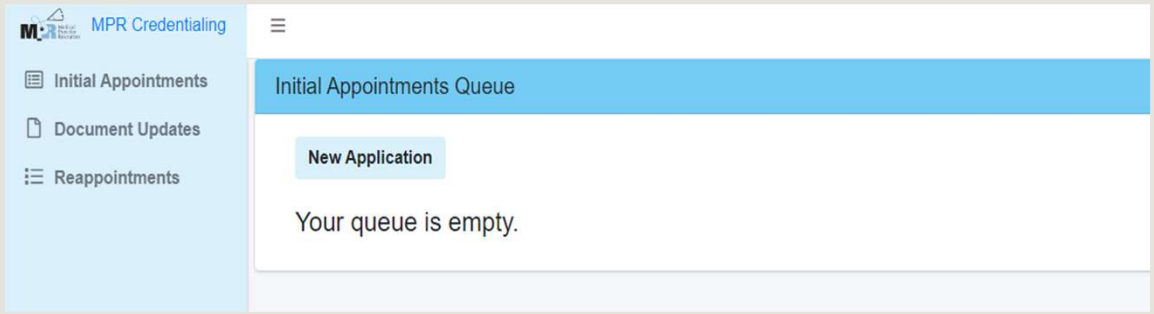
Initial Application

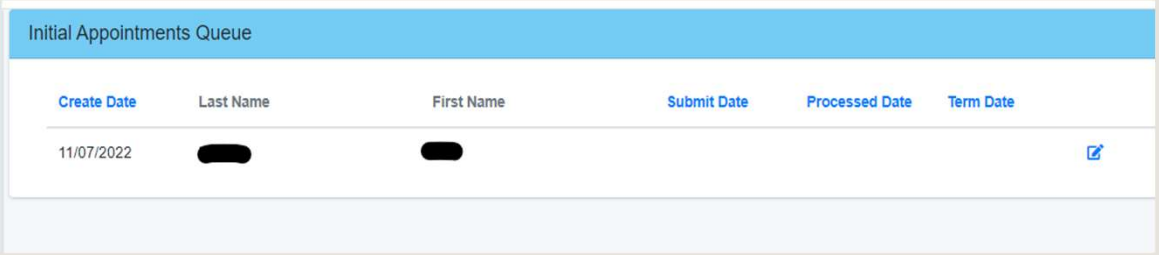
If you are completing an application for the first time, select the click “Initial Appointment” button. You will see one of these two screens.

If you are starting an application, select “New Application.”

If you already started an application, it will be listed here, so you can select the little edit box on the far right.

Please note that you will need to go through the entire application before you can submit it.





Initial Application

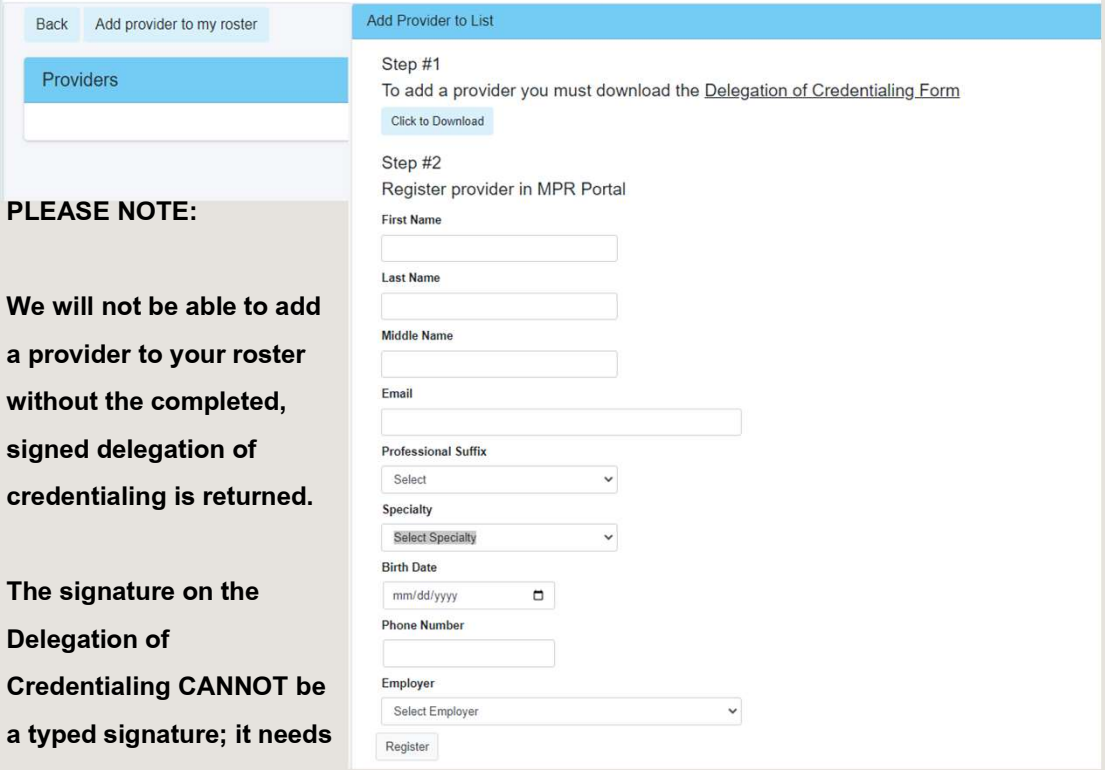
Credentialing Agent ONLY

If you are a provider, you will not see this screen, skip to slide 10.

Here you will see a list of providers that you are the assigned delegate for.

If the provider is not on your list, select "Add provider to my roster"

Download the Delegation of Credentialing form and fill out the information and email it to sindanispel-borboa@mprcred.com.



PLEASE NOTE:

We will not be able to add a provider to your roster without the completed, signed delegation of credentialing is returned.

The signature on the Delegation of Credentialing CANNOT be a typed signature; it needs to be verifiable.

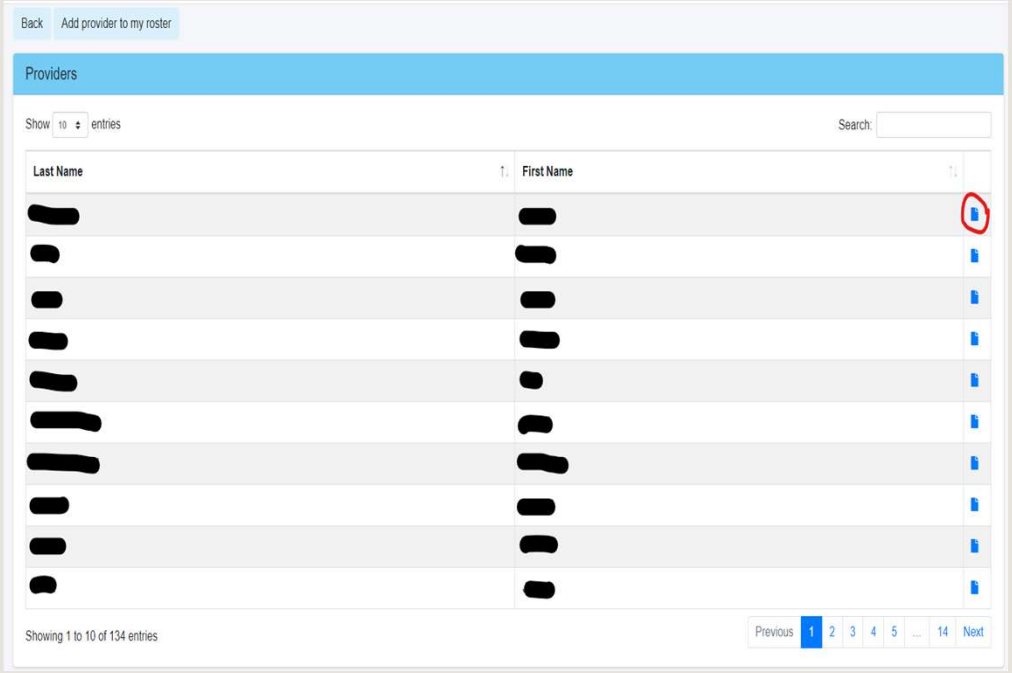
Initial Application

Credentialing Agent ONLY

Once we have the Delegation of Credentialing on file, we will add the provider to your roster.

To start an application after logging in, select Initial Application, then New Application.

Here you will see a list of all your providers; find the name you are looking for and select the blue edit button on the far right.

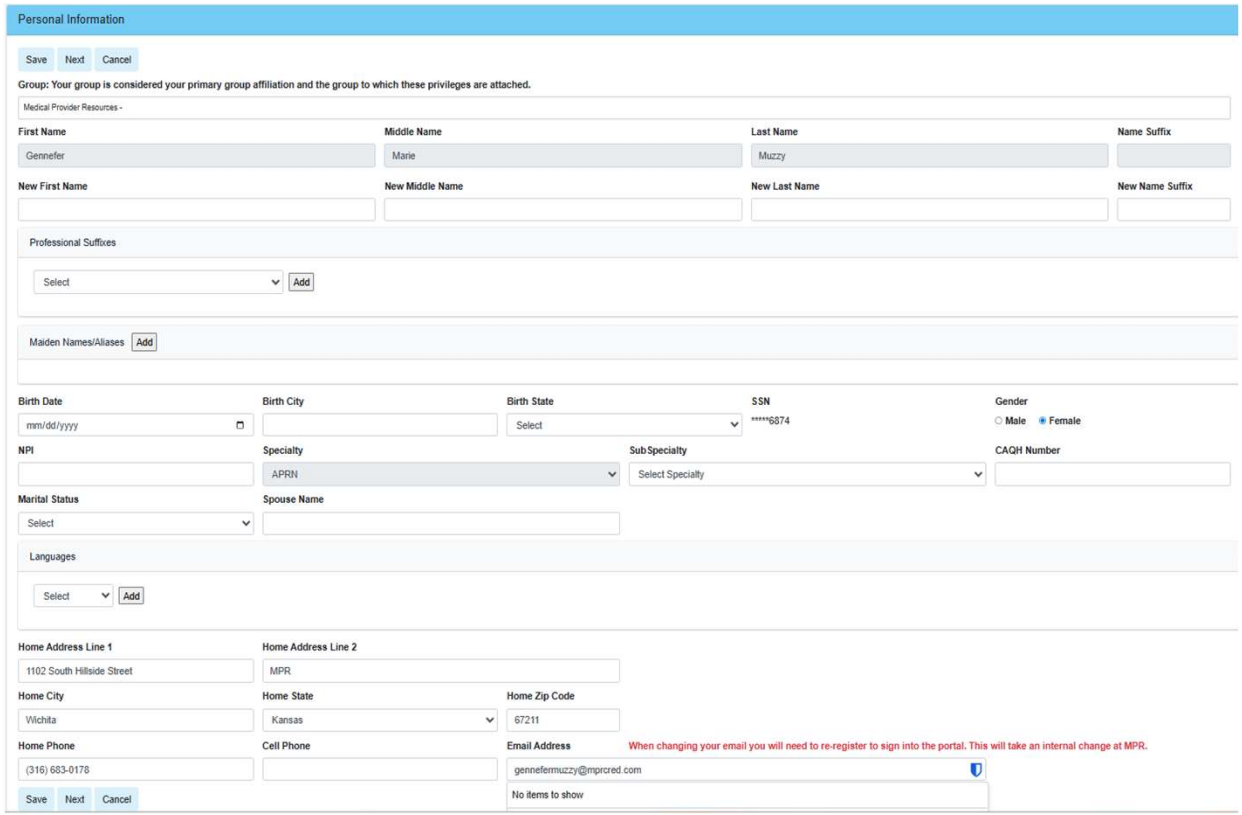


01

Personal Information

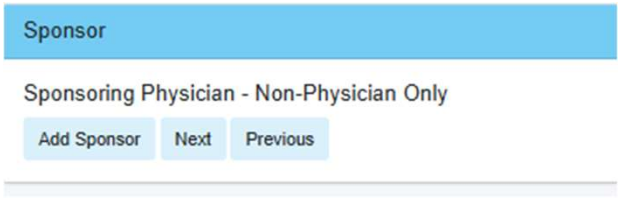
- Enter in the Group that are associated with.
- Enter in all your other information.
- **Cell phone is required to move forward!**
- Hit Next.

PLEASE NOTE: Gray areas cannot be edited.

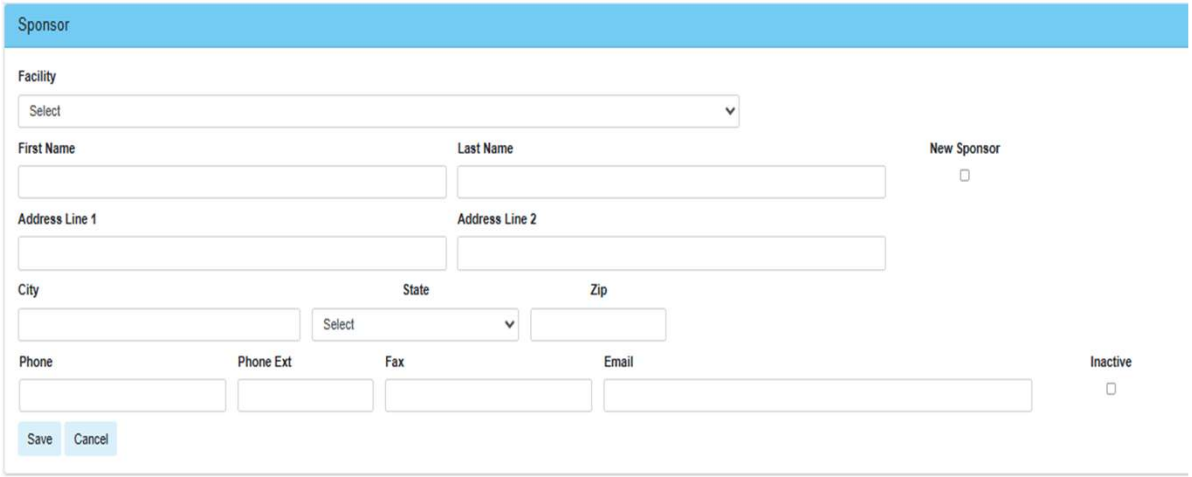


02

Sponsors



- If you have a sponsoring physician, select Add Sponsor.
- Enter in all the requested information.
- Hit Next.



03

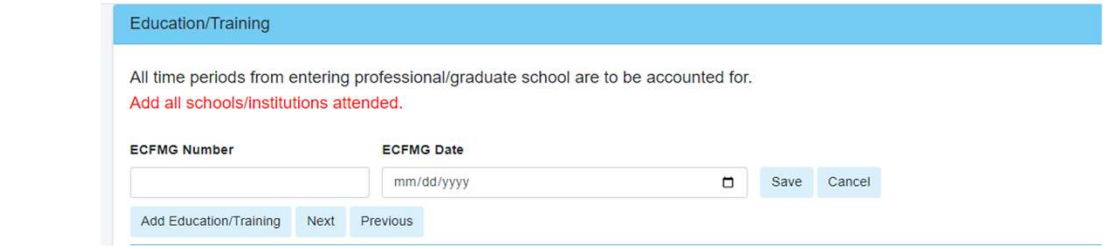
Education and Training

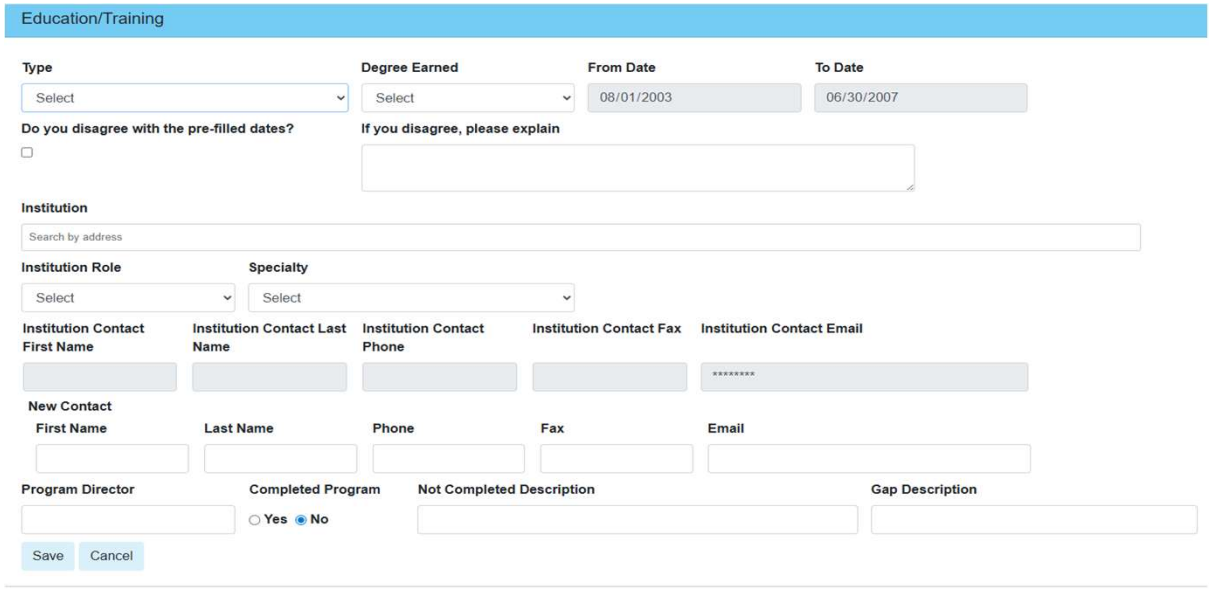
- You will see ECFMG Number – you do not need to enter this if it is not applicable.
- Select “Add Education/Training”.
- You will need to enter in your education/training and select save. If you have more education/training to add, select the “Add Education/Training” again and repeat this process as needed.
- Once all education/training is entered, hit next.

NOTE: If you did not complete your program, you will need to provide an explanation.

You ONLY need to enter any postgraduate education/training.

Grayed out areas cannot be edited.

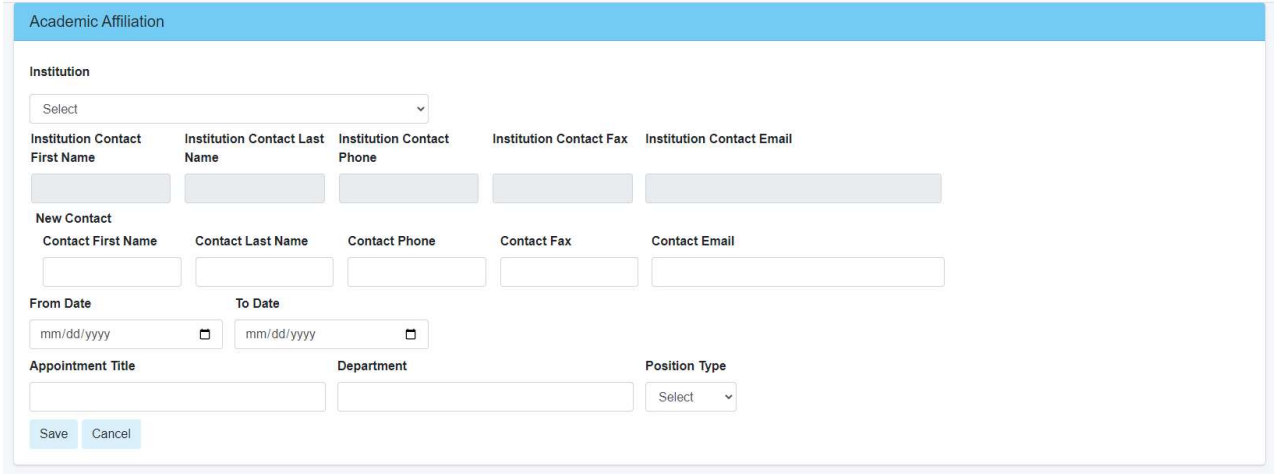




04

Academic Affiliations

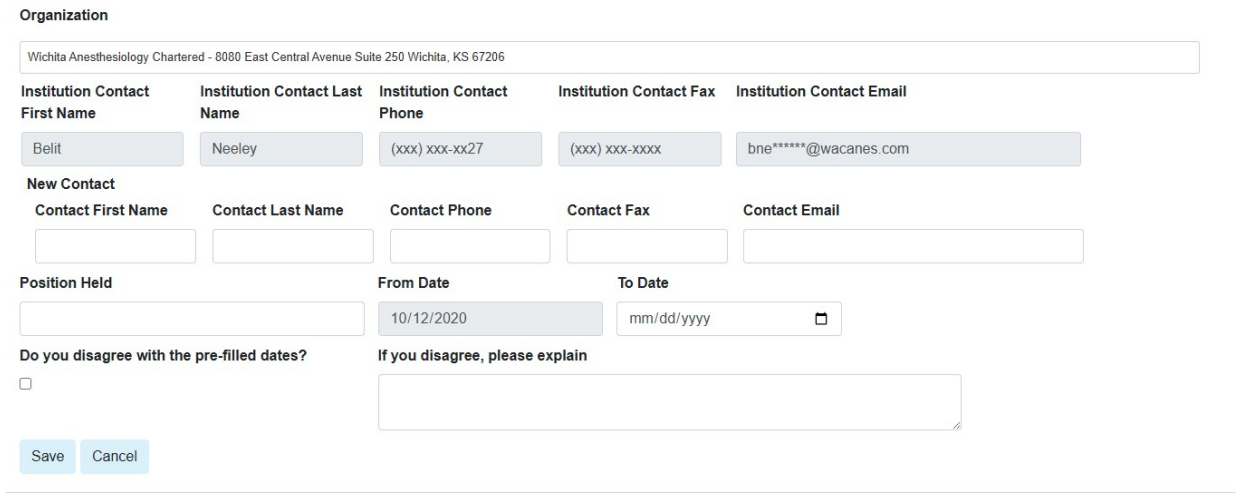
- If you do not have any academic affiliations, please hit next
- If you do have academic affiliations, please select “Add Academic Affiliation” and complete the information in the screen – we will need to know if it is a PT, FT, or Volunteer position and hit save.
- Once all your academic affiliations are entered, hit next.



05

Work/Practice History

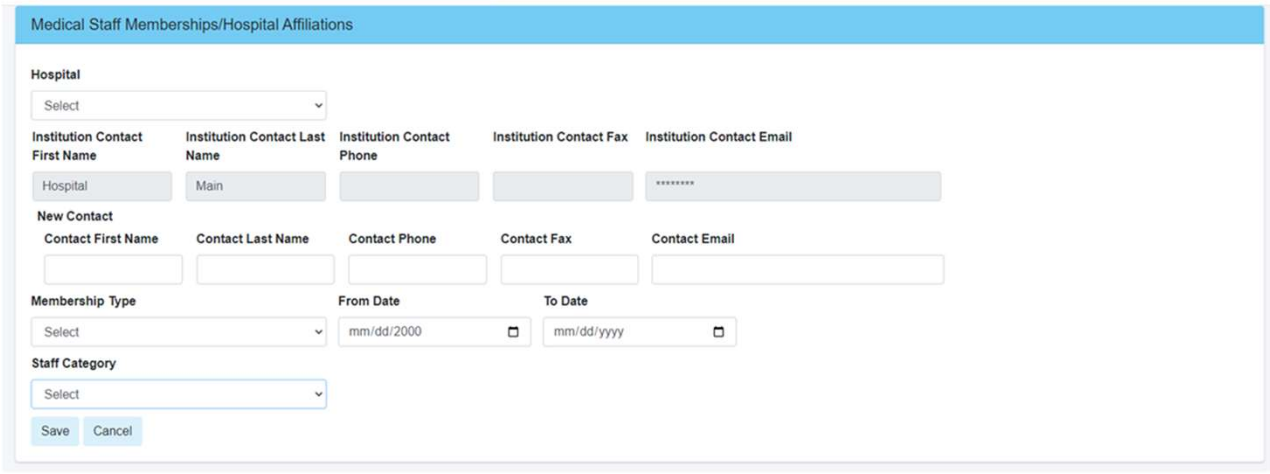
- **You will need to add your work history for the past 5 years.**
- Select Add Work/Practice History and enter in all the information and hit save.
- Repeat this process to add all positions you have had in the past 5 years.
- Once all your work/practice history has been added, select next.



Please Note: Grayed out areas cannot be changed. If you disagree with a date, provide an explanation.

06

Hospital Affiliations



- **We will need you to enter in all your hospital affiliations for the past 5 years – whether or not the privileges are currently active.**
- If you do not have any Hospital Affiliations, Select no and hit next.
- To enter your Hospital Affiliations, select yes and then “Add Affiliation” and complete all the information and hit save, repeat as needed.
- Once all Hospital Affiliations are entered, hit Next.

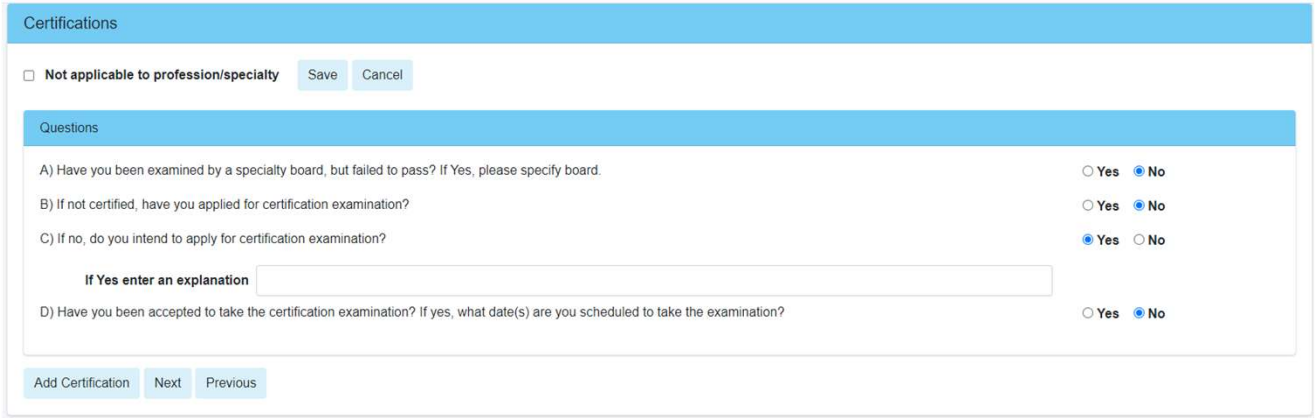
Please Note: Grayed out areas cannot be changed. If you disagree with a date, provide an explanation.

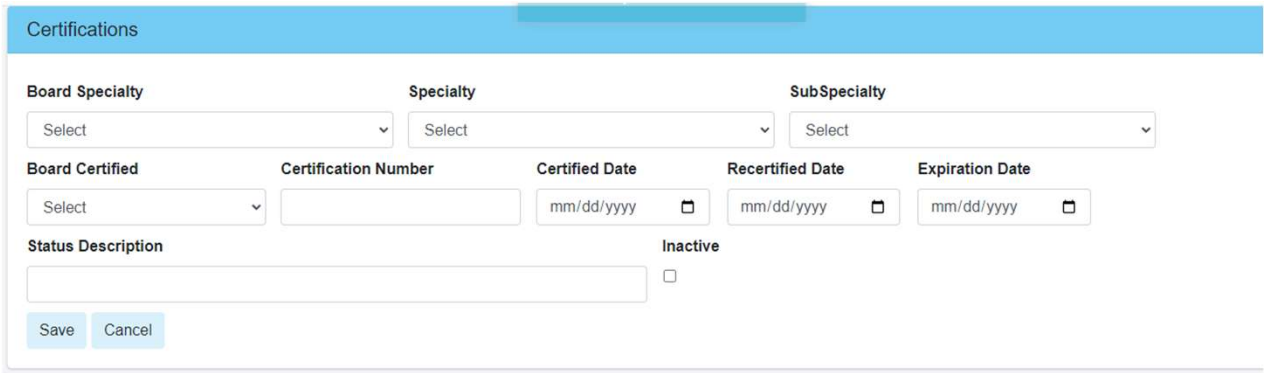
Do not add hospitals that you are currently applying for.

07

Certifications

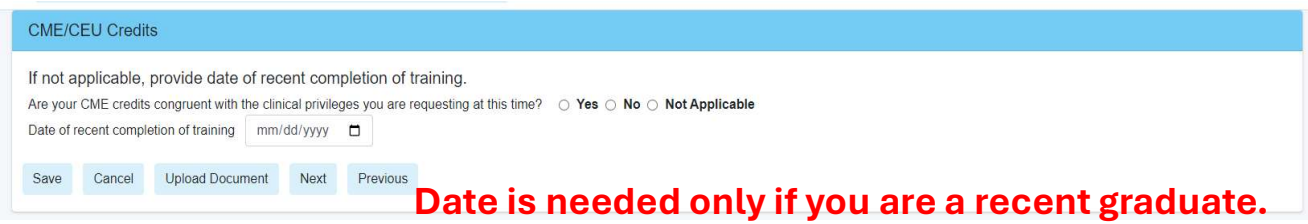
- If you do not have any board certifications, select “not applicable to profession or specialty” at the top of the screen and then answer questions A - D.
- If you have a certification, select “I am board certified” and then click “Add Certification” and input all your Board Certification information, repeat as needed.
- Hit Next.





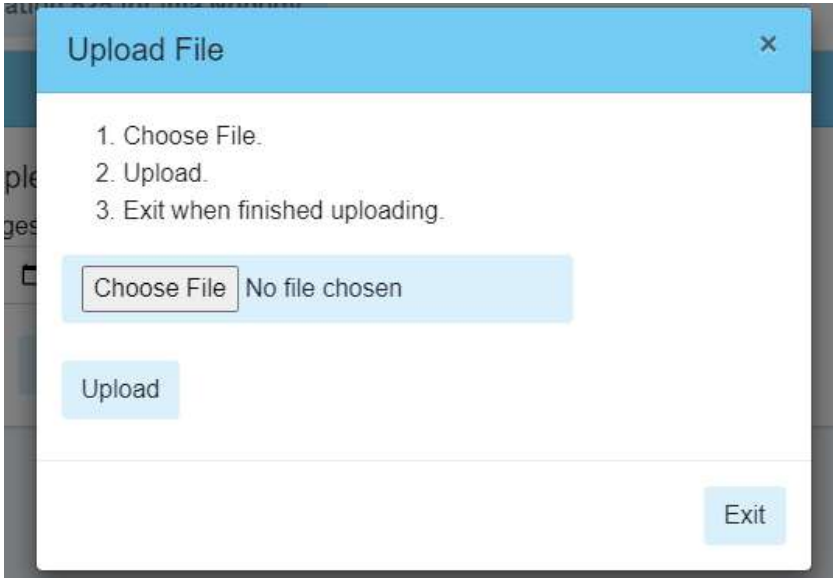
08

CME/CEU Credits



Date is needed only if you are a recent graduate.

- Answer the question on this page.
- After answering the question, select “Upload Document” and follow the instructions on the pop-up box to upload your CMEs.
- The only time you should select “Not Applicable” is if you are a recent graduate (enter that date in) or if your privileges do not require CME/CEU – for example, Medical Assistants.
- Once complete, hit Next.

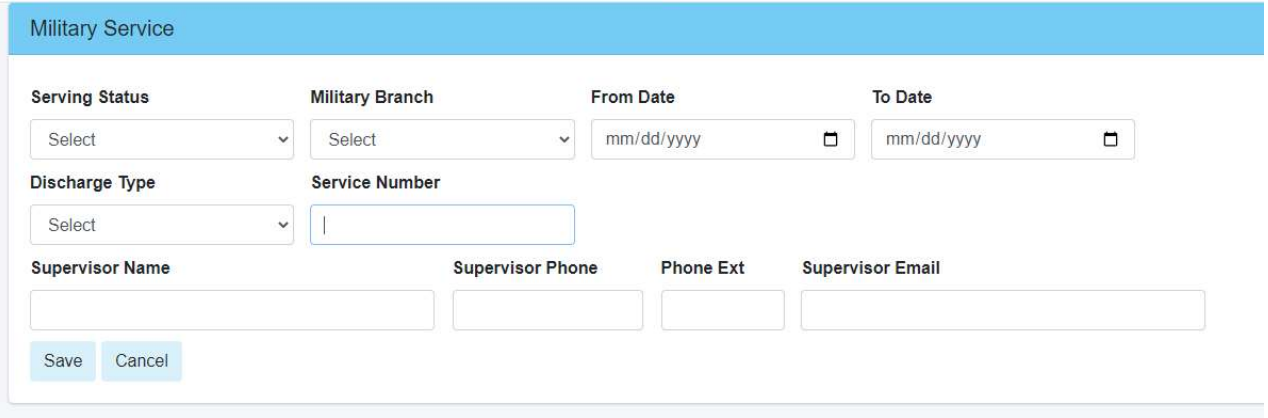


CMEs are required for MPR to complete your application.

09

Military Service

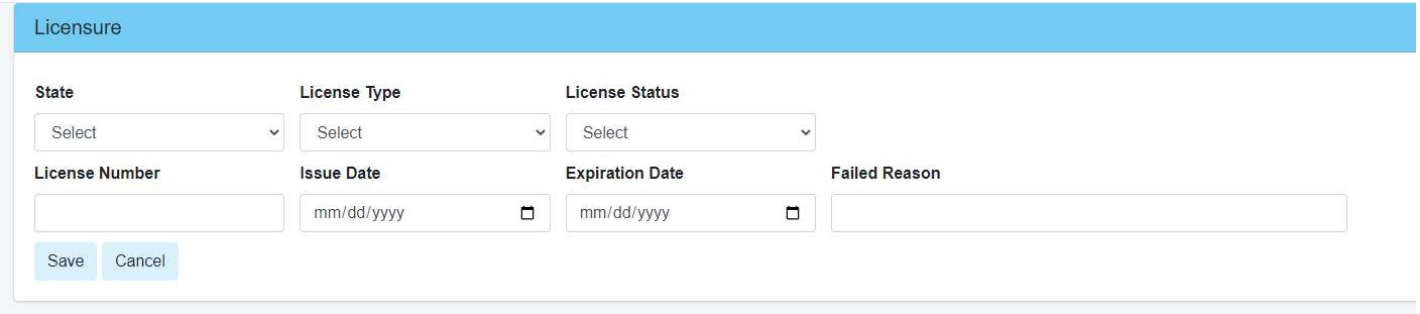
- Answer the first question. If you answer No, hit save and next.
- If you answer yes, select “Add Military Service” and complete the form.
- Hit Next once complete.



Please Note: Grayed out areas cannot be changed. If you disagree with a date, provide an explanation.

10

Licensure



- If you do not have a license, hit next.
- If you have a current or pending license, select add licensure and complete the form and hit save. **DO NOT ENTER EXPIRED LICENSES.**
- If you have multiple licenses, repeat this step until all licenses are entered.
- Once all your licenses have been entered, hit next.

If your license is pending and you do not know your license number, enter "PENDING" and the expiration date 30 days in the future.

11

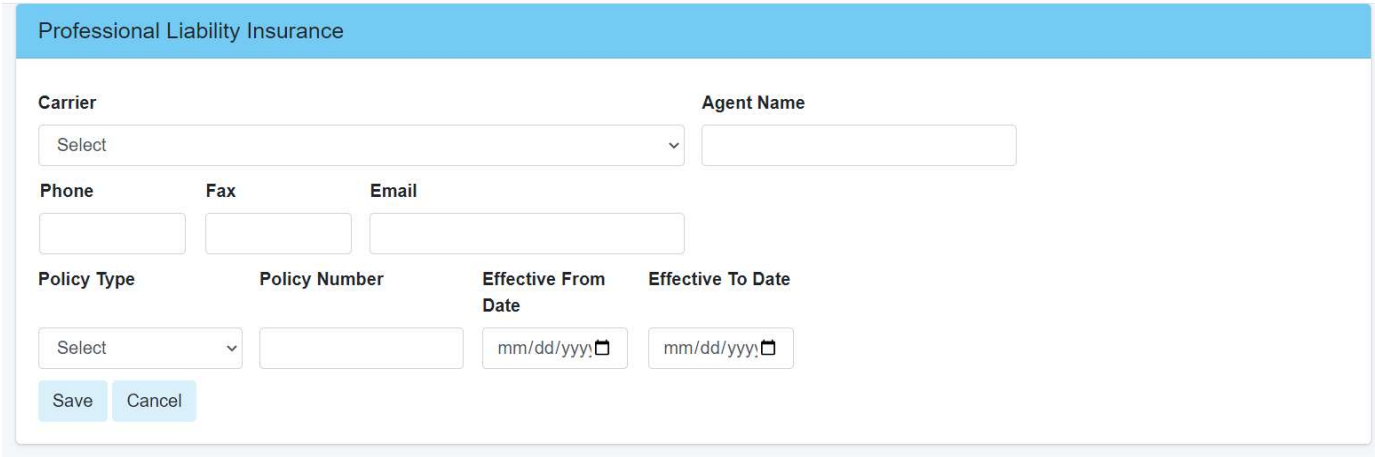
DEA/BNDD REG

- If you do not have a DEA/BNDD, hit next.
- If you have a DEA/BNDD, select “Add DEA/BNDD” and enter your information. Next, hit save.
- Repeat this step for all current DEAs/BNDDs you have.
- Once all information has been entered, hit next.

12

Liability Ins

- This is where you will enter in all current Malpractice Insurance information.
- Select “Add Professional Liability Insurance”
- Enter in all the information found on the Certificate of Insurance.
- Once all Liability Insurance policies have been entered, hit next.



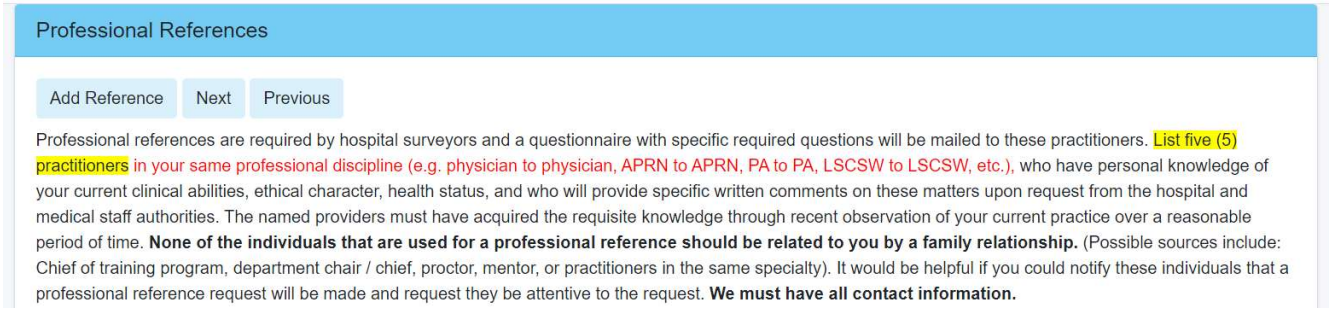
List ALL carriers within the past 120 days. Please upload a copy of your COI(s) in the documents section of this application. This includes the KHCSF for all mandated practitioners practicing in Kansas. To see if you are mandated to participate in KHCSF, please go to https://hcsf.kansas.gov/insurers/defined-hcps/

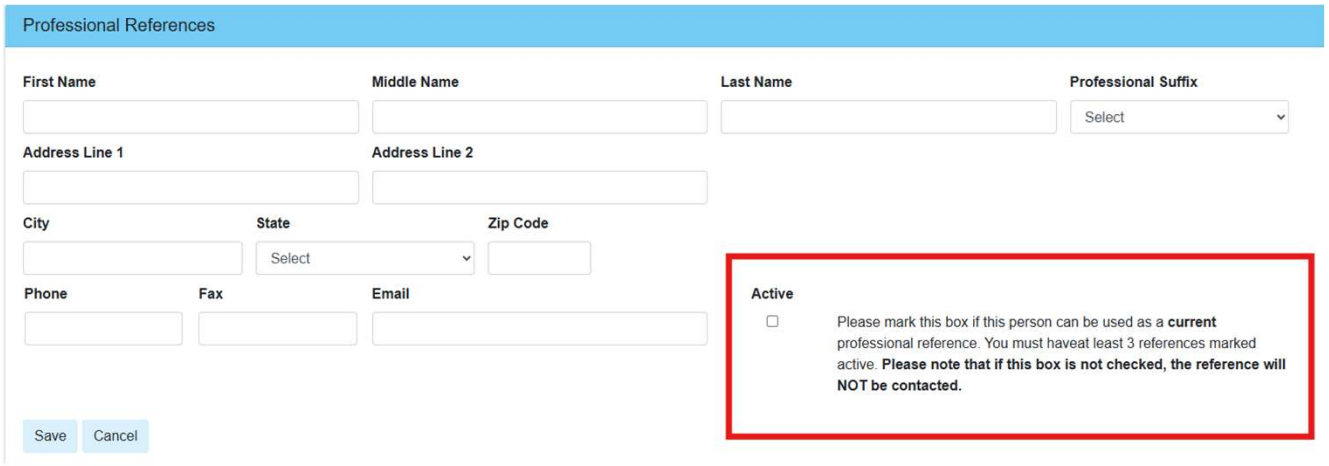
13

Professional Reference

- Select “Add Reference” and your reference’s information.
- Repeat this step 5 times to enter in all 5 references.
- **An email address for your reference is required.**
- Once all reference information has been entered, hit next.

You must enter the provider’s email address. We cannot use a delegate's email address.

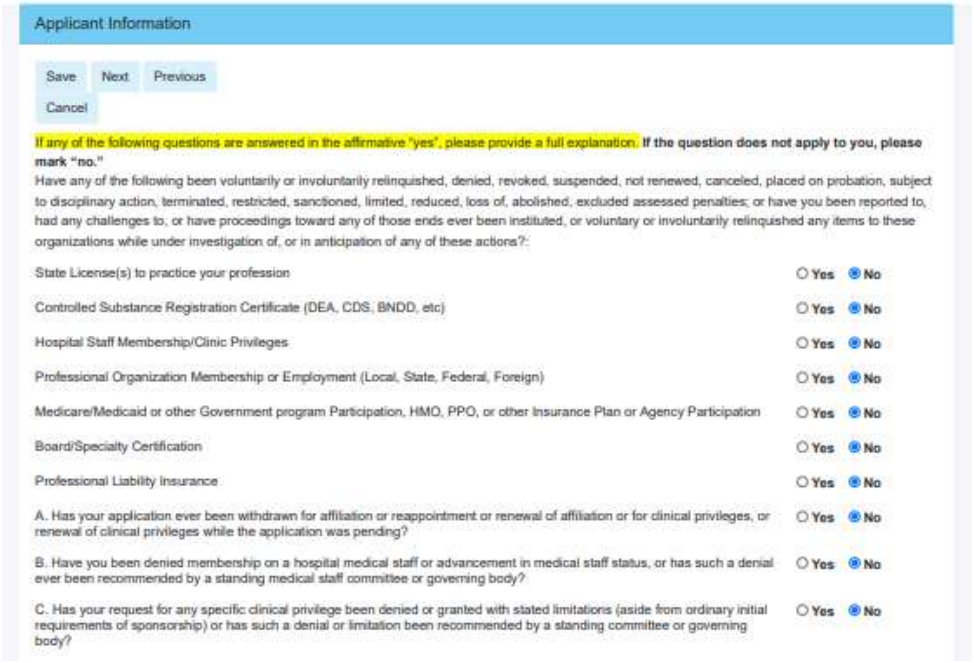




14

Applicant Information

- Answer all questions on this page.
- If you answer ‘yes’ to any of these questions, an explanation is required.
- When complete, hit next.



Applicant Information

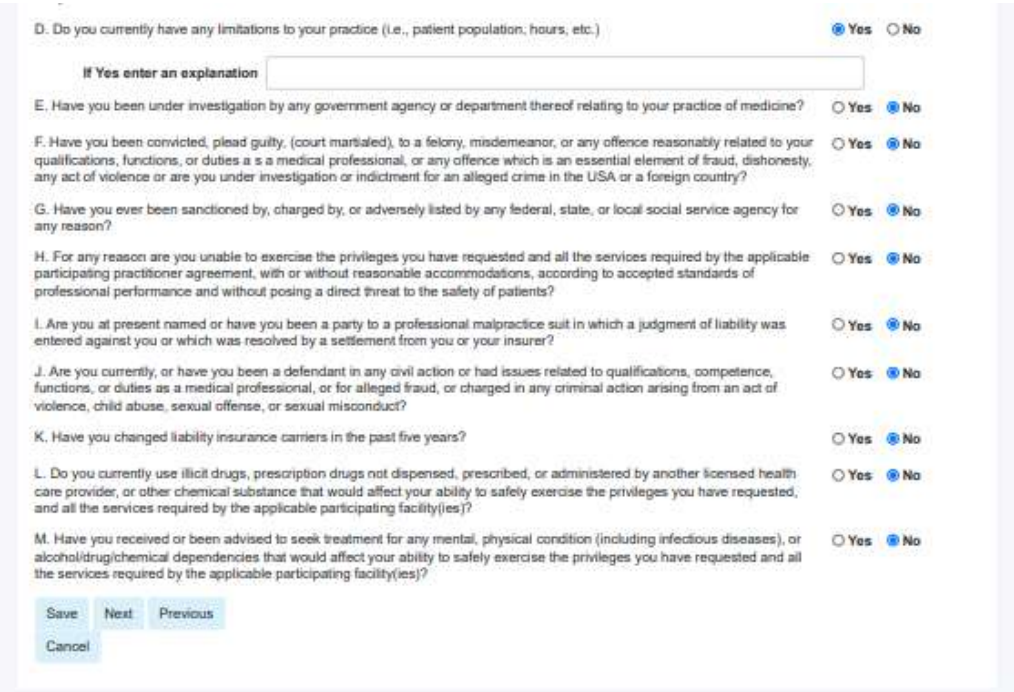
Save Next Previous

Cancel

If any of the following questions are answered in the affirmative "yes", please provide a full explanation. **If the question does not apply to you, please mark "no."**

Have any of the following been voluntarily or involuntarily relinquished, denied, revoked, suspended, not renewed, canceled, placed on probation, subject to disciplinary action, terminated, restricted, sanctioned, limited, reduced, loss of, abolished, excluded assessed penalties; or have you been reported to, had any challenges to, or have proceedings toward any of those ends ever been instituted, or voluntary or involuntarily relinquished any items to these organizations while under investigation of, or in anticipation of any of these actions?:

State License(s) to practice your profession	○ Yes ◉ No
Controlled Substance Registration Certificate (DEA, CDS, BNDD, etc)	○ Yes ◉ No
Hospital Staff Membership/Clinic Privileges	○ Yes ◉ No
Professional Organization Membership or Employment (Local, State, Federal, Foreign)	○ Yes ◉ No
Medicare/Medicaid or other Government program Participation, HMO, PPO, or other Insurance Plan or Agency Participation	○ Yes ◉ No
Board/Specialty Certification	○ Yes ◉ No
Professional Liability Insurance	○ Yes ◉ No
A. Has your application ever been withdrawn for affiliation or reappointment or renewal of affiliation or for clinical privileges, or renewal of clinical privileges while the application was pending?	○ Yes ◉ No
B. Have you been denied membership on a hospital medical staff or advancement in medical staff status, or has such a denial ever been recommended by a standing medical staff committee or governing body?	○ Yes ◉ No
C. Has your request for any specific clinical privilege been denied or granted with stated limitations (aside from ordinary initial requirements of sponsorship) or has such a denial or limitation been recommended by a standing committee or governing body?	○ Yes ◉ No



D. Do you currently have any limitations to your practice (i.e., patient population, hours, etc.)	◉ Yes ○ No
If Yes enter an explanation	
E. Have you been under investigation by any government agency or department thereof relating to your practice of medicine?	○ Yes ◉ No
F. Have you been convicted, plead guilty, (court martialed), to a felony, misdemeanor, or any offence reasonably related to your qualifications, functions, or duties a s a medical professional, or any offence which is an essential element of fraud, dishonesty, any act of violence or are you under investigation or indictment for an alleged crime in the USA or a foreign country?	○ Yes ◉ No
G. Have you ever been sanctioned by, charged by, or adversely listed by any federal, state, or local social service agency for any reason?	○ Yes ◉ No
H. For any reason are you unable to exercise the privileges you have requested and all the services required by the applicable participating practitioner agreement, with or without reasonable accommodations, according to accepted standards of professional performance and without posing a direct threat to the safety of patients?	○ Yes ◉ No
I. Are you at present named or have you been a party to a professional malpractice suit in which a judgment of liability was entered against you or which was resolved by a settlement from you or your insurer?	○ Yes ◉ No
J. Are you currently, or have you been a defendant in any civil action or had issues related to qualifications, competence, functions, or duties as a medical professional, or for alleged fraud, or charged in any criminal action arising from an act of violence, child abuse, sexual offense, or sexual misconduct?	○ Yes ◉ No
K. Have you changed liability insurance carriers in the past five years?	○ Yes ◉ No
L. Do you currently use illicit drugs, prescription drugs not dispensed, prescribed, or administered by another licensed health care provider, or other chemical substance that would affect your ability to safely exercise the privileges you have requested, and all the services required by the applicable participating facility(ies)?	○ Yes ◉ No
M. Have you received or been advised to seek treatment for any mental, physical condition (including infectious diseases), or alcohol/drug/chemical dependencies that would affect your ability to safely exercise the privileges you have requested and all the services required by the applicable participating facility(ies)?	○ Yes ◉ No

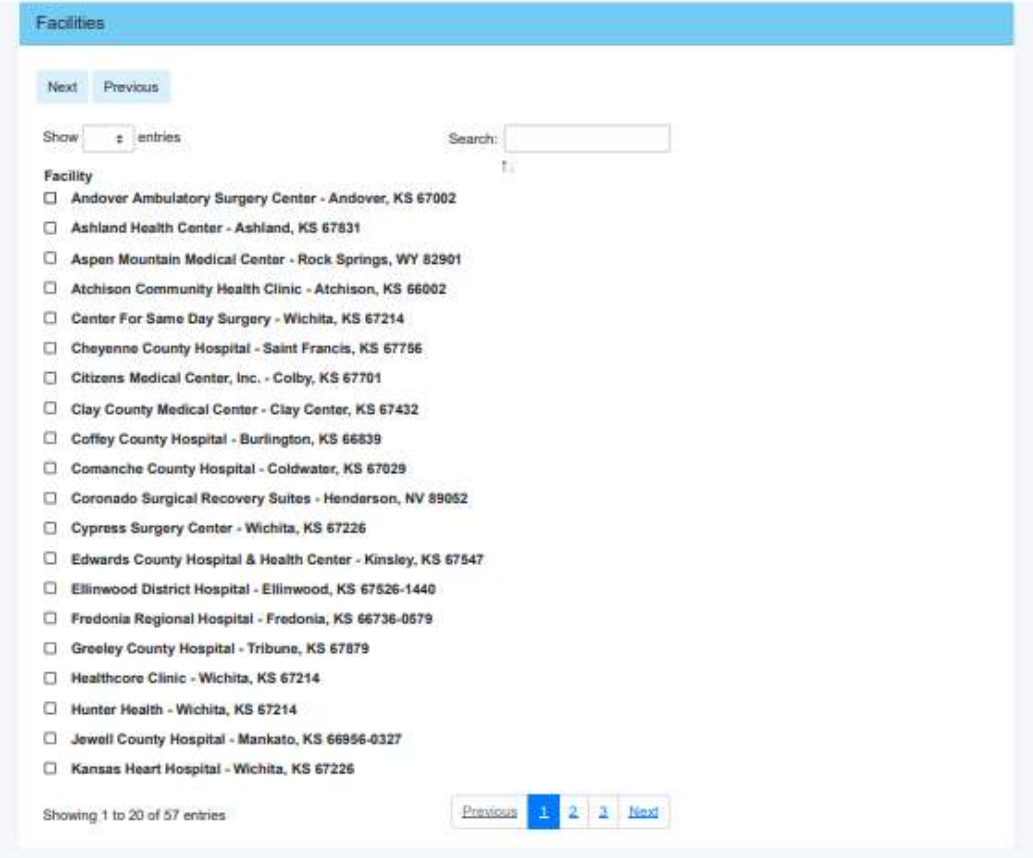
Save Next Previous

Cancel

15

Facilities

- Select **all** facilities where you are wanting to apply for privileges.
- Once all facilities have been selected, hit next.

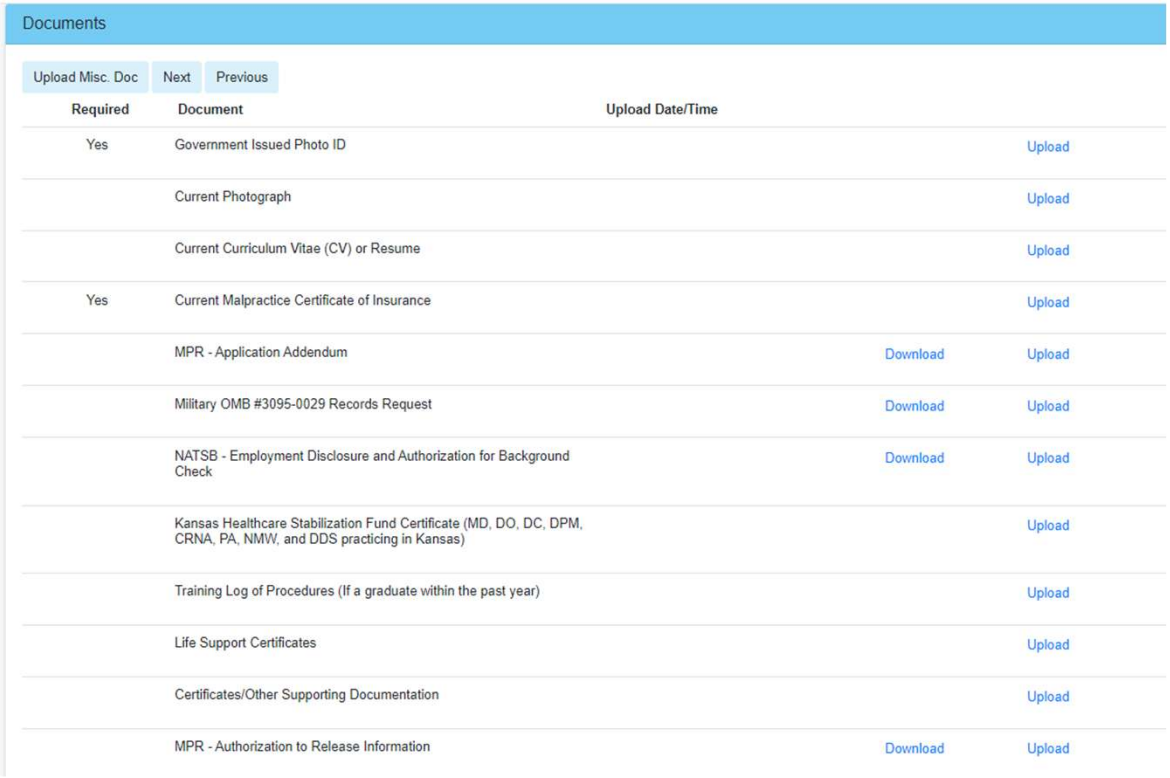


16

Documents

- This screen is where you will upload all your documents.
- Click on the download button, complete each page, and then click the upload button to attach the document to you application – only one upload per slot is allowed
- All required documents are marked yes – you will not be able to submit your application without all these uploaded.
- Once all documents are uploaded, hit next.

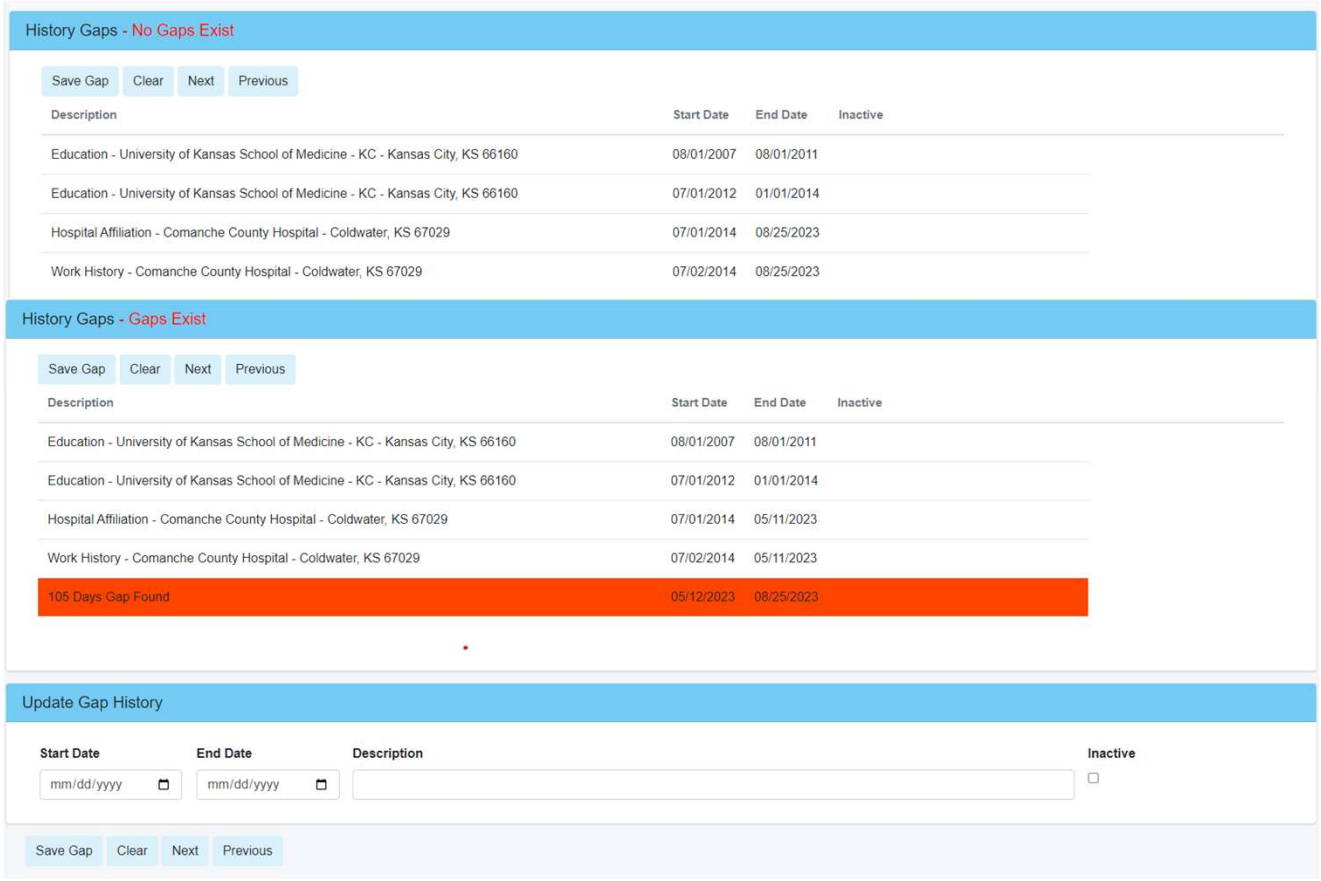
CME's are not required to submit the application but are required before MPR can complete the application.



17

History Gaps

- If you have any gaps within the past 5 years, they will be highlighted here and an explanation is required.
- If no gaps are present, hit Next.
- To enter an explanation, under Update Gap History, enter the start date, end date, and explanation then select Save Gap. Repeat as necessary.
- Hit Next.



18

Sign and Submit

- If your application has all the required information and documents, you will see green checkmarks next to each section title and can click and submit.
- If you have a red X, you will need to revisit that page and complete the required information.
- After you have all green checkmarks, you can type in your signature and date of completion.
- NOTE: If you want to expedite your application, click the expedited option.
- At this point, you may be required to submit a payment.

PLEASE NOTE: Once you hit submit, you cannot go back and make changes or upload documents. All required documents must be uploaded before you submit your application!!

Reappointment Application

MPR

MEDICAL PROVIDER RESOURCES

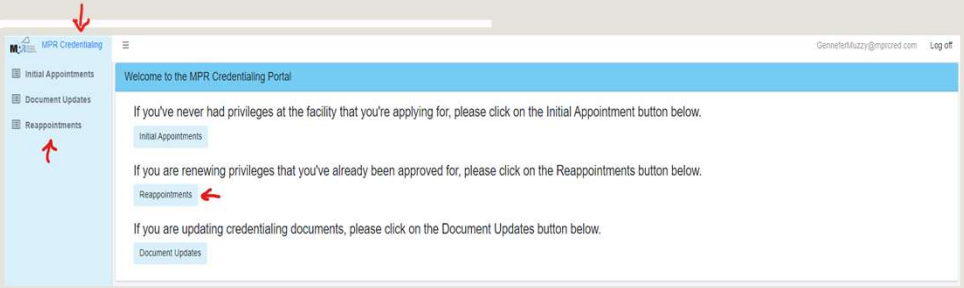
Reappointment Application

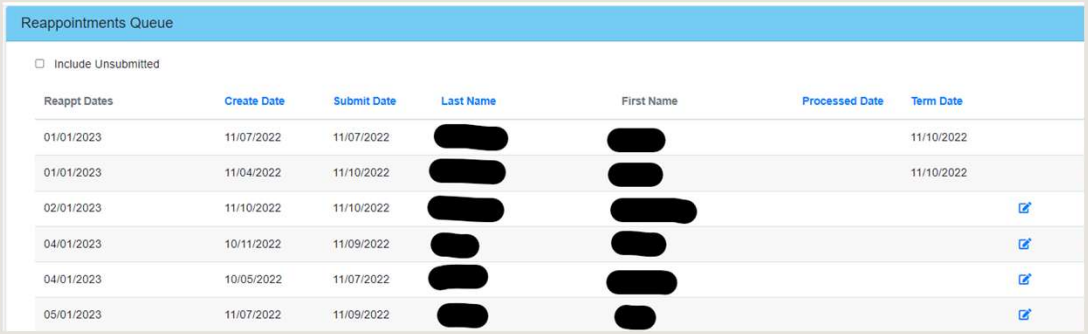
- There are two ways to get the reappointment section.
  - First, you can select “MPR Credentialing” in the upper left corner. Next, select “Reappointments”
  - Second, you can select “Reappointments” on the left side of the screen.

- Once in the reappointment screen you will see the reappointments that you have coming due. If you are a provider, you will only see your name.

- If you are a credentialing agent and we have received your Delegation of Credentialing form authorizing you as a delegate, you will see the names of all providers who have an upcoming reappointment.

- To start the reappointment, select the edit box on the far-right side of the screen.

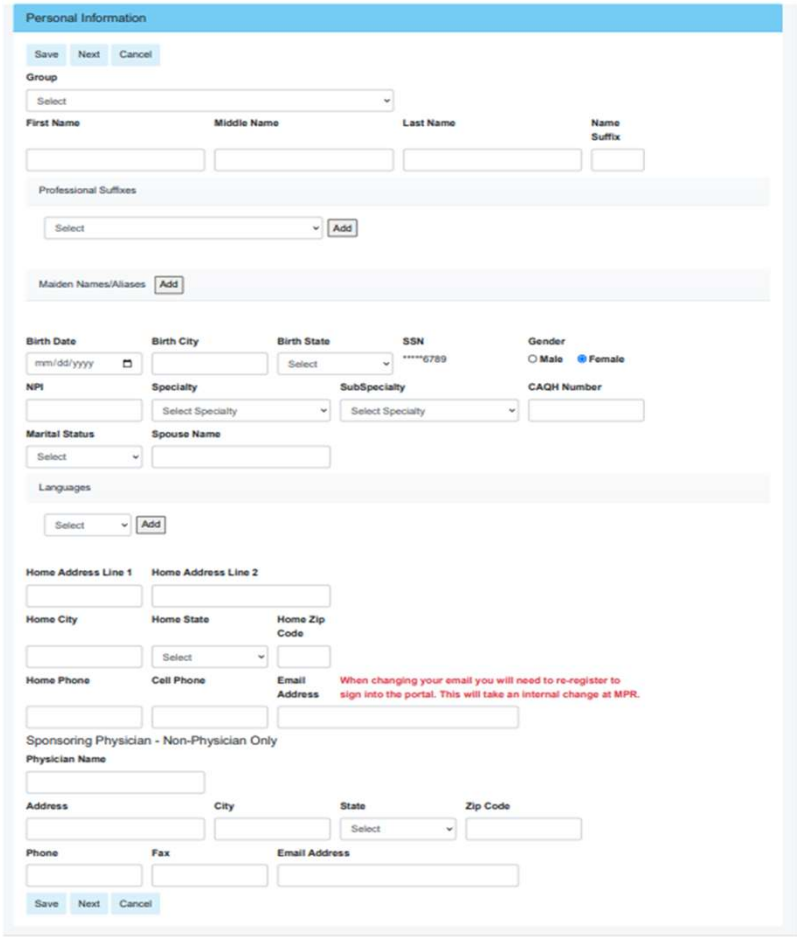




01

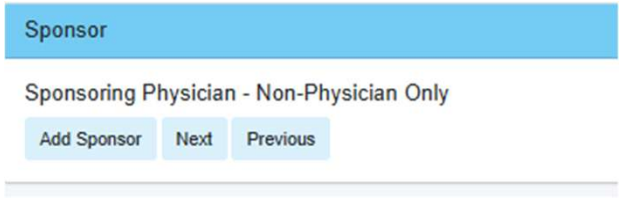
Personal Information

- NOTE: All the information we have on file from the provider's previous reappointment or initial app, will auto-fill in but you will still need to go through every screen and make sure that no information needs to be updated.
- Check to make sure all information is correct
- We will need the provider's email address entered in this section, not the credentialing email. Cell phone is required.

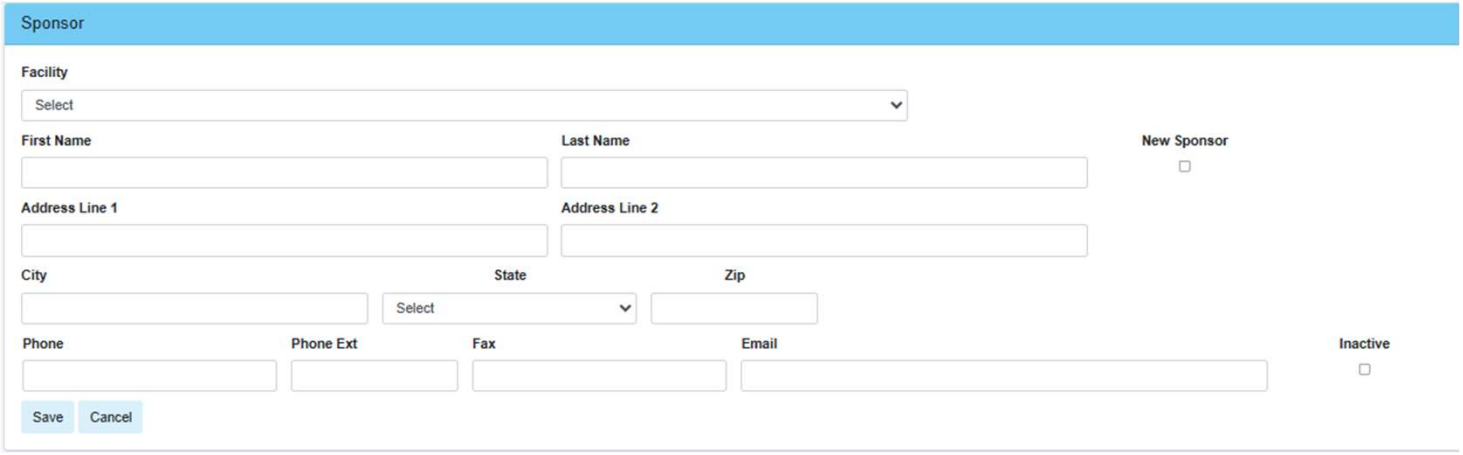


02

Sponsors



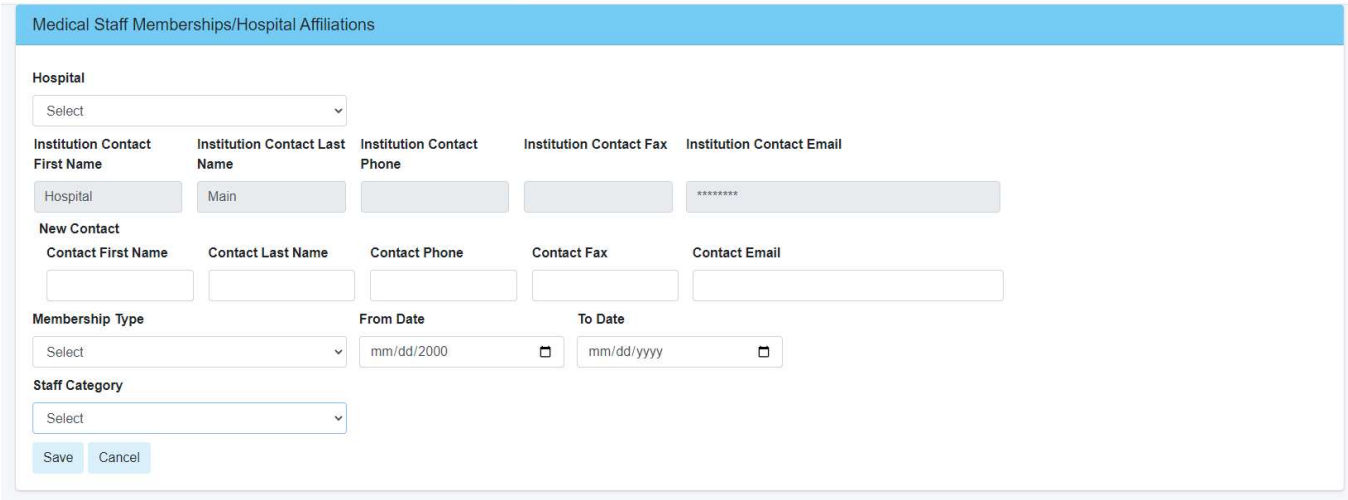
- If you have a sponsoring physician, select Add Sponsor.
- Enter in all the requested information.
- Hit Next.



03

Hospital Affiliations

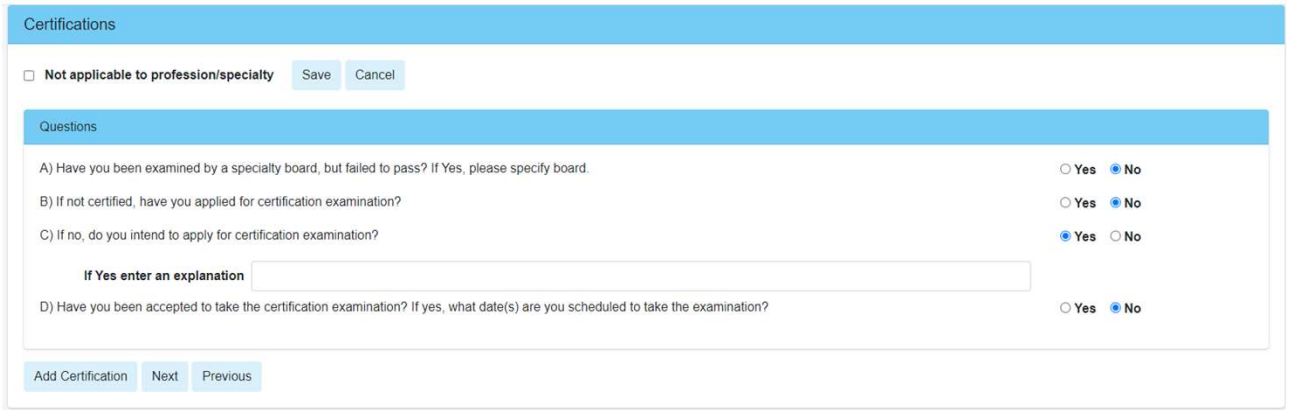
- If you do not have any Hospital Affiliations, Select no and hit next.
- Please check the current hospital affiliations and dates, if anything needs changed, select “edit” and make the changes. You cannot edit grayed out information.
- If there are new affiliations that need to be added, select “Add Affiliation” and complete all the information and hit save. Repeat as necessary.
- Once all Hospital Affiliations are entered, hit Next.



04

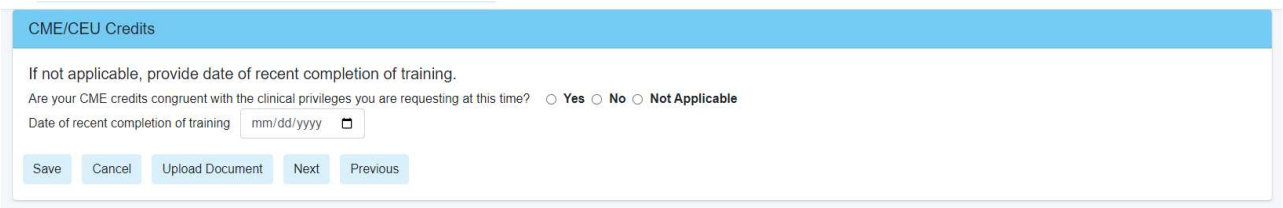
Certifications

- If you do not have any board certifications, select “not applicable” at the top of the screen and hit next.
- Check the current board information for accuracy.
- If changes need to be made, select “edit” and update the information.
- Hit Next.

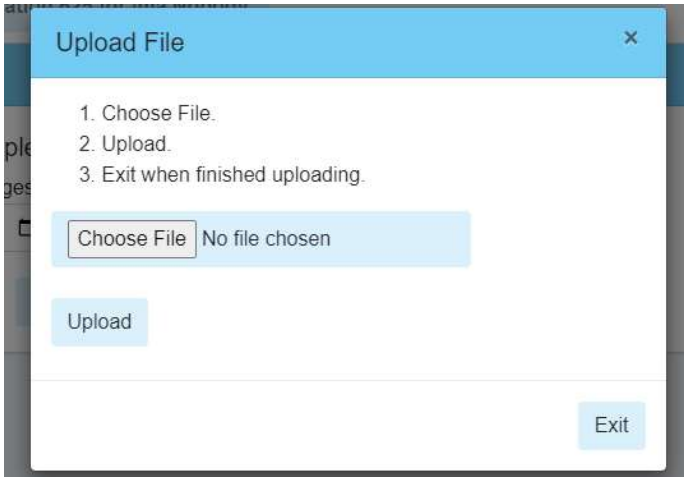


05

CME/CEU Credits



- This page will not auto-fill and must be completed before you can submit your application.
- Answer the questions on this page.
- After answering the question, select “Upload Document” and follow the instructions on the pop-up box.
- Once complete, hit Next.

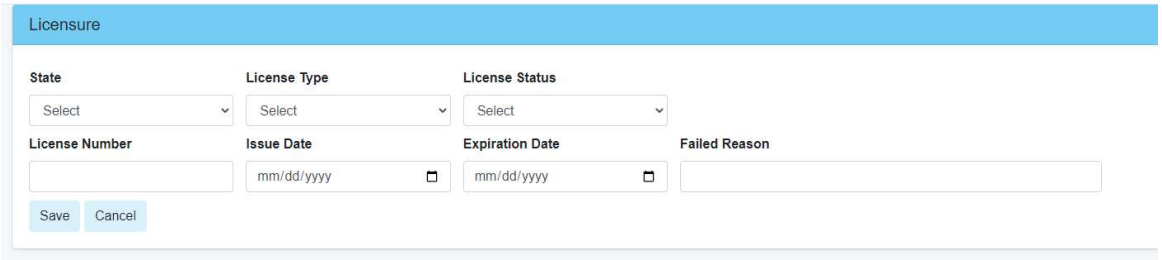


The only time you should select “Not Applicable” is if you are a recent graduate (enter that date in) or if your privileges do not require CME/CEU – for example, Medical Assistants.

06

Licensure

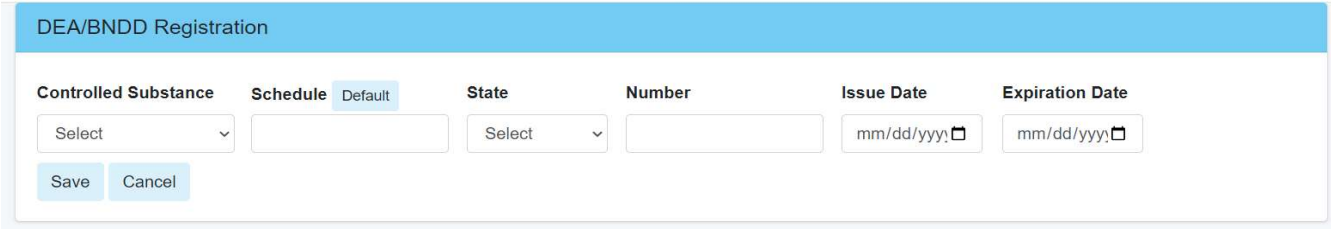
- If you do not have a license, hit next.
- Check the current license information for accuracy.
- If any information needs to be updated, please select “edit” and make the appropriate changes.
- You cannot change any grayed out information.
- Hit next.



07

DEA/BNDD Reg

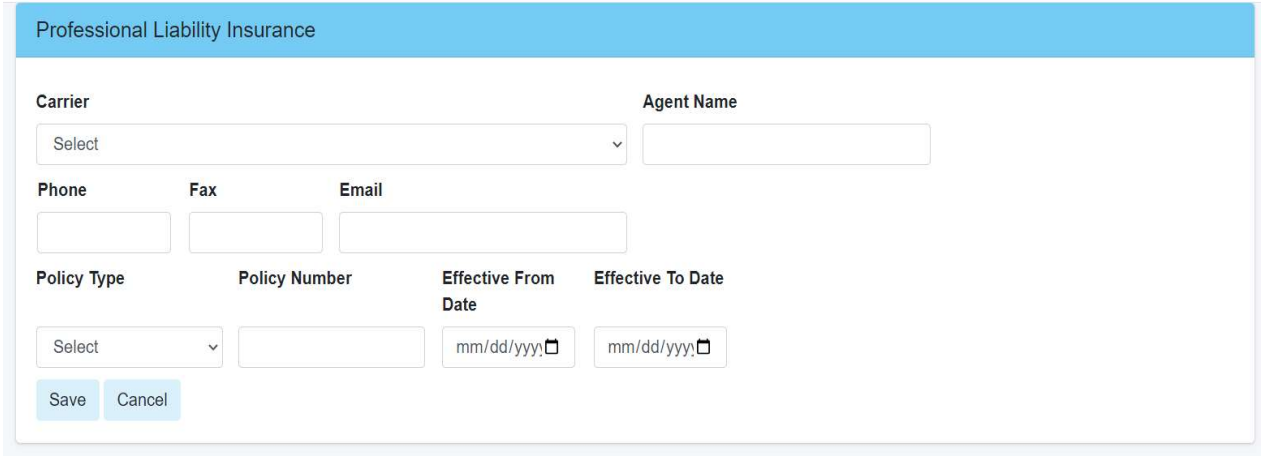
- If you do not have a DEA/BNDD, hit next.
- Verify all recorded information is correct.
- Select “edit” if any information needs to be updated.
- You cannot edit grayed out areas.
- Once all information has been entered, hit next.



08

Liability Ins

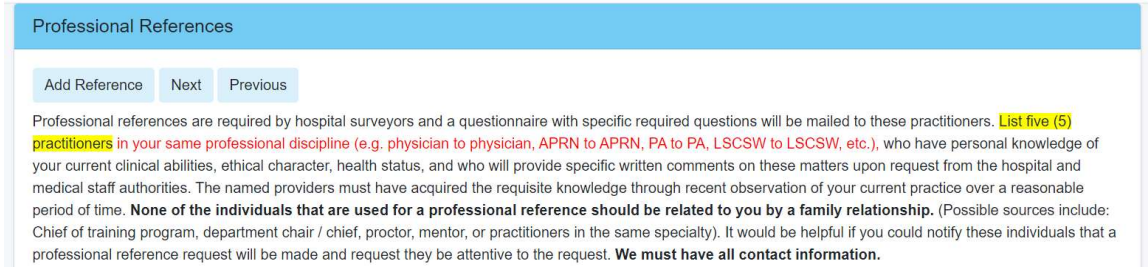
- Verify we still have the most accurate and up-to-date malpractice insurance.
- If any changes need to be made, select “edit”
- You are not able to edit grayed out areas.
- Once all Liability Insurance policies have been entered, hit next.

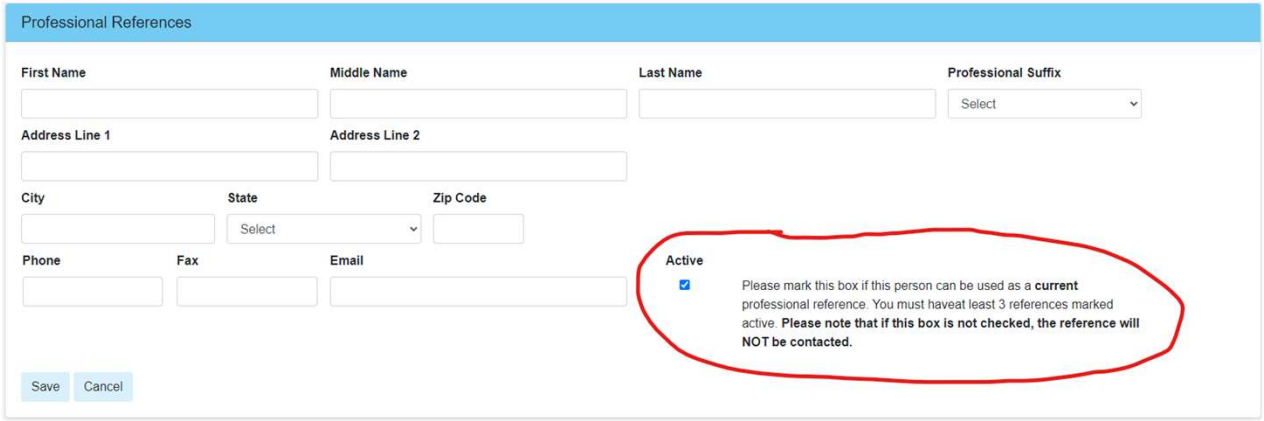


09

References

- Go through the list of references and make sure that the Provider still wants to use this information for professional references.
- Select “edit” on each reference and make sure that we have an updated/current email address for every reference, select Active.
- Once all reference information has been entered/updated, hit next.

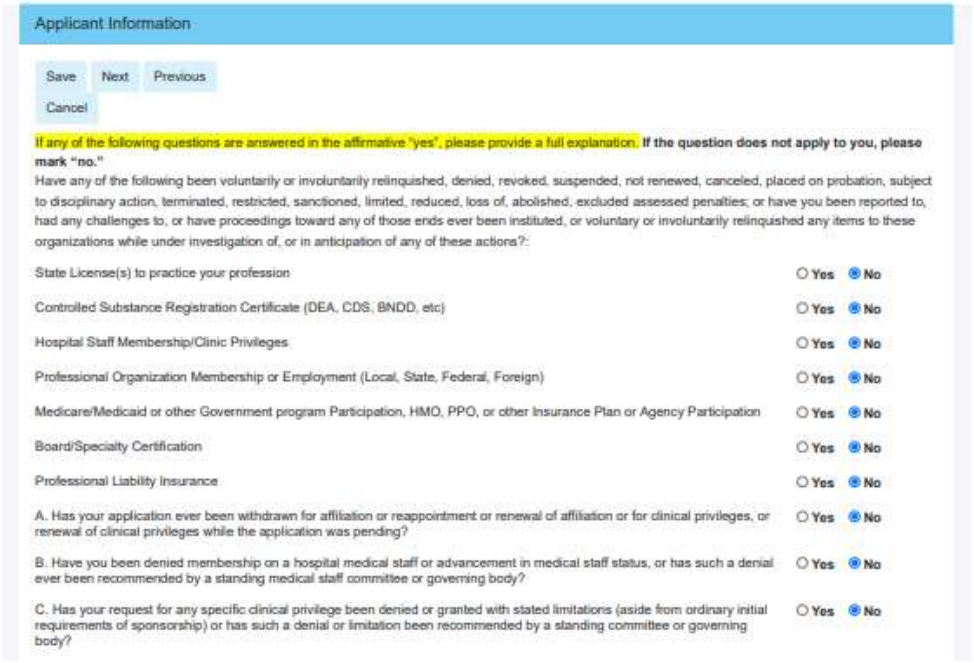




10

Applicant Information

- Answer all questions on this page.
- If you answer ‘yes’ to any of these questions, an explanation is required.
- When complete, hit next.


Applicant Information

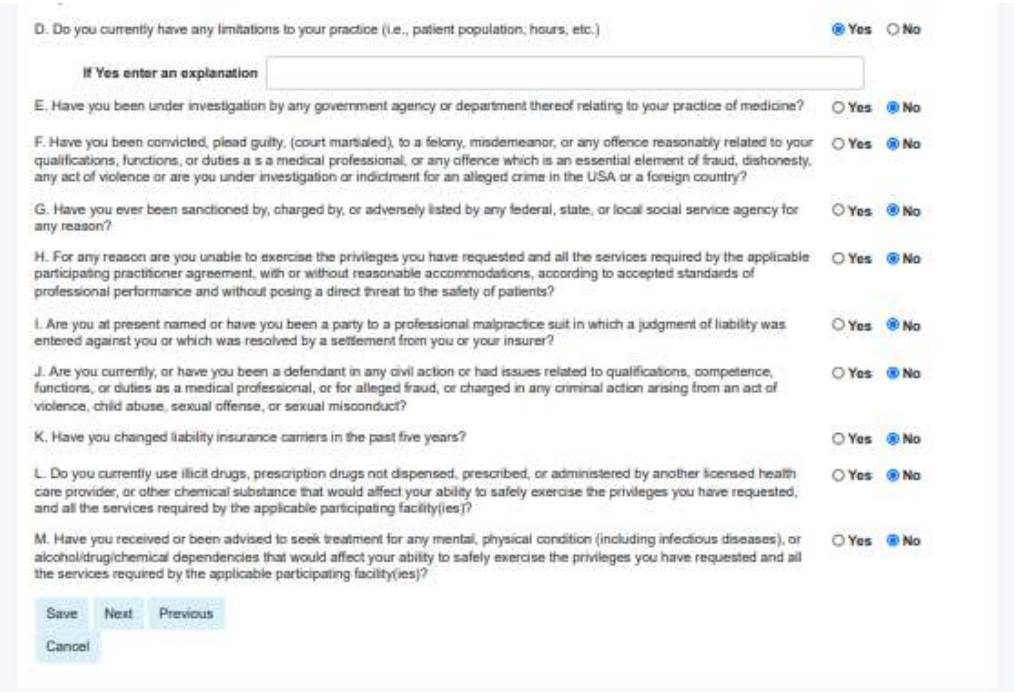
Save Next Previous

Cancel

If any of the following questions are answered in the affirmative "yes", please provide a full explanation. **If the question does not apply to you, please mark "no."**

Have any of the following been voluntarily or involuntarily relinquished, denied, revoked, suspended, not renewed, canceled, placed on probation, subject to disciplinary action, terminated, restricted, sanctioned, limited, reduced, loss of, abolished, excluded assessed penalties; or have you been reported to, had any challenges to, or have proceedings toward any of those ends ever been instituted, or voluntary or involuntarily relinquished any items to these organizations while under investigation of, or in anticipation of any of these actions?:

State License(s) to practice your profession	○ Yes ◉ No
Controlled Substance Registration Certificate (DEA, CDS, BNDD, etc)	○ Yes ◉ No
Hospital Staff Membership/Clinic Privileges	○ Yes ◉ No
Professional Organization Membership or Employment (Local, State, Federal, Foreign)	○ Yes ◉ No
Medicare/Medicaid or other Government program Participation, HMO, PPO, or other Insurance Plan or Agency Participation	○ Yes ◉ No
Board/Specialty Certification	○ Yes ◉ No
Professional Liability Insurance	○ Yes ◉ No
A. Has your application ever been withdrawn for affiliation or reappointment or renewal of affiliation or for clinical privileges, or renewal of clinical privileges while the application was pending?	○ Yes ◉ No
B. Have you been denied membership on a hospital medical staff or advancement in medical staff status, or has such a denial ever been recommended by a standing medical staff committee or governing body?	○ Yes ◉ No
C. Has your request for any specific clinical privilege been denied or granted with stated limitations (aside from ordinary initial requirements of sponsorship) or has such a denial or limitation been recommended by a standing committee or governing body?	○ Yes ◉ No


D. Do you currently have any limitations to your practice (i.e., patient population, hours, etc.)	◉ Yes ○ No
If Yes enter an explanation	
E. Have you been under investigation by any government agency or department thereof relating to your practice of medicine?	○ Yes ◉ No
F. Have you been convicted, plead guilty, (court martialed), to a felony, misdemeanor, or any offence reasonably related to your qualifications, functions, or duties a s a medical professional, or any offence which is an essential element of fraud, dishonesty, any act of violence or are you under investigation or indictment for an alleged crime in the USA or a foreign country?	○ Yes ◉ No
G. Have you ever been sanctioned by, charged by, or adversely listed by any federal, state, or local social service agency for any reason?	○ Yes ◉ No
H. For any reason are you unable to exercise the privileges you have requested and all the services required by the applicable participating practitioner agreement, with or without reasonable accommodations, according to accepted standards of professional performance and without posing a direct threat to the safety of patients?	○ Yes ◉ No
I. Are you at present named or have you been a party to a professional malpractice suit in which a judgment of liability was entered against you or which was resolved by a settlement from you or your insurer?	○ Yes ◉ No
J. Are you currently, or have you been a defendant in any civil action or had issues related to qualifications, competence, functions, or duties as a medical professional, or for alleged fraud, or charged in any criminal action arising from an act of violence, child abuse, sexual offense, or sexual misconduct?	○ Yes ◉ No
K. Have you changed liability insurance carriers in the past five years?	○ Yes ◉ No
L. Do you currently use illicit drugs, prescription drugs not dispensed, prescribed, or administered by another licensed health care provider, or other chemical substance that would affect your ability to safely exercise the privileges you have requested, and all the services required by the applicable participating facility(ies)?	○ Yes ◉ No
M. Have you received or been advised to seek treatment for any mental, physical condition (including infectious diseases), or alcohol/drug/chemical dependencies that would affect your ability to safely exercise the privileges you have requested and all the services required by the applicable participating facility(ies)?	○ Yes ◉ No

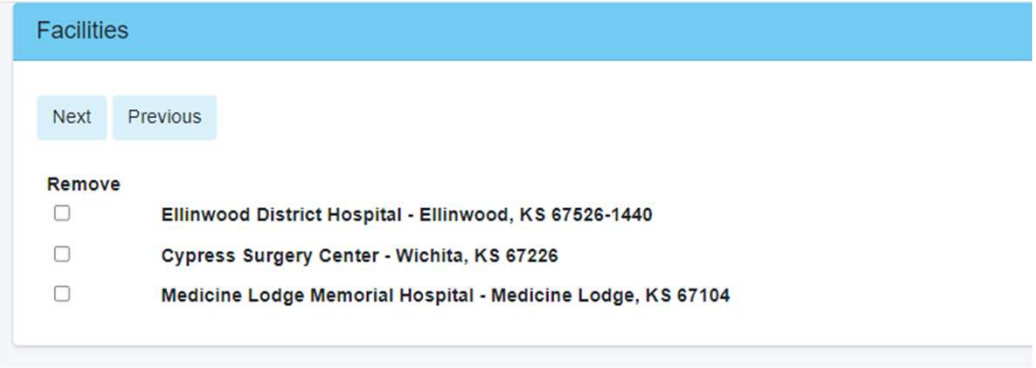
Save Next Previous

Cancel

11

Facilities

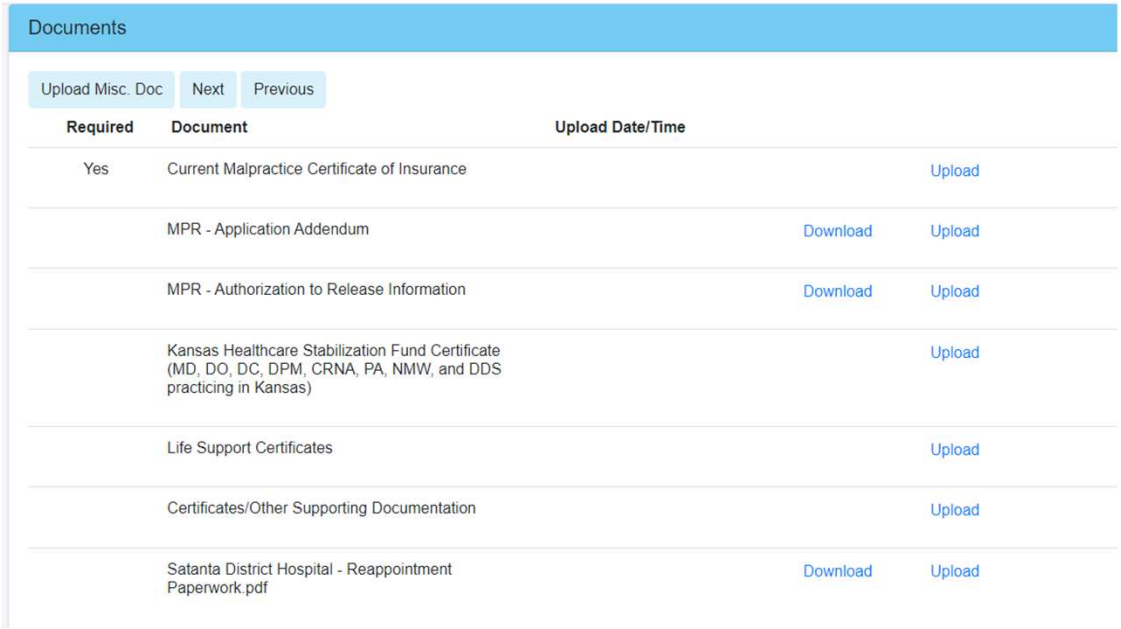
- Select the facilities where you want to reappoint.
- You will only see facilities listed where you currently hold privileges.
  - For example, if you have privileges at Ellinwood, Cypress, and Medicine Lodge – you will only see these three facilities listed.
- If you are not renewing at a facility, select the “Remove” checkbox.
- Once all facilities have been selected, hit next.



12

Documents

- This screen is where you will upload all your documents.
- Click on the upload button to attach the document to you application – only one upload per slot is allowed
- All required documents are marked yes – you will not be able to submit your application without all these uploaded.
- Once all documents are uploaded, hit next.

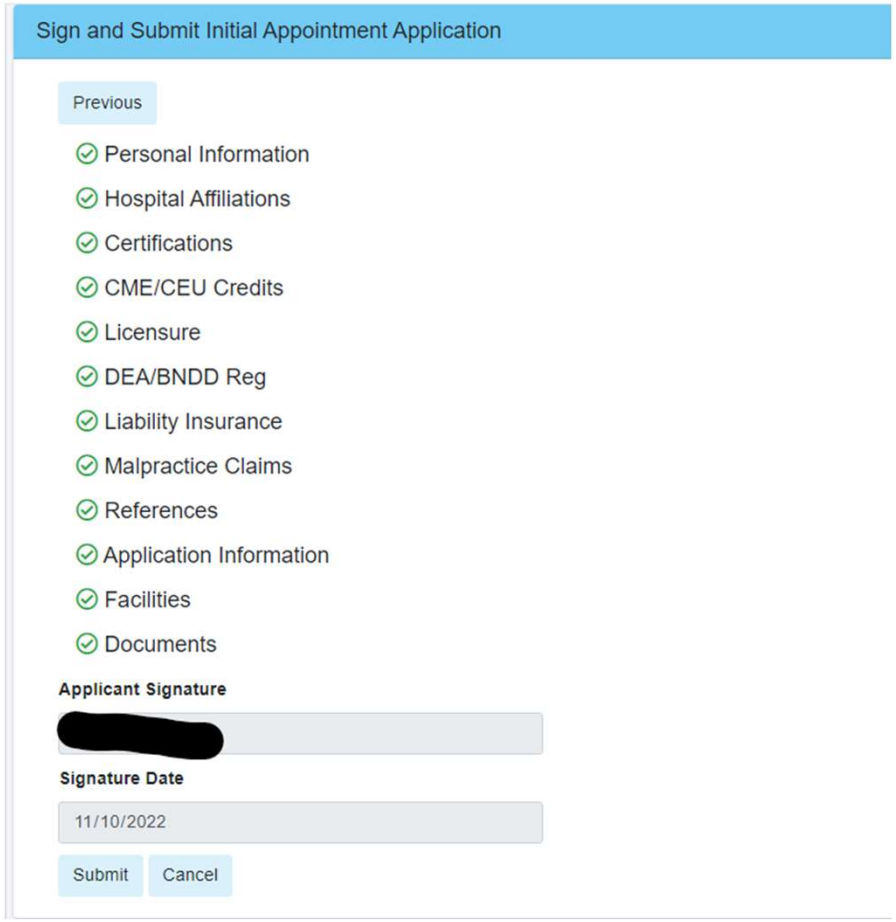


CME's are not required to submit the application but are required before MPR can complete the application.

13

Sign and Submit

- If your application has all the required information and documents, you will see green checkmarks next to each section title and can click and submit.
- If you have a red X, you will need to revisit that page and complete the required information.
- After you have all green checkmarks, you can type in your signature and date of completion.
- **At this point, you may be required to submit a payment before you can complete the application.**



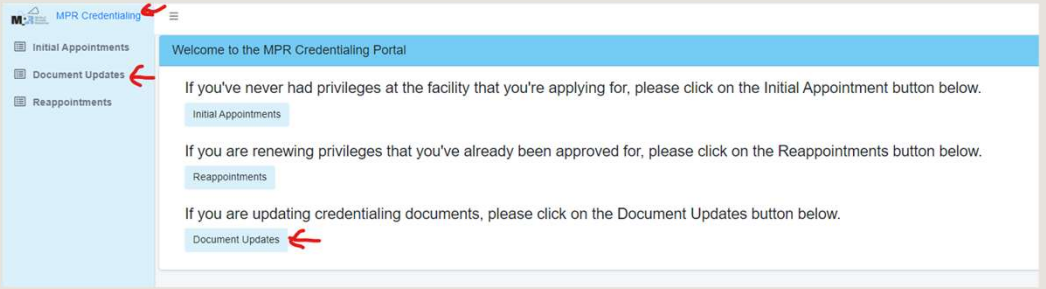
Document Updates

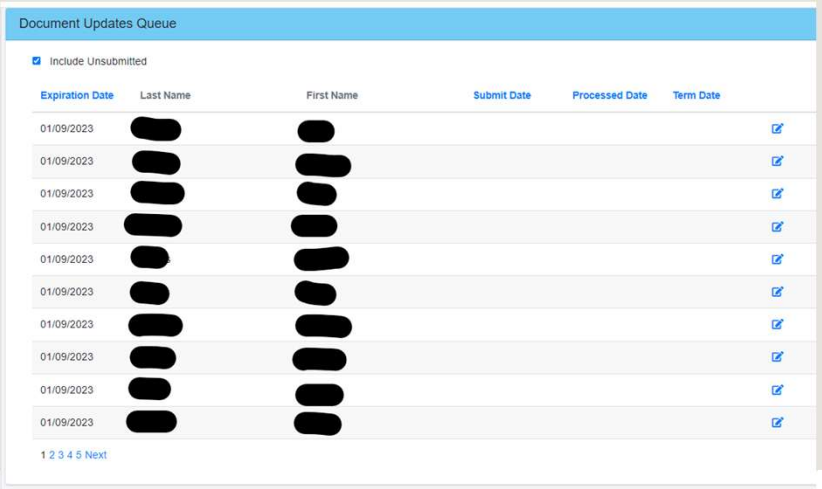
MPR

MEDICAL PROVIDER RESOURCES

Reappointment Application

- There are two ways to get the document update section.
- First, you can select “MPR Credentialing” in the upper left corner. Next, select “Document Updates”
- Second, you can select “Document Updates” on the left side of the screen.
- Once in Document Updates, if you have any upcoming expirable documents, you will see your name here.
- Select the “edit” button on the far right of the screen on the provider you wish to update.

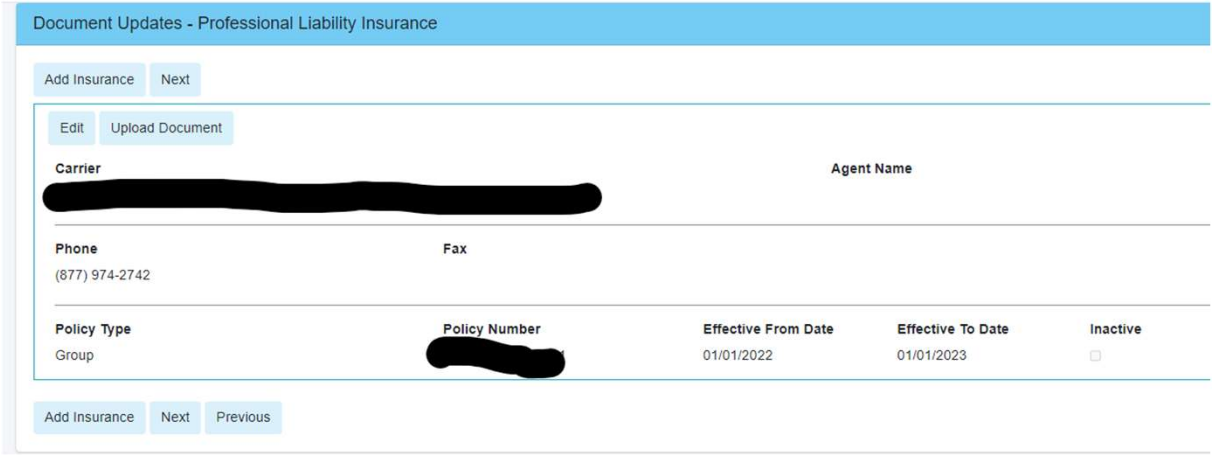


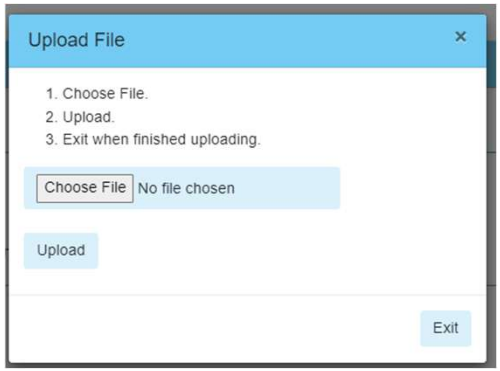


01

Sign and Submit

- Once in this screen, will see a list of expired Malpractice Policies that MPR has on file for you that need to be renewed.
- Select “edit” and update the Policy Information.
- Select Upload Document and upload the new document.
- PLEASE NOTE: After choosing file, you will need to select “upload” before you hit exit.
- Repeat this for all document updates you have.





Notices are set to go out automatically and will become more frequent as the document expiration date approaches.

Extra Information, Tips, and Tricks

- When registering, you will get the message that we will process your registration.
  - We go through the requests individually so it will not be an immediate response – please don't register more than once as this causes delay.
  - Once the registration is approved, you should get an automatic notice with a link to set your pin and password. This does not always come through, so you will also get an email from Sinda Nispel-Borboa with further instructions.

- For Credentialing Agents – when adding a provider to your roster – **DO NOT USE YOUR EMAIL ADDRESS**. Our system only allows one email per registration. By using the credentialing agent email in the provider email account, it locks both accounts and the registration cannot be approved.

- Initial and Reappointment – if you do not upload current CMEs (with the exception on recent graduates) we cannot complete the application. There are two spots to upload CMEs – please use one of these!

MPR
MEDICAL PROVIDER RESOURCES

Contact Information

If you have any further questions, please do not hesitate to contact us.

Sinda Nispel-Borboa
sindanispel-borboa@mprcred.com
(316) 221-8279

Gennefer Muzzy
gennefermuzzy@mprcred.com
(316) 500-1304

Document Updates
documentupdates@mprcred.com