MPR Online Application Walk Throughs

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

STEP 1 – 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.
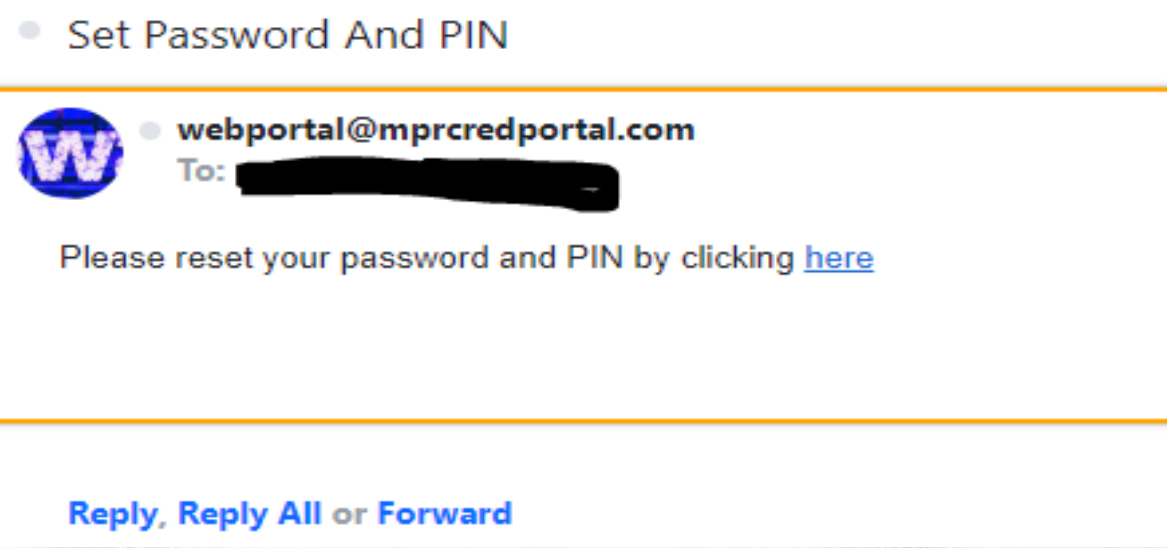
Register for an Account Continued

- 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.

Set Password And PIN

webportal@mprcredportal.com
To: ▬▬▬▬▬▬▬

Please reset your password and PIN by clicking here

Reply, Reply All or **Forward**

Set Password and PIN

Email

Password 👁

Confirm Password

PIN

Confirm PIN

Apply

MPR Medical Provider Resources
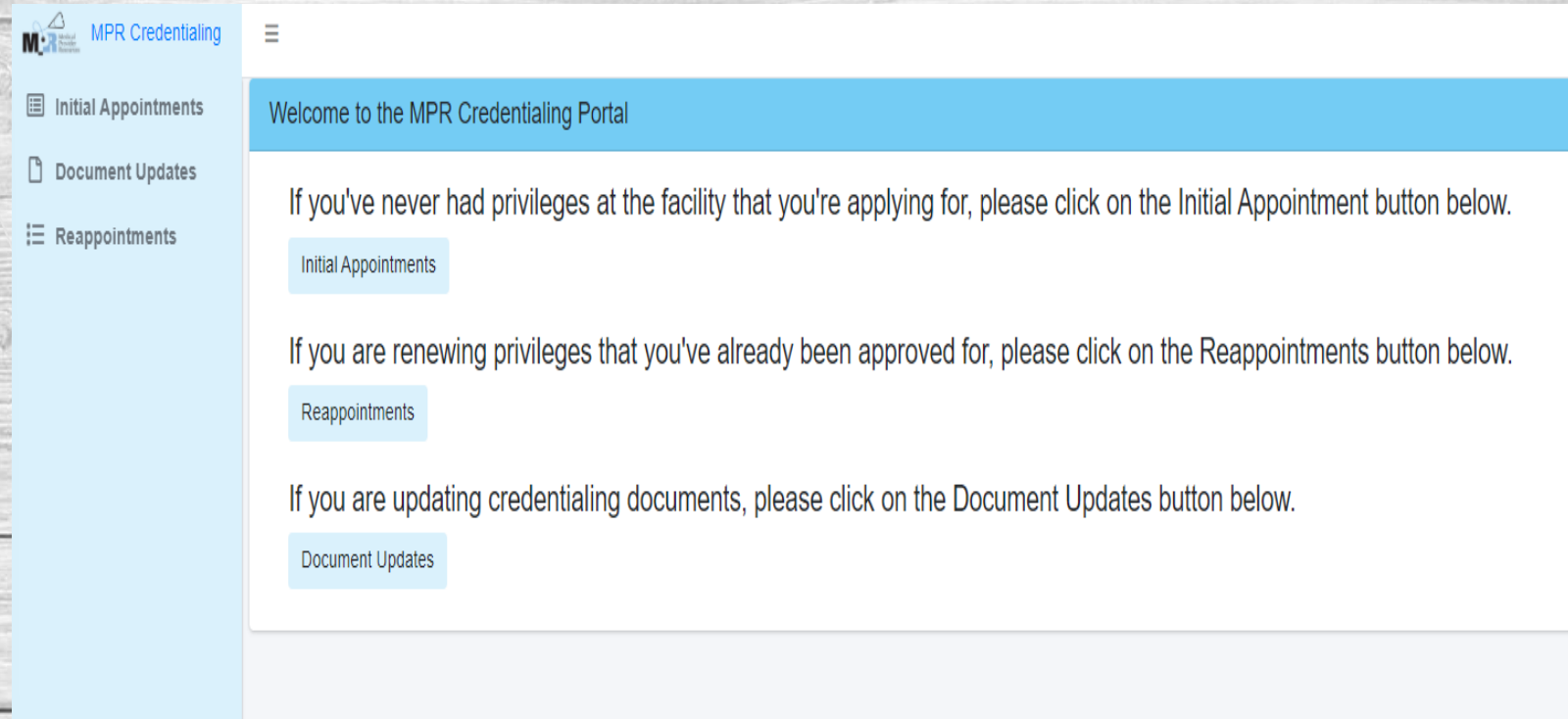
Congratulations – you are now registered and have access the online portal!

Step 2 – Logging into the Online Portal

- When you log in, you should see this screen. However, on the left-hand side, you will see 3 different tabs – Initial Appointments, Document Updates, and Reappointments.
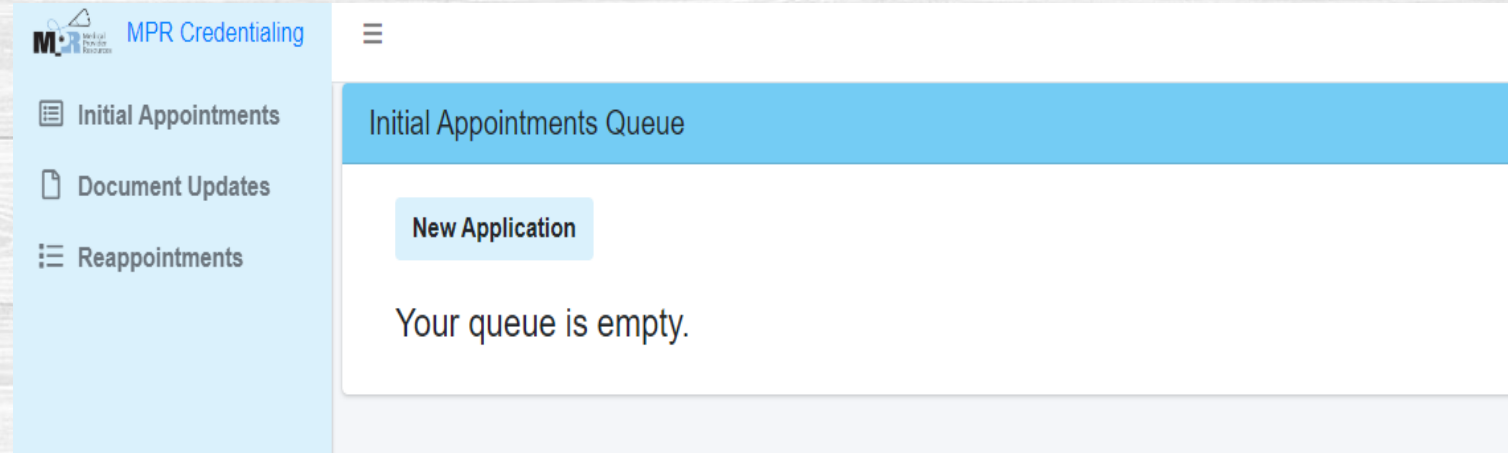
MPR Credentialing

- Initial Appointments
- Document Updates
- Reappointments

≡

Welcome to the MPR Credentialing Portal

If you've never had privileges at the facility that you're applying for, please click on the Initial Appointment button below.

Initial Appointments

If you are renewing privileges that you've already been approved for, please click on the Reappointments button below.

Reappointments

If you are updating credentialing documents, please click on the Document Updates button below.

Document Updates

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 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.

MPR Credentialing

- Initial Appointments
- Document Updates
- Reappointments

Initial Appointments Queue

New Application

Your queue is empty.

Initial Appointments Queue

Create Date	Last Name	First Name	Submit Date	Processed Date	Term Date
11/07/2022	▬▬	▬▬			

Initial Application

Credentialing Agent Only

- **If you are a provider, you will not see this screen, skip to slide 8.**

- 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 gennefermuzzy@mprcred.com.

Back   Add provider to my roster

Providers

Add Provider to List

Step #1
To add a provider you must download the Delegation of Credentialing Form
Click to Download

Step #2
Register provider in MPR Portal
First Name

Last Name

Middle Name

Email

Professional Suffix
Select

Specialty
Select Specialty

Birth Date
mm/dd/yyyy

Phone Number

Employer
Select Employer

Register

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.**

MPR Medical Provider Resources

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.

Initial App – Screen 1
Personal Information

- Enter in the Group that are associated with.

- Enter in all your other information.

- Hit Next.

Initial App – Screen 2 Education and Training

- You will see ECFMG Number – you do not need to enter this is 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.

Initial App – Screen 3 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.

Initial App – Screen 4 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.

Initial App – Screen 5 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.

Medical Staff Memberships/Hospital Affiliations

List all active hospitals/medical institutions to which have applied to any time, were previously a member, or with which you are currently affiliated within the past 5 years.

Are you now or have you been a member of, or held clinical privileges at a hospital/medical facility? ○ Yes ● No [Save] [Cancel]

[Add Affiliation] [Next] [Previous]

Medical Staff Memberships/Hospital Affiliations

Hospital
[Select ▾]

Institution Contact First Name	Institution Contact Last Name	Institution Contact Phone	Institution Contact Fax	Institution Contact Email
Hospital	Main			********

New Contact

Contact First Name	Contact Last Name	Contact Phone	Contact Fax	Contact Email

Membership Type   **From Date**   **To Date**
[Select ▾]   [mm/dd/2000]   [mm/dd/yyyy]

Staff Category
[Select ▾]

[Save] [Cancel]

Do not add hospitals that you are currently applying for (i.e. if you the application is for Rock Regional Hospital, you don't need to list them on this page.

Medical Provider Resources

Initial App – Screen 6 Certifications

- If you do not have any board certifications, select "not applicable" at the top of the screen and hit next.

- Click "Add Certification" and input all your Board Certification information, repeat as needed.

- You must answer the four questions. If you answer yes to any of these, an explanation is required.

- Hit Next.

Certifications

☐ Not applicable to profession/specialty   Save   Cancel

Questions

A) Have you been examined by a specialty board, but failed to pass? If Yes, please specify board.   ○ Yes ◉ No

B) If not certified, have you applied for certification examination?   ○ Yes ◉ No

C) If no, do you intend to apply for certification examination?   ◉ Yes ○ No

If Yes enter an explanation [   ]

D) Have you been accepted to take the certification examination? If yes, what date(s) are you scheduled to take the examination?   ○ Yes ◉ No

Add Certification   Next   Previous

Certifications

Board Specialty	Specialty	SubSpecialty
Select	Select	Select

Board Certified	Certification Number	Certified Date	Recertified Date	Expiration Date
Select		mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy

Status Description   **Inactive** ☐

[   ]

Save   Cancel
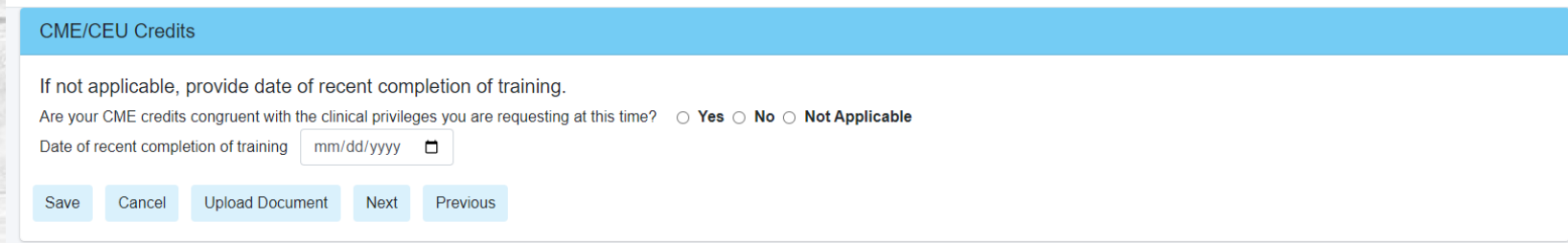
Regardless of your response, you must answer questions A-D.

Medical Provider Resources

Initial App – Screen 7 CME/CEU Credits

- Answer the question on this page.

- After answering the question, select "Upload Document" and follow the instructions on the pop-up box.

- 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.
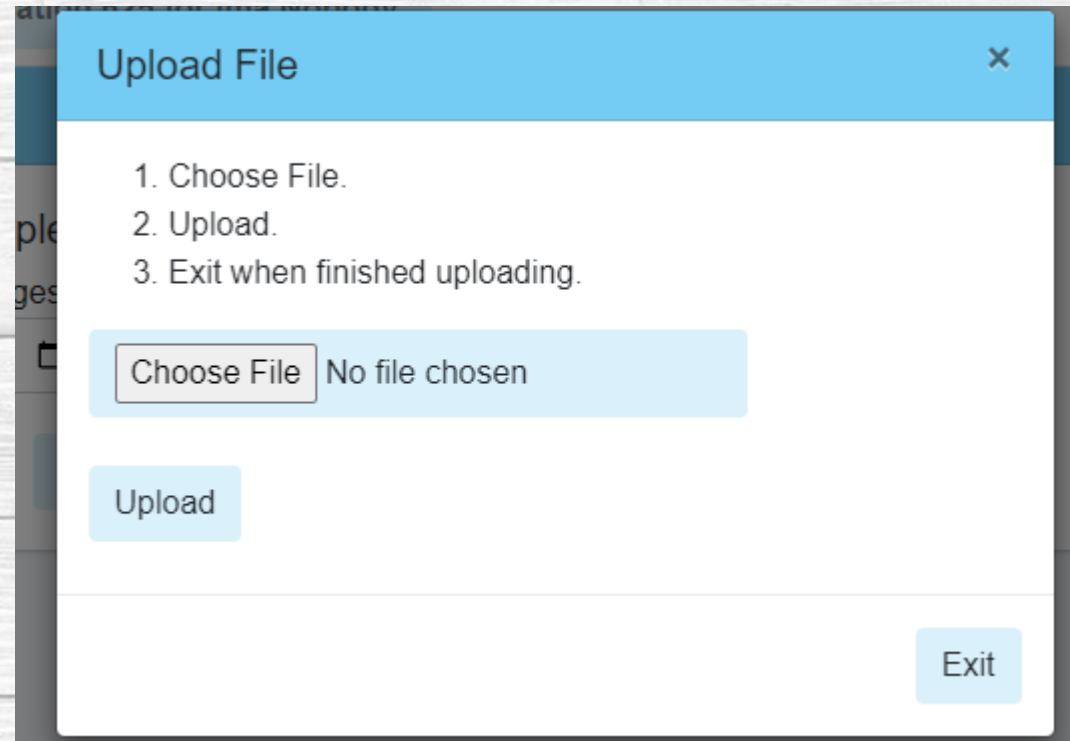
- Once complete, hit Next.

CME/CEU Credits

If not applicable, provide date of recent completion of training.
Are your CME credits congruent with the clinical privileges you are requesting at this time?   ○ **Yes** ○ **No** ○ **Not Applicable**
Date of recent completion of training   mm/dd/yyyy 🗓

Save   Cancel   Upload Document   Next   Previous

Date is needed only if recently completed

Upload File   ✕

1. Choose File.
2. Upload.
3. Exit when finished uploading.

Choose File No file chosen

Upload

Exit

To upload, select Choose File. After attaching the file, select upload. You will get a message saying it is complete, then select Exit.

Medical Provider Resources

Initial App – Screen 8
Military Service

Military Service

Have you served or are you currently serving in the United States Military?   ○ **Yes** ○ **No**   Save   Cancel

Add Military Service   Next   Previous

- 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.

Military Service

| **Serving Status** | **Military Branch** | **From Date** | **To Date** |
| Select | Select | mm/dd/yyyy | mm/dd/yyyy |

| **Discharge Type** | **Service Number** |
| Select | | |

| **Supervisor Name** | **Supervisor Phone** | **Phone Ext** | **Supervisor Email** |
| | | | |

Save   Cancel

Medical
Provider
Resources

Initial App – Screen 9 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.

- If you have multiple licenses, repeat this step until all licenses are entered.

- Once all your licenses have been entered, hit next.

Licensure

State
Select

License Type
Select

License Status
Select

License Number

Issue Date
mm/dd/yyyy

Expiration Date
mm/dd/yyyy

Failed Reason

Save   Cancel

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

Medical Provider Resources

Initial App – Screen 10 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 DEAs/BNDDs you have.

- Once all information has been entered, hit next.

DEA/BNDD Registration

Controlled Substance	Schedule Default	State	Number	Issue Date	Expiration Date
Select		Select		mm/dd/yyyy	mm/dd/yyyy

Save Cancel

Initial App – Screen 11 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.

Professional Liability Insurance

Carrier
Select

Agent Name

Phone   Fax   Email

Policy Type   Policy Number   Effective From Date   Effective To Date
Select   mm/dd/yyyy   mm/dd/yyyy

Save   Cancel

Keep a copy of the COI handy, this will need to uploaded to the application later.

Medical Provider Resources

Initial App – Screen 12 Liability Ins

- If you do not have any claims within the past 5 years to report, select "I do not have any claims to report within the past 5 years."

- Type in the providers name in the Applicant Signature slot and enter in the date.

- If you do have a claims to report, select "Add Malpractice Claim" and fill in all the information. Once complete, hit save. Repeat as needed.

- Select Next.

Malpractice Claims

☐ I do not have any claims to report within the past 5 years

Applicant Signature

[mm/dd/yyyy] **Date**

Save   Cancel

Add Malpractice Claim   Next   Previous

Malpractice Claims

Patient

Allegation

Relationship To Patient

Defendant Type
Select

Defendant Type Other

Incident Date
mm/dd/yyyy

Incident Location

Incident County

Incident State
Select

Insurance Carrier

Defense Attorney

Additional Defendants

Patient Care

Claim Status
Select

Closed Status
Select

Term Date
mm/dd/yyyy

Judgment Status
Select

Judgment Date
mm/dd/yyyy

Settlement Amount

Reserved Amount

Save   Cancel

If you do not type in a signature your application will not be processed.

Medical Provider Resources

Initial App – Screen 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.

Professional References

| Add Reference | Next | Previous |

Professional references are required by hospital surveyors and a questionnaire with specific required questions will be mailed to these practitioners. List five (5) practitioners in your same professional discipline (e.g. physician to physician, APRN to APRN, PA to PA, LSCSW to LSCSW, etc.), who have personal knowledge of your current clinical abilities, ethical character, health status, and who will provide specific written comments on these matters upon request from the hospital and medical staff authorities. The named providers must have acquired the requisite knowledge through recent observation of your current practice over a reasonable period of time. **None of the individuals that are used for a professional reference should be related to you by a family relationship.** (Possible sources include: Chief of training program, department chair / chief, proctor, mentor, or practitioners in the same specialty). It would be helpful if you could notify these individuals that a professional reference request will be made and request they be attentive to the request. **We must have all contact information.**

Professional References

First Name   **Middle Name**   **Last Name**   **Professional Suffix**
Select

Address Line 1   **Address Line 2**

City   **State**   **Zip Code**
Select

Phone   **Fax**   **Email**

Active
☑ Please mark this box if this person can be used as a **current professional reference. You must have at least 3 references marked active. Please note that if this box is not checked, the reference will NOT be contacted.**

| Save | Cancel |

Medical Provider Resources

Initial App – Screen 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.

Initial App – Screen 15
Facilities

- Select all facilities where you are wanting to apply for privileges.

- Once all facilities have been selected, hit next.

Initial App – Screen 16 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.

Documents			
Upload Misc. Doc Next Previous			
Required	Document	Upload Date/Time	
Yes	Government Issued Photo ID		Upload
	Current Photograph		Upload
	Current Curriculum Vitae (CV) or Resume		Upload
Yes	Current Malpractice Certificate of Insurance		Upload
	MPR - Application Addendum	Download	Upload
	Military OMB #3095-0029 Records Request	Download	Upload
	NATSB - Employment Disclosure and Authorization for Background Check	Download	Upload
	Kansas Healthcare Stabilization Fund Certificate (MD, DO, DC, DPM, CRNA, PA, NMW, and DDS practicing in Kansas)		Upload
	Training Log of Procedures (If a graduate within the past year)		Upload
	Life Support Certificates		Upload
	Certificates/Other Supporting Documentation		Upload
	MPR - Authorization to Release Information	Download	Upload

BEFORE UPLOADING MISCELLANEOUS DOCUMENTS – you must save all your extra documents into one file and upload it here – do not upload each item individually, i.e. diplomas need to be saved as one file, not uploaded individually.

Initial App – Screen 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.

History Gaps - No Gaps Exist

Save Gap Clear Next Previous

Description	Start Date	End Date	Inactive
Education - University of Kansas School of Medicine - KC - Kansas City, KS 66160	08/01/2007	08/01/2011	
Education - University of Kansas School of Medicine - KC - Kansas City, KS 66160	07/01/2012	01/01/2014	
Hospital Affiliation - Comanche County Hospital - Coldwater, KS 67029	07/01/2014	08/25/2023	
Work History - Comanche County Hospital - Coldwater, KS 67029	07/02/2014	08/25/2023	

History Gaps - Gaps Exist

Save Gap Clear Next Previous

Description	Start Date	End Date	Inactive
Education - University of Kansas School of Medicine - KC - Kansas City, KS 66160	08/01/2007	08/01/2011	
Education - University of Kansas School of Medicine - KC - Kansas City, KS 66160	07/01/2012	01/01/2014	
Hospital Affiliation - Comanche County Hospital - Coldwater, KS 67029	07/01/2014	05/11/2023	
Work History - Comanche County Hospital - Coldwater, KS 67029	07/02/2014	05/11/2023	
105 Days Gap Found	05/12/2023	08/25/2023	

Update Gap History

Start Date	End Date	Description	Inactive
mm/dd/yyyy	mm/dd/yyyy		☐

Save Gap Clear Next Previous

Initial App – Screen 18 Submit and Sign

- 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.

Medical Provider Resources

Sign and Submit Initial Appointment Application

[Previous]

Section	Status
⊗ Personal Information	*You have not visited the Personal Information*
⊘ Hospital Affiliations	
⊘ Certifications	
⊗ CME/CEU Credits	*You have not visited the CME/CEU Credits*
⊗ Licensure	*You have not visited the Licensures*
⊗ DEA/BNDD Reg	*You have not visited the DeaBnnd Regs*
⊗ Liability Insurance	*You have not visited the Liability Insurances*
⊗ Malpractice Claims	*You have not visited the Malpractice Claims*
⊘ References	
⊗ Application Information	*You have not visited the Applicant Information*
⊗ Facilities	*You have not visited the Facilities*
⊗ Documents	*You must upload all required documents*
⊘ Education and Training	
⊗ Academic Affiliations	*You have not visited the Academic Affiliations*
⊘ Work/Practice History	
⊗ Military Service	*You have not visited the Military Service*
⊘ History Gaps	

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!!

Congratulations!
You have completed an Initial Application!

Next, we will go over completing a Reappointment Application.

Reappt 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.

Reappt App – Screen 1
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.

Reappt App– Screen 2 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.

- If there are new affiliations that need to be added, select "Add Affiliation" and complete all the information and hit save.

- Repeat this for all your Hospital Affiliations.

- Once all Hospital Affiliations are entered, hit Next.

Reappt App – Screen 3 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.

- **Regardless of your certification status, all 4 questions must be answered.**

- Hit Next.

Certifications

☐ **Not applicable to profession/specialty**   Save   Cancel

Questions

A) Have you been examined by a specialty board, but failed to pass? If Yes, please specify board.   ○ Yes ⦿ No

B) If not certified, have you applied for certification examination?   ○ Yes ⦿ No

C) If no, do you intend to apply for certification examination?   ⦿ Yes ○ No

If Yes enter an explanation [   ]

D) Have you been accepted to take the certification examination? If yes, what date(s) are you scheduled to take the examination?   ○ Yes ⦿ No

Add Certification   Next   Previous

Medical Provider Resources
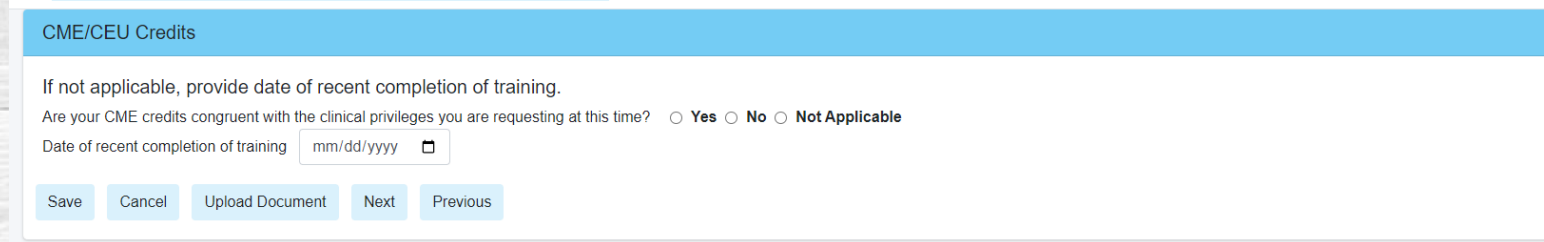
Reappt App – Screen 4 CME/CEU Credits

CME/CEU Credits

If not applicable, provide date of recent completion of training.
Are your CME credits congruent with the clinical privileges you are requesting at this time? ○ Yes ○ No ○ Not Applicable
Date of recent completion of training   mm/dd/yyyy

Save   Cancel   Upload Document   Next   Previous

- 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.
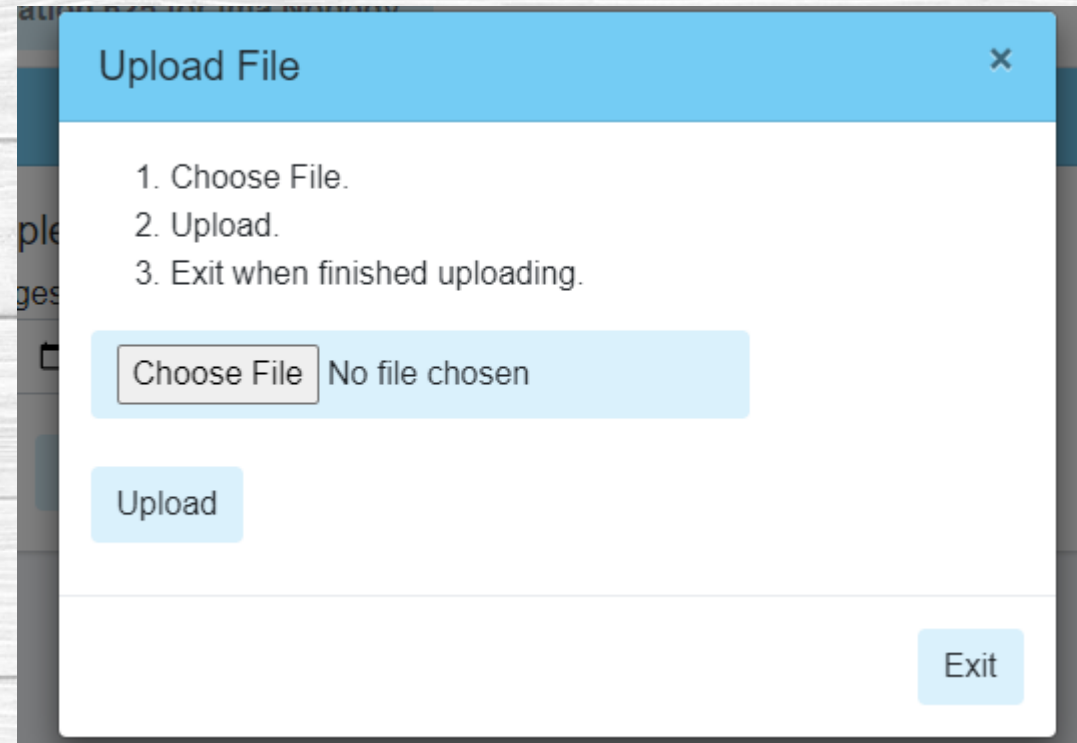
Upload File

1. Choose File.
2. Upload.
3. Exit when finished uploading.

Choose File   No file chosen

Upload

Exit

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.

Medical Provider Resources

Reappt App – Screen 5
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.

- Hit next.

Reappt App – Screen 6 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.

- Once all information has been entered, hit next.

Reappt App – Screen 7
Liability Ins

- Verify we still have the most accurate and up-to-date malpractice insurance.

- If any changes need to be made, select "edit"

- Once all Liability Insurance policies have been entered, hit next.

Professional Liability Insurance

Carrier	Agent Name
Select	

Phone	Fax	Email

Policy Type	Policy Number	Effective From Date	Effective To Date
Select		mm/dd/yyyy	mm/dd/yyyy

Save   Cancel

Medical Provider Resources

Reappt App – Screen 8 Liability Ins

- This information will not auto-fill and will need to be completed.

- If you do not have any claims within the past 5 years to report, select "I do not have any claims to report within the past 5 years."

- Type in the Applicant name in the Applicant Signature slot and enter in the date. **NOTE – If you are a credentialing agent – type in the provider's name, not your name!**

- If you do have a claims to report, select "Add Malpractice Claim" and fill in all the information. Once complete, hit save – repeat for each claim.

- Once all claims have been entered, select Next.

Malpractice Claims

☐ I do not have any claims to report within the past 5 years

Applicant Signature

Date
mm/dd/yyyy

Save   Cancel

Add Malpractice Claim   Next   Previous

Malpractice Claims

Patient

Allegation

Relationship To Patient

Defendant Type
Select

Defendant Type Other

Incident Date
mm/dd/yyyy

Incident Location

Incident County

Incident State
Select

Insurance Carrier

Defense Attorney

Additional Defendants

Patient Care

Claim Status
Select

Closed Status
Select

Term Date
mm/dd/yyyy

Judgment Status
Select

Judgment Date
mm/dd/yyyy

Settlement Amount

Reserved Amount

Save   Cancel

If you do not type in a signature your application will not be processed.

Reappt App – Screen 9 Professional Reference

- 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.

Professional References

Add Reference   Next   Previous

Professional references are required by hospital surveyors and a questionnaire with specific required questions will be mailed to these practitioners. List five (5) practitioners in your same professional discipline (e.g. physician to physician, APRN to APRN, PA to PA, LSCSW to LSCSW, etc.), who have personal knowledge of your current clinical abilities, ethical character, health status, and who will provide specific written comments on these matters upon request from the hospital and medical staff authorities. The named providers must have acquired the requisite knowledge through recent observation of your current practice over a reasonable period of time. **None of the individuals that are used for a professional reference should be related to you by a family relationship.** (Possible sources include: Chief of training program, department chair / chief, proctor, mentor, or practitioners in the same specialty). It would be helpful if you could notify these individuals that a professional reference request will be made and request they be attentive to the request. **We must have all contact information.**

Professional References

First Name   **Middle Name**   **Last Name**   **Professional Suffix**

Select

Address Line 1   **Address Line 2**

City   **State**   **Zip Code**

Select

Phone   **Fax**   **Email**   **Active**

☑ Please mark this box if this person can be used as a **current** professional reference. You must haveat least 3 references marked active. **Please note that if this box is not checked, the reference will NOT be contacted.**

Save   Cancel

Medical Provider Resources

Reappt App – Screen 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

Reappt App – Screen 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.

- Once all facilities have been selected, hit next.

Facilities

Next   Previous

Remove

☐   Ellinwood District Hospital - Ellinwood, KS 67526-1440

☐   Cypress Surgery Center - Wichita, KS 67226

☐   Medicine Lodge Memorial Hospital - Medicine Lodge, KS 67104

Reappt App – Screen 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.

Documents

Upload Misc. Doc   Next   Previous

Required	Document	Upload Date/Time		
Yes	Current Malpractice Certificate of Insurance			Upload
	MPR - Application Addendum		Download	Upload
	MPR - Authorization to Release Information		Download	Upload
	Kansas Healthcare Stabilization Fund Certificate (MD, DO, DC, DPM, CRNA, PA, NMW, and DDS practicing in Kansas)			Upload
	Life Support Certificates			Upload
	Certificates/Other Supporting Documentation			Upload
	Satanta District Hospital - Reappointment Paperwork.pdf		Download	Upload

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Reappt App – Screen 13 Submit and Sign

- 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.**

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Sign and Submit Initial Appointment Application

Previous

- ⊘ Personal Information
- ⊘ Hospital Affiliations
- ⊘ Certifications
- ⊘ CME/CEU Credits
- ⊘ Licensure
- ⊘ DEA/BNDD Reg
- ⊘ Liability Insurance
- ⊘ Malpractice Claims
- ⊘ References
- ⊘ Application Information
- ⊘ Facilities
- ⊘ Documents

Applicant Signature

[redacted]

Signature Date

11/10/2022

Submit   Cancel

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!!
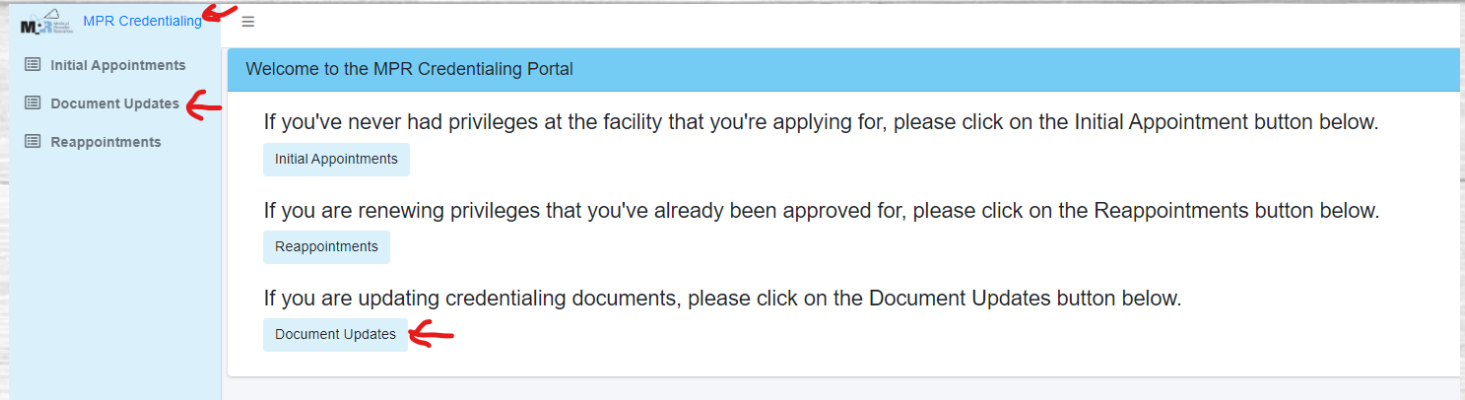
Congratulations!
You have completed a Reappointment Application!

Next, we will go over completing Document Updates.

Document Updates

- 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.

Welcome to the MPR Credentialing Portal

If you've never had privileges at the facility that you're applying for, please click on the Initial Appointment button below.

Initial Appointments

If you are renewing privileges that you've already been approved for, please click on the Reappointments button below.

Reappointments

If you are updating credentialing documents, please click on the Document Updates button below.

Document Updates

Document Updates Queue

☑ Include Unsubmitted

Expiration Date	Last Name	First Name	Submit Date	Processed Date	Term Date	
01/09/2023						✎
01/09/2023						✎
01/09/2023						✎
01/09/2023						✎
01/09/2023						✎
01/09/2023						✎
01/09/2023						✎
01/09/2023						✎
01/09/2023						✎
01/09/2023						✎

1 2 3 4 5 Next

Document Updates

- Once in this screen, you can check and edit current information.

- Select "edit" and change the Policy Information to match the upcoming policy.

- 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.

Document Updates - Professional Liability Insurance

Add Insurance   Next

Edit   Upload Document

Carrier   **Agent Name**

Phone   **Fax**
(877) 974-2742

Policy Type	Policy Number	Effective From Date	Effective To Date	Inactive
Group		01/01/2022	01/01/2023	☐

Add Insurance   Next   Previous

Upload File   ✕

1. Choose File.
2. Upload.
3. Exit when finished uploading.

Choose File   No file chosen

Upload

Exit

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

Medical Provider Resources

Congratulations!
You have completed Document Updates!

We hope that this was helpful and we appreciate your patience with us as we work on the bugs in our application system. If you have any questions or issues, please contact us – we are more than happy to help!

Extra Information, Tips, and Tricks

- When registering, you will get the message, "*MPR has been notified. You will be contacted by a CVS specialist.*"
  - 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 Gennefer Muzzy 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!

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Contact Information

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

- For Registration, Initial, or Reappointment questions, contact Gennefer Muzzy at gennefermuzzy@mprcred.com or (316) 500-1304

- For Document Updates, contact documentupdates@mprcred.com