

Northwest Kidney Centers MD-App Provider User Guide

D-App is a secure online portal that is part of our MD-Staff credentialing system

- Providers can login, modify, and submit applications online from anywhere using the web browser on their computer/laptop, iPhone, iPad, or Android phone/tablet
- MD-App includes built-in lookup tables minimizing the time needed to fill out the application, while expediting the application process and reducing errors
- Documents can be uploaded and signed electronically using DocuSign

Use CTRL + Left-Click on your mouse to navigate through the Table of Contents

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Accessing MD-App

The MD-App Homepage URL is <u>https://www.mdapp.com/northwestkidneycenters</u>

Once your application has been authorized by the Medical Staff Office, you will receive an application email from service@mdapp.com. If you have never logged into MD-App, you will be prompted to set your password.



If you cannot find the email, please check your SPAM and Junk folder. You can also set your account password at any time on our application homepage using the "Forgot Password" in the bottom right corner.



Saving and completing your application later

The application saves in real time and is available anywhere you have an internet connection. You can also download the <u>MD-App mobile app</u>.



Why is the link in my email I received for my application invalid?

There are **<u>TWO</u>** possible explanations for this:

- 1. The link in your email to reset or create your password will be invalid after <u>24 hours</u>. When you receive the email initially, at the bottom it will say when the link will expire.
- 2. Once you click the create password link or reset password link, you are not allowed to click the link to access anything again. If you are trying to get to your application, use the link to the MD-App which should be in the same email: https://www.mdapp.com/northwestkidneycenters

I can't remember my password or my password is no longer working?

If you cannot remember your password, you will need to go to the MD-App page. It should be in your initial email to start your application. It may look like this: <u>https://www.mdapp.com/northwestkidneycenters</u>

If you are already on the page trying to login, please click the "Forgot Password" button (Below in <u>RED</u>). *Hint: Do not click the "Request Account" button. If you got an email to start an application, you already have an account. Your username is your email you received the notification from and your password can be reset by clicking Forgot Password.

Once you click here, you can enter your email to reset your password. Then click "Send Email"

Email	E MD-App
Email	Email
Password	asm@mdstaff.com
Password	asmeniastan.com
Login	Send Email
0	Login Request Accourt
Request Account Forgot Password?	

Now you should receive an email saying you can reset your password by clicking on a link. *Hint: Remember the link expires after 24 hours. Also if you get an email saying you don't have an account, please contact the Medical Staff Office of the facility you are applying to.



🕰 Reply <table-cell></table-cell>	a Reply All 🛛 😂 Forward
	Mon 11/7/2016 9:13 AM
	service@mdapp.com
	MD-App: Password Recovery
To Joshua Ro	chford
Dear Josh <u>https://na0</u> 11/9/2016	P. Rock, To reset your password, follow this link and enter a new password: <u>1.mdapp.com/app/support5/Account/ResetPassword?Authorization=e7d6fb69-47de-48d9-8e93-c8d1554bebd8</u> . This link is valid until: 9:12 AM

At this time, you can now enter your new password and then enter it again below it to confirm the password. Then press "Submit"

\rm MD-App	E MD-App
Enter a new password below	Your password has been reset. Login with your new password
New Password	Email
New Password	
Confirm Password	Password
Confirm Password	
Submit	Login
	Request Account Forgot Password

Now your password is reset and you should be able to login from the next page.



What is the difference between "request account" and "forgot password"?

The different between "Request Account" (below in <u>GREEN</u>) and "Forgot Password" (below in <u>RED</u>) can be explained as:

Request Account: This is chosen when you have not contacted the Medical Staff Office to submit and Initial or Reappointment application. If you have not received an email regarding MD-App, please contact your Medical Staff Office or click "Request Account".

Forgot Password: This is chosen when you have an account and you cannot remember your password or your password expired. Click this link to reset your password and follow the instructions in Question #2 above.

E MD-App	
Your password has been reset. Login with your new password	
Email	
Password	
Login	
Request Account Forgot Password?	5

I am trying to submit my application but it is saying I have incomplete sections. What do I do?

The best way to find out what you are missing is to head to the "Submit Application" button at the bottom of your application once you are inside your application (circled below in <u>GREEN</u>).

	A & L 0					
	Other:					
Introduction						
A Personal Information						
🗸 Alias						
✓ Addresses						
 Education / Training 	ACKNOWLEDGEMENT OF PHYSICIAN					
✓ Hospital Affiliations						
✓ Work History	performance, I am qualified to perform, and that I wish to exercise at Presence Saints Mary and Elizabeth Medical Center.					
🖌 Gaps	I also acknowledge that my professional malpractice insurance extends to all privileges I have requested and that I am					
 Peer Professional References 	physically and mentally able to exercise the privileges mave requested.					
 Licenses / Credentials 	It should be recognized that in the case of an emergency, any individual who is a member of the medical staff or who has been granted divide a subscription to gave a patient.					
 Board Certifications 	from serious harm, regardless of staff status or privileges granted.					
 Professional Insurance 	Consultations are expected to be obtained when the assistance is peopled with diamonic when complications arise or					
 Medical Societies 	Consultations are expected to be obtained when the assistance is needed with diagnosis, when complications arise or when specialized treatments or procedures are contemplated that are different from or beyond the privileges granted.					
✓ Malpractice Claims						
 Medical History 						
✓ Files	Review Application					
▲ Attestation Questions						
 Privileges 	Please select Submit Application to submit your application ensuring all areas have been completed and all requested documents and forms have been included. Your application and documents may be exclude your computer and/or related					
Review Application	from the <i>Main Login Screen</i> After you submit your application. Press Summary or View On Main Page					
	Final Steps:					
	 Check the Applicant's Acknowledgement on the next page after pressing "Submit Application" Enter your complete and legal name on the next page indicating you have read and agree to be bound by the statements below Click Submit Application on the next page to notify the Medical Staff Office that your application is complete ** Note: Once your application has been submitted, you may go back to edity your data by pressing Unsubmit on the main login page. You can return to this site to print your application and documents. If you have any questions, please contact the Medical Staff Credentialing Coordinator. Their Information is located in your Welcome Letter located in the Application Packet. We look forward to receiving your completed <u>application</u>. 					



Once you click that, it will tell you what steps you are missing. Your "Incomplete Sections" and "Invalid Sections" will essentially be the same thing most of the time. "Incomplete Sections" means you are missing the minimum amount of entries to pass that section. For example, you need 3 Peer References but you only supplied 2. "Invalid Sections" means you are missing a field in that section that is required. You may be missing an attestation question, or a required field that is indicated in <u>RED</u>.

=	♠ ¢ L □ Ø
	The Application is Incomplete
Introduction Personal Information Alias Addresses Education / Training Hospital Affiliations	Incomplete Sections Personal Information Attestation Questions Invalid Sections Personal Information Attestation Questions
Work History Gaps A Deer Prefersional Deferences	srience and demonstrated is Mary and Elizabeth Medical Center. tes I have requested and that I am
 Feet Professional References Licenses / Credentials Board Certifications 	It should be recognized that in the case of an emergency, any individual who is a member of the medical staff or who has been granted clinical privileges, is permitted to do everything possible within the scope of their license, to save a patient from serious harm, regardless of staff status or privileges granted.
 Professional Insurance Medical Societies Malpractice Claims 	Consultations are expected to be obtained when the assistance is needed with diagnosis, when complications arise or when specialized treatments or procedures are contemplated that are different from or beyond the privileges granted.
Medical History Files Attortation Quertions	Review Application
Artistation Questions Privileges Review Application	Please select Submit Application to submit your application ensuring all areas have been completed and all requested documents and forms have been included. Your application and documents may be saved to your computer and/or printed from the <i>Main Login Screen</i> After you submit your application. Press Summary or View On Main Page

Click on the Invalid Section that you are missing and press the "Edit" button if the step you are missing information on has an area to edit data (circled below in <u>GREEN</u>). *Hint: Pressing "Edit" may reveal more fields that you are missing because some fields do not show until you click "Edit".*

Introduction	Personal I	nformation		
Personal Information				
/ Alias	Physician's Applica	tion for Initial Appointment Please e	nter the requested informatio	on and select the most appropriate
	specialties. Mandat	ory fields are in Red . Click Edit to m	odify this section and Save to	save the information entered and
Addresses	navigate for ward o	buckhard in the application.		
 Education / Training 				
 Hospital Affiliations 	Last Name	Rock	Citizenship	
 Work History 	FirstName	Josh	Ethnicity	
Gaps	Middle Name	Р	Marital Status	
	Suffix		Spouse Name	
 Peer Professional References 	Degree		Pager	
 Licenses / Credentials 	Preferred Name		Cell	
 Board Certifications 	Birth Date		E-Mail	jrochford@mdstaff.com
 Professional Insurance 	SSN		NPI	
 Medical Societies 	Specialty 1	Aerospace Medicine	Accents Medicare	false
 Medical Societies 	Specialty 2	Acrospace Medicine	Medicare	laise
 Malpractice Claims 	Specialty 3		Accepts Medicaid	false
 Medical History 	Specialty 4		Medicaid	taise
✓ Files	Language 1			
Attestation Questions	Language 2			
Debilance	Language 3			
Privileges	Language 4			\frown
Review Application				Edit



Remember, required fields are indicated in <u>RED</u>. Also look on the left hand side in your application index for any Red Triangles that show missing information. See circled in <u>ORANGE</u> below for steps not complete.

				↑ ☆ ≗
ntroduction	Suffix		Marital Status	
Personal Information	Degree	•	Spouse Name	
Alias	Salutation		Dagor	
Addresses	Salutation		Pager	
ducation / Training	Preferred Name		Answering Service	
Vork History	Birth Date	MM/DD/YYYY	Cell	
Saps	SSN		E-Mail	d@mdstaff.com
Peer Professional References				
icenses / Credentials	Gender	•	NPI	
Board Certifications	Specialty 1	Aerospace Medicine	UPIN	
Professional Insurance Medical Societies	Specialty 2	•	Associate1	
Malpractice Claims	Specialty 3	•	Associate2	
Medical History	Specialty 4		Associate3	
Attestation Questions	Language 1		Associate4	
Privileges				
Review Application	Language 2	•	Associate5	
	Language 3	•	Tax ID	
	Language 4	· · · · · · · · · · · · · · · · · · ·	Accepts Medicare	
			Medicare	
			Accepts Medicaid	
			Medicaid	
				X Save Cancel

You also can see little Red Triangles (circled below in <u>GREEN</u>) that will indicate what field you are missing that is required. If you see below for an example, the area circled in <u>BLUE</u> shows there is only 1 of 3 completed peer references. The 2nd peer reference is not complete because I am missing a Degree. These required fields may not apply to you, though.

		🔶 🌣 🗜 🗋 😌
Introduction A Personal Information	you would like by clicking Add New .	
 Alias Addresses Education / Training Hospital Affiliations Work History Gans Peer Professional References (1/3) Licenses / Credentials 	FirstName John Last Name Smith Degree APN Address 231 West Lane City Compton State CA Postal Code 92102	Telephone (951) 892-8902 Fax E-Mail Contact
 Board Certifications Professional Insurance Medical Societies Malpractice Claims Medical History Files Attestation Questions Privileges 	Test, Benjamin FirstName Benjamin Last Name Test Degree Address Address 500 Walnut Lane City San Diego State CA Postal Code 92120	Telephone (951) 667-6777 Fax E-Mail Contact
Review Application	Add New	



Should you still need assistance or if the field is not showing, please contact your facility Medical Staff Office of the location you are applying for.

What do I need to do in the Section: Documents to Sign/Download?

All documents in the Documents to Download section must be downloaded and reviewed.

Documents to Download		
Document	Download Required	
General Document	4	Download
General Test Document		Download

Documents in the Documents to Sign section must be signed electronically. Click the Sign Documents button to open a Signature Disclosure box where you will type in your name and acknowledge. This will open the signature documents in a new window.

Documents to Sign	
Document	
Signature Type Document, DocuSign - Consent and Release, Release Tufts Test (+ 2 more)	Sign 5 Documents

You will then be prompted to agree to use the electronic records and signatures. Agree and click Continue.

What happens after I click Submit Application?

After clicking submit, you will be directed to an Electronic Signature Page.

Once y re-prir By sub	your application is submitted, you will no longer be able to edit the data. Yo nt the application and application packet. omitting my application, I agree to allow Medical Staff Services to view my p	ou can return to this site to personal data.
•	Please type your full name into the box below, signifying you agree to t	he terms and conditions
Elect	ronic Signature	
Return	To Application	Submit Application

After completing this signature page, the Medical Staff Office will begin reviewing your application. If additional information is needed, you will get an email stating that your application has been returned at which time you must correct and/or complete the necessary sections. You can also log back into your application at any point to download documents or view a summary of your application.



~	6 / 6 Steps Complet Congratulations! All applie	e tations and signed docume	nts have been comple	eted					
			1	00%					
Documents to Sign									
Document									
Signature Type	Finish Signing								
Documents to Download									
Document				Download Required					
General Docu	nent			4		Download			
General Test [ocument					Download			
Completed Applications									
Application		Status	Last Modified						
Platinum Stan	lard	Submitted	03/27/2019		S	ummary Unsubmit View			