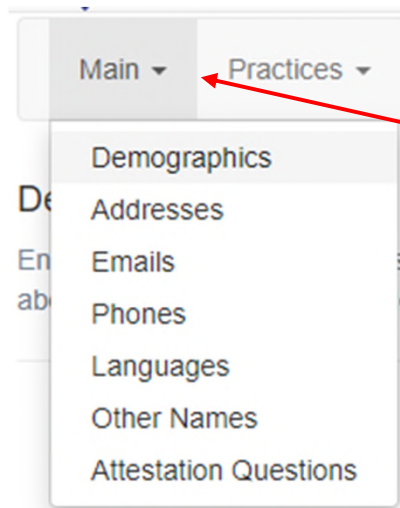
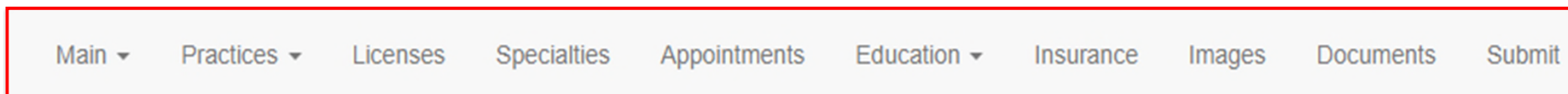


Using eApply, practitioners can complete their applications online and have it sent directly to the sponsoring organization. Once logged into eApply, navigate through and complete the various sections on the top navigation bar. Fields with an * are required.



Under the Main tab, there are seven (7) sections for practitioners and that will need to be completed.

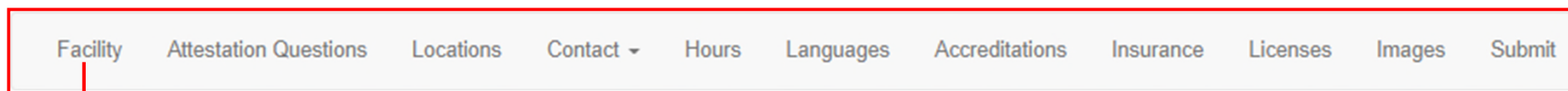
NOTE: Tabs with chevrons will have sub-menus that the user may need to complete before submitting the application

eApply – Data Entry (Facilities)

Using eApply, facility representatives can complete applications on behalf of their facilities and have it sent directly to the sponsoring or credentialing organization.

Once logged into eApply, navigate through and complete the various sections on the top navigation bar.

- Fields with an * are required.
- Fields with a ▼ contain sub-menus.



Facility Information

Enter all applicable data on this screen and all other sections, including fields not marked as required. Click Save once complete then select the Attestation Questions tab above.

Facility Name *

Facility Type *

Legal Name *





eApply – Data Entry (Pre-populated fields)

Some fields may come pre-populated based on what we already have in the system. Some of these prepopulated fields can be edited while others are system set and cannot be changed.

Once a section has been completed, use the **Save** button at the bottom of the section to commit your responses. Then proceed to the next section using the top navigation bar.

Fields noted with an * are required.

Practitioner Type *

Medical Doctor (MD) ▼

Last Name *

First Name *

Some grayed out fields cannot be changed.

Should you need to change the information in such a field, please send us an email at credentialing.supportteam@prospectmedical.com



eApply – Data Entry (Instructions)

Data previously added to the system is available for validation and/or editing.

Whether completing the section with practitioner or facility information, please review the instructions or guidance at the top of each section or page.

Facility Locations

Enter the Practice, Mailing, and Payment addresses associated with your facility clicking save after each. Once complete use the dropdown arrow on the Contact tab above to select and complete the Phones section.

Create New

Location ID	Location Type	Tax ID Number	Address
Mailing - 936 E Williams Field Rd Suite 101	Mailing		936 E Williams Field Rd Suite 101 Gilbert, AZ 85296
Practice - 936 E Williams Field Rd Suite 101	Practice		936 E Williams Field Rd Suite 101 Gilbert, AZ 85296

eApply – Data Entry (Adding and Saving Entries)

Main ▾ Practices ▾ Licenses Specialties Appointments Education ▾ Insurance Images Documents Submit

Practitioner Addresses

Enter Home and Credentialing addresses then click Save. Once complete please move on to the next section of the application above.



Create New

When adding a new record onto a screen, select the "Create New" button.
A user can enter as many records as needed.

Save

Cancel

Update Complete



The **Update Complete** text is displayed when the "Save" button is clicked and the changes have been saved

eApply – Data Entry (Adding Addresses)

Practitioners have 2 types of addresses they can create or modify.

- Credentialing Contact Address
- Home Address

The credentialing contact address can be the practice/office address

Address Type *

Credentialing Contact
Home

Practitioner Address Types

Address Line 1 *

City *

County

Facilities have 3 types of addresses they can create or modify.

- Practice Address
- Mailing Address
- Payment Address

Address



Legal Name *

Location Type *

Mailing
Payment
Practice

Facility Address Types

Date From

Date To

mm/dd/yyyy



eApply – Data Entry (Practitioner Addresses)

When adding/creating a new practitioner address, as the user types in the Address Line 1 field, possible matches are displayed. Should a matching address be selected by the user, the remaining fields are populated with the remaining parts of the complete address

Address Type *

Credentialing Contact

Address Line 1 *

12360 Firestone Blvd

City *

12360 Firestone Blvd
Norwalk, Los Angeles
CA, 90650

County

US

State *

Ontario, San Bernardino
CA, 91762

Zip Code *

12362 Beach Blvd Ste 10
Stanton, Orange
CA, 906803944

Country

US

1

Address Type *

Credentialing Contact

Address Line 1 *

12360 Firestone Blvd

City *

12360 Firestone Blvd
Norwalk, Los Angeles
CA, 90650

County

US

State *

Ontario, San Bernardino
CA, 91762

Zip Code *

12362 Beach Blvd Ste 10
Stanton, Orange
CA, 906803944

Country

US

2

Address Type *

Credentialing Contact

Address Line 1 *

12362 Beach Blvd Ste 10

City *

Stanton

County

Orange

State *

California

Zip Code *

906803944

Country

United States

3

eApply – Data Entry (Address Validation)

Once the address is entered, select the Validate & Save button.

Address Type *

Address Line 1 *

City *

County

State *

Zip Code *

Country

✓ Address Already Exists in eVips

OK

Addresses already in the system will generate the pop-up showing that it exist

eApply – Data Entry (Facility Addresses)

Address	<div>45 Cheswold Blvd Newark, DE 19713-4151</div>
Legal Name *	<input type="text"/>
Location Type *	<input type="text"/>
Date From	<input type="text" value="mm/dd/yyyy"/>
Date To	<input type="text" value="mm/dd/yyyy"/>
Website	<input type="text"/>
24 Hours	<input type="checkbox"/>
<div>SaveCancelDelete</div>	



Facility addresses populate as shown.

To add or modify an address, click the + sign.

Once completed and validated, the remaining fields should be filled as appropriate.

✓ Address Already Exists in eVips

OK

Addresses already in the system will generate the pop-up showing that it exist

eApply – Data Entry (New Address Validation)

When entering a new address that is not already in the system, the user will need to complete all the fields then select the correct Zip Code to allow for address matching.

Clicking on **Validate** presents the Address Validation screen which allows the user to select the address they would like added to their application

Add Address

Line 1 *

45 harbor club

Line 2

City *

Newark

County

New Castle

State *

Delaware

Zip Code *

19713

Country

United States

Validate

Close

Address Validation

Choose the address as entered or the validated address to continue, or go back to edit address form.

Address Status: Found

Edit

	Entered	Validated
Line 1	45 harbor club	45 Cheswold Blvd
Line 2		
City	Newark	Newark
State	DE	DE
Zip Code	19713	19713-4151
County	New Castle	New Castle
Country	US	United States

eApply – Data Entry (Validated Address)

Address Validation ✕

Choose the address as entered or the validated address to continue, or go back to edit address form.

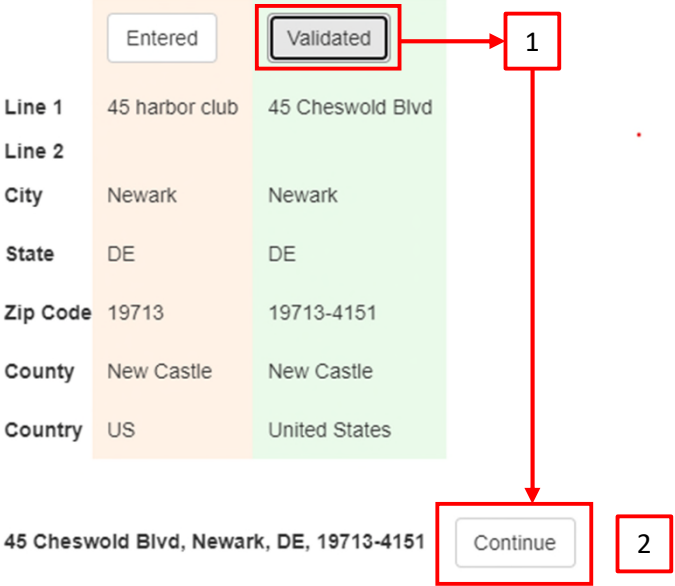
Address Status: Found

Edit

	Entered	Validated
Line 1	45 harbor club	45 Cheswold Blvd
Line 2		
City	Newark	Newark
State	DE	DE
Zip Code	19713	19713-4151
County	New Castle	New Castle
Country	US	United States

45 Cheswold Blvd, Newark, DE, 19713-4151

Continue



Once the Validated button is clicked, the approved/validated address is shown at the bottom of the screen.

Click on **[Continue]** to add the address.



eApply – Data Entry (Images and Documents)

Upload current readable copies of the following documents as applicable: State License, State Controlled Substance License, DEA License, Current Malpractice Certificate & W9. Also CV (in MM/YYYY format) on initial applications.

Create New

Image files to be uploaded will need to be in any one of the following file formats: .GIF, JPG, .JPEG, .PDF, PNG, or .TIFF
Documents will need to be in one of the following file formats: .PDF, .DOC, or .DOCX

Document Type *

File *

Browse

Parent Record

Notes

Save

Cancel

Delete

Link to Record


Once a file is selected, it can be linked to a specific file record such as a license or insurance

eApply – Data Entry (Images and Documents)

New images/documents can be added while previously uploaded images/documents can also be viewed by clicking on the search icon below.

Facility Images

Upload current and readable copies of all facility licenses, accreditations, malpractice insurance, general liability insurance, Medicare approval letter, current Facility Site Review, and PT Group Roster (each as applicable)



Create New

Document Type	File	Linked	View
---------------	------	--------	------

Existing Images

Document Type	Image Date	View
Addendum D	08/31/2021	
Addendum D	09/13/2021	
Current Malpractice Insurance	09/08/2021	
eApply Application	06/17/2021	

22 images found

Close

The associated documents will include previously submitted applications and can be viewed by clicking on the icon in the View column.


eApply – Data Entry (Documents)

Required documents are presented based on they type of provider completing an application.

File formats accepted are **.PDF**, **.DOC**, and **.DOCX**

Documents

Select each required document. Using the arrow button next to Document Name, download and complete including signatures and dates. Upload each document under the appropriate Document Description.

Document Name	Document Description	Required	Uploaded Document
CA HIV-AIDS Specialist Designation - Addendum E_20210520054702244.pdf	CA HIV-AIDS Specialist Designation	Yes	
CA Additional Information - Addendum C_202105200549279.pdf	CA Additional Information - Addendum C	Yes	
CA Practitioners Rights - Addendum A_2021052005510392.pdf	CA Practitioner Rights - Addendum A	Yes	
CA Professional Liability Action Explained - Addendum B_20210616050317344.pdf	CA Professional Liability Action Explained - Addendum B.pdf	No	

Required documents have a **Yes** under the required column.

eApply – Data Entry (Documents)

Upload Document



Document Description	CA HIV-AIDS Specialist Designation
Document Name	CA HIV-AIDS Specialist Designation - Ad
Upload File	<div><div>Browse</div><div></div></div>
	<div><div>Save</div><div>Cancel</div></div>



To view the addendum document, click on the pop-out icon.
This may prompt you to save the file to your device before displaying its content

Use the browse button to navigate to the file you would like to upload

Uploaded documents will have the pop-out icon under the **Uploaded Document** column

Document Name	Document Description	Required	Uploaded Document
CA HIV-AIDS Specialist Designation - Addendum E_20210520054702244.pdf	CA HIV-AIDS Specialist Designation	Yes	 
CA Additional Information - Addendum C_202105200549279.pdf	CA Additional Information - Addendum C	Yes	

eApply – Data Entry (Submit)

Facility Submit

Ensure all information and documentation is correct and complete before submitting the application. Click on each section below with an 'X' to complete required fields.

Status	Section	Reason
✖	Facility Images	Facility Images Section has no items.
✖	Standard Authorization, Attestation and Release	The Standard Authorization, Attestation and Release Section is incomplete.
✔	Facility Information	Pass
✔	Facility Insurance	Pass
✔	Facility Licenses	Pass
✔	Facility Location Accreditations	Pass
✔	Facility Location Emails	Pass
✔	Facility Location Hours	Pass
✔	Facility Location Languages	Pass
✔	Facility Location Phones	Pass
✔	Facility Locations	Pass

This application cannot be submitted until all sections have been completed successfully. Please review the statuses above to determine which sections are incomplete and update the information in those sections.

After all data has been entered the Submit screen will show the user if there is any issues with the application being submitted for processing.

An ✖ status on any of the sections will mean the user needs to complete the section before the application can be submitted.

Click on the link in the section to review responses and make necessary corrections.

eApply – Submit

Main ▾	Practices ▾	Licenses	Specialties	Appointments	Education ▾	Insurance	Plans	Images	Documents	Submit
--------	-------------	----------	-------------	--------------	-------------	-----------	-------	--------	-----------	--------

Submit

Ensure all information and documentation is correct and complete before submitting the application. Click on each section below with an 'X' to complete required fields.

Status	Section	Reason
✓	Demographics	Pass
✓	Other Names	Pass
✓	Practitioner Addresses	Pass
✓	Practitioner Appointments	Pass
✓	Practitioner Education	Pass
✓	Practitioner Emails	Pass
✓	Practitioner Images	Pass

Once all items pass the pre-submission check, click on **Submit** in the top navigation bar to proceed with signing and submitting the application




eApply – Signatures (DocuSign)

The online applications uses DocuSign to generate a digital signature used to sign the application. Clicking the **CONTINUE** button will allow you to view and sign your application

Please Review & Act on These Documents

DocuSign

Credentiaing Department
Stria OBO Prospect Medical Systems, Inc

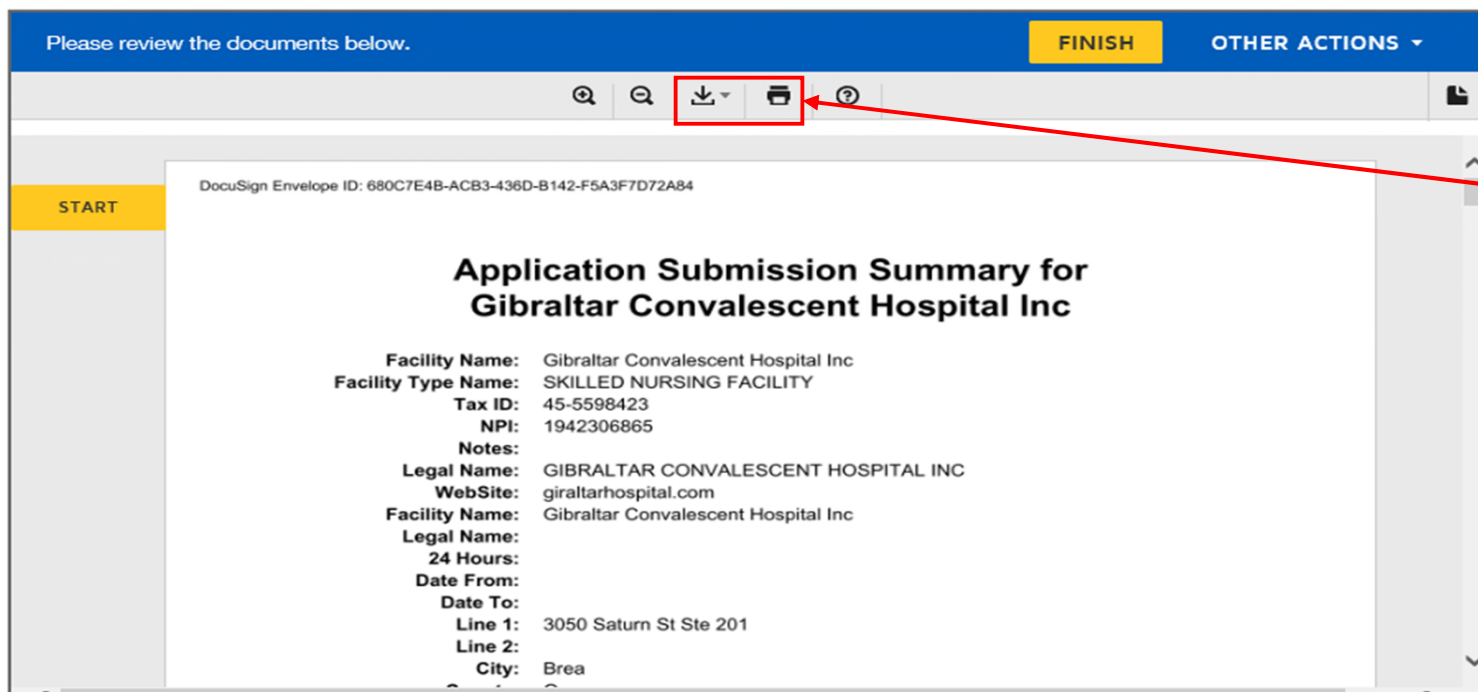
Please review the documents below.

CONTINUEOTHER ACTIONS ▾

Facility type Name:	SKILLED NURSING FACILITY
Tax ID:	45-5598423
NPI:	1942306865
Notes:	
Legal Name:	GIBRALTAR CONVALESCENT HOSPITAL INC
WebSite:	giraltarhospital.com
Facility Name:	Gibraltar Convalescent Hospital Inc
Legal Name:	

eApply – Signatures (DocuSign)

Clicking on Start will present the first section of the document that needs the applicant's signature. Once all signatures are completed, Click the FINISH button to complete the application



Please review the documents below. **FINISH** OTHER ACTIONS ▾

DocuSign Envelope ID: 680C7E4B-ACB3-436D-B142-F5A3F7D72A84

**Application Submission Summary for
Gibraltar Convalescent Hospital Inc**

Facility Name: Gibraltar Convalescent Hospital Inc
Facility Type Name: SKILLED NURSING FACILITY
Tax ID: 45-5598423
NPI: 1942306865
Notes:
Legal Name: GIBALTAR CONVALESCENT HOSPITAL INC
WebSite: giraltarhospital.com
Facility Name: Gibraltar Convalescent Hospital Inc
Legal Name:
24 Hours:
Date From:
Date To:
Line 1: 3050 Saturn St Ste 201
Line 2:
City: Brea

Download or Print the completed application using the icons shown.

(Note that printing or downloading at this point will not include any signatures)

eApply – Signatures (DocuSign)

Select the sign field to create and add your signature. **FINISH** OTHER ACTIONS ▾


any legal action against me, including, without limitation, any new and adverse negative suit or arbitration action, or (vi) my conviction of any crime (excluding any minor traffic violations); or (vii) my receipt of written notice of any adverse action against me under the Medicare or Medicaid programs, including, but not limited to, fraud and abuse proceedings or convictions.

I pledge to provide continuous care for my patients.

I hereby affirm that the information submitted in this application and any addenda thereto (including my curriculum vitae if attached) is true, current, correct, and complete to the best of my knowledge and belief and is furnished in good faith. I understand that material omissions or misrepresentations may result in denial of my application or termination of my privileges, employment or physician participation agreement.

A photocopy of this document is attached to the original.

Required - Sign Here

Signature: 

Date: 9/15/2021

SIGN

DocuSign | Change Language - English (US) | Copyright © 2021 DocuSign Inc. | V2R

Click within the signature box to sign.

Note that some applications may require multiple signatures. You will be prompted to complete each section as required.

Adopt Your Signature ×

Confirm your name, initials, and signature.

* Required

Full Name*

Bruce Batman

Initials*

BB


SELECT STYLE

DRAW


UPLOAD

PREVIEW

DocuSigned by:


7500BCBFD2F043E...

DS



By selecting Adopt and Sign, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts - just the same as a pen-and-paper signature or initial.

ADOPT AND SIGN

CANCEL

The suggested signature comes from the applicant's first and last name.

Selecting the **Adopt and Sign** button will place the selected signature on the application.

eApply – Submit

A successful submission will display as shown. The link allows the applicant to print the signed application


 Your Application has been submitted. No further updates are permitted until it has been processed.
[View / Print Application Submission Summary](#)

Submitted Applications

Once an application is successfully submitted, the applicant cannot complete another application unless contacted by the credentialing team and asked to do so.

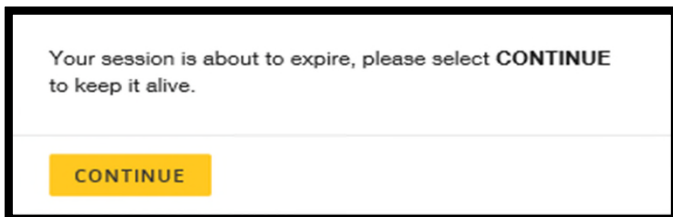
The message below indicates a completed application that is currently under review.

Main

 Your Application has been submitted. No further updates are permitted until it has been processed.
[View / Print Application Submission Summary](#)

Note that in this case, the top navigation will only have the **[Main]** section.

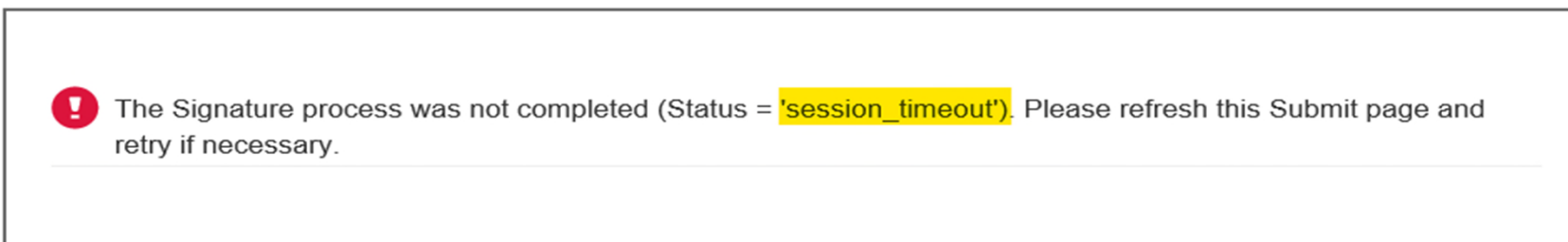
eApply – Error Messages (DocuSign)



This message is displayed after a user has been inactive on the signature screen for at least 2 minutes.

The system will time-out if no action is detected from the user after this duration. When this happens, message below will be presented to the user.

Refresh the browser page using the browser refresh button to return to the application signature and submission page



Main

Error

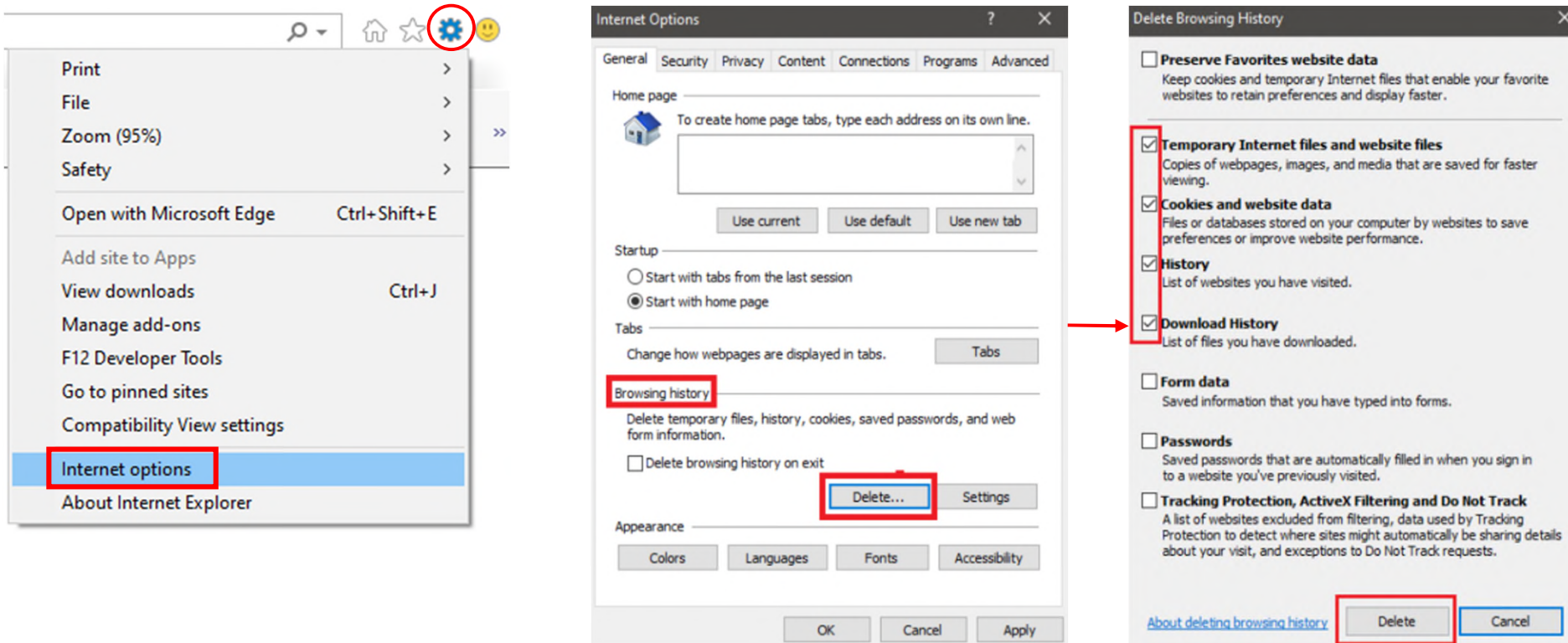
An error occurred while processing your request.

Message: The model item passed into the dictionary is of type 'System.Web.Mvc.HandleErrorInfo', but the type required by 'Vistar.Web.EApply.GUI.ViewModels.ViewModelBase' is 'System.Web.Mvc.HandleErrorInfo'.

System.InvalidOperationException: The model item passed into the dictionary is of type 'System.Web.Vistar.Web.EApply.GUI.ViewModels.ViewModelBase'. at System.Web.Mvc.ViewDataDictionary`1.Set System.Web.Mvc.ViewDataDictionary..ctor(ViewDataDictionary dictionary) at System.Web.Mvc.Web\

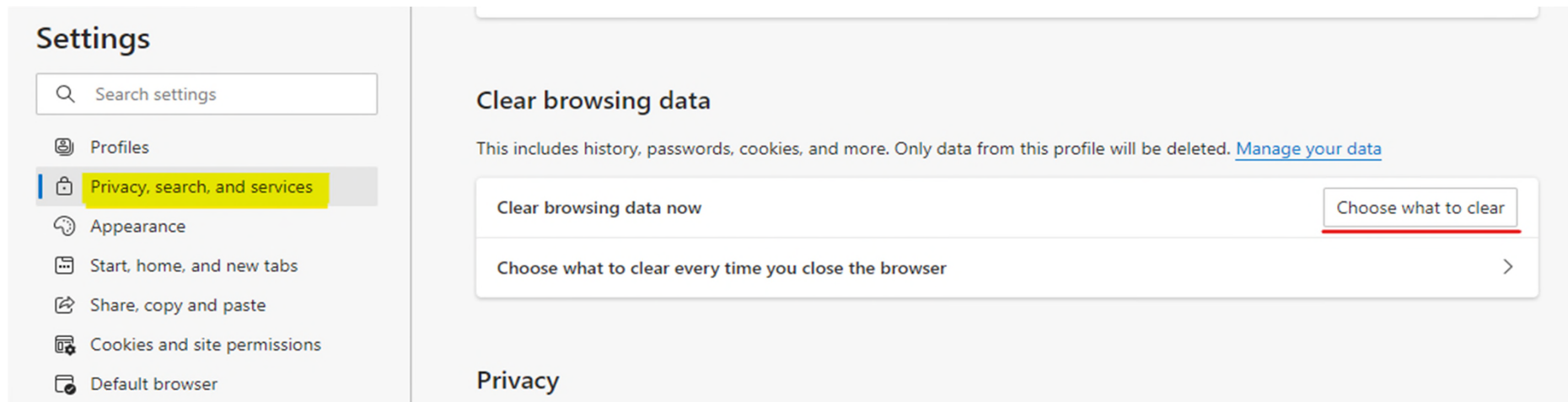
eApply – Clearing Browser Cache (Internet Explorer)

1. Click on the **Settings Menu** (looks like a gear cog), in the upper right corner
2. Select **Internet Options**
3. Under the **General** tab, scroll down to the **Browsing history** and click **Delete**.
4. Check the 4 options as shown in the **Delete Browser History** section then click **Delete**.
5. Close and reopen Internet Explorer for the changes to take effect.



eApply – Clearing Browser Cache (Microsoft Edge)

1. Click the **Tools menu** (three dotted lines in the upper-right corner) and open the **Settings** menu.
2. Click **Privacy, search and services** on the left navigation menu
3. Under the **Clear browser data** section, click on **Choose what to clear**



Continued



eApply – Clearing Browser Cache (Microsoft Edge)

4. Select **Cookies and other site data** and **Cached Images and files**.
5. Click **Clear Now** then close and reopen the browser to effect the changes

×

Clear browsing data

Time range

All time

☐ Browsing history

683 items. Includes autocompletions in the address bar.

☐ Download history

1 item

☒ Cookies and other site data

From 63 sites. Signs you out of most sites.

☒ Cached images and files

Frees up 219 MB. Some sites may load more slowly on your next visit.

This will only clear browsing data from Microsoft Edge. To do this for Application Guard, go to that window and then "Settings" > "Privacy and services".

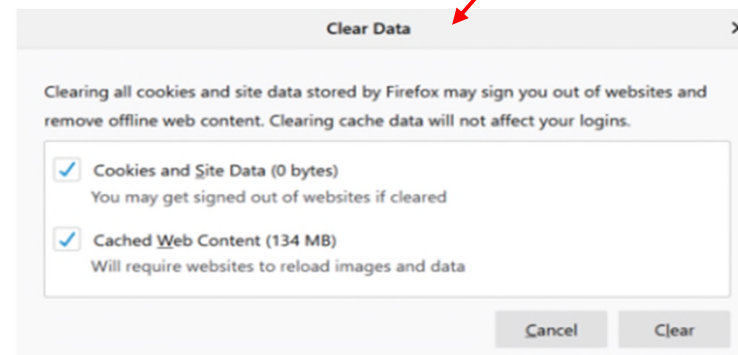
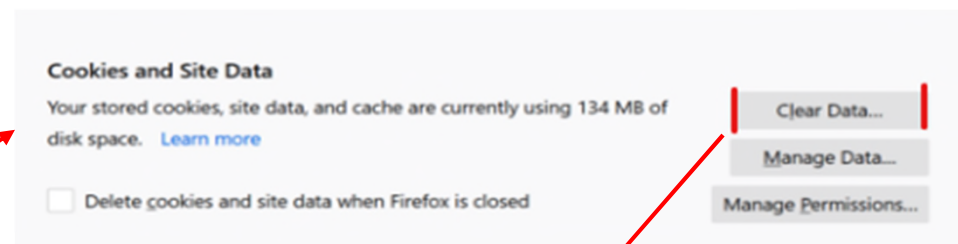
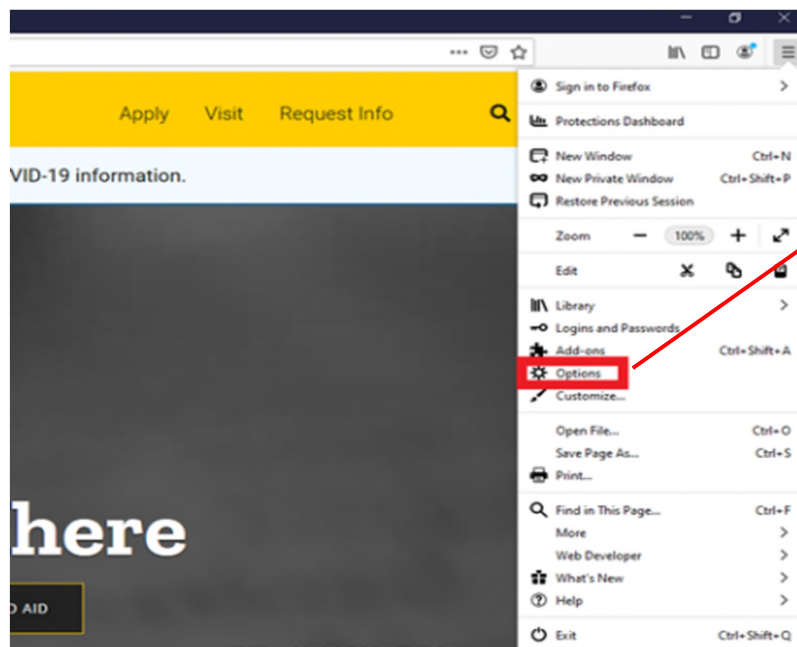
This will clear your data across all your synced devices signed in to device only, [sign out first](#).

Clear now

Cancel

eApply – Clearing Browser Cache (Mozilla Firefox)

1. Click on the **Tools** bar (three lines in the top-right corner)
2. Click on **Options** (On Mac, click **Preferences**)
3. Select **Privacy & Security**
4. Scroll to the **Cookies and Site Data** and select **Clear Data**
5. Check the two options shown in the *Clear Data* graphic, then click **Clear**. Restart the Firefox browser to effect the changes



eApply – Clearing Browser Cache (Google Chrome)

1. Click the **Tools Menu** (three dots on the upper-right corner)
2. Select **History**
3. Select **Clear browsing data** from the left-hand side.
4. Set the **Time Range** to “All Time” and check the *Cookies and other site data* and *Cached images and files* options
5. Select **Clear Data**
6. Close and re-open the browser for the changes to take effect then log back into the eApply application

