

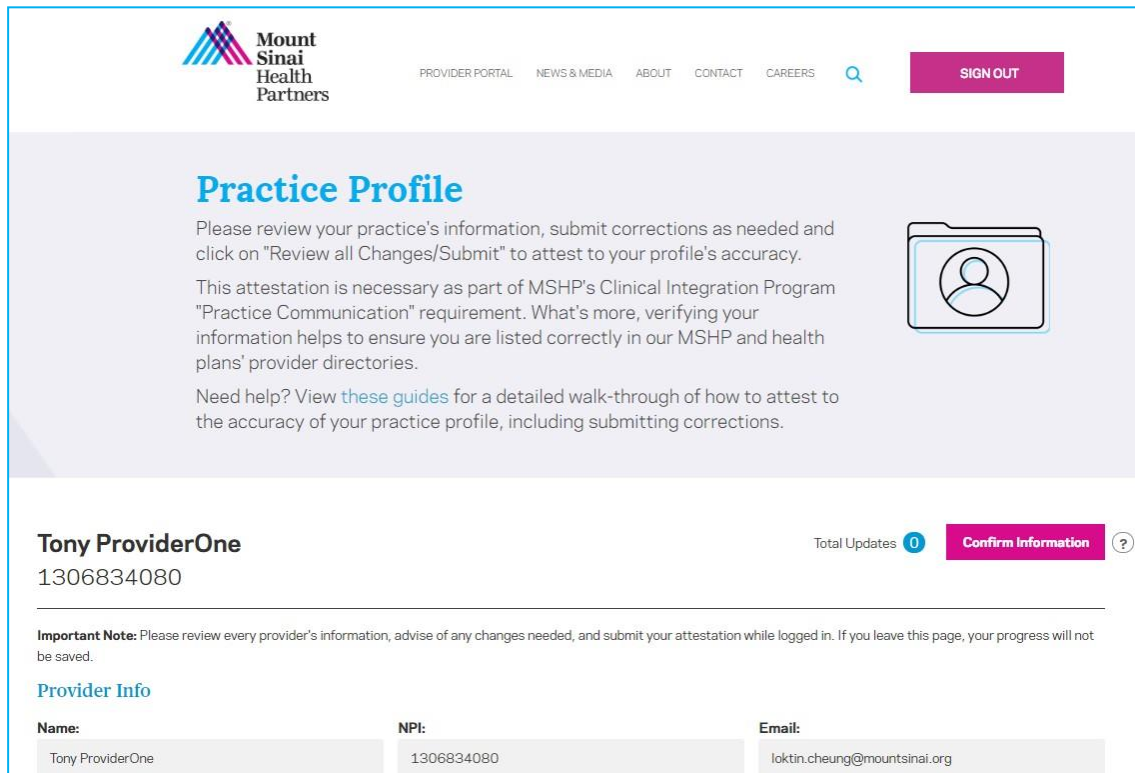
The Practice Profile web tool allows you and providers in your practice to view, update, and attest to provider and practice demographic information on file with us. Information includes provider's name, NPI, email address, provider type, specialty, acceptance of Medicare and/or Medicaid, telehealth services, online scheduling, EMR system name/address, EMR attestation, and practice location information. **Your submitted attestation will complete the "Practice Communication" requirement of the MSHP Clinical Integration Program and ensure your practice information is accurate on MSHP directories.**

Get Started

1. Log into the MSHP Provider Portal at <https://mshp.mountsinai.org/web/mshp/login>
2. Click on the **Practice Profile** application tile



3. You will be brought to the following screen to review, attest, and/or submit changes to your practice profile information.

A screenshot of the Mount Sinai Health Partners Practice Profile web tool. The header includes the Mount Sinai Health Partners logo, navigation links (PROVIDER PORTAL, NEWS & MEDIA, ABOUT, CONTACT, CAREERS), a search icon, and a SIGN OUT button. The main content area has a title "Practice Profile" and instructions: "Please review your practice's information, submit corrections as needed and click on 'Review all Changes/Submit' to attest to your profile's accuracy. This attestation is necessary as part of MSHP's Clinical Integration Program 'Practice Communication' requirement. What's more, verifying your information helps to ensure you are listed correctly in our MSHP and health plans' provider directories. Need help? View these guides for a detailed walk-through of how to attest to the accuracy of your practice profile, including submitting corrections." To the right of the text is a folder icon with a person silhouette. Below this is a section for "Tony ProviderOne" with ID "1306834080". It shows "Total Updates 0" and a "Confirm Information" button. An "Important Note" states: "Please review every provider's information, advise of any changes needed, and submit your attestation while logged in. If you leave this page, your progress will not be saved." Below this is a "Provider Info" section with three input fields: "Name:" (containing "Tony ProviderOne"), "NPI:" (containing "1306834080"), and "Email:" (containing "loktin.cheung@mountsinai.org").

Review, Submit Changes, and Submit Attestation

Follow these steps to review and complete any requests for changes and submit your attestation when logged in to Practice Profile. **You must click “confirm information” to save your changes.**

Review your practice’s information in the following fields and check for accuracy:

- Provider Info
- Medicare and Medicaid
- Patient Access
- Current EMR and EMR Requirements Attestation
- Locations

Tips:

- Names of providers in your practice will appear on the left sidebar of the page. Click on the name of the providers to view their information and submit changes as needed.
- You can also search for a provider using the **Search by Name** tool.
- Practice locations will appear on the left sidebar of the location section. Click on the name of the practice to view the practice information
- Locations cannot be updated, added, or removed. To submit location-related updates, please complete this [Provider Data Change Form](#) or you can contact us at mshp@mountsinai.org or 877-234-6667.
- We can only display up to 7 locations. If you have more than 7 locations and would like to make any updates or changes, please contact MSHP at mshp@mountsinai.org or 877-234-6667.
- You cannot change office manager information using this tool. To do so, please contact the MSHP at mshp@mountsinai.org or by calling 877-234-6667.
- If you have changed your EMR system name, please review and update your responses to the questions in the EMR Requirements Attestation section.
- To help track your progress, copy will appear that a change has been requested for fields that are edited.

Medicare and Medicaid

- In the Medicare and Medicaid section, please respond to the questions by selecting “Yes” or “No.”
- If you select “Yes,” a text box will appear.
- Please enter in the Medicare Number and/or Medicaid Number.

Medicare and Medicaid

Do you accept Medicare patients?	Medicare Number
☒ Yes ☐ No	
A change has been requested	
Do you accept Medicaid patients?	Medicaid Number
☒ Yes ☐ No	

Patient Access

- In the Patient Access section, please respond to the questions by selecting “Yes” or “No.”
- If you select “Yes”, a drop down will appear with platform options.
- Please select an option from the drop down list or select “Other” and write in a response.

Patient Access

Do you offer telehealth services to your patients?

☒ Yes ☐ No

A change has been requested

What platform do you use?

Epic ▼

Do you offer online scheduling to your patients?

☒ Yes ☐ No

A change has been requested

What platform do you use?

Other ▼

Please specify:

Name of My Platform

Current EMR

- In the Current EMR section, review or enter your EMR name and EMR direct address.
- **If you have changed your EMR system name, please review and update your responses to the questions in the EMR Requirements Attestation section.**
- Complete the EMR Attestation by answering “Yes” or “No.”

Current EMR

Name:

NextGen HealthFusion

EMR Direct Address:

If you have changed your EMR system name, please review and update your responses to the following questions to ensure accuracy.

EMR Requirements Attestation

By the end of this year, attest whether your EMR will meet the following requirements:

Document clinical data in appropriate searchable fields in EMR

☐ Yes ☐ No

Ensure laboratory data feeds are captured in EMR platform

☐ Yes ☐ No

Ensure EMR platform is connected to billing platform capabilities.

☐ Yes ☐ No

Locations

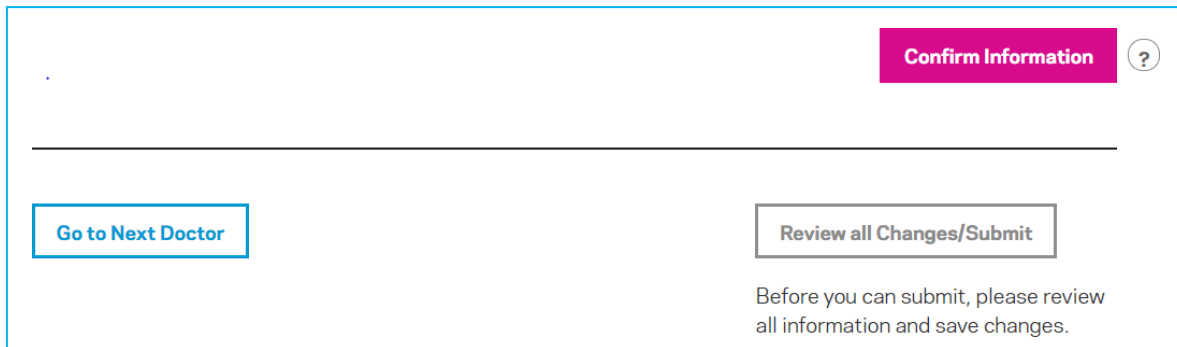
- In the Locations section, review your location information.

Submit Location Updates

- Locations cannot be updated, added, or removed via this tool. To submit location-related updates, please complete this [Provider Data Change Form](#) or you can contact us at mshp@mountsinai.org or 877-234-6667.
- We can only display up to 7 service locations. If you have more than 7 locations, please contact us for assistance at mshp@mountsinai.org or 877-234-6667.

Tips:

- After you submit a change, remember to click the **Confirm Information** button on the upper right or bottom right of the page.
- If you have more than 1 provider at your practice, click **Go to Next Doctor** to view the provider's information and submit changes as needed.



The screenshot shows a web interface with a pink button labeled "Confirm Information" in the top right corner, next to a question mark icon. Below this, there is a horizontal line. At the bottom left, there is a blue button labeled "Go to Next Doctor". At the bottom right, there is a grey button labeled "Review all Changes/Submit". Below the grey button, there is a text prompt: "Before you can submit, please review all information and save changes."

Note:

Office Manager name, email, and phone number cannot be changed. To submit an update, contact our Provider Support Services Team at mshp@mountsinai.org or 877-234-6667.

TIN cannot be added or removed. To add or terminate a TIN, submit your request using the [Provider Data Change Form](#) or you can contact us at mshp@mountsinai.org or 877-234-6667.

Review all Changes/Submit

- If all the information is accurate and you made changes as needed, click **Review all Changes/Submit** at the bottom right of the page, to attest to the accuracy of the information.

**Review all
Changes/Submit**

Before you can submit, please review all information and save changes.

Final Review & Submit Attestation

- Review a summary of all the changes you made on the **Summary of Changes** page.
- If you need to submit any further changes before submitting your attestation, click on the **“Back”** link.
- If the summary of your changes are correct, submit your attestation by clicking the **“Submit”** button.

Tip: If you leave the page without clicking **“Submit”** your progress will not be saved.

- **Check your inbox** for an email from MSHP confirming your changes and attestation have been received.
- **If further changes are needed, please refer to the section below.**

Summary of Changes

You're about to take it to the finish line! Here's a summary of what you've changed. Click on the "Back" link to give further changes if needed before clicking the "Submit" button below to save and submit. If you leave this page without clicking "Submit", your progress will not be saved.

Tony ProviderOne
NPI:1306834080

PROVIDER INFO
Specialty: Pediatrics → Internal Medicine

Practice Communication Attestation

I understand that attesting to the accuracy of my practice's profile fulfills the "Practice Communication" requirement of the MSHP Clinical Integration Program. I have reviewed and attest to the accuracy of the practice information displayed for all providers in my practices and, where relevant, I have entered updates to the displayed information.

SUBMIT

← Back

Submit Changes Post-Attestation

- After attestation is complete, you can continue to submit updates to your information following the above steps. You **do not** need to re-attest. Instead just press submit after reviewing your changes.

Tips

- When you return to the Practice Profile, after submitting your attestation, the date you submitted your attestation will appear in the upper right of the page.
- After you submit changes, remember to click on the **“Save Changes”** button.
- To submit your changes, click on the **“Submit Changes”** button.

Date Attested: June 01, 2021

Total Updates **1** **Save Changes** ?

Submit Changes

Please update my practice's information as documented above.

SUBMIT