

OSP Website – Staff Access Authorization Form

WWW.OSPDOCS.COM | TELEPHONE: (248) 357-4048 | FAX: (248) 357-2049

Access permits staff to view secure content such as performance dashboards and reports. A designated Medical Group Practice physician or authorized party must complete this form and fax back to OSP at (248) 357-2049 or email contactosp@aniosp.com.

Practice Information:

Practice Name: _____

Physician Name(s): _____

Medical Group Practice Physician/Authorization:

Print Name: _____ Title: _____

Signature: _____ Date: _____

<p><u>Staff User Information:</u></p> <p>Staff Name: _____</p> <p>E-mail: _____ <i>Must provide own email address</i></p> <p>Telephone: _____</p> <p>Mobile/Cell: _____</p> <p>Preferred user log-in name: _____</p>	<p><u>Practice Level Access:</u></p> <p><input type="checkbox"/> OSP Dashboard: [Quality, Utilization, Pharmacy, PCMH, PSAT, Population]</p> <p><input type="checkbox"/> Admission, Discharge, Transfer (Patient ADT)^{1,2}</p> <p><input type="checkbox"/> Enroll in real-time ADT Notification (text/email)^{1,2}</p> <p><input type="checkbox"/> Sensitive PHI Reports¹</p> <p><input type="checkbox"/> Physician Financial Reports³</p> <p><input type="checkbox"/> Practice Financial Reports⁴</p> <p><input type="checkbox"/> Claims, Adjustment & Stoploss Reports [BCN only]</p>
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<p><u>Staff User Information:</u></p> <p>Staff Name: _____</p> <p>E-mail: _____ <i>Must provide own email address</i></p> <p>Telephone: _____</p> <p>Mobile/Cell: _____</p> <p>Preferred user log-in name: _____</p>	<p><u>Practice Level Access:</u></p> <p><input type="checkbox"/> OSP Dashboard: [Quality, Utilization, Pharmacy, PCMH, PSAT, Population]</p> <p><input type="checkbox"/> Admission, Discharge, Transfer (Patient ADT)^{1,2}</p> <p><input type="checkbox"/> Enroll in real-time ADT Notification (text/email)^{1,2}</p> <p><input type="checkbox"/> Sensitive PHI Reports¹</p> <p><input type="checkbox"/> Physician Financial Reports³</p> <p><input type="checkbox"/> Practice Financial Reports⁴</p> <p><input type="checkbox"/> Claims, Adjustment & Stoploss Reports [BCN only]</p>
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<p><u>Staff User Information:</u></p> <p>Staff Name: _____</p> <p>E-mail: _____ <i>Must provide own email address</i></p> <p>Telephone: _____</p> <p>Mobile/Cell: _____</p> <p>Preferred user log-in name: _____</p>	<p><u>Practice Level Access:</u></p> <p><input type="checkbox"/> OSP Dashboard: [Quality, Utilization, Pharmacy, PCMH, PSAT, Population]</p> <p><input type="checkbox"/> Admission, Discharge, Transfer (Patient ADT)^{1,2}</p> <p><input type="checkbox"/> Enroll in real-time ADT Notification (text/email)^{1,2}</p> <p><input type="checkbox"/> Sensitive PHI Reports¹</p> <p><input type="checkbox"/> Physician Financial Reports³</p> <p><input type="checkbox"/> Practice Financial Reports⁴</p> <p><input type="checkbox"/> Claims, Adjustment & Stoploss Reports [BCN only]</p>
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¹highly sensitive PHI applicable to hospital-based services and care management programs / ²requires OSP Dashboard access
³user access to all Financial Statements for individual physician / ⁴user access to all Financial Statements for the medical group practice