

eApply Help Guide

Individual Practitioner – Not Credentialed

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Welcome and Tips

Welcome to the Health Alliance Plan by Henry Ford Health online enrollment application, eApply! This guide will assist you as you navigate eApply.

The process is simple—complete the fields, upload appropriate documents, e-sign the application and submit. We will email you when the enrollment process is complete.

Tips

1. Be sure to have this guide handy as you are working in the application. It contains screen shots and explanations of each field. Any data found in this guide is fictitious.
2. Refer to the notes within the application at the top of each tab for additional help.
3. There are required fields throughout the application marked with a red *.
4. **Troubleshooting tips:**
 - If the application appears slow or non-responsive, try clearing your cache.
 - If a field won't take information, try closing the application, log in, return to the tab and enter the information again.
5. If you need assistance:
 - Email **providernetwork@hap.org** and put "eApply question/issue" in the subject.
6. **Before you get started, be sure to read the registration instructions in this guide.**

Thank you for your interest in joining our network! We look forward to partnering with you!

Registration

1. Refer to the email you received from providernetwork@hap.org with the link to the eApply application. Select the link.
2. Select *Register*.
3. Complete fields – see important information and the table below.

Important! Usernames and emails must be unique for every practitioner enrolling.

Field	Instructions
User name	Must be unique. Use the name of the provider you are enrolling. If you are the enrollment person in your office, do not use your own name.
Password	Choose a password.
Confirm password	Confirm your password.
Email	Must be unique. Use the name of the provider you are enrolling and their email address (office or personal). Here are some examples: • johnsmithmd@abcinternalmed.com OR johnsmithmd@gmail.com • sallyjonesdo@abcinternalmed.com OR sallyjonesdo@yahoo.com • ACBpediatrics@gmail.com • smithdme@yahoo.com This email is only used for registration. In the application, you will be asked for an email address and contact name. We will use that information for communications including enrollment status. That name and email address do not need to be unique.
Provider type	Choose Practitioners.
IMPORTANT! Be sure to save this username, email, and password. • In case you time out or don't finish the provider's application, you need the username and password for access. • If you forget your password, you will need the email you registered with to reset it. See Appendix B for username/password reset help.	

4. Select *Register*.
5. Now you are ready to start the application.
6. Select *Start* under *Submit an Initial Application*.

Demographics

1. Complete fields. Fields with an * are required. See table below for instructions.

Demographics

Welcome to eApply! Refer to the instruction on the top of each screen throughout the application for help with completing a screen. Fields throughout the application marked with an * are required. Select Save to move to the next screen. Please complete each screen in the application.

Practitioner Type *	Art Therapist ▼
Last Name *	
First Name *	
Middle Name	
Prefix	
Gender *	
Birth Date *	mm/dd/yyyy
Practitioner NPI *	
Race/Ethnicity *	
Save Cancel	

Field	Instructions
Practitioner Type*	Auto populates based on selection during registration.
Last Name*	Enter practitioner last name.
First Name*	Enter practitioner first name.
Middle Name	Enter practitioner middle name.
Prefix	Choose appropriate prefix.
Gender*	Choose appropriate gender.
Birth Date*	Enter practitioner date of birth.
Practitioner NPI*	Enter practitioner Type 1 NPI
Race/Ethnicity*	Choose appropriate race/ethnicity.

2. When finished, select *Save*.
3. Select *Main*, *Emails*.

Emails

1. Select Create New.

Main ▾Practices ▾LicensesSpecialtiesAppointmentsEducation ▾InsuranceImagesSubmit

Practitioner Emails

Please provide a primary email address that you have access to and check regularly. You will be receiving future communications, including letters, on this email. Click "Create New" to add an email address. You may add more than one, if applicable.

Create New

EmailEmail Type

2. Complete fields. Fields with an * are required. See table below for instructions.

Main ▾Practices ▾LicensesSpecialtiesAppointmentsEducation ▾InsuranceImagesSubmit

Practitioner Emails

Please provide a primary email address that you have access to and check regularly. You will be receiving future communications, including letters, on this email. Click "Create New" to add an email address. You may add more than one, if applicable.

Create New

EmailEmail Type

Email Type *

Email *

Save

Cancel

Delete

Field	Instructions
Email Type*	Select appropriate type.
Email*	Enter email address.
Important! We will use this email address for communications including enrollment status. It does not need to be unique.	

3. Select Save.

4. Select *Main, Phones*.

Phones

1. Select *Create New*.

Main ▾Practices ▾LicensesSpecialtiesAppointmentsEducation ▾InsuranceImagesSubmit

Practitioner Phones

Please provide your individual (practitioner) phone number. Click "Create New" to add a phone number. You may add more than one, if applicable.

Phone Number

Phone Type

Create New

2. Complete fields. Fields with an * are required. See table below for instructions.

Main ▾Practices ▾LicensesSpecialtiesAppointmentsEducation ▾InsuranceImagesSubmit

Practitioner Phones

Please provide your individual (practitioner) phone number. Click "Create New" to add a phone number. You may add more than one, if applicable.

Phone Number

Phone Type

Phone Type *

Phone Number *

Extension

Save

Cancel

Delete

Field	Instructions
Phone Type*	Select Primary.
Phone Number*	Enter phone number.
Extension	Enter phone extension if appropriate.

3. Select *Save*.

4. Select *Main, Languages*.

Languages

1. Select *Create New*.

Main ▾Practices ▾LicensesSpecialtiesAppointmentsEducation ▾InsuranceImagesSubmit

Practitioner Languages

Please add all languages spoken, including English. Click "Create New" to add the language. You may add more than one, if applicable.

Create New

Language

2. Complete fields. Fields with an * are required. See table below for instructions.

Main ▾Practices ▾LicensesSpecialtiesAppointmentsEducation ▾InsuranceImagesSubmit

Practitioner Languages

Please add all languages spoken, including English. Click "Create New" to add the language. You may add more than one, if applicable.

Create New

Language

Language *

Save

Cancel

Delete

Field	Instructions
Language	Select English. Select any other languages. Note: Languages are entered one at a time.

3. Select *Save*.
4. Select *Main, Questions*.

Questions

1. Review each question. The screenshot below is a sample of some of the questions. Fields with an * are required. **If you answer “yes” to any question, you must provide additional information in the appropriate field.**

Main ▾Practices ▾LicensesSpecialtiesAppointmentsEducation ▾InsuranceImagesSubmit

Attestation and Supplemental Questions

Please answer all questions accurately to help us process your application. Your responses provide important details about your practice setup, affiliations, and credentialing information. If a question does not apply to you, select "No" or leave the corresponding text box blank as appropriate.

Do you offer telehealth services at any of the locations that you have provided? *

If Yes, which locations? (Enter the address)

Are you employed by a Health System? *

If Yes, which Health System?

Are you employed by an Independent Group? *

If Yes, what is the Independent Group name?

2. When finished, select *Save*.
3. Select *Practices, Current*.

Practices

1. Select *Create New*.

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

Practitioner Practice Locations

Click "Create New" to enter your practice location(s) details. Use the "+" icon to add each address. Select the Address Type as Practice or Billing. Only one Practice location should be marked as Primary. To select your location(s), your group application must already have been submitted. Do not override any prepopulated information.

Create New

Practice	Location Name	Address Type	Tax ID Number	Primary	Address
----------	---------------	--------------	---------------	---------	---------

2. Complete fields. Fields with an * are required.

3. To add more locations, select *Create New* and repeat these steps.

See next page for screen shot and table with instructions.

Practice*

Address

Location Name*

Practice NPI*

Tax ID Number*

Practice Type*

Primary ☐

Address Type*

Date From*

Accepting New Patients ☐

Practice As*

Office Manager Name

Phone Number*

Extension

Fax Number

Email*

Website Address

Open 24 Hours ☐

Field	Instructions
Practice*	Select magnifying glass to search for group (NPI Type 2) you're affiliated with.
Address	Auto populates based on group selected.
Location Name*	Name of your specific practice location (name on the door).
Practice NPI*	Type 2 NPI of your practice.
Tax ID Number*	TIN of the practice.
Practice Type*	Select appropriate practice type. If you don't see an appropriate choice, you can select Ancillary-Others.
Primary (check box)	Select if primary address.
Address Type*	Select practice.
Date From*	If it doesn't auto populate, enter approximate date practitioner started at location.
Accepting New Patients (check box)	Check if appropriate.
Practice As*	Select appropriate type.
Office Manager Name	Enter name of office manager.
Phone Number*	Enter phone number of practice location.
Extension	Enter phone number extension, if applicable.
Fax Number	Enter fax number of practice location.
Email*	Enter email address of the practice location.
Website Address	Enter website address of practice location.
Open 24 hours (check box)	Check if available 24 hours.

4. Select *Save*.
5. Select *Licenses*.

Licenses

1. Select *Create New*.

The screenshot shows the 'Practitioner Licenses' form with a navigation bar at the top containing links: Main, Practices, Licenses, Specialties, Appointments, Education, Insurance, Images, and Submit. Below the navigation bar is the title 'Practitioner Licenses' and a subtitle: 'Click "Create New," select the license type, and enter any state and federal licenses. Please upload a copy of the license, if applicable, on the Images screen.' The form has a table with five columns: License Type, License #, Primary, Expires, and Status. A 'Create New' button is located in the top right corner of the form.

2. Complete fields. Fields with an * are required. See table below for instructions.

The screenshot shows the 'Practitioner Licenses' form with the same navigation bar and title/subtitle as the previous screenshot. The form has a table with five columns: License Type, License #, Primary, Expiration Date, and Status. Below the table, there are input fields for each column: License Type (dropdown), Sub Type (dropdown), License # (text), Primary (checkbox), Issue Date (text), Expiration Date (text), Issuing State (dropdown), and Status (dropdown). Each field is marked with a red asterisk (*). At the bottom of the form, there are three buttons: Save, Cancel, and Delete.

Field	Instructions
License Type*	Choose appropriate license type.
Sub Type*	Choose appropriate sub type.
License #*	Enter license number
Primary (check box)	Check if this is your primary license.
Issued Date*	Enter issue date of license.
Expiration Date*	Enter expiration date of license.
Issuing State*	Select issuing state.
Status*	Select appropriate status.

3. Be sure to add license information to all practice locations. Select *Save*.
4. Select next tab, *Specialties*.

Important! You can upload copies of licenses in the *Images* tab.

Specialties

1. Select *Create New*.

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

Practitioner Specialties

Enter your specialty or specialties. Note: If you are applying as a Nurse Practitioner or Physician Assistant, please enter your primary specialty as "Nurse Practitioner" or "Physician Assistant" and your secondary specialty as your practicing specialty.

Create New

Specialty	Primary	Board Certified	Certification #	Status	Expiration Date
-----------	---------	-----------------	-----------------	--------	-----------------

2. Complete fields. Fields with an * are required. See table below for instructions.

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

Practitioner Specialties

Enter your specialty or specialties. Note: If you are applying as a Nurse Practitioner or Physician Assistant, please enter your primary specialty as "Nurse Practitioner" or "Physician Assistant" and your secondary specialty as your practicing specialty.

Create New

Specialty	Primary	Board Certified	Certification #	Status	Expiration Date
-----------	---------	-----------------	-----------------	--------	-----------------

Specialty *

Primary ☐

Board Certified ☐

Status

Certification Date

Expiration Date

Recertification Date

Certification #

Board Type

Save Cancel Delete

Field	Instructions
Specialty*	Select the correct specialty.
Primary (check box)	Check the box if primary specialty.
Board Certified (check box)	Check the box if board certified.
Status	Select the correct status.
Certification Date	Enter certification date if applicable.
Expiration Date	Enter certification expiration date if applicable.
Recertification Date	Enter recertification date if applicable.
Certificate #	Enter certificate number.
Board Type	Select correct board type. Note: There might be multiple boards listed with the same name, just pick one of them.

3. When finished, select *Save*.

4. Select next tab, *Appointments*.

Appointments

1. Select *Create New*.

The screenshot shows the 'Hospital Affiliations' form. At the top, there is a navigation bar with tabs: Main, Practices, Licenses, Specialties, Appointments, Education, Insurance, Images, and Submit. Below the navigation bar, the title 'Hospital Affiliations' is displayed, followed by the instruction: 'Enter current hospitals and facilities where you have admitting privileges. When complete, click save and continue to next screen.' At the bottom right of the form, the 'Create New' button is highlighted with a blue border.

2. Complete fields. Fields with an * are required. See table below for instructions.

The screenshot shows the 'Hospital Affiliations' form with the following fields highlighted:

- Institution Name ***: A text input field with a magnifying glass icon to its right.
- Address**: A text input field with a plus icon to its right.
- Position ***: A dropdown menu.
- Date From ***: A date input field with a placeholder 'mm/dd/yyyy'.
- Primary**: A checkbox.
- Status**: A dropdown menu.

At the bottom of the form, there are three buttons: 'Save', 'Cancel', and 'Delete'.

Field	Instructions
Institution Name*	Select magnifying glass to search for an institution. Note: If you don't have admitting privileges, search on "none" and select it.
Address	Auto populates after institution selected.
Position*	Select appropriate position or not applicable.
Date From*	Enter date (approximate) started at institution.
Primary (check box)	Select if primary hospital affiliation.
Status	Select appropriate response.

3. When finished, select *Save*.

4. Select next tab, *Education*, *Professional*.

The screenshot shows the 'Find Institution' dialog box. It has a search bar with the text 'none' entered. Below the search bar, there is a 'Search City' input field and a dropdown menu. At the bottom left, the 'None' option is highlighted with a red box. At the bottom right, there are three buttons: 'New', 'Close', and 'Search'.

Education

1. Select *Create New*.

The screenshot shows the 'Practitioner Education' form. At the top, there is a navigation bar with tabs: Main, Practices, Licenses, Specialties, Appointments, Education (selected), Insurance, Images, and Submit. Below the navigation bar, the title 'Practitioner Education' is displayed, followed by the instruction: 'Enter educational background and professional training details. When complete, save and continue to next screen.' At the bottom right of the form, the 'Create New' button is highlighted with a blue border.

2. Complete fields. Fields with an * are required. See table below for instructions.

The screenshot shows the 'Practitioner Education' form with the following fields filled out: 'Institution Name' (with a magnifying glass icon), 'Address' (with a plus icon), 'Practitioner Degree' (dropdown menu), 'Date From' (mm/dd/yyyy), 'Date To' (mm/dd/yyyy), 'Completed' (checkbox), 'Specialty' (dropdown menu), 'Education Type' (dropdown menu), and 'GME Program' (text input). The 'Save', 'Cancel', and 'Delete' buttons are at the bottom.

Field	Instructions
Institution Name*	Select magnifying glass to search for an institution. Note: If you don't have an institution to select, search on "none" and select it.
Address	Auto populates after institution selected.
Position*	Select appropriate degree or not applicable.
Date From*	Date degree obtained.
Date To	Leave blank.
Completed (check box)	Select if appropriate.
Specialty	Select appropriate specialty.
Education Type*	Select appropriate education.
GME Program	Enter appropriate program, if applicable.

3. When finished, select *Save*.

4. Select next tab, *Insurance*.

The screenshot shows the 'Find Institution' dialog box. It has a search bar with 'none' entered, a 'Search City' input field, and a dropdown menu. The 'None' button is highlighted with a red box. A red arrow points from the 'Find Institution' dialog box to the 'Institution Name' field in the 'Practitioner Education' form.

Insurance

1. Select *Create New*.

The screenshot shows the top navigation bar with links: Main, Practices, Licenses, Specialties, Appointments, Education, Insurance, Images, and Submit. Below the navigation bar is the title 'Practitioner Insurance' and a note: 'Please enter the details exactly as they appear on your insurance certificate and upload supporting documentation on the 'Documents' screen. Please note: Practitioners are required to maintain a minimum coverage of \$1M per claim / \$3M aggregate.' At the bottom of the form, there are labels for 'Carrier' and 'Policy #', and a blue 'Create New' button on the right.

2. Complete fields. Fields with an * are required. See table below for instructions.

The screenshot shows the 'Practitioner Insurance' form with the following fields filled out: Carrier (magnifying glass icon), Address (plus icon), Insurance Type (dropdown menu), Policy #, Effective Date (mm/dd/yyyy), Original Effective Date (mm/dd/yyyy), Expiration Date (mm/dd/yyyy), Claim Amount (0.00), Aggregate Amount (0.00), and Pending Suits (0). At the bottom, there are 'Save', 'Cancel', and 'Delete' buttons.

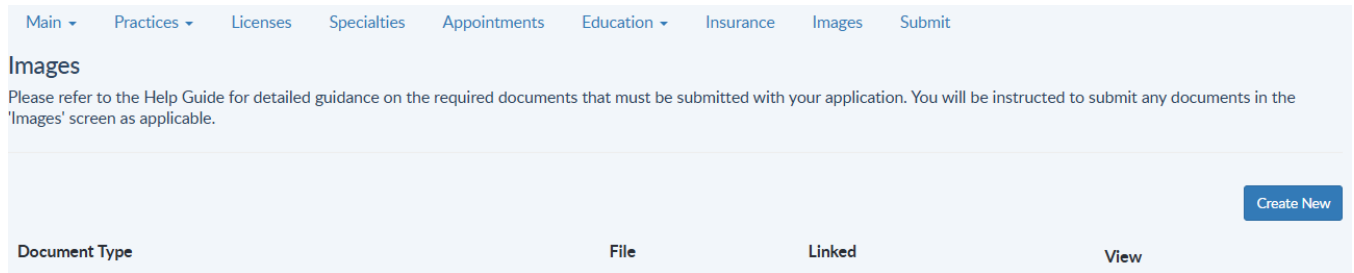
Field	Instructions
Carrier*	Select magnifying glass to search for an institution.
Address	Will auto populate after institution selected.
Insurance Type*	Select appropriate insurance type.
Policy #*	Enter policy number.
Effective Date*	Enter current effective date of policy.
Original Effective Date*	Enter original effective date of policy.
Expiration Date*	Enter expiration date of policy.
Claim Amount*	Enter claim amount. Do not enter commas.
Aggregate Amount*	Enter aggregate amount. Do not enter commas.
Pending Suits*	Enter any pending lawsuits.

3. When finished, select *Save*.

4. Select next tab, *Images*.

Images

1. Select *Create New*.



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

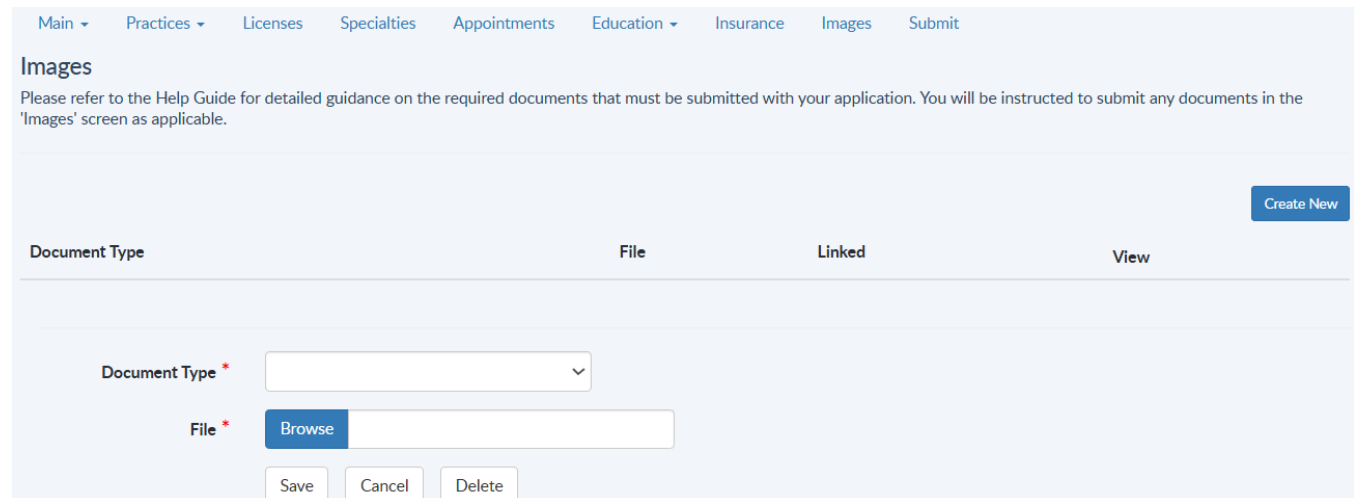
Images

Please refer to the Help Guide for detailed guidance on the required documents that must be submitted with your application. You will be instructed to submit any documents in the 'Images' screen as applicable.

Create New

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

2. Complete fields. Fields with an * are required. See table below for instructions



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

Images

Please refer to the Help Guide for detailed guidance on the required documents that must be submitted with your application. You will be instructed to submit any documents in the 'Images' screen as applicable.

Create New

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

Document Type *

File *

Field Name	Instructions
Document Type*	Select appropriate document.
File*	Select <i>Browse</i> and search for document on your computer. Double click on your file or select open to upload it. Tip: Use PDF files.

- Repeat the steps above for each image you need to upload.
- Select *Save*.
- Select next tab, *Submit*.

Please see Appendix A for a list of required documents.

Submit

1. If you are missing information, you will get a screen like the example below. Items marked with an X under *Status* are incomplete. Please return to that section and complete the missing information.

[Main](#) [Practices](#) [Licenses](#) [Specialties](#) [Appointments](#) [Education](#) [Insurance](#) [Images](#) [Submit](#)

Submit

The check mark and X icons indicate the status of each section. For sections marked with an X, go to the respective screen, complete the required fields, and click Save to update the submission. After submission, HAP will review your application. If critical information is missing, it may be rejected and returned for completion.

Status	Section	Reason
✗	Attestation and Supplemental Questions	The Attestation and Supplemental Questions Section is incomplete.
✗	Hospital Affiliations	Hospital Affiliations Section has no items.
✗	Images	Images Section has no items.
✗	Practitioner Education	Practitioner Education Section has no items.
✗	Practitioner Emails	Practitioner Emails Section has no items.
✗	Practitioner Languages	Practitioner Languages Section has no items.
✗	Practitioner Licenses	Practitioner Licenses Section has no items.
✗	Practitioner Phones	Practitioner Phones Section has no items.
✗	Practitioner Practice Locations	Practitioner Practice Locations Section has no items.
✓	Demographics	Pass
✓	Practitioner Insurance	Pass
✓	Practitioner Specialties	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.

2. Once all sections are completed and marked with a green check, select *Submit*.
3. E-sign the application.
4. Once your application is successfully submitted, you cannot make any changes.
5. We will email the contact person when the enrollment process has been completed.

Appendix A – Required Documents

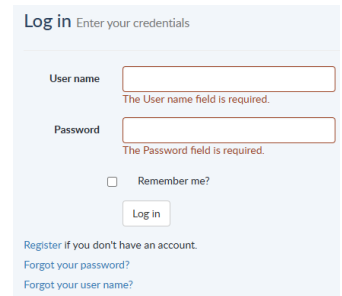
Below are the required documents that need to be submitted with your application. Documents highlighted in **blue** are available on **hap.org** to download and complete.

- W-9 (2018 or greater, signed and dated)
- **Health Alliance Plan Disclosure of Ownership and Control Interest Form**

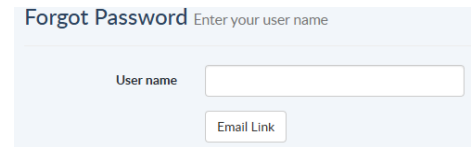
Appendix B – Username and Password Reset Help

Forgot Password

1. Go to the eApply home page. Select *Forgot your password?*

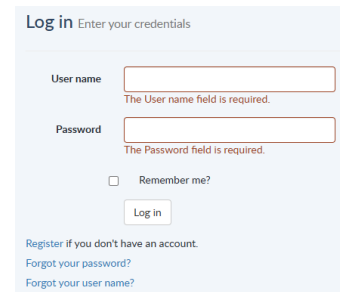


2. Enter the user name you used to register and select *Email link*.
3. We will email you a link to reset your password. **It will be sent to the email you used to register.**

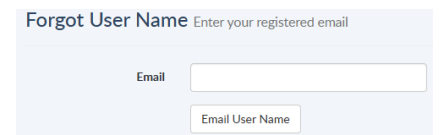


Forgot User name

1. Go to the eApply home page and select *Forgot your user name?*



2. Enter the email you used to register.*
3. We will email you a link to reset your user name. **It will be sent to the email you used to register.**



*If you forgot the email you used to register, please follow the guidelines below.

Still having trouble accessing eApply?

Please email providernetwork@hap.org and put “eApply Password Reset” and in the email include:

- The name associated with your application (Practitioner, Group, or Facility name).
- Provider NPI.
- The email address you used to register the provider, if available.
- Brief description of the issue.