HCA Healthcare India

HealthTrust Workforce Solutions

VPro

Registration Process - Standard Operating Procedure (SOP)

Version 1.0
05/01/2025

Contents

1. Purpose and Objective

1.1 The objective of this SOP is to document the process in a step-by-step manner enabling HCA GCN team members to understand the flow of activities regarding registration processes.

Internal Use

1.2 This document should be read under the guidance of HCA GCN Team Leader to manage VPro.

Note: This document is not intended to serve as a single source of guidance for onboarding of new professionals within the HCA GCN Team. Each practitioner should understand related policies and simultaneously request / validate system access as documented in System Access Document.

2. **Scope and Overview**

2.1 **Scope of Activities**

This document covers the following registration processes:

- Organization Enrollment
- Mapping Requests
- Delegate Enrollment
- Facility User Enrollment
- No Vendor Process
- Missing Information Follow Ups
- Refund Requests
- Receipt Requests
- Updating the Registration Mapping Spreadsheet

2.2 **Overview**

Below steps cover a high-level overview of the activities performed for in-scope activities as mentioned above. This summary provides a streamlined view of registration processes ensuring all steps are followed correctly and data integrity is maintained throughout the process.

3. **Key POCs**

3.1 This document will be maintained and updated by Alexis Warden, Christine Saunders from HCA US.

3.2 HCA US reviewers are as follows: Jackie Bravo

2. **Roles and Responsibility**

Role Title	Description
Credentialing Customer Service Analyst (GCN)	The Credentialing Customer Service Analyst will be responsible for providing outstanding customer service for all incoming calls and emails from internal and external customers. This role is responsible for validating there is proper follow up with information that has been sent via electronic applications. This role serves customers by determining requirements, answering inquiries, resolving problems, and fulfilling requests while maintaining database integrity.
Candidate and Delegate	The candidate and delegate are responsible for submitted organization enrollment information. Additionally, the delegate is responsible for submitting a delegate enrollment form in order to gain access to the VPro system to assist with document upload.
Facility User	The Facility User is responsible for submitting a facility user enrollment form in order to gain access to the VPro system to complete approvals or denials.

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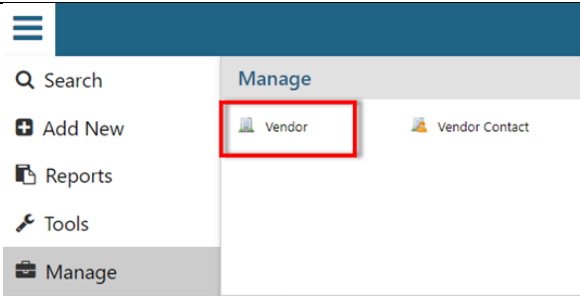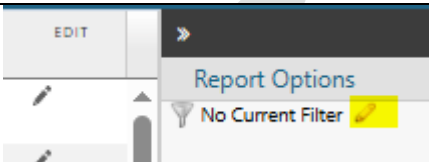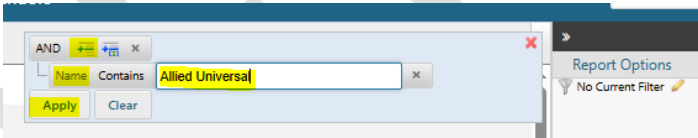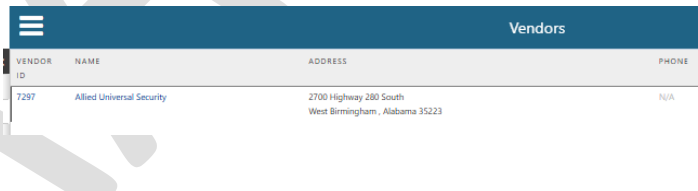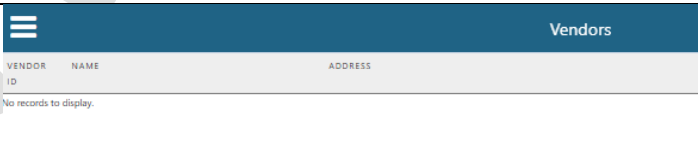Healthcare®

3. Detailed Process Guidelines
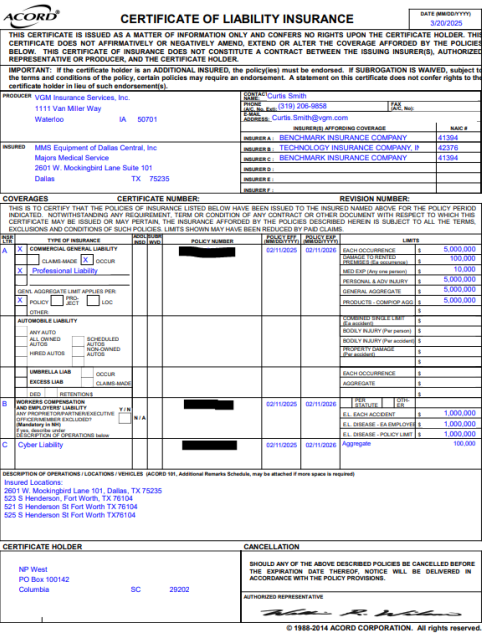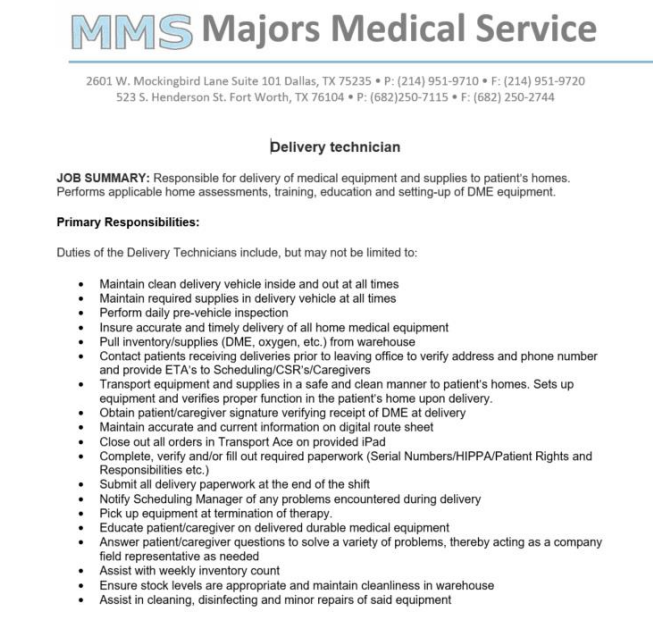
5.1 Organization Enrollment - Complete

The Credentialing Customer Service Analyst will complete the steps below to enroll a new organization into the VPro system.

Step	Instruction	Illustration
1.	Receive email into Verified Help inbox requesting organization enrollment.	
2.	Open VPro system and registration tracker. **VPro Link:** https://verified.healthtrustws.com/Recruiter/ **Registration Tracker Link:** Registration Tracker.xlsx	
3.	Confirm that the enrollment form is filled out entirely. • If **Part A** is complete proceed to the following steps. • If **Part B** is complete, refer to **"Mapping Request"** process.	

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4.	Click the three lines, hover over **"Manage"** and select **"Vendor"**	
5.	Click on the pencil under **"Report Options."**	
6.	Complete the following steps: • Click on the green + icon. • Change filter to name • Enter the name of the organization on enrollment form. • Click apply	
7.	If the organization comes up on this screen, this means it is already set up within the system. Proceed to **"Mapping Requests"** process.	
8.	If the organization does not come up on this screen proceed to the following steps.	

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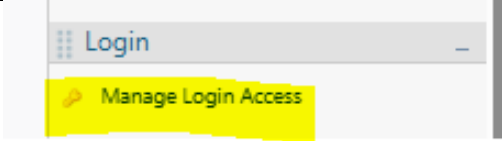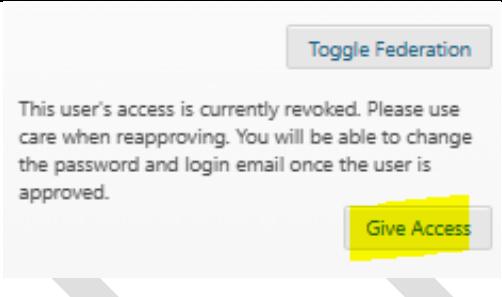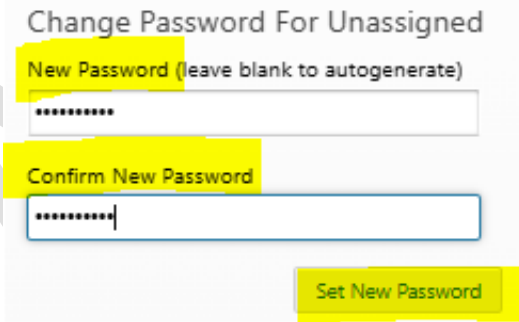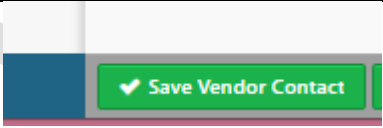
9.	Confirm that a **Certificate of Insurance** has been provided. • The Certificate of Insurance should match the organization name and should meet the required coverage limits outlined in the **Internal Management Guide.**	
10.	Confirm that a **job description** has been provided. • The Job description should be on company letterhead and should match the job title and description on the enrollment form.	
11.	If any enrollment information is missing refer to **Organization Enrollment – Missing Information** process.	
12.	If all enrollment information has been provided proceed to steps below.	

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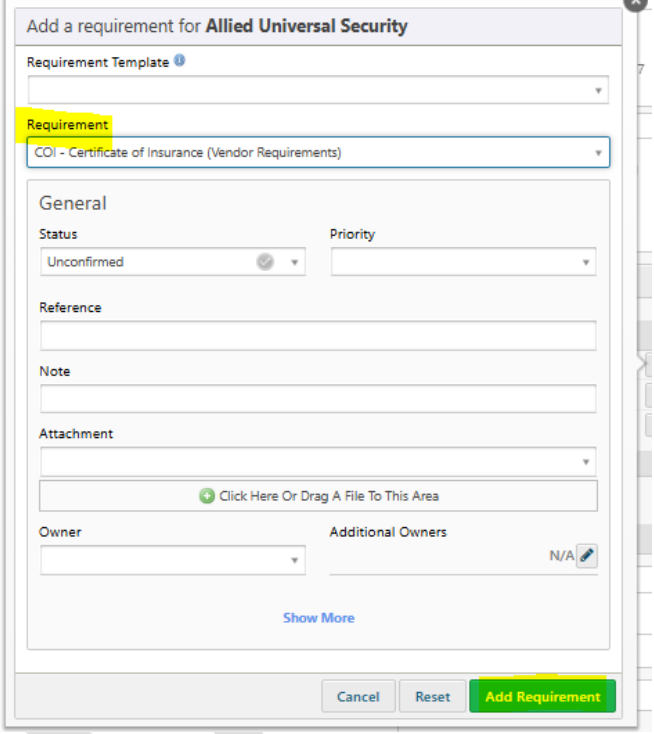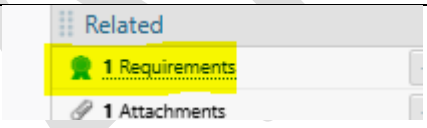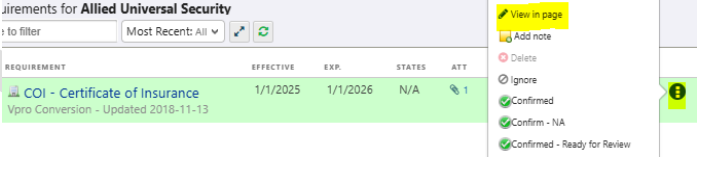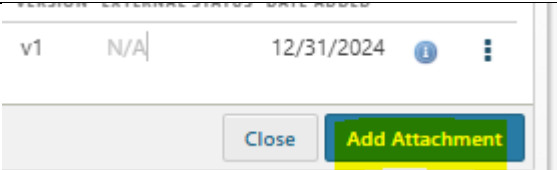
13.	Go to VPro home page and complete the following steps: • Click on the three lines • Click add new • Click vendor	
14.	On the following screen update the fields as follows: • **Vendor Name** – Name on Certificate of Insurance • **Address** – Address on Certificate of Insurance • **Vendor Manage**r – Select Kevin Kapel or the first name that appears • **Contact Method** – Phone number on enrollment form • **Locale Resource** – English (United States) VPro • **eStaff Notification Email Address is required** –enter Fake@vpro.zzz • Click save vendor	

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15.	Complete the following steps on the next screen: • Ensure the vendor is enabled • Update record sharing to **Verified Professional** • Update payment type to **both**. • Click save vendor.	
16.	The first contact for a new vendor must be a default contact. Complete steps **17 – 22** to create a default contact.	
17.	Go to VPro home page and complete the following steps: • Click on the three lines • Click add new Click vendor contact	
18.	On the following screen update the fields as follows: • **First name** – Unassigned • **Last name** – Unassigned • **Vendor** – Vendor name on **COI** - (Address will automatically populate once selected) • **Type** – HR • **Title** – Delegate • **Email -** unnassigned(Vendor ID)@vpro.zzz • **Password-** Leave blank • **Business Phone –** Phone number on enrollment form • **Default Dashboard** – Vendor	
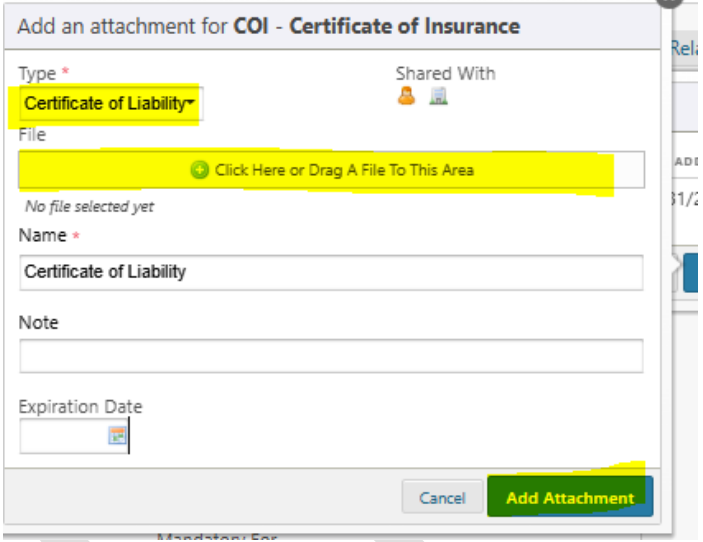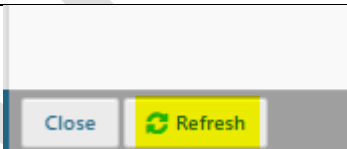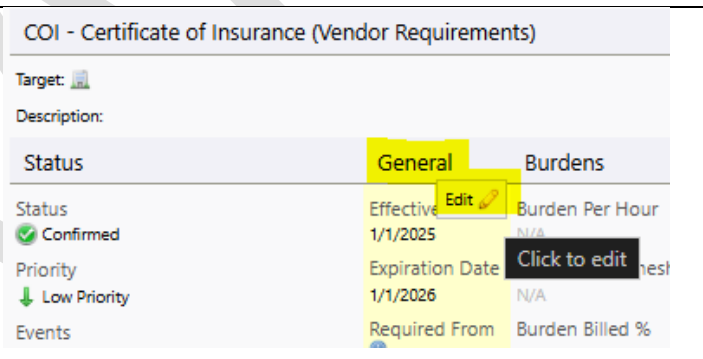
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	• Click save.	
19.	Click on **manage login access**.	Login _ 🔑 Manage Login Access
20.	Give access.	Toggle Federation This user's access is currently revoked. Please use care when reapproving. You will be able to change the password and login email once the user is approved. Give Access
21.	Enter password: **Welcome 123** • Confirm new password • Click on set new password	Change Password For Unassigned New Password (leave blank to autogenerate) ●●●●●●●●●● Confirm New Password ●●●●●●●●● Set New Password
22.	Click save vendor contact.	✔ Save Vendor Contact
23.	On the vendor page, click on the plus sign next to requirements.	Related _ 🏅 1 Requirements + 📎 1 Attachments + ⛓ 0 Relationships + Actions
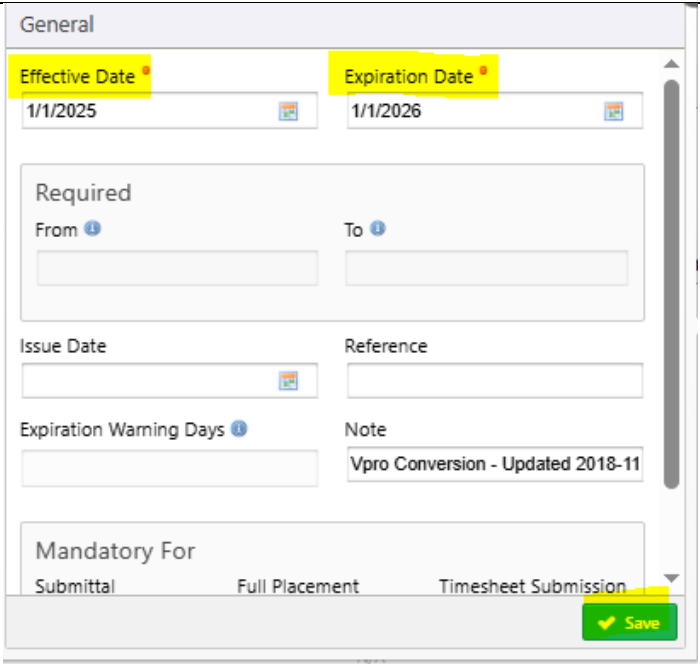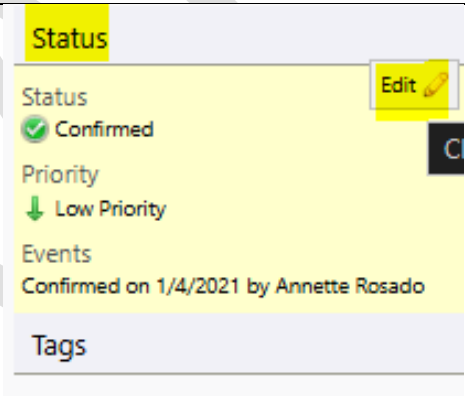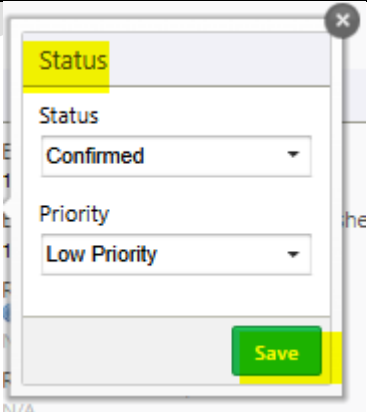
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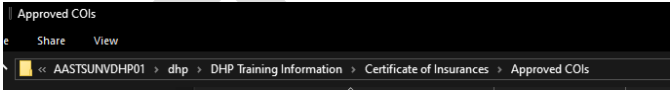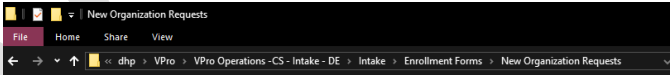
24.	Select **COI – Certificate of Insurance (Vendor Requirements)** for requirement type and click add requirement.	
25.	Right click on requirements	
26.	Click on three dots and then view in page.	
27.	Right click on attachments.	
28.	Click add attachment.	

29.	Complete the following on the pop-up window: • Select **Certificate of Liability** for Type • Drag and drop Certificate of Insurance into the file field • Click add attachment	**Add an attachment for COI - Certificate of Insurance** Type * Shared With Certificate of Liability▾ File ⊕ Click Here or Drag A File To This Area *No file selected yet* Name * Certificate of Liability Note Expiration Date Cancel **Add Attachment**
30.	Click refresh.	Close ↻ Refresh
31.	Click on edit under **"General."**	**COI - Certificate of Insurance (Vendor Requirements)** Target: Description: | Status	General	Burdens | Status Effective Edit 🖉 Burden Per Hour ✅ Confirmed 1/1/2025 N/A Priority Expiration Date Click to edit ↓ Low Priority 1/1/2026 N/A Events Required From Burden Billed %

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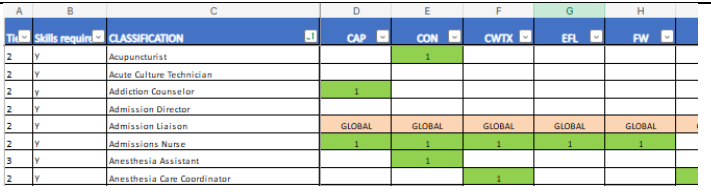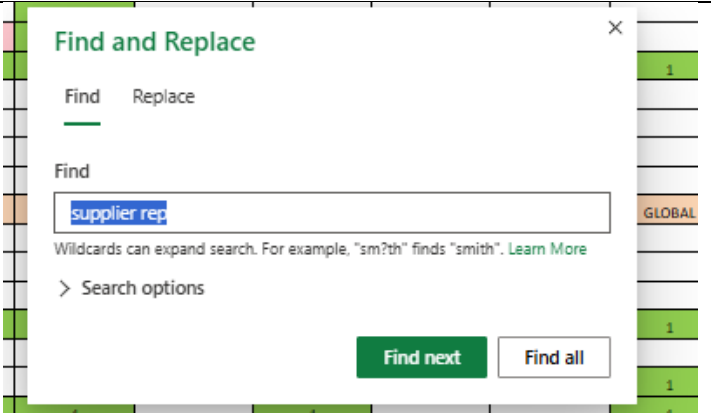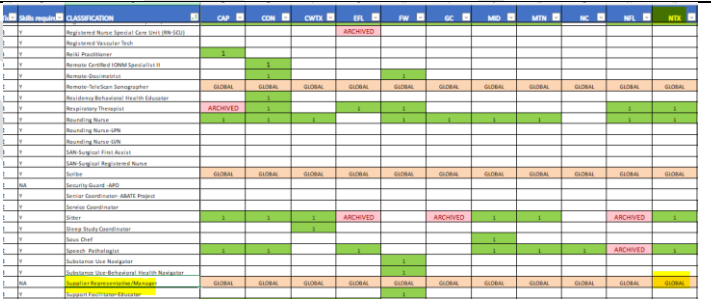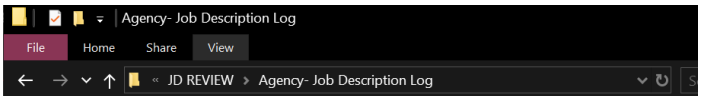
32.	Enter the effective and expiration date as listed on Certificate of Insurance and click save.	
33.	Click on edit under **"Status."**	
34.	Update status to **Confirmed** and save.	

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35.	Refresh to ensure all changes have been made.	Close Refresh
37.	Save Certificate of Insurance to the **Approved COIs** folder within the DHP drive. **File Name:** Name of Vendor-Expiration Date **Location:** \\Aastsunvdhp01\dhp\DHP Training Information\Certificate of Insurances\Approved COIs	Approved COIs Share View « AASTSUNVDHP01 › dhp › DHP Training Information › Certificate of Insurances › Approved COIs
38.	Save the enrollment form to the **New Organization Request** folder within the DHP drive. **File Name:** Name of Vendor **Location:** \\Aastsunvdhp01\dhp\VPro\VPro Operations -CS - Intake - DE\Intake\Enrollment Forms\New Organization Requests	New Organization Requests File Home Share View « dhp › VPro › VPro Operations -CS - Intake - DE › Intake › Enrollment Forms › New Organization Requests
39.	Review job descriptions and descriptions of roles provided on	

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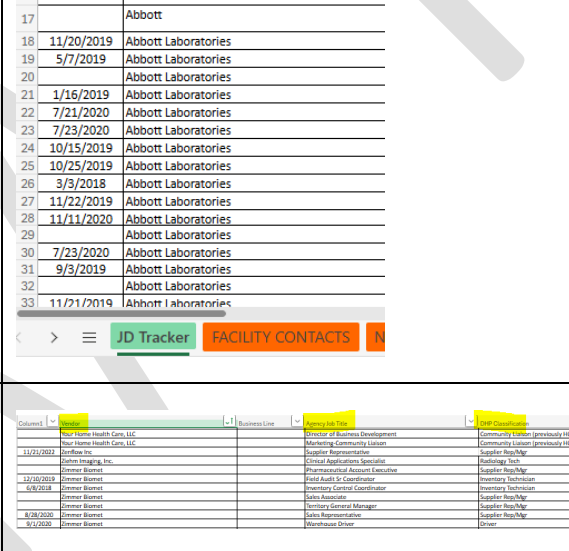
	enrollment form to determine classifications that need to be mapped for the vendor.	
40.	Refer to facility access request section on enrollment form to determine the facilities needed for the vendor.	
41.	Type facility name into the VPro quick search.	
42.	Click on blue ID number.	
43.	Identify the division the facility is in.	

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44.	Open the **SOS Tier Log**. **SOS Tier Log Link:** SOS TIER LOG 2.5.24.xlsx	
45.	CTRL +F or scroll down to search for classification.	
46.	Confirm that there is a **Scope of Service** created for the division needed.	
47.	If the Scope of Service is present, proceed to step **49.**	
48.	If the Scope of Service is not present, refer to **"Scope of Service Request"** process.	
49.	Save job description to the Job description log folder within the DHP drive. **File Name:** Create a new folder under the vendor's name if it is a new vendor. Save the job description as the name of the classification.	

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	Location: \\AASTSUNVDHP01\dhp\DHP Training Information\HealthTrust 2015-2016 Forms\DHP Request FOR Registration\JD REVIEW\Agency- Job Description Log	
50.	Open **VPro Department Resources** and navigate to the JD Tracker tab. **VPro Department Resources Link:** VPro Dept Resources 5.10.24.xlsx	
51.	Scroll to the end of the list and fill out all columns, adding the new vendor/organizations job titles and the corresponding DHP/VPro classification to the tracker.	
52.	Open the **JD tracker project**. **Link:** JD tracker Project.xlsx	

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53.	On the registration tab fill out all columns with new vendor job information.	
54.	Open **mapping spreadsheet template** and save a copy. The template should have your initials and the current date. **Example:** Vpro Vendor Mapping DB 09142023-1.xlsx **Template Link:** Vpro Vendor Mapping SFE_DATE-1 (1).xlsx	

55.	Fill out the spreadsheet as follows:
	
	• **Vendor ID**
	   ○ Can be obtained from VPro system
	• **Vendor Name**
	   ○ Can be obtained from VPro system
	• **Folder Group ID**
	   ○ Can be obtained from Configuration Spreadsheet
	• **Folder Group Division ID**	

	- o Can be obtained from Configuration Spreadsheet **Division Name.** - o Can be obtained from Configuration Spreadsheet **Configuration Spreadsheet Location:** https://hcahealthcare.sharepoint.com/sites/HWS-Sunrise-VerifiedProfessional	
56.	Save the completed spreadsheet and add it to **VProClassMap folder**. **Folder Location:** P:\PUBDATA\ERECRUIT\Automated Jobs\VproClassMap	
57.	The spreadsheet will be in the archive folder when it is successfully mapped.	
58.	If there was an error, the spreadsheet will be in the failed folder. Double check information entered and resubmit. If there is still an error escalate to Team Lead.	

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Step	Instruction	Illustration	
59.	Once all enrollment steps have been completed and classifications are mapped, send "**Organization Enrolled**" template to contact who provided the enrollment information. **Template Link:** Registration Process(1)	Greetings, Thank you for sending your Organization Enrollment form and COI. We were able to add your company along with the role type(s) within your company to HealthTrust Verified. Now that your company has been added, you will want to have your staff self-register to initiate the credentialing process. If they have already self-enrolled they may continue with the credentialing process. If you will be assisting with the credentialing process, please log on to the following link and submit your form: https://vproverified.com/delegate/. Please note, if you will be needing both a delegate and VPro user credentialing account you will be required to submit two different email addresses to associate with each account. The following is the information submitted to our IT department for integration; this process is now complete. • Vendor Name: **GT Metabolic Solutions Inc** • Classifications: **Tier 2	Supplier Representative/Manager** • Facilities: **All HCA facilities across the US** Link for all HCA Facilities across the US: https://hcahealthcare.com/locations/index.dot Self-Registration (also noted on the VPro User Quicksteps attached) • Via google chrome go to www.hwsverified.com • Select Verified Professional • Choose Create Acct. at bottom of screen • Complete registration Please refer to the attached VPRO User Quick Steps Registration to Credentialing Guide when creating credentialing accounts. If you have further questions or concerns feel free to contact our Customer CARE Service Team. -	**5.2**
60.	Update **Registration Tracker** under **Enrollments** tab.		
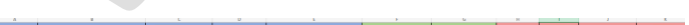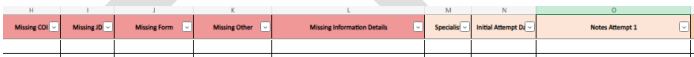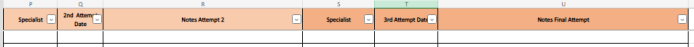
Organization Enrollment - Missing Information

The Credentialing Customer Service Analyst will complete the steps below if an organization enrollment packet is missing information.

Step	Instruction	Illustration
1.	Enter enrollment information on the **Registration Tracker** under the **Enrollment tab** and indicate what is missing.	

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Step	Instruction	Illustration
2.	Send **Incomplete Forms** email template to contact who provided enrollment information. Alter template to include only the information that is missing. **Email Template Link:** Registration Process(1)	Hello, We recently received a request from you in regards to starting the credentialing process for access to HCA Facilities. Please note that we are missing the following to start the process: 1. Agencies new to HealthTrust must submit **Certificate of Insurance** with Policy Number, Description of Coverage with Coverage Amount with Limits for General, Product, and Professional Liability to add on file. 2. Attached Vendor Enrollment form completed – all pages 3. The job description is needed in order to correctly determine the classification and tier level. Please include the duties you will be performing while inside the HCA facilities. • Please note that for the job description, we need the following: Document from current employer that confirms duties being performed when working in HCA Hospitals or Surgery Centers. **The letter must include:** 1. Company letterhead 2. Title of Job/Position 3. Basic responsibilities 4. Qualifications 5. License, Certification, Education 6. Skills
3.	Complete tracker detailing what actions were taken.	
4.	Complete weekly follow ups as directed by Credentialing Team Lead and enter information in **Enrollments** tab. See **Missing Information – Follow Ups** process for additional information.	

5.3 Mapping Requests

The Credentialing Customer Service Analyst will follow the steps below to map classifications to existing organizations within the VPro system.

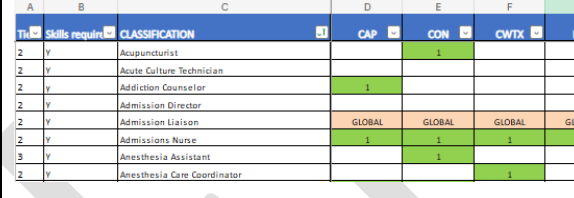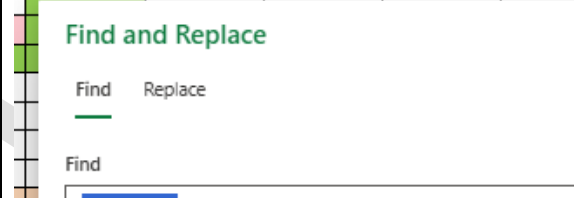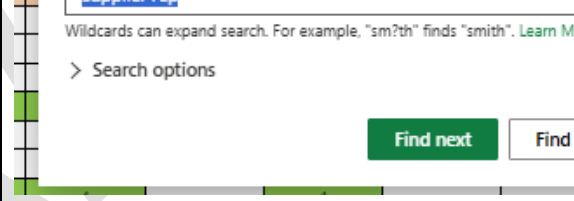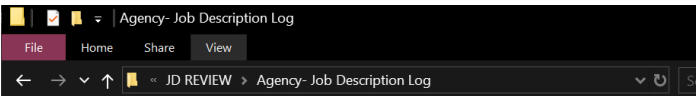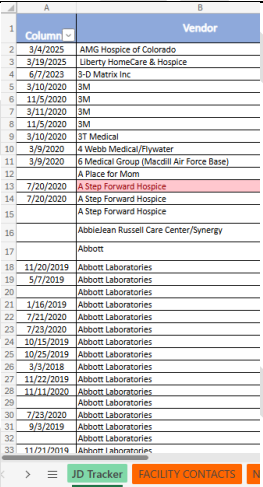| Step	Instruction	Illustration

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1.	Receive mapping request from Customer Care Service Analyst as a result of a phone call, or an organization seeking to add additional classifications within the VPro system.	Hello, Please map the below. - Vendor Name: Globus Medical - Vendor ID: 134 - Classifications (include tier): Tier 3 | Non-Certified IONM Specialist I - Division: **WFL** **Part B Form** **Complete Form B - If your organization already exists within Verified Professional and you want to add a role/position to register under your organization** **A form must be completed for each of your internal Job Descriptions** Yes: X / No: — Action(s) Requested: I am requesting to add role/position types to my Organization – Part B Form **Organization Name** Superior Surgical Associates LLC **Organization Contact** First: Karen Last: Basham **Organization Contact** email: Karen@superiorsurgicalassociates.com Ph No. 225-202-0651 **Role Description** Please describe the role, not your Job Description, you will be working as within an HCA facility. The role may be a portion of your normal company responsibilities but not the full range. HealthTrust needs to ensure that your classification is specific to HCA role classifications and not your job title. If you have any questions, please contact HWS *Examples:* Clinical Liaison for a Medical Device company would be classified as a Supplier Representative. An Admission Nurse who enters the hospital due to a referral may be classified as a Community Liaison. **Description of the Role:** Contracted Surgical First Assistant in the Cardiac Surgical Suite **Which Facility or Facilities?** Rapides Regional Medical Center in Alexandria Louisiana
2.	If an enrollment form is received, proceed to step **4**.	
3.	If a mapping request template is received from a Customer Service Analyst, proceed to step **8**.	
4.	Refer to facility access request section on enrollment form to determine the facilities needed for the vendor.	**Which Facility or Facilities?** Rapides Regional Medical Center in Alexandria Louisiana
1.	Type facility name into the VPro quick search.	⚙ Alexis Warden ⌄ rapides regional 🔍
2.	Click on blue ID number.	ID DESCRIPTION P Type: Company 253 Rapides Regional Medical Center-LA, 211 Fourth Street, Alexandria, LA

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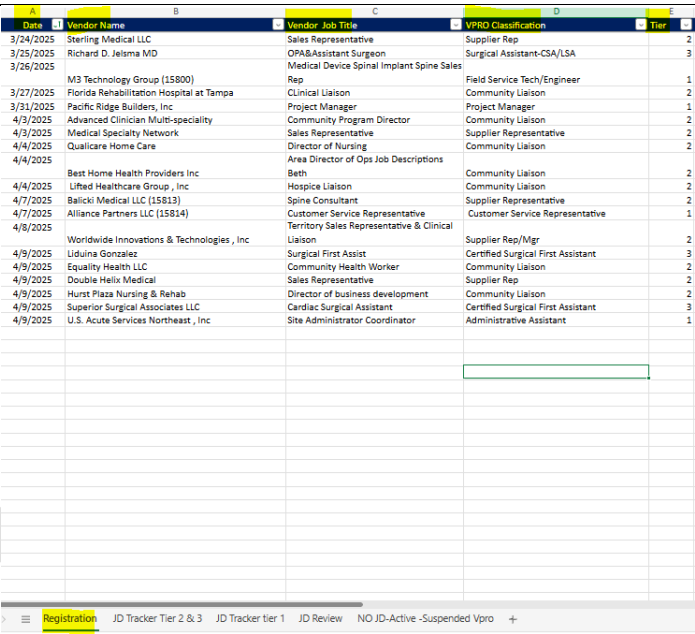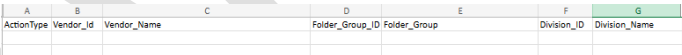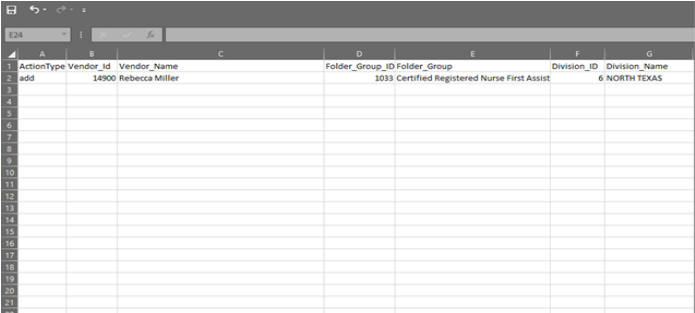
3.	Identify the division the facility is in.	
4.	Open the **SOS Tier Log.** **SOS Tier Log Link:** SOS TIER LOG 2.5.24.xlsx	
5.	CTRL +F or scroll down to search for classification.	
6.	Confirm that there is a Scope of Service created for the division needed.	
7.	If the Scope of Service is present, proceed to step **13**.	
8.	If the Scope of Service is not present, refer to **"Scope of Service Request"** process.	

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9.	Save job description to the **Job description log** folder within the DHP drive. Locate the folder for the vendor within the folder. **File Name:** Classification Name **Location:** \\AASTSUNVDHP01\dhp\DHP Training Information\HealthTrust 2015-2016 Forms\DHP Request FOR Registration\JD REVIEW\Agency- Job Description Log	
10.	Open **VPro Department Resources** and navigate to the JD Tracker tab. **VPro Department Resources Link:** VPro Dept Resources 5.10.24.xlsx	
11.	Scroll to the end of the list and fill out all columns, adding the new vendor/organizations job titles and the corresponding DHP/VPro classification to the tracker.	
12.	Open the **JD tracker project**. Link: JD tracker Project.xlsx	

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13.	On the registration tab fill out all columns with new vendor job information.	
14.	Open mapping spreadsheet template and save a copy. The template should have your initials and the current date. **Example:** Vpro Vendor Mapping DB 09142023-1.xlsx **Template Link:** Vpro Vendor Mapping SFE DATE-1 (1).xlsx	

15.	Fill out the spreadsheet as follows:
	
	• **Vendor ID**
	  o Can be obtained from VPro system
	• **Vendor Name**
	  o Can be obtained from VPro system
	• **Folder Group ID**
	  o Can be obtained from Configuration Spreadsheet
	• **Folder Group Division ID**
	  o Can be obtained from Configuration Spreadsheet
	• **Division Name**.	

Internal Use

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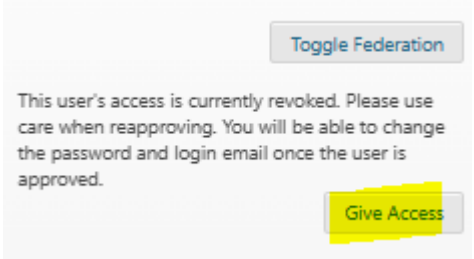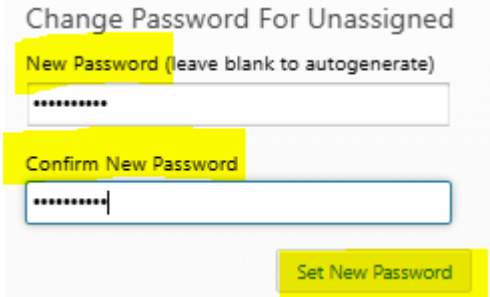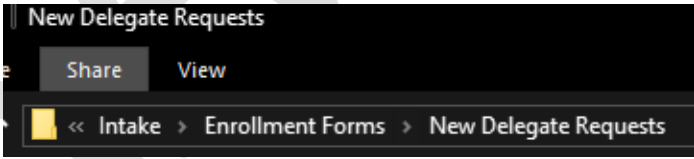|		
	o Can be obtained from Configuration Spreadsheet **Configuration Spreadsheet Location:** https://hcahealthcare.sharepoint.com/sites/HWS-Sunrise-VerifiedProfessional	
16.	Save the completed spreadsheet and add it to **VProClassMap** folder. **Folder Location:** P:\PUBDATA\ERECRUIT\Automated Jobs\VproClassMap	
17.	The spreadsheet will be in the archive folder when it is successfully mapped.	
18.	If there was an error, the spreadsheet will be in the failed folder. Double check information entered and resubmit. If there is still an error escalate to Team Lead.	

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Step	Instruction	Illustration
19.	Send **"Mapping Complete"** template to VPro and delegate. **Template Location:** <u>Registration Process(1)</u>	Subject: Organization Enrollment Status: Hello , Thank you for your interest in credentialing with HealthTrust. The following is the information submitted to our IT department for integration; this process is now complete. • Vendor Name: • Classifications: • Facilities: Link for all HCA Facilities across the US: https://hcahealthcare.com/locations/index.dot Self-Registration (also noted on the VPro User Quicksteps attached) • Via google chrome go to www.hwsverified.com • Select Verified Professional • Choose Create Acct. at bottom of screen • Complete registration Please refer to the attached VPRO User Quick Steps Registration to Credentialing Guide when creating credentialing accounts.
20.	Update **Registration Tracker** on **Mapping** tab with actions taken.	

5.4 Delegate Enrollment

The Credentialing Customer Service Analyst will follow the steps below to create delegate accounts. These accounts will allow the delegates access to manage their roster of employees within the VPro system.

Step	Instruction	Illustration

Internal Use

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1.	Receive delegate enrollment form into the Verified Help inbox.	
1.	Go to VPro home page and complete the following steps: • Click on the three lines • Click add new Click vendor contact	
2.	On the following screen update the fields as follows: • **First name** • **Last name** • **Vendor** – Vendor name on **COI** - (Address will automatically populate once selected) • **Type** – HR • **Title** – Delegate • **Email** - Email on delegate form • **Password**- Leave blank • **Business Phone** – Phone number on delegate form • **Default Dashboard** – Vendor • Click save.	
3.	Click on manage login access.	

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4.	Give access.	
5.	Enter password: **Welcome 123** • Confirm new password • Click on set new password	
6.	Click save vendor contact.	
7.	Save delegate enrollment form to the **"New Delegate Requests"** folder within the DHP drive. **Folder Location:** \\AASTSUNVDHP01\dhp\VPro\VPro Operations -CS - Intake - DE\Intake\Enrollment Forms\New Delegate Requests	

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Step	Instruction	Illustration
8.	Send **"Delegate Initial Log In"** email template to the delegate. **Template Location:** Registration Process(1)	Delegate User Quick Steps.pdf Subject -Delegate User Account Created - Hello, Your HWSVerified Delegate account has been created. The login will be: [email address] To setup your account you must establish a password. Below is quick process to do this. (Disregard the No Reply email that was sent as it is duplicative) 1. Copy and paste the URL provided below into Google Chrome Browser, *don't* use link in password reset email 2. https://www.hwsverified.com/ and click on delegate 3. Enter your email associate with the account and Welcome123 as the current password 4. Once you are in the next page, set your new password and confirm your new password Now you will be able to login at www.HWSVerified.com with your email address and your new password! **Very important** Please be sure to use Google Chrome as your search engine when logging on to the system otherwise you will encounter errors. Safari, FireFox and Internet Explorer do not support the HWSVerified Platform. For your assistance we have attached helpful documents intended to guide you through the HealthTrust Verified system. If you have further questions or concerns feel free to contact our Customer CARE Service Team.
9.	Update **Registration Tracker** on **Enrollments** tab with actions taken.	
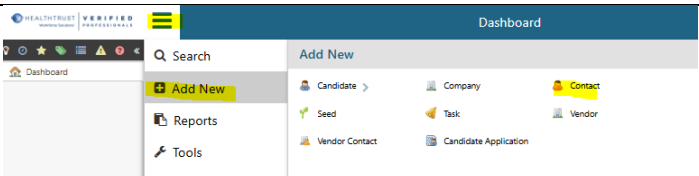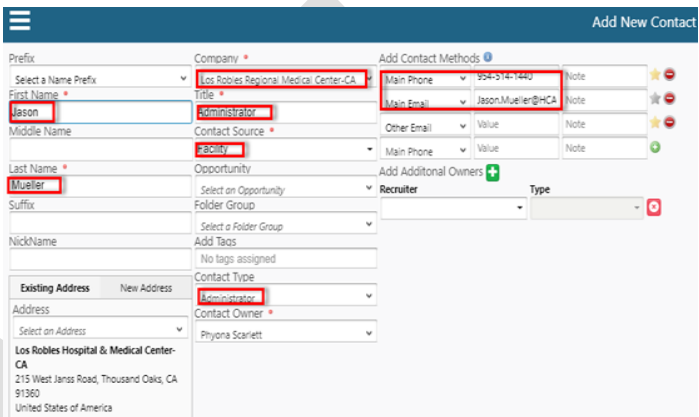
5.5 Facility User Enrollment
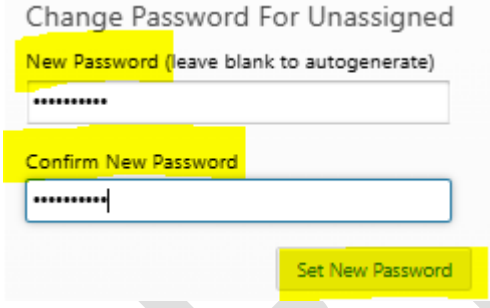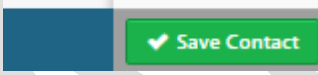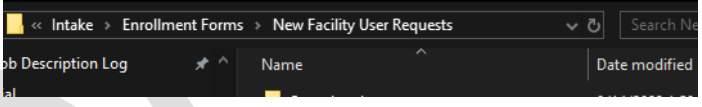
The Credentialing Customer Service Analyst will follow the steps below to create facility user accounts. These accounts will allow facility users to run reports, view credentials, and approve or deny Verified Professionals within the VPro system.

Step	Instruction	Illustration
1.	Receive facility user enrollment form into the Verified Help inbox.	HEALTHTRUST VERIFIED PROFESSIONALS This form is for Facility User Requests of the HWSVerified site. Email your final form to: PARA.DHPCompliance@Parallon.com *If you are a VPro representative/delegate/HR for a Vendor and would like an account to assist your team with their credentialing files, please complete the Delegate form located at https://vproverified.com/delegate/* **Request Type** Initial Request Modification **Type of Access Needed** X **Approver** – you are an appropriate leader who needs to review files to approve or deny credentialing requests and need access to reporting **Facility Administrator (IT)** – to register VPro workstations **Viewer Access** – you only need access to reporting First Name — Jon Pierre Last Name — Edmond
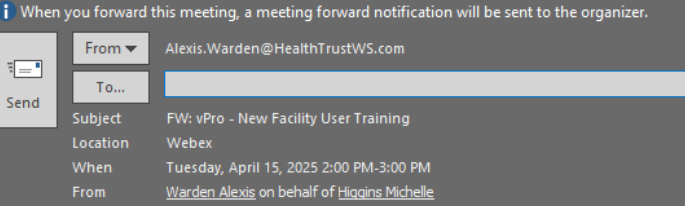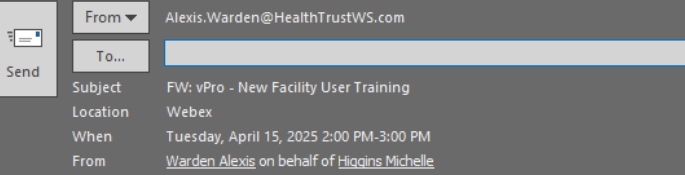
2.	On the VPro homepage, click on the three lines, add new, and then contact.	
3.	On the following page update the fields as follows: • **First Name** • **Last Name** • **Company** – Facility name • **Title**- As stated on the facility enrollment • **Contact Source**- Facility • **Contact Type**- Administrator, Approver or Viewer as stated on enrollment form. • **Contact Methods** –Must have main phone and main email address. • Select "Save"	
4.	Update status from **"Prospect"** to **"Active."**	
5.	Click on **"manage login access."**	

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6.	Give access.	
7.	Enter password: **Welcome 123** • Confirm new password • Click on set new password	
8.	Click save contact.	
9.	Save enrollment form in the **"New Facility User Requests"** folder within the DHP drive. **Folder Location:** \\Aastsunvdhp01\dhp\VPro\VPro Operations -CS - Intake - DE\Intake\Enrollment Forms\New Facility User Requests	
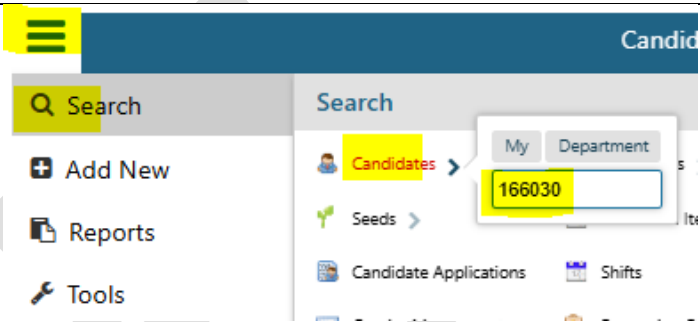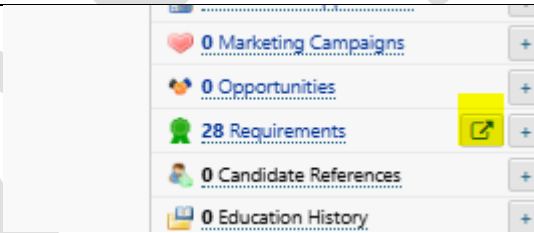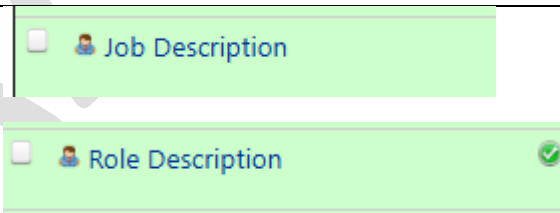
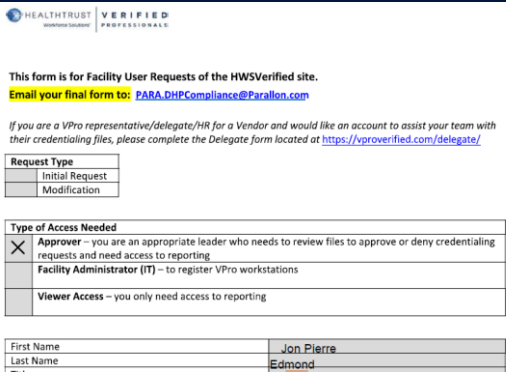| Step	Instruction	Illustration
10.	Send **"Facility Admin Created"** email template to the new facility user. **Template Location:** Registration Process(1)	1-VPRO INSTRUCTIONAL GUIDE - SOFTWARE - REPORTING 5-3-22.docx Kiosk Login Daily Expectations rev 10-29-22.pdf Reporting Tool in VPro -- HWSVerified 8-30-21.pdf Subject - HWSVerified Facility Approver Account Created – [Name of Facility Approver] Hello, Your HWSVerified Facility Approver account has been created. For your assistance, we have attached helpful documents intended to guide you through the HealthTrust Verified system. As a facility user we want you to feel comfortable using the HWSVerified software. Additional Training and Resources may be found at our Resource Site: www.vproverified.com Your Login Email Address associated with your Facility User account is: [email login address] 1. Copy and paste the URL provided below into Google Chrome Browser, *don't* use link in password reset email https://facility.hwsverified.com 2. Enter your email associate with the account and Welcome123 as the current password 3. Once you are in the next page, set your new password and confirm your new password **Very important** Please be sure to use Google Chrome as your search engine each and every time when logging on to the system otherwise you will encounter errors. Safari, FireFox and Internet Explorer do not support the VProfessionals Platform. Link for VPro Online Resources: http://engage.healthtrustjobs.com/verified For additional Assistance you may contact our customer service team at 954-514-1440 or VerifiedHelp@HealthTrustWS.com
11.	Forward the earliest **Facility User Training** scheduled by Director of Account Management to new user. Do not send the training invitation to IT.	When you forward this meeting, a meeting forward notification will be sent to the organizer. From: Alexis.Warden@HealthTrustWS.com To: Subject: FW: vPro - New Facility User Training Location: Webex When: Tuesday, April 15, 2025 2:00 PM-3:00 PM From: Warden Alexis on behalf of Higgins Michelle
12.	Update **Registration Tracker** on **Enrollments** tab with actions taken.	

5.6 No Vendor Process
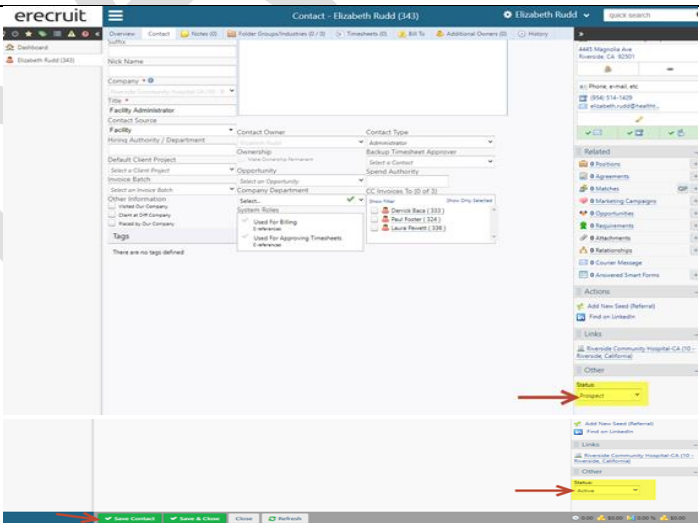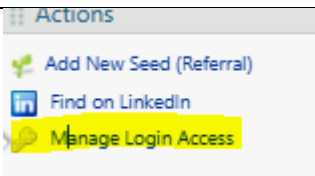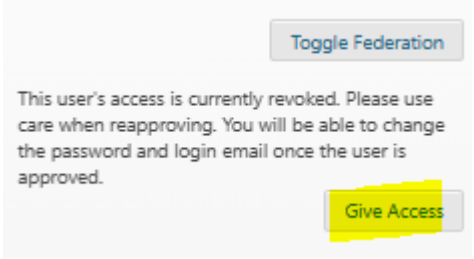
The Credentialing Customer Service Analyst will follow the steps below when an account with no vendor is received.

Step	Instruction	Illustration
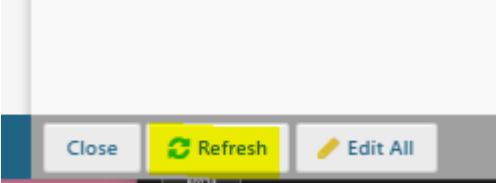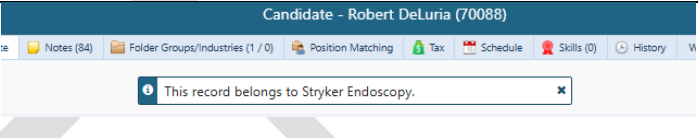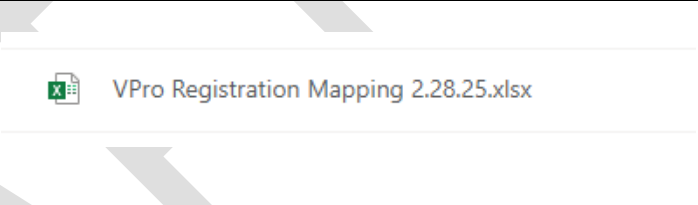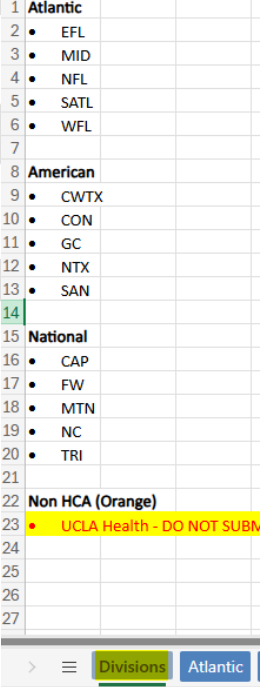
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1.	Receive a request from the Credentialing Team Lead or a Credentialing Customer Service Analyst to add a vendor to an account.	Hello, The following initial files do not have an agency applied to their accounts. Please let me know once each is applied so the files can be assigned for review. Stephen John Smial (166030) Vidya Peruvaje (167081) Sean Patrick Dugan (167496)
1.	Open the VPro account by searching by candidate ID.	Search — Candidates 166030
2.	Click the box with the arrow next to requirements to open the work view.	0 Marketing Campaigns, 0 Opportunities, 28 Requirements, 0 Candidate References, 0 Education History
3.	Confirm that a job description and role description are on file.	Job Description / Role Description
4.	If there is no job description or role description on file, or you cannot determine who the VPro works for based on the documentation provided, proceed to steps **7-10.**	
5.	If there is a job description and role description on file and you can determine the vendor the VPro works for, proceed to step **11**.	

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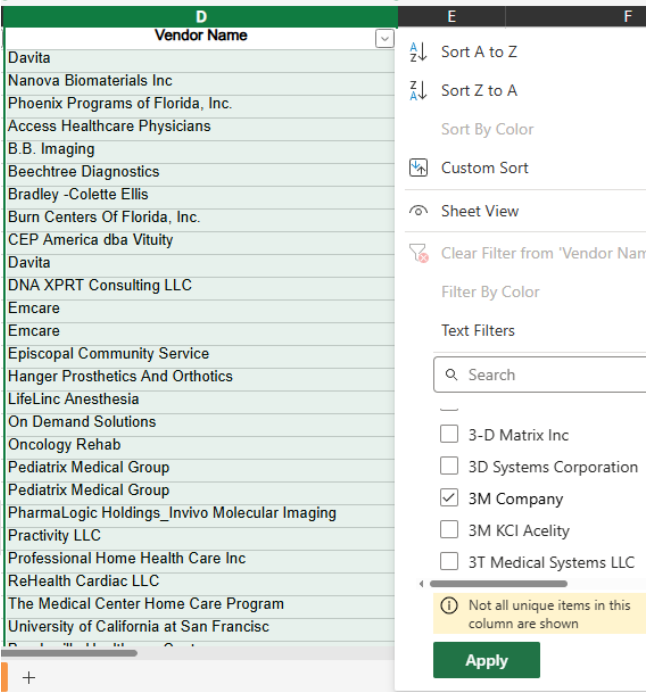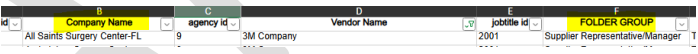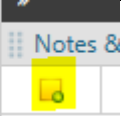
6.	Enter VPro account information on the Registration Tracker under the **No Vendor Project** tab.	
7.	Send **Incomplete Forms** email template to VPro and delegate. **Email Template Link:** Registration Process(1)	
8.	Enter the date initial email sent under **"First Follow Up."**	
9.	Click on note icon.	

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10.	Update note action as follows: • **Note Action:** No Vendor – Enrollment Documents Requested • **Body:** Add note indicating that a follow up was sent for organization enrollment information to add vendor. • Click save.	
11.	Open VPro, click on the three lines and select manage, and then vendor.	
12.	Click on the pencil under report options and complete the following: • 1. Click on the Green plus icon • 2. Change filter to Name • 3.Enter the name of the vendor • 4. Click Apply	
13.	If the vendor is not found, refer to the **Organization Enrollment - Missing Information** process.	
14.	If the vendor is found, return to VPro candidate page and click on the tax tab.	
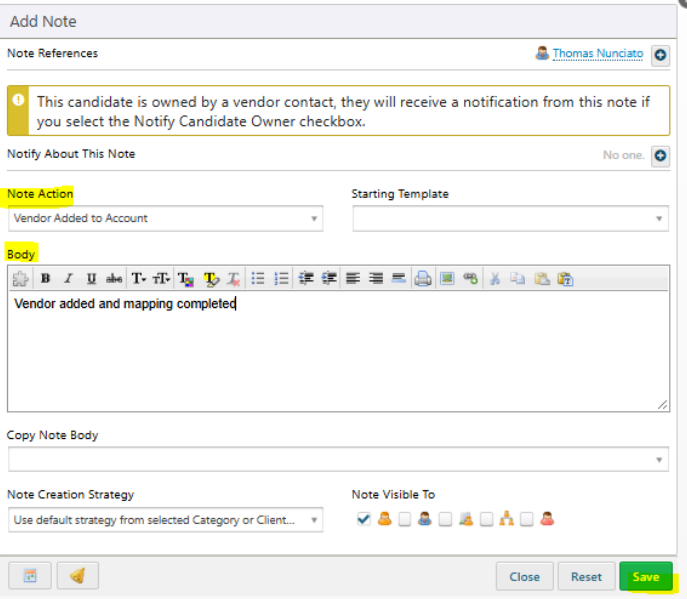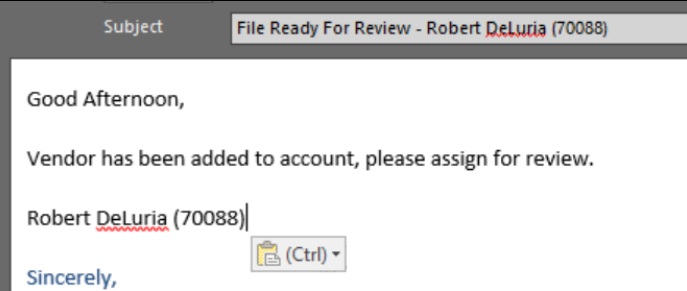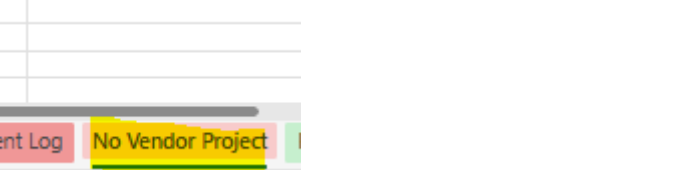
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15.	Scroll down to the bottom of the page, select vendor from drop down and click save tax information.	
16.	Return to the candidate page and refresh.	
17.	The account should now reflect a vendor on the candidate page.	
18.	Open registration mapping spreadsheet. **Registration Mapping Spreadsheet Location:** https://hcahealthcare.sharepoint.com/sites/HWS-Sunrise-VerifiedProfessional	VPro Registration Mapping 2.28.25.xlsx
19.	Utilize divisions tab to determine which category the division falls under and navigate to that tab.	
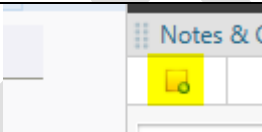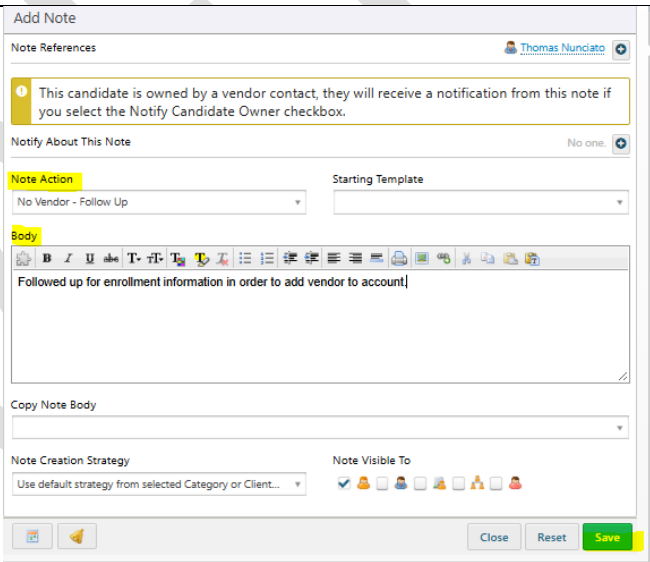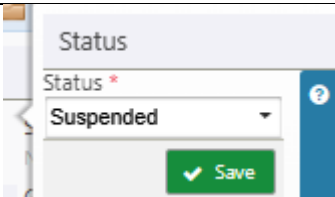
20.	Filter the vendor name column to show only results for the specific vendor you are working on.	
21.	Locate facilities on the VPro account in column **B** and classification on column **F** to confirm if the classification is mapped.	
22.	If classification is not mapped, refer to the **Mapping Process** before proceeding to next step.	
23.	Click on note icon.	
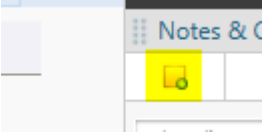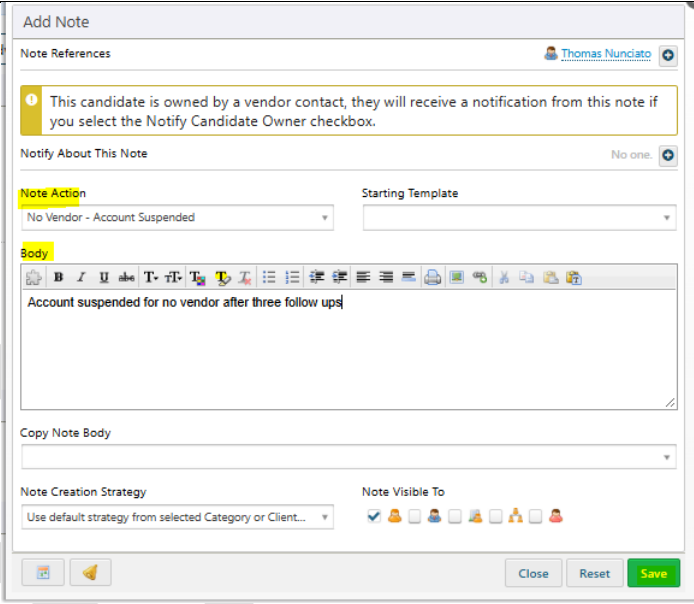
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24.	Update note action as follows: • **Note Action:** Vendor Added to Account • **Body:** Add note indicating that the vendor was added and mapping was completed.	
24.	Send email to Credentialing Team Lead notifying them that the file is ready to be assigned.	
25.	Follow steps **2 -34** below to complete follow ups on accounts with no vendor.	
26.	Open the Registration Tracker and navigate to the **No Vendor Project** tab.	

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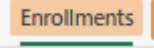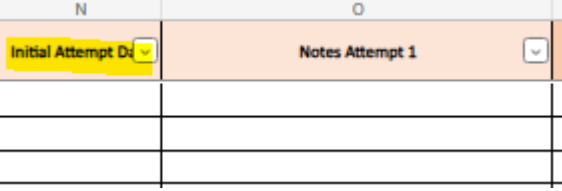
27.	Identify enrollments that require follow up from the last follow completed follow up. • Follow ups should be completed weekly as assigned by the Credentialing Team Lead.	
28.	Send **"Incomplete Forms"** email template.	
29.	Click on note icon.	
30.	Update note action as follows: • **Note Action:** No Vendor – Follow up • **Body:** Follow up sent for organization enrollment information to add vendor to account. • Click save.	
31.	Enter follow up date in corresponding column and enter any notes as appropriate.	
32.	Once a week has passed from the date the third follow up was completed, open the VPro account and update the account status to suspended and click save.	
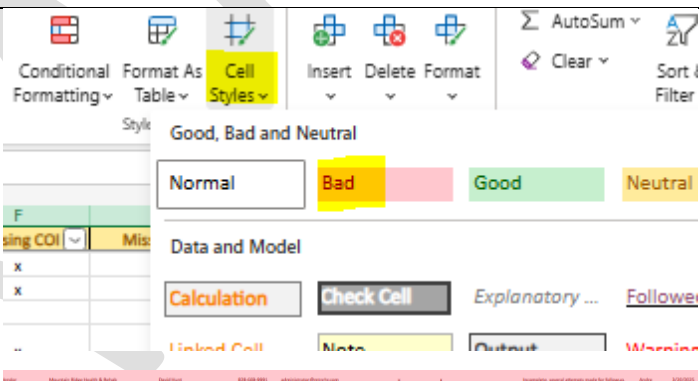
Step	Instruction	Illustration
33.	Click on note icon.	
34.	Update note action as follows: • **Note Action:** • No Vendor – Account Suspended • **Body:** • Account suspended due to no vendor after three follow ups.	

5.7 Missing Information - Follow Ups

The Credentialing Customer Service Analyst will follow the steps below to follow up on organization enrollments that are missing information.

Step	Instruction	Illustration
1.	Open the Registration Tracker and navigate to the **Enrollment** tab.	
2.	Identify enrollments that require follow up from the Initial Attempt column. • Follow ups should be completed weekly as assigned	
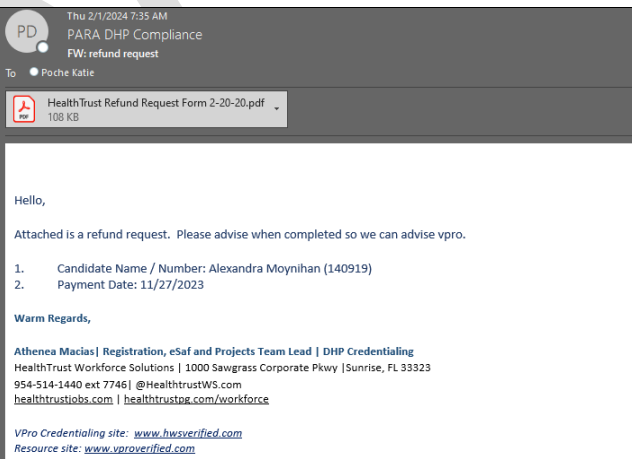
Step	Instruction	Illustration
	by the Credentialing Team Lead.	
3.	Send the **Incomplete Forms** email template to vendor contact listed on tracker. Alter template to include only the information that is missing. **Email Template Link:** Registration Process(1)	Hello, We recently received a request from you in regards to starting the credentialing process for access to HCA Facilities. Please note that we are missing the following to start the process: 1. Agencies new to HealthTrust must submit **Certificate of Insurance** with Policy Number, Description of Coverage with Coverage Amount with Limits for General, Product, and Professional Liability to add on file. 2. Attached Vendor Enrollment form completed – all pages 3. The job description is needed in order to correctly determine the classification and tier level. Please include the duties you will be performing while inside the HCA facilities. • Please note that for the job description, we need the following: Document from current employer that confirms duties being performed when working in HCA Hospitals or Surgery Centers. **The letter must include:** 1. Company letterhead 2. Title of Job/Position 3. Basic responsibilities 4. Qualifications 5. License, Certification, Education 6. Skills
4.	Complete tracker with actions taken.	
5.	Once a final attempt has been made, change the style of the link to **"Bad."** Do not complete any additional follow ups.	

5.8 Refund Requests

The Credentialing Customer Service Analyst will complete the steps below to process refund requests.

Step	Instruction	Illustration
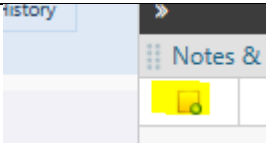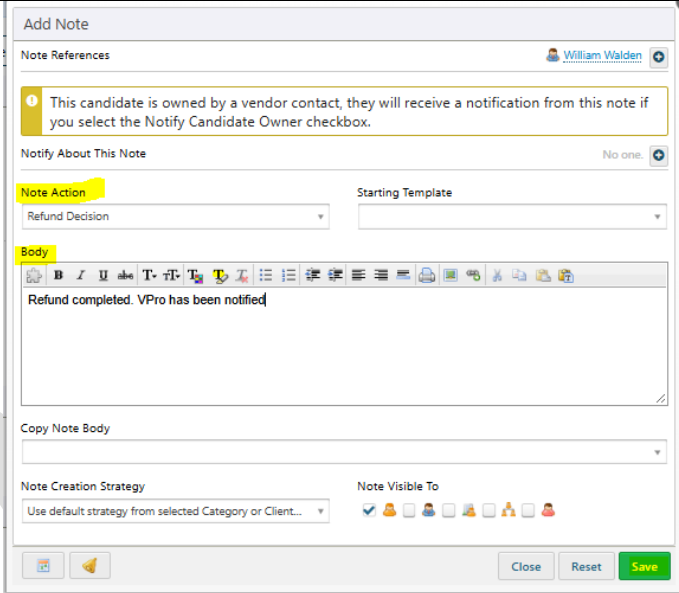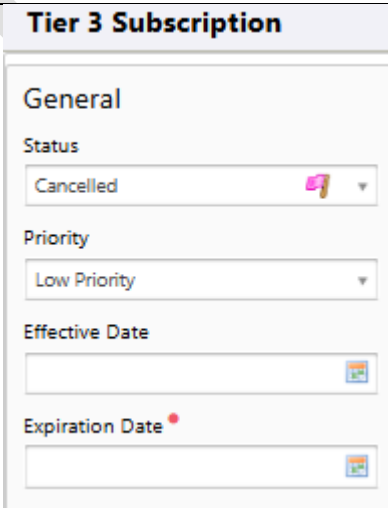
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1.	Receive completed refund request form into the Verified Help inbox.	HEALTHTRUST Workforce Solutions **Customer Refund Request Form** Please complete form and email to PARA.DHPCompliance@Parallon.com> Attn: Finance Department Contact Information: DHP/HCIR Name: Company: Address: Telephone: Email: Initial form of payment: Amount of refund requested: $ Name on Credit Card: Account number: Expiration Date: Reason for refund: We reserve the right to refuse any refund request, at our discretion. Please contact us at 954-514-1440 with questions. **FOR INTERNAL USE ONLY** Approved by Date PARA.DHPCompliance@Parallon.com> - 954-514-1440 1000 Sawgrass Corporate Parkway 6th Floor – Sunrise, Florida 33323 Attention: Finance Department
2.	Credentialing Team Lead will review the reason for refund to determine approval or denial.	
3.	If the refund is approved, follow steps **5-20**.	
4.	If the refund is denied, follow steps **21-25.**	
5.	Send **"Refund Request"** email template to finance and attach the completed refund request form. **Email Address:** HWSAccounting@HealthTrustWS.com **Template Location:** Registration Process(1)	Thu 2/1/2024 7:35 AM PD PARA DHP Compliance **FW: refund request** To Poche Katie HealthTrust Refund Request Form 2-20-20.pdf 108 KB Hello, Attached is a refund request. Please advise when completed so we can advise vpro. 1. Candidate Name / Number: Alexandra Moynihan (140919) 2. Payment Date: 11/27/2023 **Warm Regards,** **Athenea Macias| Registration, eSaf and Projects Team Lead	DHP Credentialing** HealthTrust Workforce Solutions	1000 Sawgrass Corporate Pkwy |Sunrise, FL 33323 954-514-1440 ext 7746| @HealthtrustWS.com healthtrustjobs.com	healthtrustpg.com/workforce VPro Credentialing site: www.hwsverified.com Resource site: www.vproverified.com
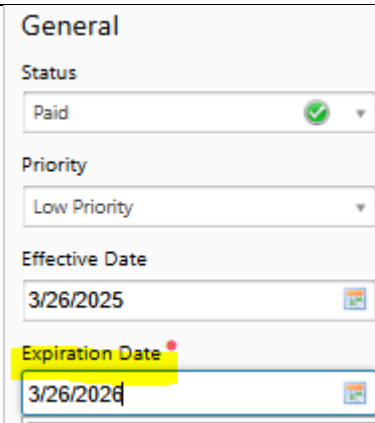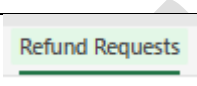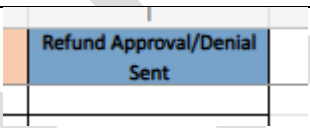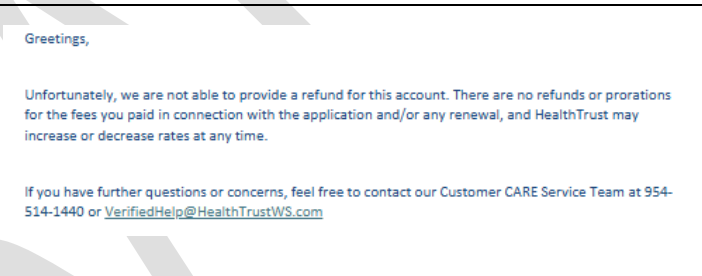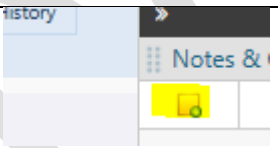
Internal Use

6.	Send **"VPro - Refund Processing"** email template to VPro/delegate. Template Location: Registration Process(1)	Greetings, Your refund request has been received. We are working on it and will provide an update once received from finance. NOTE: Please note that from 1st of the month to 7th of the month, receipts/refunds might be delayed due to volume. If you have further questions or concerns, feel free to contact our Customer CARE Service Team at 954-514-1440 or VerifiedHelp@HealthTrustWS.com
7.	Click on the note icon.	History Notes &
8.	Update the note action as follows: • **Note Action:** Refund Request Sent • **Body:** Indicate that the refund request was sent and the VPro/delegate was notified. • Click save	Add Note Note References — William Walden This candidate is owned by a vendor contact, they will receive a notification from this note if you select the Notify Candidate Owner checkbox. Notify About This Note — No one. Note Action: Refund Request Sent — Starting Template Body: Sent refund request to finance and Vpro has been notified Copy Note Body Note Creation Strategy: Use default strategy from selected Category or Client... — Note Visible To Close — Reset — Save
9.	Open registration tracker and navigate to the **Refunds tab**.	Refund Requests
10.	Update tracker with actions taken.	Contact Name | Contact Email | TL - Approved/Denied | Sent to Finance | Sent by | 1st Follow Up | 2nd Follow Up | Notes | Refund Approval/Denial Sent
11.	Finance will send a notification once the refund has been processed.	
12.	Send **"Refund Processed"** email template to VPro/delegate. **Template Location:** Registration Process(1)	Hello, Your refund has been processed. Please allow 5-10 business days to receive the refund. If you have further questions or concerns, feel free to contact our Customer CARE Service Team at 954-514-1440 or VerifiedHelp@HealthTrustWS.com
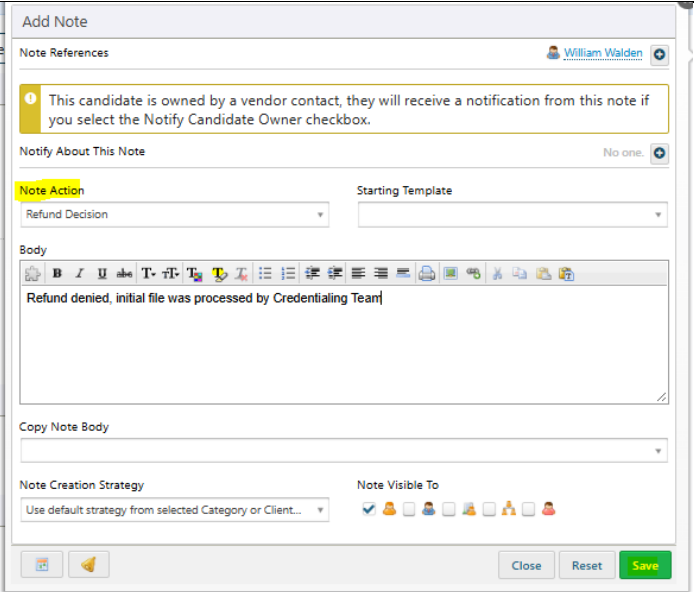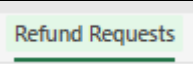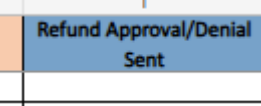
Internal Use

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13.	Click on the note icon.	
14.	Update the note action as follows: • **Note Action:** Refund Decision • **Body:** Indicate that the refund was complete, and the VPro/delegate was notified • Click save	
15.	Click on the box with the arrow next to requirements to open the work view.	
16.	Click on the **Tier Subscription Payment**.	
17.	If the VPro only paid once and received a refund, update the status to cancelled, remove dates and save.	

Internal Use
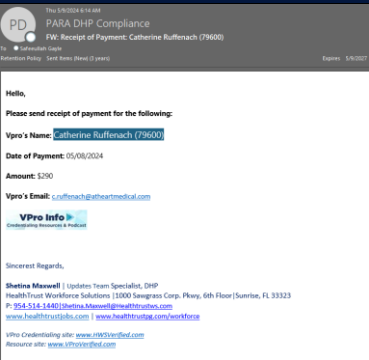
18.	If the VPro was refunded for a double payment, adjust the expiration date to reflect that only one payment was made. **Example:** If the expiration is two years from the effective date and they received a refund, update the expiration date to one year from the effective date.	**General** Status Paid ✓ ▼ Priority Low Priority ▼ Effective Date 3/26/2025 Expiration Date • 3/26/2026
19.	Open registration tracker and navigate to the **Refunds** tab.	Refund Requests
20.	Update tracker with refund completion.	Refund Approval/Denial Sent
21.	Send **"Unable to Provide Refund"** email template to the VPro/delegate. Choose the template that best matches the reason for the denial. **Template Location:** Registration Process(1)	Greetings, Unfortunately, we are not able to provide a refund for this account. There are no refunds or prorations for the fees you paid in connection with the application and/or any renewal, and HealthTrust may increase or decrease rates at any time. If you have further questions or concerns, feel free to contact our Customer CARE Service Team at 954-514-1440 or VerifiedHelp@HealthTrustWS.com
22.	Click on the note icon.	History » Notes &

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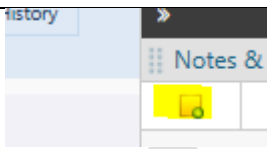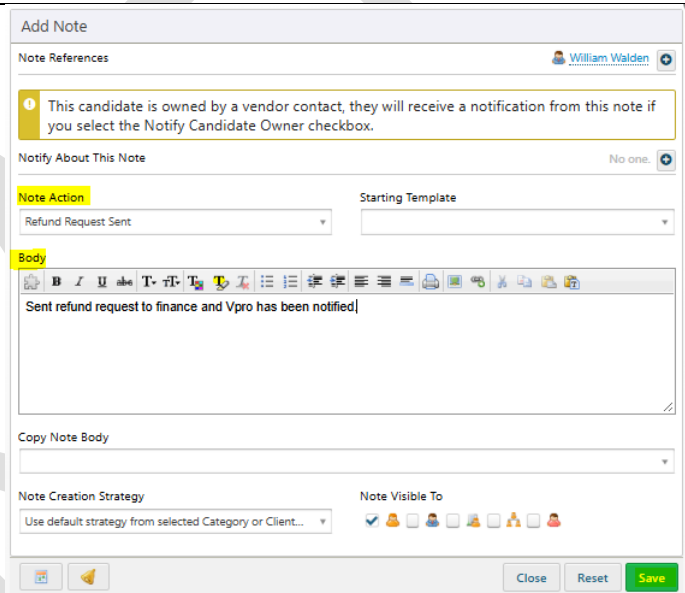| Step	Instruction	Illustration
23.	Update the note action as follows: • **Note Action:** Refund Decision • **Body:** Indicate that the refund was denied and the reason • Click save	
24.	Open registration tracker and navigate to the **Refunds-Receipts** tab.	Refund Requests
25.	Update tracker with refund denial.	Refund Approval/Denial Sent

5.9 Receipt Requests
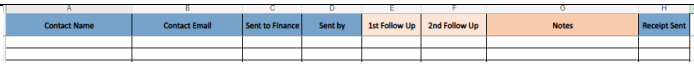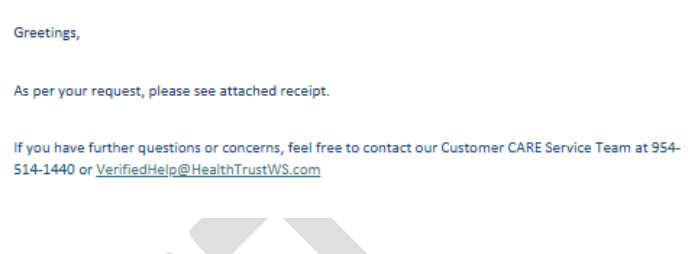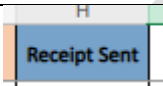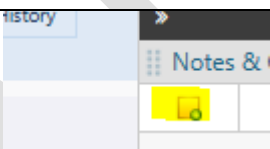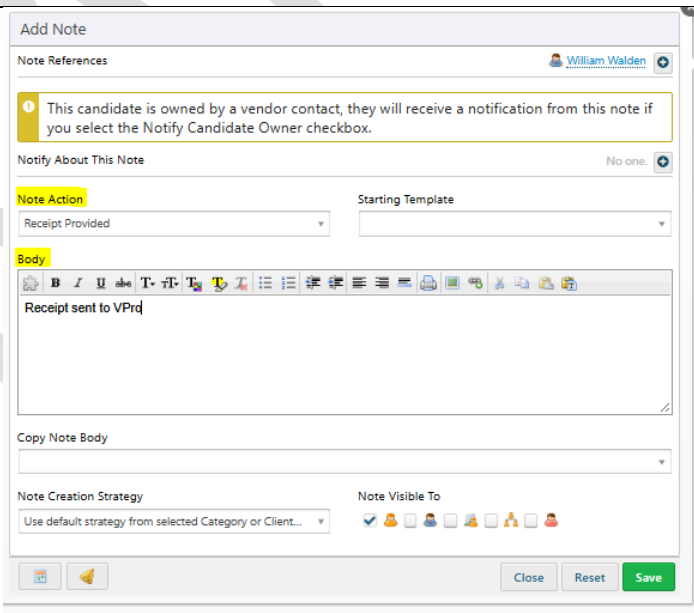
The Credentialing Customer Service Analyst will complete the steps below to process receipt requests.

Step	Instruction	Illustration
1.	Receive receipt request into the Verified Help inbox.	

2.	Send **"Receipt Request"** email template to finance. **Email Address:** HWSAccounting@HealthTrustWS.com **Template Location:** Registration Process(1)	Hello, Can you please provide the receipt for the following VPROs? Name and ID: Payment Date: SIGNATURE
3.	Send **"Receipt Processing"** email template to VPro. Template Location: Registration Process(1)	Greetings, Your receipt request has been received. We are working on it and will provide an update once received from finance. NOTE: Please note that from 1st of the month to 7th of the month, receipts/refunds might be delayed due to volume. If you have further questions or concerns, feel free to contact our Customer CARE Service Team at 954-514-1440 or VerifiedHelp@HealthTrustWS.com
4.	Click on the note icon.	History » Notes &
5.	Update the note action as follows: • **Note Action:** Receipt Request Sent • **Body:** Paste email sent to VPro • Click save	Add Note Note References — William Walden This candidate is owned by a vendor contact, they will receive a notification from this note if you select the Notify Candidate Owner checkbox. Notify About This Note — No one. Note Action: Receipt Request Sent Starting Template Body Copy Note Body Note Creation Strategy: Use default strategy from selected Category or Client... Note Visible To Close Reset Save
6.	Open registration tracker and navigate to the **Receipts tab**.	Receipt Requests
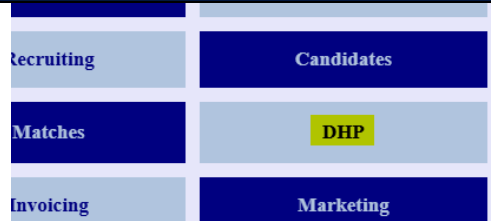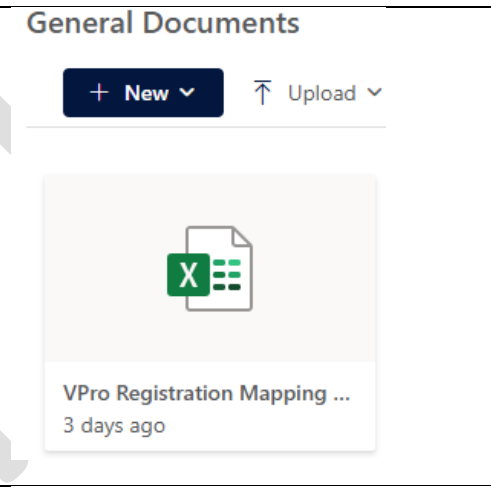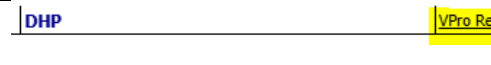
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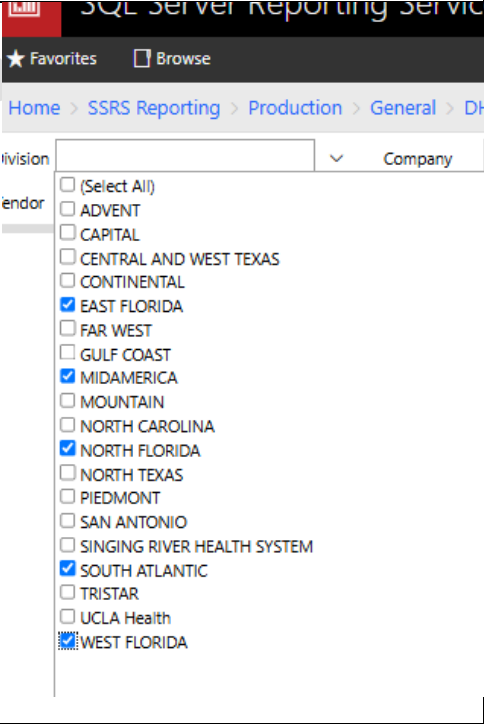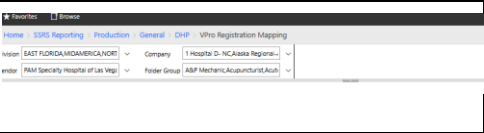
7.	Update tracker with actions taken.	
8.	Credentialing Team Lead will assign follow ups to finance as needed.	
9.	Once the receipt is received from finance, send the **"Receipt Approved"** email template to the VPro and attach the receipt. Template Location: Registration Process(1)	Greetings, As per your request, please see attached receipt. If you have further questions or concerns, feel free to contact our Customer CARE Service Team at 954-514-1440 or VerifiedHelp@HealthTrustWS.com
10.	Update the registration tracker to complete.	
11.	Click on the note icon.	
12.	Update the note action as follows: • **Note Action:** Receipt Provided • **Body:** Receipt sent to Vpro • Click save	

5.10 Updating the Registration Mapping Spreadsheet
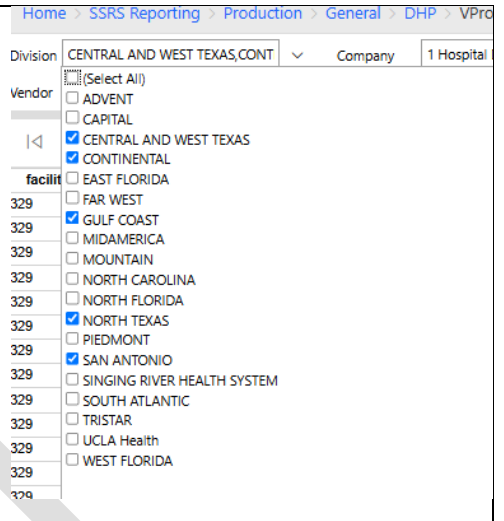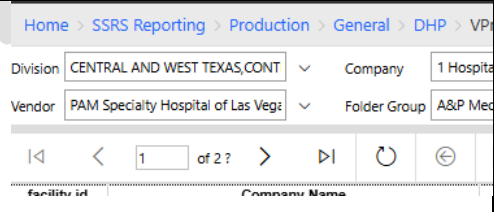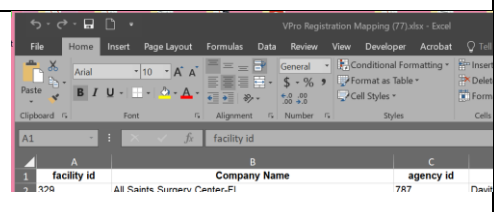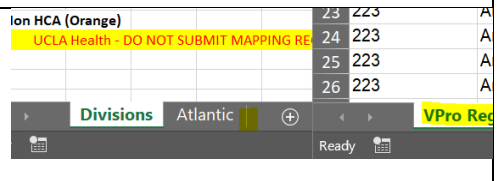
The Credentialing Customer Service Analyst will complete the steps below to update the Registration Mapping Spreadsheet.

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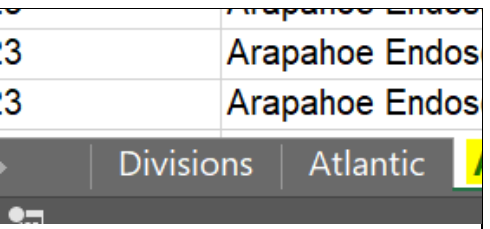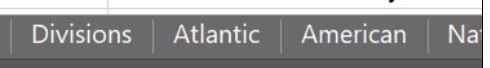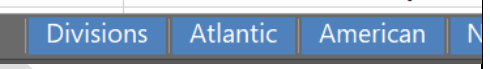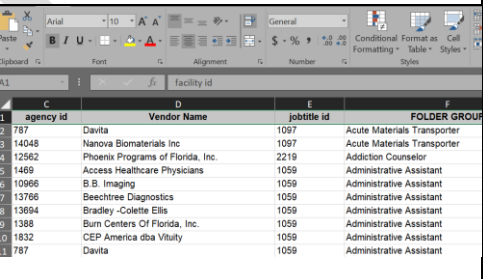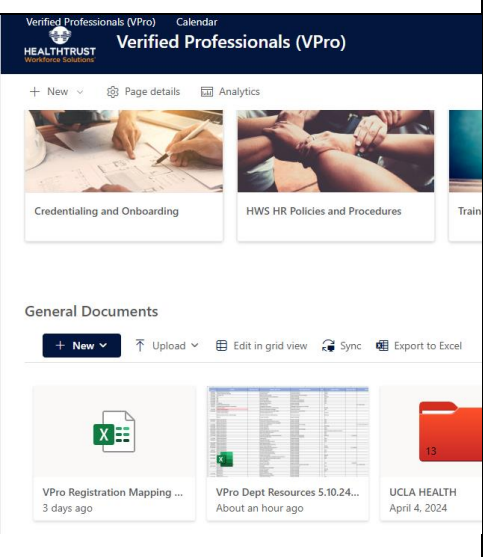
Step	Instruction	Illustration
1.	Open SSRS and click on DHP. **SSRS Link:** http://aastsun6vrpt04/Reports/report/SSRS%20Reporting/Production/General/BusinessIntelligenceDashboard	
2.	Open previous registration mapping spreadsheet from within the VPro SharePoint. **Registration Mapping Spreadsheet Location:** https://hcahealthcare.sharepoint.com/sites/HWS-Sunrise-VerifiedProfessional	
3.	Click on **VPro Registration Mapping**.	

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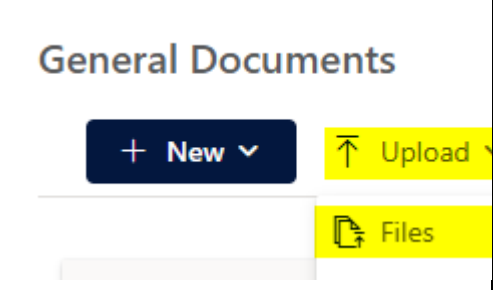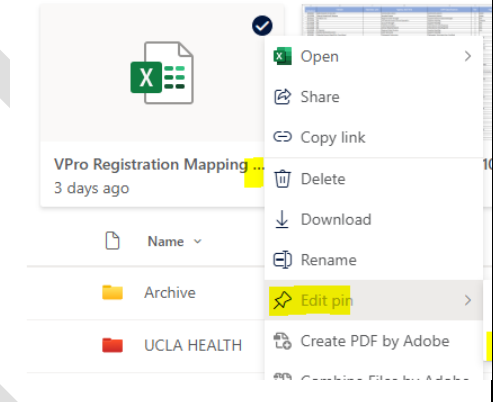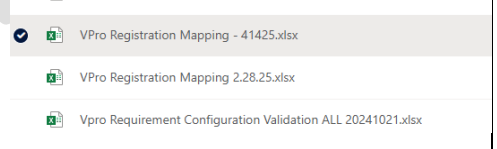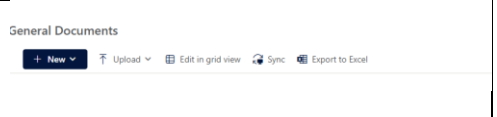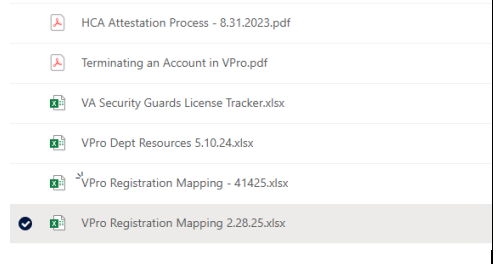
4.	Use the divisions tab to identify how to separate each section of the new spreadsheet.	
5.	Select the first 5 divisions under **"Atlantic"** in the division filter.	
6.	Update the remaining filters as follows: • Company – select all • Vendor – select all	

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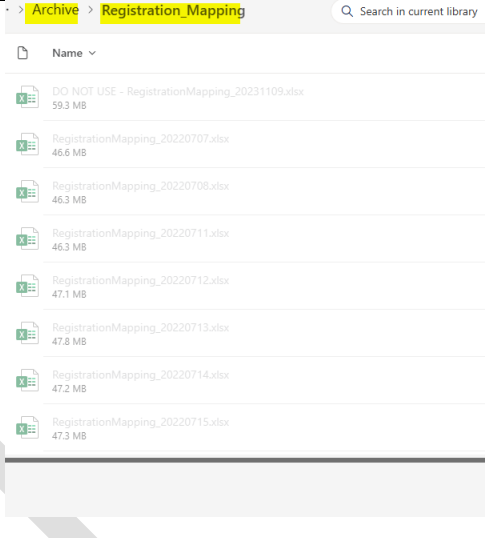
	• Folder Group – select all Click view report.	
7.	Click on save icon to export to excel.	
8.	Open downloaded excel sheet.	
9.	Click on the plus sign to add a new tab.	
10.	Name tab **"divisions"** and move to the front.	
11.	Copy division tab information from current mapping spreadsheet to new divisions tab.	
12.	Update the name of the second tab to **"Atlantic."**	

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13.	Return to SSRS, Select the next 5 divisions under **"American."**	
14.	Update the remaining filters as follows: • Company – select all • Vendor – select all • Folder Group – select all Click view report.	
15.	Click on save icon to export to excel.	
16.	Open downloaded excel sheet.	
17.	Click on the worksheet tab at the bottom and drag it onto the first spreadsheet.	

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18.	Update the name of the third tab to **"American."**	
19.	Follow the same steps to add a **"National"** and **"UCLA"** tab.	
20.	There should be 5 tabs at the bottom of the worksheet.	
21.	Update the color of Divisions, Atlantic, American, and National to Blue and UCLA to orange.	
22.	Add filters to each tab except for the divisions tab.	
23.	Save spreadsheet to desktop as: **VPro Registration Mapping Spreadsheet – Date Created.**	
24.	Go to VPro SharePoint. **SharePoint Location:** https://hcahealthcare.sharepoint.com/sites/HWS-Sunrise-VerifiedProfessional	

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25.	Click on upload, and then files.	
26.	Upload the new mapping spreadsheet that was created.	
27.	Click on the three dots next to the old registration mapping spreadsheet, "**edit pin**", and "**unpin**."	
28.	Click on the three dots next to the new registration mapping spreadsheet and click "**pin to top**."	
29.	Click on "**see all**" in the top right corner.	
30.	Click on the three dots next to the old registration mapping spreadsheet and then click **"move to."**	

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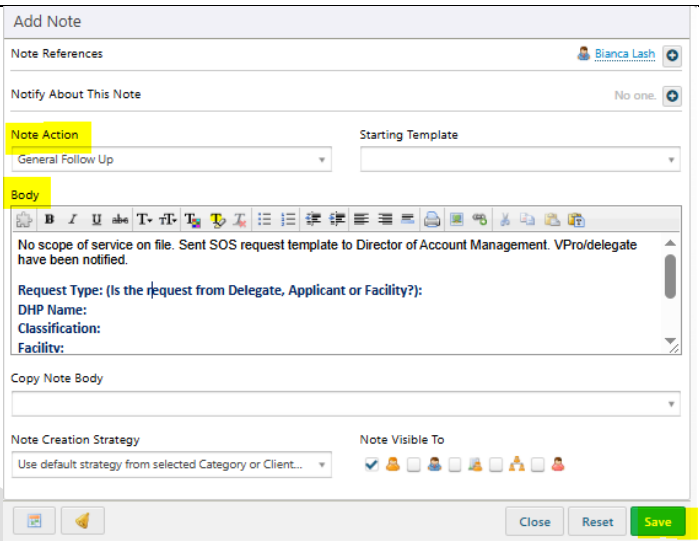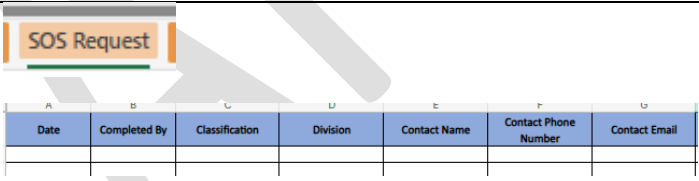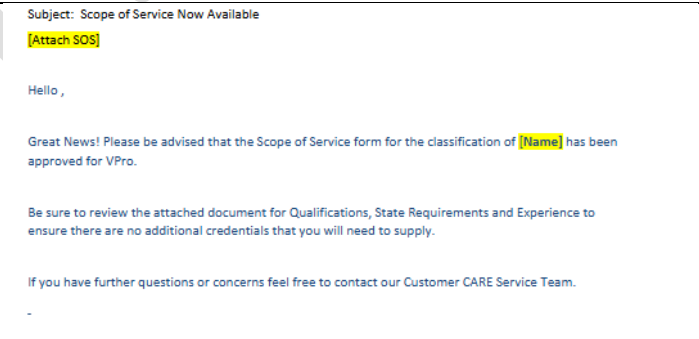
Step	Instruction	Illustration
31.	Click on Archive, Registration Mapping, and then **"Move Here."**	

5.11 Scope of Service Requests
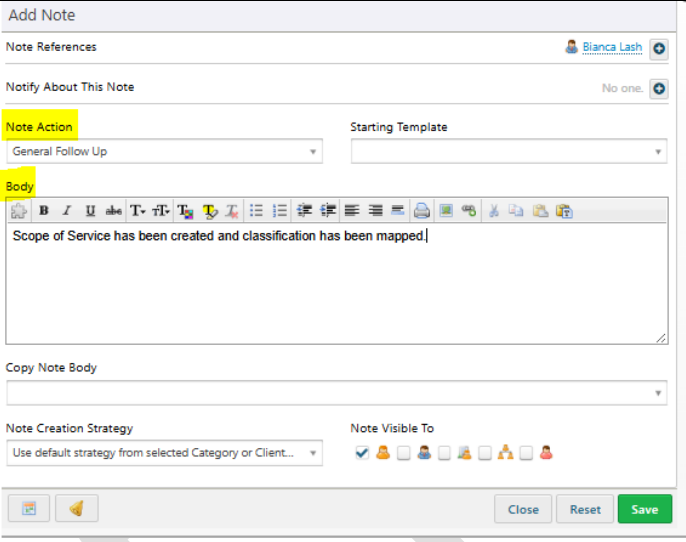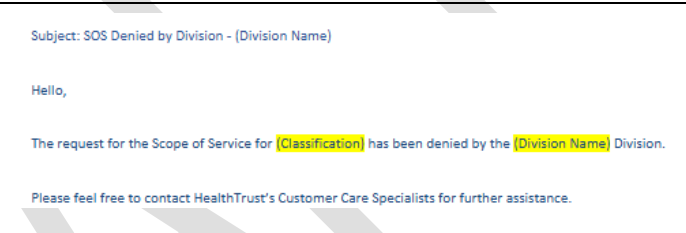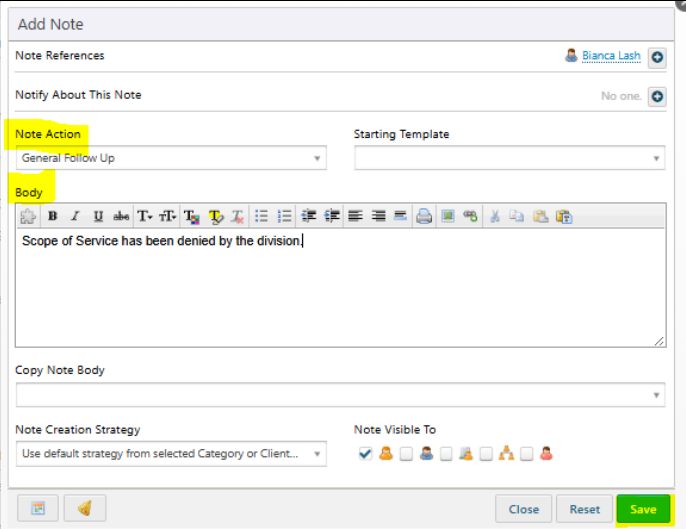
The Credentialing Customer Service Analyst will follow the steps below to request a new Scope of Service.

Step	Instruction	Illustration
1.	Fill out "**Scope of Service Request**" email template and send to Director of Account Management. **Template Location:** Registration Process(1)	Subject: Scope of Service Request [Name of Classification, Division, VPro] Hello, Request Type: (Is the request from Delegate, Applicant or Facility?): DHP Name: Classification: Facility: Division: Vendor: EFL Facility Name (If not EFL please put N/A) Is there someone at the facility that can vouch for this request? If yes, please add name: *Please remember to attach the Job Description.
2.	Send **"No SOS"** email template to VPro and delegate **Template Location:** Registration Process(1)	Hello , We appreciate your interest in accessing HCA facilities. Your application submission requires a [Name of Division] approved Scope of Service (SOS) that meets the job title of [Job Title]. Unfortunately, the required SOS is not available at this time. The request has been submitted through the SOS Committee. There is not an ETA on the review and approval. During this time, we will place your request on a SOS Hold. As soon as the SOS is received by HealthTrust, we will notify you and then your credentialing will resume. HealthTrust values your time and understands your ultimate goal is to access HCA facilities. We will be contacting you in the near future.
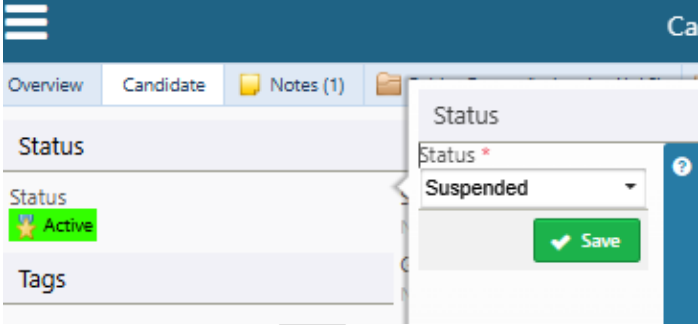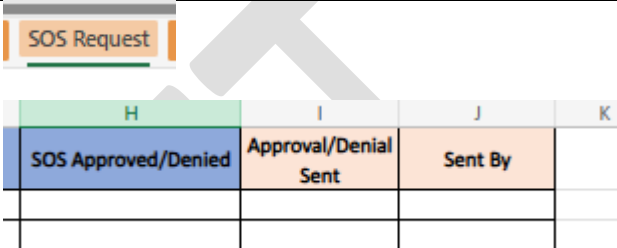
3.	Click on the note icon.	
4.	Update note action as follows: • **Note Action:** General Follow Up • **Body:** No scope of service on file. Sent SOS request template to Director of Account Management. VPro/delegate have been notified. (Paste SOS request email) • Click save.	
5.	Update the **Registration Tracker** on the **SOS Request** tab with actions taken.	
5.	Once notification is received that the Scope of Service has been approved, complete the mapping process.	
6.	Send VPro/delegate the **"Scope of Service- Approved template."** **Template Location:** Registration Process(1)	
7.	Click on the note icon.	

8.	Update note action as follows: • **Note Action:** General Follow Up • **Body:** Scope of Service has been created, and classification has been mapped. • Click save.	
9.	If the Scope of Service was denied, send the VPro/Delegate the **"Scope of Service- Denied"** email template. **Template Location:** Registration Process(1)	
10.	Click on the note icon.	
11.	Update note action as follows: • **Note Action:** General Follow Up • **Body:** Scope of Service has been denied by the division. • Click save.	

12.	Update account status to **"Suspended"** and save.	
13.	Update the **Registration Tracker** on the **SOS Request** tab with actions taken.	

4. Specific Cases/Exceptions

- If a classification is mapped in error, save a new copy of the registration mapping spreadsheet, change the action type to "remove" and fill out accordingly.
- Supplier Representatives and Tier 1 classifications can be mapped to all divisions for new vendors that require these classifications.
- Payments made over 180 days cannot be processed by finance.
- For additional specific cases/exceptions, refer to the Registration Process OneNote.

5. Quality Checks and Controls

- Be sure to save a new mapping spreadsheet template and rename it for each mapping submission.
- Always confirm that a Scope of Service is created prior to mapping a classification.
- When mapping a clinical classification, confirm that the Certificate of Insurance meets the Professional Liability limits for all divisions that are being mapped.

8. Common Errors & Resolutions

- Not Applicable

9. Performance Metrics and Expectations

Expectations:

- Credentialing Customer Service Analysts are expected to complete all assigned registration tasks daily.
- Credentialing Customer Service Analysts are expected to complete weekly follow-ups on organization enrollments that are missing information.
- Credentialing Customer Service Analysts are expected to complete weekly follow ups to VPro's with no vendor linked to their account.
- Credentialing Customer Service Analysts are expected to update the registration mapping spreadsheet twice a week.

Performance Metric	Description	Calculation	Target
KPI: Registration activity volume	Total number of Registration activities completed	Total number of activities x points allocated for each activity	450 points* per team member daily (based on 8-hour workday)
KPI: Quality Assurance Registration Activity Accuracy Check	% accuracy when processing Registration activities	# of accurate Registration activities / total # of activity checks	At least 95% accuracy

10. Communication Protocols

All questions regarding the registration process should be escalated to the Credentialing Team Lead. The Credentialing Team Lead will escalate any issues that cannot be resolved to the Program Professional and Program Manager.

11. Tools and System Access Roles

System	System Considerations
VPro	Access to the VPro system is required to review requirements and process initial files.
SSRS	Access is required to pull the VPro registration mapping spreadsheet.
Microsoft Excel	Access to Microsoft Excel is required to view daily assignments.
Internal Management Guide	The Internal Management Guide provides detailed processes and guidelines for requirement review.
DHP Drive	Access to the DHP drive is required to store enrollment information and submit mapping requests.
VPro Department Resources	The VPro Department Resources site provides access to multiple resources needed to accurately review uploads and initial files.

12. Version Control

Version Number (V1.0, Etc.)	Draft Date	Approval Date	Change Description	Document Preparer (HCA GCN)	Document Owner (HCA US)
Draft #1	05/01/25	05/01/25	Approved	HCA US Cred Mgr	Jackie Bravo
Draft #2	XX/XX/XX	XX/XX/XX			
Draft #3	XX/XX/XX	XX/XX/XX			
Draft #4	XX/XX/XX	XX/XX/XX			
Final <V1.0>	XX/XX/XX	XX/XX/XX			

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<The version number will change according to the type of change in the process. Minor changes in the general steps will increase the decimal number (e.g. V1.1 to V1.2). Major changes in the process will increase the primary number (e.g. V1 to V2)>.

13. Appendices

a. **VPro:** https://verified.healthtrustws.com/Recruiter/
b. **Registration Tracker:** Registration Tracker.xlsx
c. **Registration Process:** Registration Process(1)
d. **JD Tracker Project:** JD tracker Project.xlsx
e. **VPro Department Resources:** VPro Dept Resources 5.10.24.xlsx
f. **SOS Tier Log:** SOS TIER LOG 2.5.24.xlsx
g. **VPro SharePoint:** https://hcahealthcare.sharepoint.com/sites/HWS-Sunrise-VerifiedProfessional
h. **Mapping Spreadsheet Template**: Vpro Vendor Mapping SFE DATE-1 (1).xlsx
i. **VPro Class Map Folder:** P:\PUBDATA\ERECRUIT\Automated Jobs\VproClassMap
j. **SSRS:**
http://aastsun6vrpt04/Reports/report/SSRS%20Reporting/Production/General/BusinessIntelligenceDashboard
k. **Internal Management Guide:** \\AASTSUNVDHP01\dhp\DHP Training Information\1-INTERNAL MGMT GUIDE
l. DHP Drive: \\AASTSUNVDHP01\dhp

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