

# HCA Healthcare India

## HealthTrust Workforce Solutions



VPro

### Registration Process - Standard Operating Procedure (SOP)

Version 1.0  
05/01/2025

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### 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

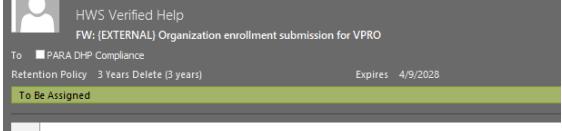
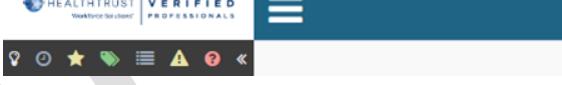
Role Title	Description
Credentialing Customer Service Analyst (GCN)	The Credentialing Customer Service Analyst will be responsible for providing outstanding customer service for all incoming calls and emails from internal and external customers. This role is responsible for validating there is proper 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.

Internal Use

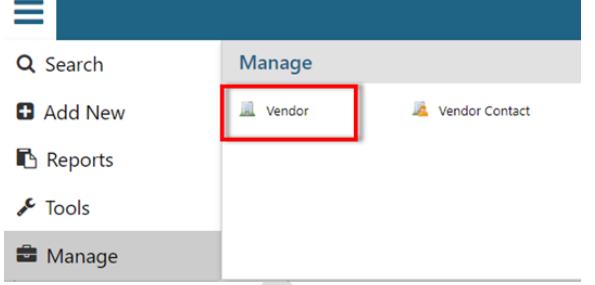
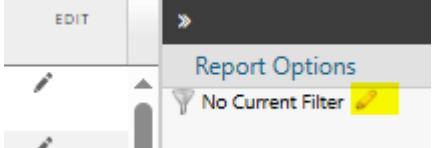
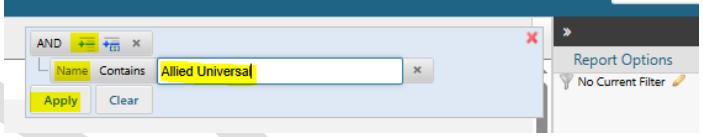
### 3. Detailed Process Guidelines

#### 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.	 <p>A new Organization enrollment was submitted for VPRO. More information is below:</p> <p>Name: Stephen Walton Company or Facility: Majors Medical Service Email: <a href="mailto:stephen.walton@majorsdme.com">stephen.walton@majorsdme.com</a> Re-entered email: <a href="mailto:stephen.walton@majorsdme.com">stephen.walton@majorsdme.com</a> Phone number: 214-951-9710 Document uploads (if applicable):</p>												
2.	<p>Open VPro system and registration tracker.</p> <p><b>VPro Link:</b> <a href="https://verified.healthtrustws.com/Recorder/">https://verified.healthtrustws.com/Recorder/</a></p> <p><b>Registration Tracker Link:</b> <a href="#">Registration Tracker.xlsx</a></p>													
3.	<p>Confirm that the enrollment form is filled out entirely.</p> <ul style="list-style-type: none"> <li>If <b>Part A</b> is complete proceed to the following steps.</li> <li>If <b>Part B</b> is complete, refer to “<b>Mapping Request</b>” process.</li> </ul>	<p><b>Organization Enrollment Form – Part A</b></p> <table border="1"> <tr> <td data-bbox="796 1374 850 1406">Yes/No</td> <td data-bbox="850 1374 1416 1406">I am requesting enrollment for a new Organization within the HealthTrust Verified System</td> </tr> <tr> <td data-bbox="796 1406 850 1438"><input type="checkbox"/></td> <td data-bbox="850 1406 1416 1438">Yes Please complete this form in its entirety and attach the required documentation.</td> </tr> <tr> <td data-bbox="796 1438 850 1469"><input type="checkbox"/></td> <td data-bbox="850 1438 1416 1469">No If your organization already exists within the HealthTrust Verified System please complete Part B.</td> </tr> </table> <p><b>Organization Enrollment Form – Part B</b></p> <table border="1"> <tr> <td data-bbox="796 1596 850 1624">Yes/No</td> <td data-bbox="850 1596 1416 1624">My organization already exists within the HealthTrust Verified System and I need to add a new role/position.</td> </tr> <tr> <td data-bbox="796 1624 850 1655"><input type="checkbox"/></td> <td data-bbox="850 1624 1416 1655">Yes Please complete this form in its entirety and attach the required documentation.</td> </tr> <tr> <td data-bbox="796 1655 850 1689"><input type="checkbox"/></td> <td data-bbox="850 1655 1416 1689">No If your organization does not already exist within the HealthTrust Verified System please complete Part A.</td> </tr> </table>	Yes/No	I am requesting enrollment for a new Organization within the HealthTrust Verified System	<input type="checkbox"/>	Yes Please complete this form in its entirety and attach the required documentation.	<input type="checkbox"/>	No If your organization already exists within the HealthTrust Verified System please complete Part B.	Yes/No	My organization already exists within the HealthTrust Verified System and I need to add a new role/position.	<input type="checkbox"/>	Yes Please complete this form in its entirety and attach the required documentation.	<input type="checkbox"/>	No If your organization does not already exist within the HealthTrust Verified System please complete Part A.
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<input type="checkbox"/>	Yes Please complete this form in its entirety and attach the required documentation.													
<input type="checkbox"/>	No If your organization does not already exist within the HealthTrust Verified System please complete Part A.													

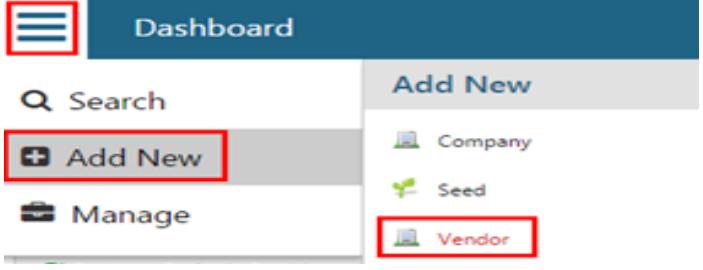
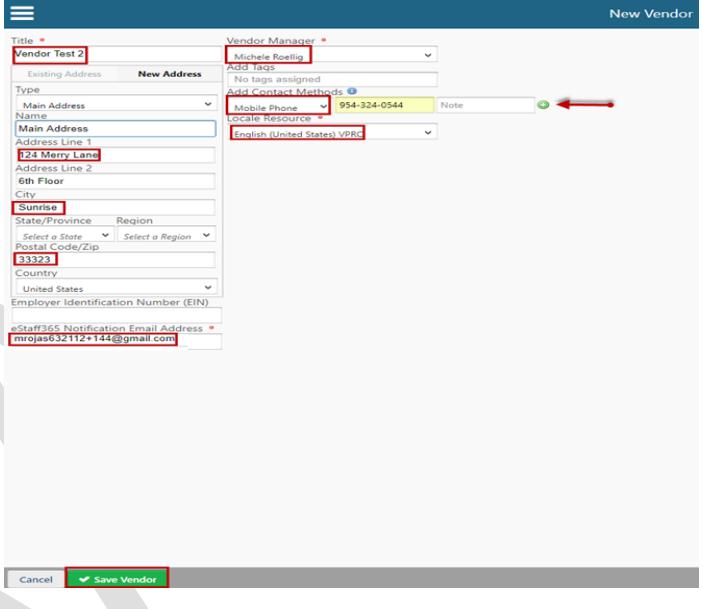
Internal Use

4.	Click the three lines, hover over “Manage” and select “Vendor”	
5.	Click on the pencil under “Report Options.”	
6.	<p>Complete the following steps:</p> <ul style="list-style-type: none"> <li>• Click on the green + icon.</li> <li>• Change filter to name</li> <li>• Enter the name of the organization on enrollment form.</li> <li>• Click apply</li> </ul>	
7.	<p>If the organization comes up on this screen, this means it is already set up within the system.</p> <p>Proceed to “Mapping Requests” process.</p>	
8.	If the organization does not come up on this screen proceed to the following steps.	

Internal Use

9.	<p>Confirm that a <b>Certificate of Insurance</b> has been provided.</p> <ul style="list-style-type: none"> <li>The Certificate of Insurance should match the organization name and should meet the required coverage limits outlined in the <b>Internal Management Guide</b>.</li> </ul>	<p><b>CERTIFICATE OF LIABILITY INSURANCE</b></p> <p>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN. THIS CERTIFICATE CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.</p> <p>IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms of the policy(ies), the certificate holder may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsements.</p> <table border="1"> <tr> <td>PRODUCER: VGM Insurance Services, Inc. 1111 Van Meter Way Waterloo IA 50701</td> <td>INSURED: MMS Equipment of Dallas Central, Inc. Majors Medical Service 2601 W. Mockingbird Lane Suite 101 Dallas TX 75235</td> <td>INSURER: CURTIS SMITH FAX: (682) 250-6958 EMAIL: Curtis.Smith@vgs.com NAIC # 41394</td> </tr> <tr> <td>INSURER: BENCHMARK INSURANCE COMPANY BENCHMARK INSURANCE COMPANY B NAIC # 41394</td> <td>INSURER: BENCHMARK INSURANCE COMPANY NAIC # 41394</td> <td>INSURER: BENCHMARK INSURANCE COMPANY NAIC # 41394</td> </tr> </table> <p><b>COVERS</b> <b>CERTIFICATE NUMBER:</b> <b>REVISION NUMBER:</b></p> <p>THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT A POLICY. IT IS A CONTRACT FOR INSURANCE. ANY CONTRACT ON OTHER TERMS OR CONDITIONS THAN THOSE STATED HEREIN MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITATIONS AND CONDITIONS ARE SET FORTH IN THE POLICIES.</p> <table border="1"> <thead> <tr> <th>TYPE OF INSURANCE</th> <th>DESCRIPTION</th> <th>POLICY NUMBER</th> <th>ISSUE DATE</th> <th>EXPIRE DATE</th> <th>LIMITS</th> </tr> </thead> <tbody> <tr> <td>A COMMERCIAL LIABILITY</td> <td><input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> AUTOMOBILE <input checked="" type="checkbox"/> PROFESSIONAL LIABILITY</td> <td>██████████</td> <td>09/11/2028</td> <td>09/11/2028</td> <td>EACH OCCURRENCE \$ 5,000,000 GENERAL LIABILITY \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL &amp; ADL LIABILITY \$ 5,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS COMPLETED AND DELIVERED \$ 5,000,000 EMPLOYMENT Practices \$ 5,000,000 EMPLOYMENT Practices (Per Person) \$ 5,000,000 PROPERTY DAMAGE \$ 5,000,000 EXCESS LIABILITY \$ 1,000,000 CLAIM MADE</td> </tr> <tr> <td>B WORKERS COMPENSATION AND EMPLOYEE LIABILITY</td> <td><input checked="" type="checkbox"/> WORKERS COMPENSATION <input type="checkbox"/> EMPLOYEE LIABILITY <input type="checkbox"/> DIFFERENTIATED PAYROLL <input type="checkbox"/> DEDUCTIBLES EXCLUDED <input type="checkbox"/> EXEMPTIONS <input type="checkbox"/> STATE OF OPERATIONS below</td> <td>██████████</td> <td>09/11/2028</td> <td>09/11/2028</td> <td>1 EACH PAYROLL PER PERSON EACH PAYROLL ACCOUNT \$ 1,000,000 EL. DISEASE FAIR SHARE \$ 1,000,000 EL. DISEASE POLICY LIMIT \$ 1,000,000</td> </tr> <tr> <td>C Cyber Liability</td> <td></td> <td>██████████</td> <td>09/11/2028</td> <td>09/11/2028</td> <td>Aggregate \$ 100,000</td> </tr> </tbody> </table> <p>DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 16, Additional Remarks Schedule, may be attached if more space is required)</p> <p>Insured Locations: 2601 W. Mockingbird Lane 101 Dallas, TX 75235 523 S Henderson St Fort Worth TX 76104 525 S Henderson St Fort Worth TX 76104</p> <p><b>CERTIFICATE HOLDER</b></p> <p>NP West PO Box 100142 Columbia SC 29202</p> <p><b>CANCELLATION</b></p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE, THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p><i>[Signature]</i></p> <p>ACORD 28 (2014/01) © 1988-2014 ACORD CORPORATION. All rights reserved.</p>	PRODUCER: VGM Insurance Services, Inc. 1111 Van Meter Way Waterloo IA 50701	INSURED: MMS Equipment of Dallas Central, Inc. Majors Medical Service 2601 W. 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10.	<p>Confirm that a <b>job description</b> has been provided.</p> <ul style="list-style-type: none"> <li>The Job description should be on company letterhead and should match the job title and description on the enrollment form.</li> </ul>	<p><b>MMS Majors Medical Service</b></p> <p>2601 W. Mockingbird Lane Suite 101 Dallas, TX 75235 • P: (214) 951-9710 • F: (214) 951-9720 523 S. Henderson St. Fort Worth, TX 76104 • P: (682) 250-7115 • F: (682) 250-2744</p> <p><b>Delivery technician</b></p> <p><b>JOB SUMMARY:</b> Responsible for delivery of medical equipment and supplies to patient's homes. Performs applicable home assessments, training, education and setting-up of DME equipment.</p> <p><b>Primary Responsibilities:</b></p> <p>Duties of the Delivery Technicians include, but may not be limited to:</p> <ul style="list-style-type: none"> <li>Maintain clean delivery vehicle inside and out at all times</li> <li>Maintain required supplies in delivery vehicle at all times</li> <li>Perform daily pre-vehicle inspection</li> <li>Ensure accurate and timely delivery of all home medical equipment</li> <li>Pull inventory/supplies (DME, oxygen, etc.) from warehouse</li> <li>Contact patients receiving deliveries prior to leaving office to verify address and phone number and provide ETA's to Scheduling/CSR's/Caregivers</li> <li>Transport equipment and supplies in a safe and clean manner to patient's home upon delivery. Sets up equipment and verifies proper function in the patient's home upon delivery.</li> <li>Obtain patient/caregiver signature verifying receipt of DME at delivery</li> <li>Maintain accurate and current information on digital route sheet</li> <li>Close out all orders in Transport Ace on provided iPad</li> <li>Complete, verify and/or fill out required paperwork (Serial Numbers/HIPPA/Patient Rights and Responsibilities etc.)</li> <li>Submit all delivery paperwork at the end of the shift</li> <li>Notify Scheduling Manager of any problems encountered during delivery</li> <li>Pick up equipment at termination of therapy.</li> <li>Educate patient/caregiver on delivered durable medical equipment</li> <li>Answer patient/caregiver questions to solve a variety of problems, thereby acting as a company field representative as needed</li> <li>Assist with weekly inventory count</li> <li>Ensure stock levels are appropriate and maintain cleanliness in warehouse</li> <li>Assist in cleaning, disinfecting and minor repairs of said equipment</li> </ul>																														
11.	<p>If any enrollment information is missing refer to <b>Organization Enrollment – Missing Information</b> process.</p>																															
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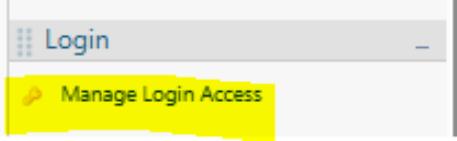
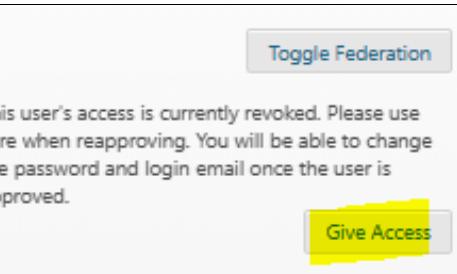
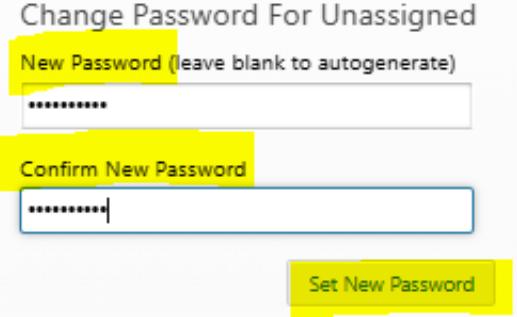
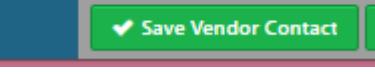
Internal Use

13.	<p>Go to VPro home page and complete the following steps:</p> <ul style="list-style-type: none"> <li>Click on the three lines</li> <li>Click add new</li> <li>Click vendor</li> </ul>	
14.	<p>On the following screen update the fields as follows:</p> <ul style="list-style-type: none"> <li><b>Vendor Name</b> – Name on Certificate of Insurance</li> <li><b>Address</b> – Address on Certificate of Insurance</li> <li><b>Vendor Manager</b> – Select Kevin Kapel or the first name that appears</li> <li><b>Contact Method</b> – Phone number on enrollment form</li> <li><b>Locale Resource</b> – English (United States) VPro</li> <li><b>eStaff Notification Email Address is required</b> – enter Fake@vpro.zzz</li> <li>Click save vendor</li> </ul>	

Internal Use

15.	<p>Complete the following steps on the next screen:</p> <ul style="list-style-type: none"> <li>• Ensure the vendor is enabled</li> <li>• Update record sharing to <b>Verified Professional</b></li> <li>• Update payment type to <b>both</b>.</li> <li>• Click save vendor.</li> </ul>	
16.	The first contact for a new vendor must be a default contact. Complete steps <b>17 – 22</b> to create a default contact.	
17.	Go to VPro home page and complete the following steps:	
18.	<p>On the following screen update the fields as follows:</p> <ul style="list-style-type: none"> <li>• <b>First name</b> – Unassigned</li> <li>• <b>Last name</b> – Unassigned</li> <li>• <b>Vendor</b> – Vendor name on <b>COI</b> - (Address will automatically populate once selected)</li> <li>• <b>Type</b> – HR</li> <li>• <b>Title</b> – Delegate</li> <li>• <b>Email</b> - unassigned(Vendor ID)@vpro.zzz</li> <li>• <b>Password</b>- Leave blank</li> <li>• <b>Business Phone</b> – Phone number on enrollment form</li> <li>• <b>Default Dashboard</b> – Vendor</li> </ul>	

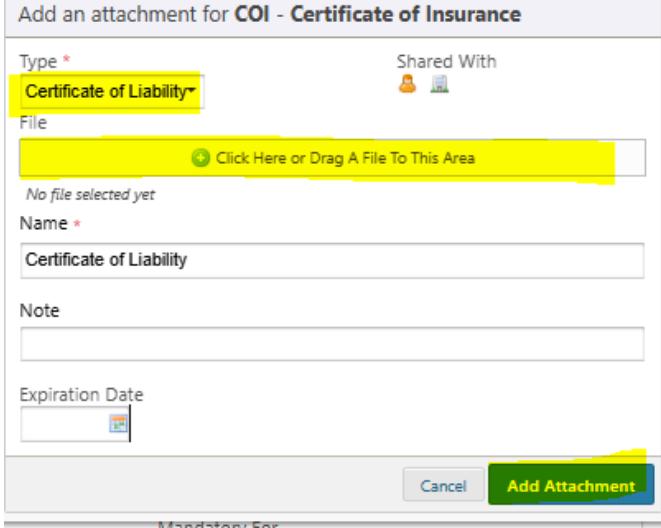
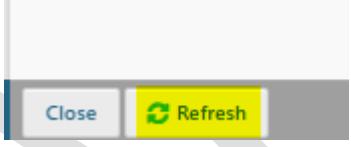
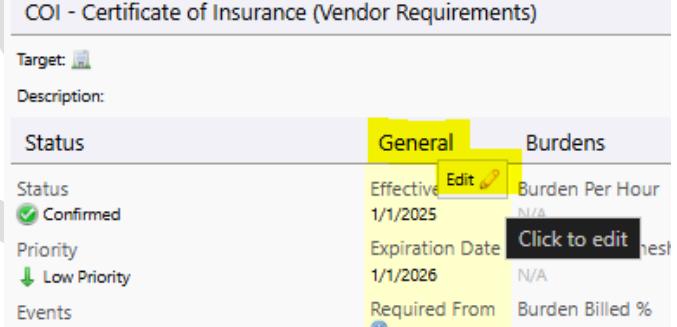
Internal Use

	<ul style="list-style-type: none"> <li>Click save.</li> </ul>	
19.	Click on <b>manage login access</b> .	
20.	Give access.	
21.	Enter password: <b>Welcome 123</b> <ul style="list-style-type: none"> <li>Confirm new password</li> <li>Click on set new password</li> </ul>	
22.	Click save vendor contact.	
23.	On the vendor page, click on the plus sign next to requirements.	

Internal Use

24.	<p>Select COI – Certificate of Insurance (Vendor Requirements) for requirement type and click add requirement.</p>	
25.	Right click on requirements	
26.	Click on three dots and then view in page.	
27.	Right click on attachments.	
28.	Click add attachment.	

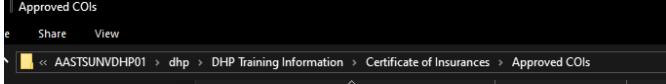
Internal Use

29.	<p>Complete the following on the pop-up window:</p> <ul style="list-style-type: none"> <li>• Select <b>Certificate of Liability</b> for Type</li> <li>• Drag and drop Certificate of Insurance into the file field</li> <li>• Click add attachment</li> </ul>																			
30.	Click refresh.																			
31.	Click on edit under "General."	 <table border="1"> <thead> <tr> <th>Status</th> <th>General</th> <th>Burdens</th> </tr> </thead> <tbody> <tr> <td>Status</td> <td><a href="#">Edit</a></td> <td>Burden Per Hour</td> </tr> <tr> <td>Confirmed</td> <td>1/1/2025</td> <td>N/A</td> </tr> <tr> <td>Priority</td> <td>Expiration Date</td> <td>Click to edit</td> </tr> <tr> <td>Low Priority</td> <td>1/1/2026</td> <td>N/A</td> </tr> <tr> <td>Events</td> <td>Required From</td> <td>Burden Billed %</td> </tr> </tbody> </table>	Status	General	Burdens	Status	<a href="#">Edit</a>	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 %
Status	General	Burdens																		
Status	<a href="#">Edit</a>	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 %																		

Internal Use

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 <b>Confirmed</b> and save.	

Internal Use

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

Internal Use

	<p>enrollment form to determine classifications that need to be mapped for the vendor.</p>	<table border="1"> <tr> <td><b>Job Title:</b>Delivery Technician</td></tr> <tr> <td><b>Role Description:</b>Deliver equipment either to closets in the hospital or directly to patient's prior to discharge</td></tr> <tr> <td><b>Job Title:</b>Supplier Representative</td></tr> <tr> <td><b>Role Description:</b>Responsible for responsible for maintaining relationships with established referrals as well as pursuing new business. Individual needs to be self-motivated and not require supervision to achieve their goals. In addition, forming relationships with hospitals, rehab facilities, pediatric offices, sleep doctors, etc. in order to set beds, wheelchairs, CPAP's, ventilators, and any other in-home medical equipment as necessary.</td></tr> </table> <p><b>MMS Majors Medical Service</b></p> <p>2601 W. Mockingbird Lane Suite 101 Dallas, TX 75235 • P: (214) 951-9710 • F: (214) 951-9720 523 S. Henderson St. Fort Worth, TX 76104 • P: (682)250-7115 • F: (682) 250-2744</p> <p><b>Delivery technician</b></p> <p><b>JOB SUMMARY:</b> Responsible for delivery of medical equipment and supplies to patient's homes. Performs applicable home assessments, training, education and setting-up of DME equipment.</p> <p><b>Primary Responsibilities:</b></p> <p>Duties of the Delivery Technicians include, but may not be limited to:</p> <ul style="list-style-type: none"> <li>• Maintain clean delivery vehicle inside and out at all times</li> <li>• Maintain required supplies in delivery vehicle at all times</li> <li>• Perform daily pre-vehicle inspection</li> <li>• Insure accurate and timely delivery of all home medical equipment</li> <li>• Pull inventory/supplies (DME, oxygen, etc.) from warehouse</li> <li>• Contact patient/caregiver to provide advance notice to verify address and phone number and provide ETA's to Scheduling/CSR's/Caregivers</li> <li>• Transport equipment and supplies in a safe and clean manner to patient's homes. Sets up equipment and verifies proper function in the patient's home upon delivery</li> <li>• Maintain accurate and current information on digital route sheet</li> <li>• Close out all orders in Transport Ace on provided iPad</li> <li>• Complete route and fill out required paperwork (Serial Numbers/HIPPA/Patient Rights and Responsibilities, etc.)</li> <li>• Submit all delivery paperwork at the end of the shift</li> <li>• Notify Scheduling Manager of any problems encountered during delivery</li> <li>• Pick up and return equipment after use of therapy</li> <li>• Educate patient/caregiver on delivered durable medical equipment</li> <li>• Answer patient/caregiver questions to solve a variety of problems, thereby acting as a company field representative as needed</li> <li>• Hold equipment until payment received</li> <li>• Ensure stock levels are appropriate and maintain cleanliness in warehouse</li> <li>• Assist in cleaning, disinfecting and minor repairs of said equipment</li> </ul>	<b>Job Title:</b> Delivery Technician	<b>Role Description:</b> Deliver equipment either to closets in the hospital or directly to patient's prior to discharge	<b>Job Title:</b> Supplier Representative	<b>Role Description:</b> Responsible for responsible for maintaining relationships with established referrals as well as pursuing new business. Individual needs to be self-motivated and not require supervision to achieve their goals. In addition, forming relationships with hospitals, rehab facilities, pediatric offices, sleep doctors, etc. in order to set beds, wheelchairs, CPAP's, ventilators, and any other in-home medical equipment as necessary.
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40.	Refer to facility access request section on enrollment form to determine the facilities needed for the vendor.	<p>Please be specific.</p> <p>Facilities you are requesting access to</p> <p>Medical City Denton is the only facility requesting this right now, but we also serve Medical City Decatur, Fort Worth, Dallas, Frisco, Heart and Spine, and McKinney.</p>				
41.	Type facility name into the VPro quick search.					
42.	Click on blue ID number.					
43.	Identify the division the facility is in.	<p><b>Division</b></p> <p>Division NORTH TEXAS</p> <p>Division Market NORTH TEXAS DIVISION</p> <p><b>People</b></p> <p>Company Owner Computer Computer</p>				

Internal Use

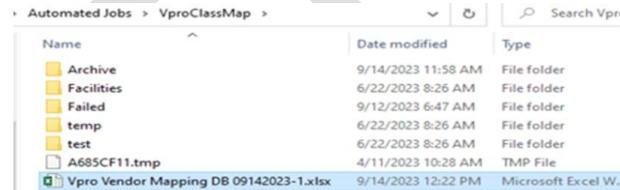
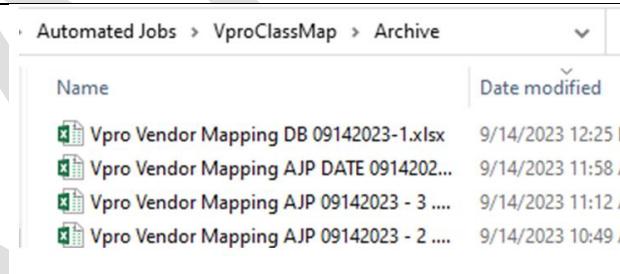
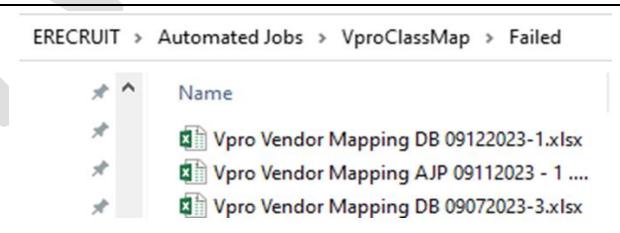
44.	<p>Open the <b>SOS Tier Log</b>.</p> <p><b>SOS Tier Log Link:</b></p> <p><u><a href="#">SOS TIER LOG 2.5.24.xlsx</a></u></p>	<table border="1"> <thead> <tr> <th>A</th><th>B</th><th>C</th><th>D</th><th>E</th><th>F</th><th>G</th><th>H</th></tr> </thead> <tbody> <tr> <td>Tier</td><td>Skills required</td><td>CLASSIFICATION</td><td>CAP</td><td>CON</td><td>CWTRX</td><td>EFL</td><td>FW</td></tr> <tr> <td>2</td><td>Y</td><td>Acupuncturist</td><td></td><td>1</td><td></td><td></td><td></td></tr> <tr> <td>2</td><td>Y</td><td>Acute Culture Technician</td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>2</td><td>Y</td><td>Addiction Counselor</td><td>1</td><td></td><td></td><td></td><td></td></tr> <tr> <td>2</td><td>Y</td><td>Admission Director</td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>2</td><td>Y</td><td>Admission Liaison</td><td>GLOBAL</td><td>GLOBAL</td><td>GLOBAL</td><td>GLOBAL</td><td>GLOBAL</td></tr> <tr> <td>2</td><td>Y</td><td>Admissions Nurse</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr> <td>3</td><td>Y</td><td>Anesthesia Assistant</td><td></td><td>1</td><td></td><td></td><td></td></tr> <tr> <td>2</td><td>Y</td><td>Anesthesia Care Coordinator</td><td></td><td></td><td>1</td><td></td><td></td></tr> </tbody> </table>	A	B	C	D	E	F	G	H	Tier	Skills required	CLASSIFICATION	CAP	CON	CWTRX	EFL	FW	2	Y	Acupuncturist		1				2	Y	Acute Culture Technician						2	Y	Addiction Counselor	1					2	Y	Admission Director						2	Y	Admission Liaison	GLOBAL	GLOBAL	GLOBAL	GLOBAL	GLOBAL	2	Y	Admissions Nurse	1	1	1	1	1	3	Y	Anesthesia Assistant		1				2	Y	Anesthesia Care Coordinator			1																																																																																																																																		
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46.	<p>Confirm that there is a <b>Scope of Service</b> created for the division needed.</p>	<table border="1"> <thead> <tr> <th>A</th><th>B</th><th>C</th><th>D</th><th>E</th><th>F</th><th>G</th><th>H</th></tr> </thead> <tbody> <tr> <td>Tier</td><td>Skills required</td><td>CLASSIFICATION</td><td>CAP</td><td>CON</td><td>CWTRX</td><td>EFL</td><td>FW</td></tr> <tr> <td>2</td><td>Y</td><td>Registered Nurse (RN) Care Unit (RN-SCU)</td><td></td><td></td><td></td><td>ARCHIVED</td><td></td></tr> <tr> <td>2</td><td>Y</td><td>Registered Vascular Tech</td><td>1</td><td></td><td></td><td></td><td></td></tr> <tr> <td>2</td><td>Y</td><td>Reiki Practitioner</td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>2</td><td>Y</td><td>Remote Certified UDMM Specialist II</td><td>1</td><td></td><td></td><td></td><td></td></tr> <tr> <td>2</td><td>Y</td><td>Respiratory Behavior Therapist</td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>2</td><td>Y</td><td>Respiratory Behavior Therapist</td><td>GLOBAL</td><td>GLOBAL</td><td>GLOBAL</td><td>GLOBAL</td><td>GLOBAL</td></tr> <tr> <td>2</td><td>Y</td><td>Respiratory Therapist</td><td>ARCHIVED</td><td>1</td><td>1</td><td>1</td><td></td></tr> <tr> <td>2</td><td>Y</td><td>Respiratory Therapist</td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>2</td><td>Y</td><td>Rounding Nurse</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr> <td>2</td><td>Y</td><td>Rounding Nurse (RN)</td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>2</td><td>Y</td><td>Rounding Nurse (RN)</td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>2</td><td>Y</td><td>SAN-Surgicat First Assistant</td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>2</td><td>Y</td><td>SAN-Surgicat Registered Nurse</td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>2</td><td>Y</td><td>Surgeon</td><td>GLOBAL</td><td>GLOBAL</td><td>GLOBAL</td><td>GLOBAL</td><td>GLOBAL</td></tr> <tr> <td>2</td><td>Y</td><td>Surgeon Board AMBS</td><td>GLOBAL</td><td>GLOBAL</td><td>GLOBAL</td><td>GLOBAL</td><td>GLOBAL</td></tr> <tr> <td>2</td><td>Y</td><td>Senior Coordinator ABATE Project</td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>2</td><td>Y</td><td>Senior Coordinator</td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>2</td><td>Y</td><td>Sister</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr> <td>2</td><td>Y</td><td>Sister, Study Coordinator</td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>2</td><td>Y</td><td>Sous Chef</td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>2</td><td>Y</td><td>Speech Pathologist</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr> <td>2</td><td>Y</td><td>Substance Use Navigator</td><td></td><td></td><td>1</td><td>1</td><td>1</td></tr> <tr> <td>2</td><td>Y</td><td>Substance Use Behavioral Health Navigator</td><td>GLOBAL</td><td>GLOBAL</td><td>GLOBAL</td><td>GLOBAL</td><td>GLOBAL</td></tr> <tr> <td>2</td><td>Y</td><td>Supplemental Patient-Provider</td><td>GLOBAL</td><td>GLOBAL</td><td>GLOBAL</td><td>GLOBAL</td><td>GLOBAL</td></tr> </tbody> </table>	A	B	C	D	E	F	G	H	Tier	Skills required	CLASSIFICATION	CAP	CON	CWTRX	EFL	FW	2	Y	Registered Nurse (RN) Care Unit (RN-SCU)				ARCHIVED		2	Y	Registered Vascular Tech	1					2	Y	Reiki Practitioner						2	Y	Remote Certified UDMM Specialist II	1					2	Y	Respiratory Behavior Therapist						2	Y	Respiratory Behavior Therapist	GLOBAL	GLOBAL	GLOBAL	GLOBAL	GLOBAL	2	Y	Respiratory Therapist	ARCHIVED	1	1	1		2	Y	Respiratory Therapist						2	Y	Rounding Nurse	1	1	1	1	1	2	Y	Rounding Nurse (RN)						2	Y	Rounding Nurse (RN)						2	Y	SAN-Surgicat First Assistant						2	Y	SAN-Surgicat Registered Nurse						2	Y	Surgeon	GLOBAL	GLOBAL	GLOBAL	GLOBAL	GLOBAL	2	Y	Surgeon Board AMBS	GLOBAL	GLOBAL	GLOBAL	GLOBAL	GLOBAL	2	Y	Senior Coordinator ABATE Project						2	Y	Senior Coordinator						2	Y	Sister	1	1	1	1	1	2	Y	Sister, Study Coordinator						2	Y	Sous Chef						2	Y	Speech Pathologist	1	1	1	1	1	2	Y	Substance Use Navigator			1	1	1	2	Y	Substance Use Behavioral Health Navigator	GLOBAL	GLOBAL	GLOBAL	GLOBAL	GLOBAL	2	Y	Supplemental Patient-Provider	GLOBAL	GLOBAL	GLOBAL	GLOBAL	GLOBAL
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51.	<p>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.</p>	 <table border="1"> <thead> <tr> <th>Column1</th><th>Agency Job Title</th><th>Business Line</th><th>DHP Classification</th></tr> </thead> <tbody> <tr><td>Young Health Care, LLC</td><td>Director of Business Development</td><td>Community Edition (previously HCR)</td><td>1</td></tr> <tr><td>Young Health Care, LLC</td><td>Community Manager (previously HCR)</td><td>Community Edition (previously HCR)</td><td>2</td></tr> <tr><td>11/21/2022</td><td>Supplier Representative</td><td>Supplier Rep/Mgr</td><td>2</td></tr> <tr><td>Zerflow Inc</td><td>Clinical Applications Specialist</td><td>Radiology Tech</td><td>2</td></tr> <tr><td>Zerflow Imaging, Inc.</td><td>Field Audit &amp; Coordinator</td><td>Supplier Rep/Mgr</td><td>2</td></tr> <tr><td></td><td>Field Audit &amp; Coordinator</td><td>Inventory Technician</td><td>1</td></tr> <tr><td>12/10/2022</td><td>Field Audit &amp; Coordinator</td><td>Supplier Rep/Mgr</td><td>1</td></tr> <tr><td>Zimmer Biomet</td><td>Inventory Control Coordinator</td><td>Inventory Technician</td><td>1</td></tr> <tr><td>6/9/2018</td><td>Ops Admin</td><td>Supplier Rep/Mgr</td><td>2</td></tr> <tr><td>Zimmer Biomet</td><td>Ops Admin</td><td>Supplier Rep/Mgr</td><td>2</td></tr> <tr><td>8/28/2020</td><td>Ops Admin</td><td>Supplier Rep/Mgr</td><td>2</td></tr> <tr><td>9/2/2020</td><td>Warehouse Director</td><td>Driver</td><td>2</td></tr> <tr><td>Zimmer Biomet</td><td>Warehouse Director</td><td>Driver</td><td>2</td></tr> </tbody> </table>	Column1	Agency Job Title	Business Line	DHP Classification	Young Health Care, LLC	Director of Business Development	Community Edition (previously HCR)	1	Young Health Care, LLC	Community Manager (previously HCR)	Community Edition (previously HCR)	2	11/21/2022	Supplier Representative	Supplier Rep/Mgr	2	Zerflow Inc	Clinical Applications Specialist	Radiology Tech	2	Zerflow Imaging, Inc.	Field Audit & Coordinator	Supplier Rep/Mgr	2		Field Audit & Coordinator	Inventory Technician	1	12/10/2022	Field Audit & Coordinator	Supplier Rep/Mgr	1	Zimmer Biomet	Inventory Control Coordinator	Inventory Technician	1	6/9/2018	Ops Admin	Supplier Rep/Mgr	2	Zimmer Biomet	Ops Admin	Supplier Rep/Mgr	2	8/28/2020	Ops Admin	Supplier Rep/Mgr	2	9/2/2020	Warehouse Director	Driver	2	Zimmer Biomet	Warehouse Director	Driver	2										
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Internal Use

Internal Use

	<ul style="list-style-type: none"> <li>○ Can be obtained from Configuration Spreadsheet</li> <li>● <b>Division Name.</b> <ul style="list-style-type: none"> <li>○ Can be obtained from Configuration Spreadsheet</li> </ul> </li> </ul> <p><b>Configuration Spreadsheet Location:</b>  <a href="https://hcahealthcare.sharepoint.com/sites/HWS-Sunrise-VerifiedProfessional">https://hcahealthcare.sharepoint.com/sites/HWS-Sunrise-VerifiedProfessional</a></p>																									
56.	<p>Save the completed spreadsheet and add it to <b>VProClassMap</b> folder.</p> <p><b>Folder Location:</b>  P:\PUBDATA\ERECRUIT\Automated Jobs\VproClassMap</p>	 <table border="1"> <thead> <tr> <th>Name</th> <th>Date modified</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td>Archive</td> <td>9/14/2023 11:58 AM</td> <td>File folder</td> </tr> <tr> <td>Facilities</td> <td>6/22/2023 8:26 AM</td> <td>File folder</td> </tr> <tr> <td>Failed</td> <td>9/12/2023 6:47 AM</td> <td>File folder</td> </tr> <tr> <td>temp</td> <td>6/22/2023 8:26 AM</td> <td>File folder</td> </tr> <tr> <td>test</td> <td>6/22/2023 8:26 AM</td> <td>File folder</td> </tr> <tr> <td>A685CF11.tmp</td> <td>4/11/2023 10:28 AM</td> <td>TMP File</td> </tr> <tr> <td><b>Vpro Vendor Mapping DB 09142023-1.xlsx</b></td> <td>9/14/2023 12:22 PM</td> <td>Microsoft Excel W...</td> </tr> </tbody> </table>	Name	Date modified	Type	Archive	9/14/2023 11:58 AM	File folder	Facilities	6/22/2023 8:26 AM	File folder	Failed	9/12/2023 6:47 AM	File folder	temp	6/22/2023 8:26 AM	File folder	test	6/22/2023 8:26 AM	File folder	A685CF11.tmp	4/11/2023 10:28 AM	TMP File	<b>Vpro Vendor Mapping DB 09142023-1.xlsx</b>	9/14/2023 12:22 PM	Microsoft Excel W...
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58.	<p>If there was an error, the spreadsheet will be in the failed folder.</p> <p>Double check information entered and resubmit.</p> <p>If there is still an error escalate to Team Lead.</p>	 <table border="1"> <thead> <tr> <th>Name</th> </tr> </thead> <tbody> <tr> <td><b>Vpro Vendor Mapping DB 09122023-1.xlsx</b></td> </tr> <tr> <td><b>Vpro Vendor Mapping AJP 09112023 - 1 ....</b></td> </tr> <tr> <td><b>Vpro Vendor Mapping DB 09072023-3.xlsx</b></td> </tr> </tbody> </table>	Name	<b>Vpro Vendor Mapping DB 09122023-1.xlsx</b>	<b>Vpro Vendor Mapping AJP 09112023 - 1 ....</b>	<b>Vpro Vendor Mapping DB 09072023-3.xlsx</b>																				
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59.	<p>Once all enrollment steps have been completed and classifications are mapped, send “<b>Organization Enrolled</b>” template to contact who provided the enrollment information.</p> <p><b>Template Link:</b></p> <p><u>Registration Process(1)</u></p>	<p>Greetings,</p> <p>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.</p> <p>If you will be assisting with the credentialing process, please log on to the following link and submit your form: <a href="https://proverified.com/delegate/">https://proverified.com/delegate/</a>. 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.</p> <p>The following is the information submitted to our IT department for integration; this process is now complete.</p> <ul style="list-style-type: none"> <li>• Vendor Name: GT Metabolic Solutions Inc</li> <li>• Classifications: Tier 2   Supplier Representative/Manager</li> <li>• Facilities: All HCA facilities across the US</li> </ul> <p>Link for all HCA Facilities across the US:</p> <p><a href="https://hcahealthcare.com/locations/index.dot">https://hcahealthcare.com/locations/index.dot</a></p> <p>Self-Registration (also noted on the VPro User Quicksteps attached)</p> <ul style="list-style-type: none"> <li>• Via google chrome go to <a href="http://www.hwsverified.com">www.hwsverified.com</a></li> <li>• Select Verified Professional</li> <li>• Choose Create Acct. at bottom of screen</li> <li>• Complete registration</li> </ul> <p>Please refer to the attached VPRO User Quick Steps Registration to Credentialing Guide when creating credentialing accounts.</p> <p>If you have further questions or concerns feel free to contact our Customer CARE Service Team.</p> <p>-</p> <table border="1" data-bbox="771 878 1449 952"> <thead> <tr> <th>A</th><th>B</th><th>C</th><th>D</th><th>E</th><th>F</th><th>G</th><th>H</th></tr> <tr> <th>Enrollment Type</th><th>Organization/Delegate/Facility</th><th>Contact Name</th><th>Contact Phone Num</th><th>Contact Email</th><th>Enrollment Completed</th><th>Enrollment Completed</th><th></th></tr> </thead> <tbody> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	A	B	C	D	E	F	G	H	Enrollment Type	Organization/Delegate/Facility	Contact Name	Contact Phone Num	Contact Email	Enrollment Completed	Enrollment Completed																																									
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60.	<p><b>Update Registration Tracker</b> under <b>Enrollments tab</b>.</p>																																																									

## 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.	<p>Enter enrollment information on the <b>Registration Tracker</b> under the <b>Enrollment tab</b> and indicate what is missing.</p>	

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2.	<p>Send <b>Incomplete Forms</b> email template to contact who provided enrollment information. Alter template to include only the information that is missing.</p> <p><b>Email Template Link:</b></p> <p><a href="#">Registration Process(1)</a></p>	<p>Hello,</p> <p>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:</p> <ol style="list-style-type: none"> <li>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.</li> <li>2. Attached Vendor Enrollment form completed – all pages</li> <li>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. <ul style="list-style-type: none"> <li>• 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.</li> </ul> </li> </ol> <p><b>The letter must include:</b></p> <ol style="list-style-type: none"> <li>1. Company letterhead</li> <li>2. Title of Job/Position</li> <li>3. Basic responsibilities</li> <li>4. Qualifications</li> <li>5. License, Certification, Education</li> <li>6. Skills</li> </ol>																								
3.	Complete tracker detailing what actions were taken.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">H</td><td style="width: 10%;">I</td><td style="width: 10%;">J</td><td style="width: 10%;">K</td><td style="width: 10%;">L</td><td style="width: 10%;">M</td><td style="width: 10%;">N</td><td style="width: 10%;">O</td></tr> <tr> <td>Missing CCI</td><td>Missing ID</td><td>Missing Form</td><td>Missing Other</td><td>Missing Information Details</td><td>Specialist</td><td>Initial Attempt Date</td><td>Notes Attempt 1</td></tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	H	I	J	K	L	M	N	O	Missing CCI	Missing ID	Missing Form	Missing Other	Missing Information Details	Specialist	Initial Attempt Date	Notes Attempt 1								
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4.	Complete weekly follow ups as directed by Credentialing Team Lead and enter information in <b>Enrollments</b> tab. See <b>Missing Information – Follow Ups</b> process for additional information.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">P</td><td style="width: 10%;">Q</td><td style="width: 10%;">R</td><td style="width: 10%;">S</td><td style="width: 10%;">T</td><td style="width: 10%;">U</td></tr> <tr> <td>Specialist</td><td>2nd Attempt Date</td><td>Notes Attempt 2</td><td>Specialist</td><td>3rd Attempt Date</td><td>Notes Final Attempt</td></tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	P	Q	R	S	T	U	Specialist	2nd Attempt Date	Notes Attempt 2	Specialist	3rd Attempt Date	Notes Final Attempt												
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### 5.3 Mapping Requests

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

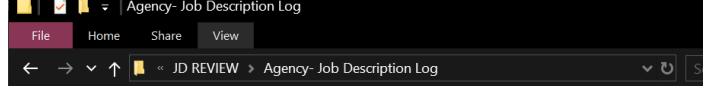
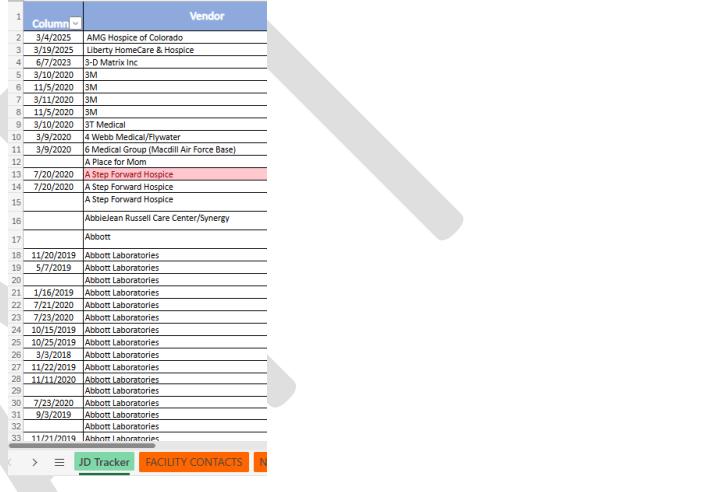
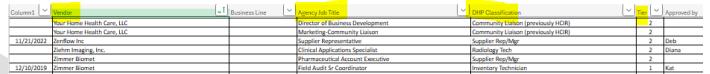
Step	Instruction	Illustration

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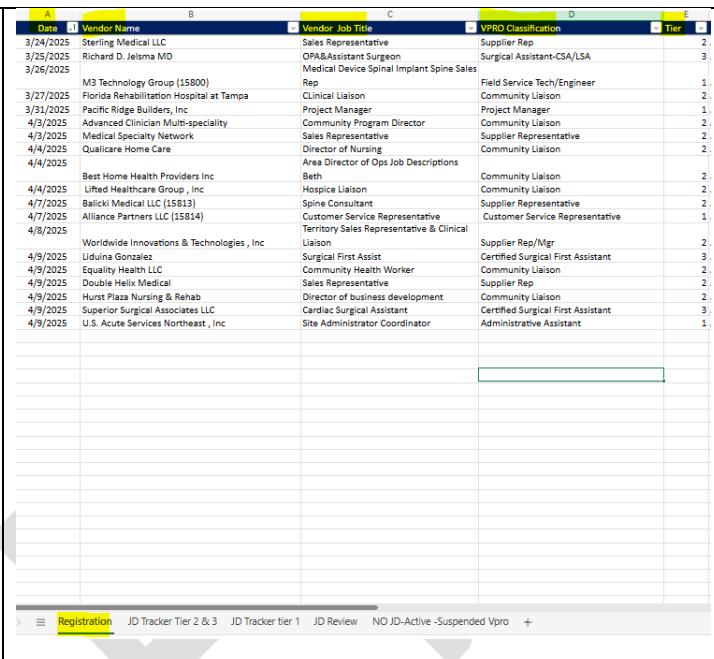
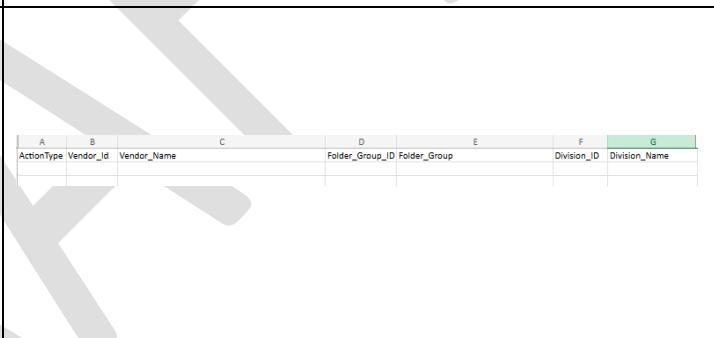
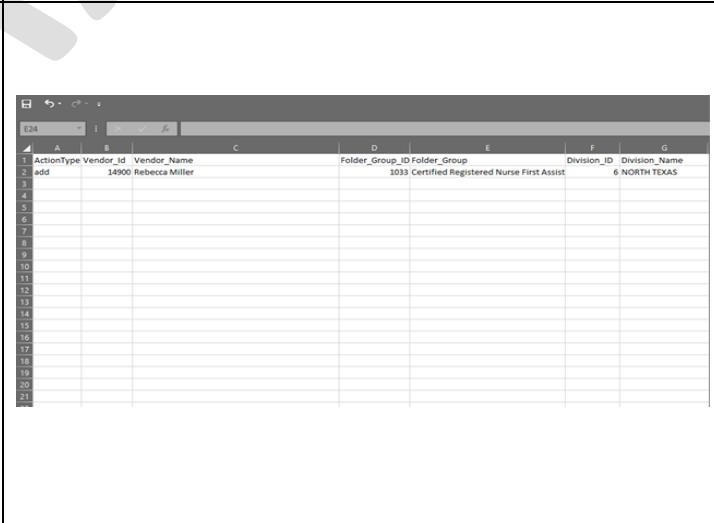
		<p>Hello,</p> <p>Please map the below.</p> <ul style="list-style-type: none"> <li>- Vendor Name: Globus Medical</li> <li>- Vendor ID: 134</li> <li>- Classifications (include tier): Tier 3   Non-Certified IONM Specialist I</li> <li>- Division: WFL</li> </ul> <p><u>Part B Form</u></p> <p>Complete Form B - If your organization already exists within Verified Professional and you want to add a role/position to register under your organization</p> <p>A form must be completed for each of your internal Job Descriptions</p> <table border="1"> <tr> <td>Yes</td><td>No</td><td>Action(s) Requested</td></tr> <tr> <td>X</td><td></td><td>I am requesting to add role/position types to my Organization – Part B Form</td></tr> </table> <table border="1"> <tr> <td>Organization Name</td><td colspan="4">Superior Surgical Associates LLC</td></tr> <tr> <td>Organization Contact</td><td>First</td><td>Karen</td><td>Last</td><td>Basham</td></tr> <tr> <td>Organization Contact</td><td>email</td><td colspan="2">Karen@superiorsurgicalassociates.com</td><td>Ph No.</td><td>225-202-0651</td></tr> </table> <p><b>Role Description</b></p> <p>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</p> <p><i>Examples:</i> 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.</p> <p><b>Description of the Role:</b></p> <div style="border: 1px solid #ccc; padding: 5px; min-height: 40px;">Contracted Surgical First Assistant in the Cardiac Surgical Suite</div> <p><b>Which Facility or Facilities?</b></p> <div style="border: 1px solid #ccc; padding: 5px; min-height: 40px;">Rapides Regional Medical Center in Alexandria Louisiana</div>	Yes	No	Action(s) Requested	X		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
Yes	No	Action(s) Requested																						
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Organization Contact	First	Karen	Last	Basham																				
Organization Contact	email	Karen@superiorsurgicalassociates.com		Ph No.	225-202-0651																			
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.	<p><b>Which Facility or Facilities?</b></p> <div style="border: 1px solid #ccc; padding: 5px; min-height: 40px;">Rapides Regional Medical Center in Alexandria Louisiana</div>																						
1.	Type facility name into the VPro quick search.																							
2.	Click on blue ID number.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>ID</th> <th>DESCRIPTION</th> <th>P</th> </tr> </thead> <tbody> <tr> <td>253</td> <td>Rapides Regional Medical Center- LA, 211 Fourth Street, Alexandria, LA</td> <td></td> </tr> </tbody> </table>	ID	DESCRIPTION	P	253	Rapides Regional Medical Center- LA, 211 Fourth Street, Alexandria, LA																	
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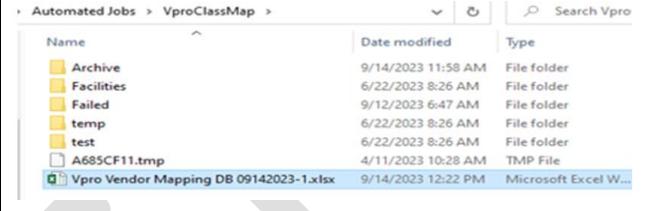
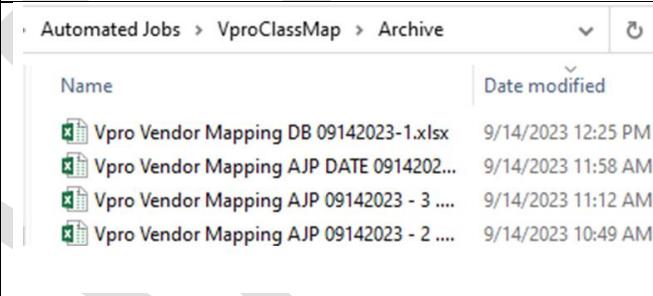
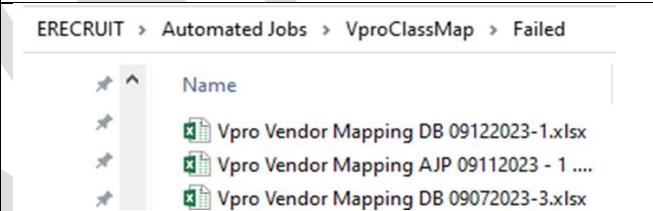
3.	Identify the division the facility is in.	<p><b>Division</b></p> <p><b>Division</b> NORTH TEXAS</p> <p>Division Market NORTH TEXAS DIVISION</p> <p><b>People</b></p> <p>Company Owner Computer Computer</p>																																																																																																																																																																																																																																																																																																																																																																																							
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5.	CTRL +F or scroll down to search for classification.	<p><b>Find and Replace</b></p> <p>Find    Replace</p> <p>Find</p> <p><input type="text" value="supplier rep"/></p> <p>Wildcards can expand search. For example, "sm?th" finds "smith". <a href="#">Learn More</a></p> <p>&gt; Search options</p> <p><b>Find next</b>   <b>Find all</b></p>																																																																																																																																																																																																																																																																																																																																																																																							
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9.	<p>Save job description to the <b>Job description log</b> folder within the DHP drive. Locate the folder for the vendor within the folder.</p> <p><b>File Name:</b></p> <p>Classification Name</p> <p><b>Location:</b> \\AASTSUNVDHP01\dhp\DHPTraining Information\HealthTrust 2015-2016 Forms\DHP Request FOR Registration\JD REVIEW\Agency- Job Description Log</p>																																																																					
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## 5.4 Delegate Enrollment

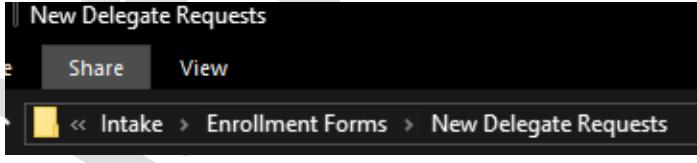
The Credentialing Customer Service Analyst will follow the steps below to create delegate accounts. These accounts will allow the delegates access to manage their roster of employees within the VPro system.

Step	Instruction	Illustration
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Internal Use

1.	Receive delegate enrollment form into the Verified Help inbox.	
1.	Go to VPro home page and complete the following steps: <ul style="list-style-type: none"> <li>• Click on the three lines</li> <li>• Click add new</li> <li>Click vendor contact</li> </ul>	
2.	On the following screen update the fields as follows: <ul style="list-style-type: none"> <li>• <b>First name</b></li> <li>• <b>Last name</b></li> <li>• <b>Vendor</b> – Vendor name on <b>COI</b> - (Address will automatically populate once selected)</li> <li>• <b>Type</b> – HR</li> <li>• <b>Title</b> – Delegate</li> <li>• <b>Email</b> - Email on delegate form</li> <li>• <b>Password</b>- Leave blank</li> <li>• <b>Business Phone</b> – Phone number on delegate form</li> <li>• <b>Default Dashboard</b> – Vendor</li> <li>• Click save.</li> </ul>	
3.	Click on manage login access.	

Internal Use

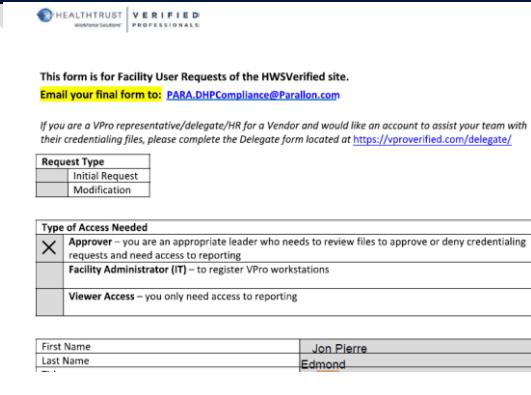
4.	Give access.	<p style="text-align: right;"><a href="#">Toggle Federation</a></p> <p>This user's access is currently revoked. Please use care when reapproving. You will be able to change the password and login email once the user is approved.</p> <p style="text-align: right;"><a href="#">Give Access</a></p>
5.	Enter password: <b>Welcome 123</b> <ul style="list-style-type: none"> <li>• Confirm new password</li> <li>• Click on set new password</li> </ul>	<p>Change Password For Unassigned</p> <p>New Password (leave blank to autogenerate) *****</p> <p>Confirm New Password *****</p> <p style="text-align: right;"><a href="#">Set New Password</a></p>
6.	Click save vendor contact.	<p style="text-align: right;"><a href="#">Save Vendor Contact</a></p>
7.	Save delegate enrollment form to the " <b>New Delegate Requests</b> " folder within the DHP drive.  <b>Folder Location:</b> \\AASTSUNVDHP01\dhp\VPro\VPro Operations -CS - Intake - DE\Intake\Enrollment Forms\New Delegate Requests	

Internal Use

8.	<p>Send “Delegate Initial Log In” email template to the delegate.</p> <p><b>Template Location:</b></p> <p><u><a href="#">Registration Process(1)</a></u></p>	<p><u><a href="#">Delegate User Quick Steps.pdf</a></u></p> <p>Subject -Delegate User Account Created - Hello,</p> <p>Your HWSVerified Delegate account has been created. The login will be: [email address]</p> <p>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)</p> <ol style="list-style-type: none"> <li>1. Copy and paste the URL provided below into Google Chrome Browser, <u>don't</u> use link in password reset email</li> <li>2. <a href="https://www.hwsverified.com/">https://www.hwsverified.com/</a> and click on delegate</li> <li>3. Enter your email associate with the account and Welcome123 as the current password</li> <li>4. Once you are in the next page, set your new password and confirm your <u>new</u> password</li> </ol> <p><b>Now you will be able to login at <a href="#">www.HWSVerified.com</a> with your email address and your new password!</b></p> <p><b>**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.</b></p> <p>For your assistance we have attached helpful documents intended to guide you through the HealthTrust Verified system.</p> <p>If you have further questions or concerns feel free to contact our Customer CARE Service Team.</p>
9.	Update <b>Registration Tracker</b> on <b>Enrollments</b> tab with actions taken.	

## 5.5 Facility User Enrollment

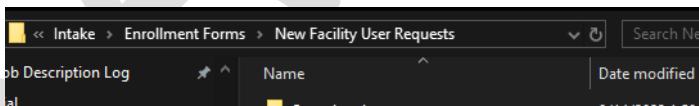
The Credentialing Customer Service Analyst will follow the steps below to create facility user accounts. These accounts will allow facility users to run reports, view credentials, and approve or deny Verified Professionals within the VPro system.

Step	Instruction	Illustration											
1.	Receive facility user enrollment form into the Verified Help inbox.	 <p>This form is for Facility User Requests of the HWSVerified site. Email your final form to: <a href="mailto:PARA.DHPCompliance@Parallon.com">PARA.DHPCompliance@Parallon.com</a></p> <p>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 <a href="https://vproverified.com/delegate/">https://vproverified.com/delegate/</a></p> <table border="1"> <tr> <td><b>Request Type</b></td> </tr> <tr> <td>Initial Request</td> </tr> <tr> <td>Modification</td> </tr> <tr> <td><b>Type of Access Needed</b></td> </tr> <tr> <td><input checked="" type="checkbox"/> Approver – you are an appropriate leader who needs to review files to approve or deny credentialing requests and need access to reporting</td> </tr> <tr> <td>Facility Administrator (IT) – to register VPro workstations</td> </tr> <tr> <td>Viewer Access – you only need access to reporting</td> </tr> <tr> <td>First Name</td> <td>Jon Pierre</td> </tr> <tr> <td>Last Name</td> <td>Edmond</td> </tr> </table>	<b>Request Type</b>	Initial Request	Modification	<b>Type of Access Needed</b>	<input checked="" type="checkbox"/> 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
<b>Request Type</b>													
Initial Request													
Modification													
<b>Type of Access Needed</b>													
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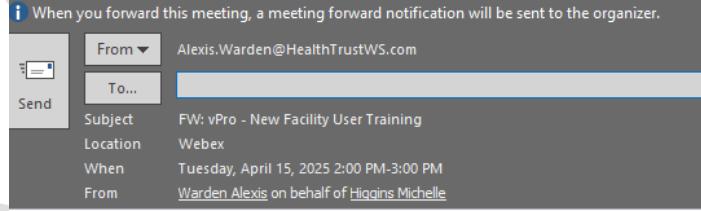
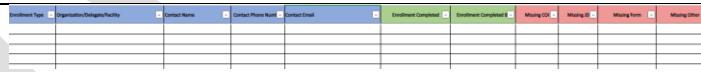
Internal Use

2.	On the VPro homepage, click on the three lines, add new, and then contact.	
3.	<p>On the following page update the fields as follows:</p> <ul style="list-style-type: none"> <li>• <b>First Name</b></li> <li>• <b>Last Name</b></li> <li>• <b>Company</b> – Facility name</li> <li>• <b>Title</b>- As stated on the facility enrollment</li> <li>• <b>Contact Source</b>- Facility</li> <li>• <b>Contact Type</b>- Administrator, Approver or Viewer as stated on enrollment form.</li> <li>• <b>Contact Methods</b> –Must have main phone and main email address.</li> <li>• Select “Save”</li> </ul>	
4.	Update status from “Prospect” to “Active.”	
5.	Click on “manage login access.”	

Internal Use

6.	Give access.	<p style="text-align: right;"><a href="#">Toggle Federation</a></p> <p>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.</p> <p style="text-align: right;"><a href="#">Give Access</a></p>
7.	<p>Enter password: <b>Welcome 123</b></p> <ul style="list-style-type: none"> <li>• Confirm new password</li> <li>• Click on set new password</li> </ul>	<p><b>Change Password For Unassigned</b></p> <p>New Password (leave blank to autogenerated) *****</p> <p>Confirm New Password *****</p> <p style="text-align: right;"><a href="#">Set New Password</a></p>
8.	Click save contact.	<p style="text-align: right;"><a href="#">Save Contact</a></p>
9.	<p>Save enrollment form in the “<b>New Facility User Requests</b>” folder within the DHP drive.</p> <p><b>Folder Location:</b>          \\Aastsunvdhp01\dhp\VPro\VPro          Operations -CS - Intake -          DE\Intake\Enrollment Forms\New Facility User Requests       </p>	

Internal Use

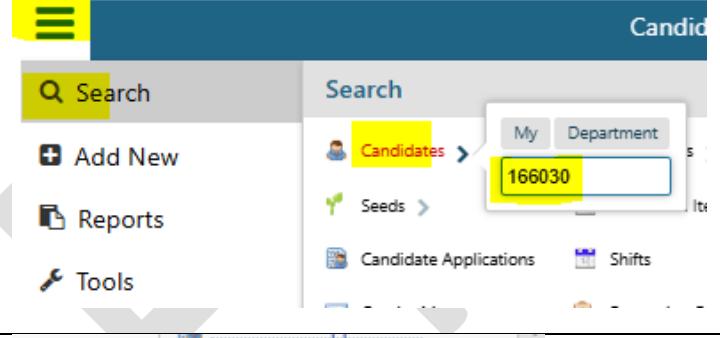
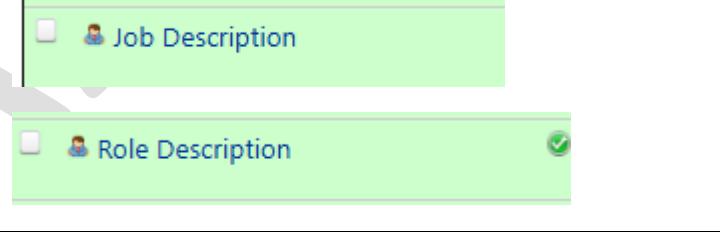
10.	<p>Send “<b>Facility Admin Created</b>” email template to the new facility user.</p> <p><b>Template Location:</b></p> <p><u><a href="#">Registration Process(1)</a></u></p>	<p><a href="#">1-VPRO INSTRUCTIONAL GUIDE - SOFTWARE - REPORTING 5-3-22.docx</a>  <a href="#">Kiosk Login Daily Expectations rev 10-29-22.pdf</a>  <a href="#">Reporting Tool in VPro -- HWSVerified 8-30-21.pdf</a></p> <p><b>Subject - HWSVerified Facility Approver Account Created – [Name of Facility Approver]</b></p> <p>Hello,</p> <p>Your <b>HWSVerified</b> Facility Approver account has been created.</p> <p>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 <b>HWSVerified</b> software.</p> <p>Additional Training and Resources may be found at our Resource Site: <a href="#">www.vproverified.com</a>  Your Login Email Address associated with your Facility User account is: <a href="#">[email login address]</a></p> <ol style="list-style-type: none"> <li>1. Copy and paste the URL provided below into Google Chrome Browser, <u>don't</u> use link in password reset email  <a href="https://facility.hwsverified.com">https://facility.hwsverified.com</a></li> <li>2. Enter your email associate with the account and Welcome123 as the current password</li> <li>3. Once you are in the next page, set your new password and confirm your <u>new</u> password</li> </ol> <p><b>**Very important**</b> 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.</p> <p>Link for VPro Online Resources:  <a href="http://engage.healthtrustjobs.com/verified">http://engage.healthtrustjobs.com/verified</a></p> <p>For additional Assistance you may contact our customer service team at 954-514-1440 or  <a href="mailto:VerifiedHelp@HealthTrustWS.com">VerifiedHelp@HealthTrustWS.com</a></p> <p>-</p>
11.	<p>Forward the earliest <b>Facility User Training</b> scheduled by Director of Account Management to new user.</p> <p>Do not send the training invitation to IT.</p>	
12.	<p>Update <b>Registration Tracker</b> on <b>Enrollments</b> tab with actions taken.</p>	

## 5.6 No Vendor Process

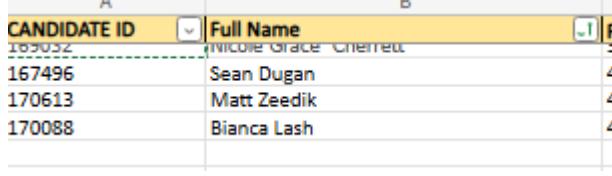
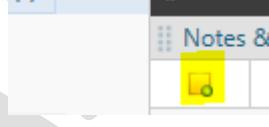
The Credentialing Customer Service Analyst will follow the steps below when an account with no vendor is received.

Step	Instruction	Illustration
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Internal Use

1.	<p>Receive a request from the Credentialing Team Lead or a Credentialing Customer Service Analyst to add a vendor to an account.</p>	<p>Hello,</p> <p>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.</p> <table border="1" data-bbox="796 325 1106 409"> <tr><td>Stephen John Smial (166030)</td></tr> <tr><td>Vidya Peruvaje (167081)</td></tr> <tr><td>Sean Patrick Dugan (167496)</td></tr> </table>	Stephen John Smial (166030)	Vidya Peruvaje (167081)	Sean Patrick Dugan (167496)
Stephen John Smial (166030)					
Vidya Peruvaje (167081)					
Sean Patrick Dugan (167496)					
1.	<p>Open the VPro account by searching by candidate ID.</p>	 <p>A screenshot of the VPro software interface. The top navigation bar shows 'Candid' and 'Search'. Below it, there's a sidebar with 'Add New', 'Reports', and 'Tools'. The main search area has 'Candidates' selected and shows '166030' in the search bar. Other options like 'Seeds' and 'Candidate Applications' are also visible.</p>			
2.	<p>Click the box with the arrow next to requirements to open the work view.</p>	 <p>A screenshot of the VPro software interface showing the 'Requirements' section. It lists 28 Requirements with a checkbox icon and an arrow icon next to it. Other sections like 'Marketing Campaigns', 'Opportunities', 'Candidate References', and 'Education History' are also shown.</p>			
3.	<p>Confirm that a job description and role description are on file.</p>	 <p>A screenshot of the VPro software interface showing the 'Job Description' and 'Role Description' sections. Both sections are highlighted in green and contain a checkbox icon. A checkmark icon is present in the 'Role Description' section.</p>			
4.	<p>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 <b>7-10</b>.</p>				
5.	<p>If there is a job description and role description on file and you can determine the vendor the VPro works for, proceed to step <b>11</b>.</p>				

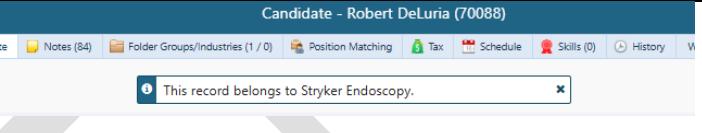
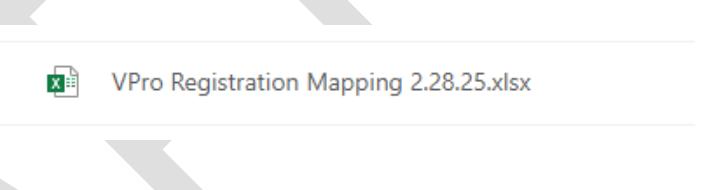
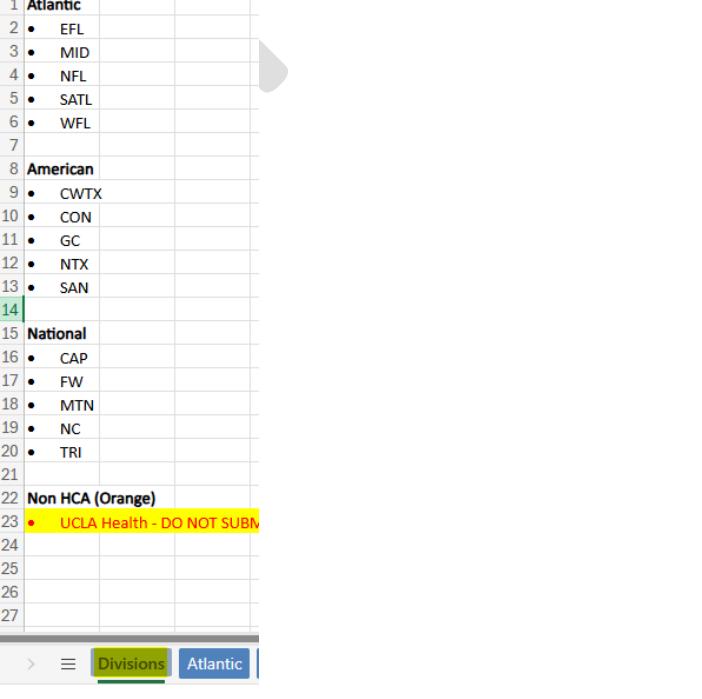
Internal Use

6.	Enter VPro account information on the Registration Tracker under the <b>No Vendor Project</b> tab.	 <table border="1"> <thead> <tr> <th>A</th><th>B</th></tr> </thead> <tbody> <tr> <td>CANDIDATE ID 165032</td><td>Full Name Nicole Grace Chernell</td></tr> <tr> <td>167496</td><td>Sean Dugan</td></tr> <tr> <td>170613</td><td>Matt Zedik</td></tr> <tr> <td>170088</td><td>Bianca Lash</td></tr> </tbody> </table>	A	B	CANDIDATE ID 165032	Full Name Nicole Grace Chernell	167496	Sean Dugan	170613	Matt Zedik	170088	Bianca Lash					
A	B																
CANDIDATE ID 165032	Full Name Nicole Grace Chernell																
167496	Sean Dugan																
170613	Matt Zedik																
170088	Bianca Lash																
7.	<p>Send <b>Incomplete Forms</b> email template to VPro and delegate.</p> <p><b>Email Template Link:</b></p> <p><a href="#"><u>Registration Process(1)</u></a></p>	<p>Hello,</p> <p>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:</p> <ol style="list-style-type: none"> <li>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.</li> <li>Attached Vendor Enrollment form completed – all pages</li> <li>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. <ul style="list-style-type: none"> <li>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.</li> </ul> </li> </ol> <p><b>The letter must include:</b></p> <ol style="list-style-type: none"> <li>Company letterhead</li> <li>Title of Job/Position</li> <li>Basic responsibilities</li> <li>Qualifications</li> <li>License, Certification, Education</li> <li>Skills</li> </ol>															
8.	Enter the date initial email sent under “ <b>First Follow Up.</b> ”	 <table border="1"> <thead> <tr> <th>A</th><th>B</th><th>C</th> </tr> </thead> <tbody> <tr> <td>CANDIDATE ID 165032</td><td>Full Name Nicole Grace Chernell</td><td>First Follow Up 3/20/2025</td></tr> <tr> <td>167496</td><td>Sean Dugan</td><td>4/8/2025</td></tr> <tr> <td>170613</td><td>Matt Zedik</td><td>4/9/2025</td></tr> <tr> <td>170088</td><td>Bianca Lash</td><td>4/9/2025</td></tr> </tbody> </table>	A	B	C	CANDIDATE ID 165032	Full Name Nicole Grace Chernell	First Follow Up 3/20/2025	167496	Sean Dugan	4/8/2025	170613	Matt Zedik	4/9/2025	170088	Bianca Lash	4/9/2025
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167496	Sean Dugan	4/8/2025															
170613	Matt Zedik	4/9/2025															
170088	Bianca Lash	4/9/2025															
9.	Click on note icon.																

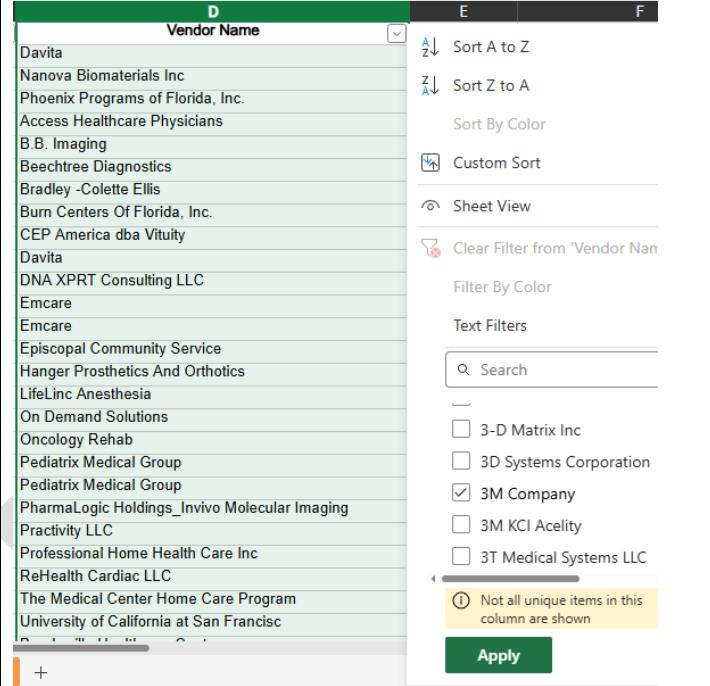
Internal Use

10.	<p>Update note action as follows:</p> <ul style="list-style-type: none"> <li><b>Note Action:</b> No Vendor – Enrollment Documents Requested</li> <li><b>Body:</b> Add note indicating that a follow up was sent for organization enrollment information to add vendor.</li> <li>Click save.</li> </ul>	
11.	<p>Open VPro, click on the three lines and select manage, and then vendor.</p>	
12.	<p>Click on the pencil under report options and complete the following:</p> <ul style="list-style-type: none"> <li>1. Click on the Green plus icon</li> <li>2. Change filter to Name</li> <li>3. Enter the name of the vendor</li> <li>4. Click Apply</li> </ul>	
13.	<p>If the vendor is not found, refer to the <b>Organization Enrollment - Missing Information</b> process.</p>	
14.	<p>If the vendor is found, return to VPro candidate page and click on the tax tab.</p>	

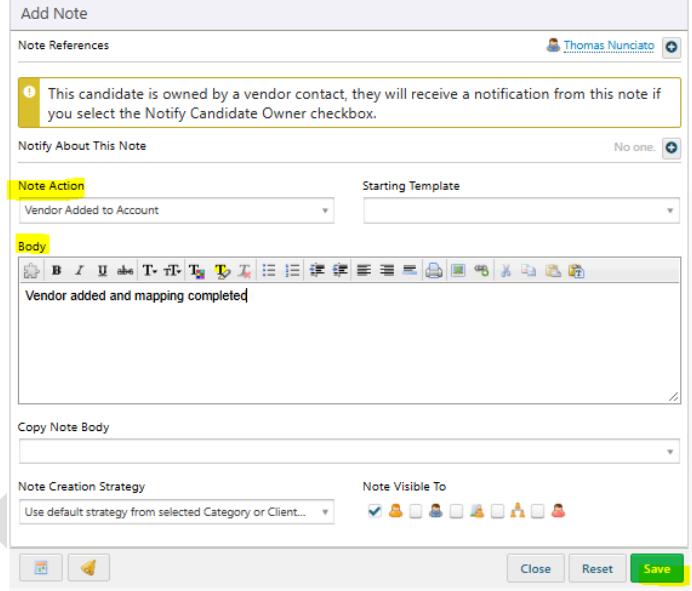
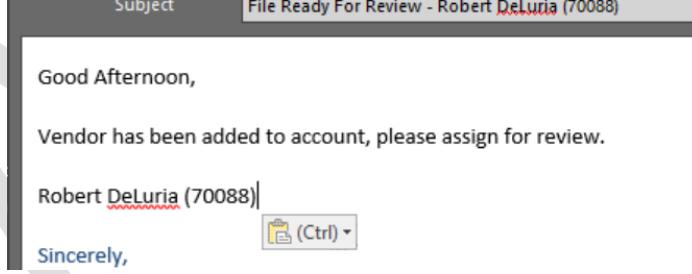
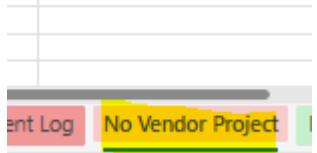
Internal Use

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. <b>Registration Mapping Spreadsheet Location:</b> <a href="https://hcahealthcare.sharepoint.com/sites/HWS-Sunrise-VerifiedProfessional">https://hcahealthcare.sharepoint.com/sites/HWS-Sunrise-VerifiedProfessional</a>	
19.	Utilize divisions tab to determine which category the division falls under and navigate to that tab.	

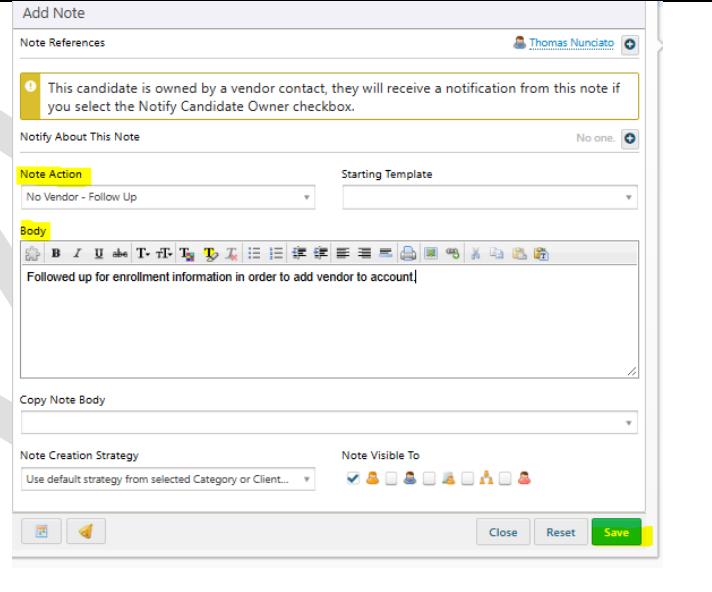
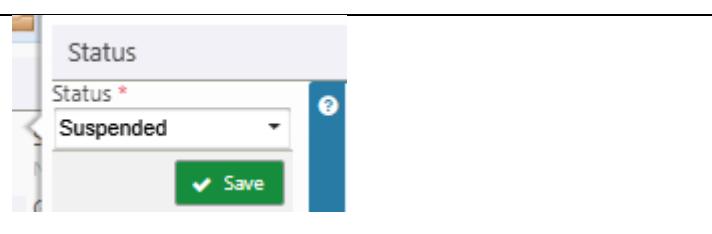
Internal Use

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>B</b> and classification on column <b>F</b> to confirm if the classification is mapped.	
22.	If classification is not mapped, refer to the <b>Mapping Process</b> before proceeding to next step.	
23.	Click on note icon.	

Internal Use

24.	<p>Update note action as follows:</p> <ul style="list-style-type: none"> <li><b>Note Action:</b> Vendor Added to Account</li> <li><b>Body:</b> Add note indicating that the vendor was added and mapping was completed.</li> </ul>	
24.	<p>Send email to Credentialing Team Lead notifying them that the file is ready to be assigned.</p>	
25.	<p>Follow steps <b>2 -34</b> below to complete follow ups on accounts with no vendor.</p>	
26.	<p>Open the Registration Tracker and navigate to the <b>No Vendor Project</b> tab.</p>	

Internal Use

27.	<p>Identify enrollments that require follow up from the last follow completed follow up.</p> <ul style="list-style-type: none"> <li>Follow ups should be completed weekly as assigned by the Credentialing Team Lead.</li> </ul>	<table border="1"> <thead> <tr> <th>CANDIDATE ID</th><th>Full Name</th><th>First Follow Up</th><th>Second Follow Up</th><th>Third Follow Up</th></tr> </thead> <tbody> <tr><td>69113</td><td>Katlin Birkby</td><td>3/20/2025</td><td>3/26/2025</td><td>4/3/2025</td></tr> <tr><td>68120</td><td>Mike Brent Adams</td><td>3/20/2025</td><td>3/27/2025</td><td>4/3/2025</td></tr> <tr><td>68331</td><td>Zharlene Balodong</td><td>3/20/2025</td><td>3/27/2025</td><td>4/3/2025</td></tr> <tr><td>68598</td><td>Nina Reyniers</td><td>3/20/2025</td><td>3/27/2025</td><td>4/3/2025</td></tr> <tr><td>68705</td><td>Mir Sahby</td><td>3/20/2025</td><td>3/27/2025</td><td>4/3/2025</td></tr> <tr><td>68736</td><td>Lacey Michelle Sanders</td><td>3/20/2025</td><td>3/27/2025</td><td>4/3/2025</td></tr> <tr><td>68828</td><td>Corinthia Marie Yancey</td><td>3/20/2025</td><td>3/27/2025</td><td>4/3/2025</td></tr> <tr><td>68984</td><td>Donnabel Diaz</td><td>3/20/2025</td><td>3/27/2025</td><td>4/3/2025</td></tr> <tr><td>69032</td><td>Nicole Grace Cherrett</td><td>3/20/2025</td><td>3/27/2025</td><td>4/3/2025</td></tr> <tr><td>67496</td><td>Sean Dugan</td><td>4/8/2025</td><td></td><td></td></tr> <tr><td>70613</td><td>Matt Zeedik</td><td>4/9/2025</td><td></td><td></td></tr> <tr><td>70088</td><td>Bianca Lash</td><td>4/9/2025</td><td></td><td></td></tr> </tbody> </table>	CANDIDATE ID	Full Name	First Follow Up	Second Follow Up	Third Follow Up	69113	Katlin Birkby	3/20/2025	3/26/2025	4/3/2025	68120	Mike Brent Adams	3/20/2025	3/27/2025	4/3/2025	68331	Zharlene Balodong	3/20/2025	3/27/2025	4/3/2025	68598	Nina Reyniers	3/20/2025	3/27/2025	4/3/2025	68705	Mir Sahby	3/20/2025	3/27/2025	4/3/2025	68736	Lacey Michelle Sanders	3/20/2025	3/27/2025	4/3/2025	68828	Corinthia Marie Yancey	3/20/2025	3/27/2025	4/3/2025	68984	Donnabel Diaz	3/20/2025	3/27/2025	4/3/2025	69032	Nicole Grace Cherrett	3/20/2025	3/27/2025	4/3/2025	67496	Sean Dugan	4/8/2025			70613	Matt Zeedik	4/9/2025			70088	Bianca Lash	4/9/2025		
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68331	Zharlene Balodong	3/20/2025	3/27/2025	4/3/2025																																																															
68598	Nina Reyniers	3/20/2025	3/27/2025	4/3/2025																																																															
68705	Mir Sahby	3/20/2025	3/27/2025	4/3/2025																																																															
68736	Lacey Michelle Sanders	3/20/2025	3/27/2025	4/3/2025																																																															
68828	Corinthia Marie Yancey	3/20/2025	3/27/2025	4/3/2025																																																															
68984	Donnabel Diaz	3/20/2025	3/27/2025	4/3/2025																																																															
69032	Nicole Grace Cherrett	3/20/2025	3/27/2025	4/3/2025																																																															
67496	Sean Dugan	4/8/2025																																																																	
70613	Matt Zeedik	4/9/2025																																																																	
70088	Bianca Lash	4/9/2025																																																																	
28.	Send “Incomplete Forms” email template.																																																																		
29.	Click on note icon.																																																																		
30.	<p>Update note action as follows:</p> <ul style="list-style-type: none"> <li><b>Note Action:</b> No Vendor – Follow up</li> <li><b>Body:</b> Follow up sent for organization enrollment information to add vendor to account.</li> <li>Click save.</li> </ul>																																																																		
31.	Enter follow up date in corresponding column and enter any notes as appropriate.	<table border="1"> <thead> <tr> <th>CANDIDATE ID</th> <th>Full Name</th> <th>First Follow Up</th> <th>Second Follow Up</th> <th>Third Follow Up</th> <th>Vendor Updated</th> <th>Date Updated</th> <th>Latest Update</th> </tr> </thead> <tbody> <tr><td>67496</td><td>Sean Dugan</td><td>4/8/2025</td><td>3/27/2025</td><td>4/3/2025</td><td>No</td><td></td><td></td></tr> <tr><td>70613</td><td>Matt Zeedik</td><td>4/9/2025</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>70088</td><td>Bianca Lash</td><td>4/9/2025</td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	CANDIDATE ID	Full Name	First Follow Up	Second Follow Up	Third Follow Up	Vendor Updated	Date Updated	Latest Update	67496	Sean Dugan	4/8/2025	3/27/2025	4/3/2025	No			70613	Matt Zeedik	4/9/2025						70088	Bianca Lash	4/9/2025																																						
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70613	Matt Zeedik	4/9/2025																																																																	
70088	Bianca Lash	4/9/2025																																																																	
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.																																																																		

Internal Use

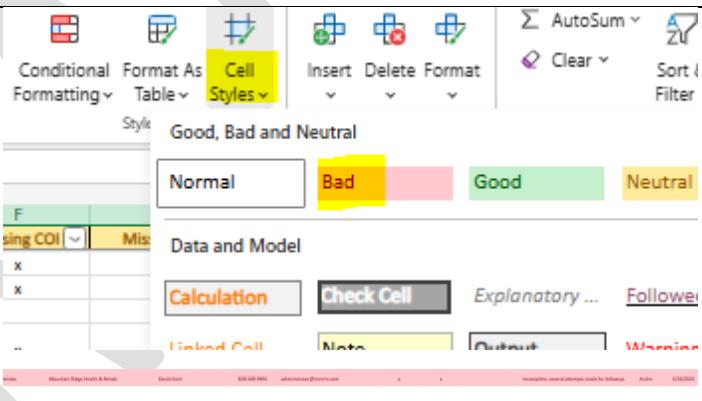
33.	Click on note icon.	
34.	<p>Update note action as follows:</p> <ul style="list-style-type: none"> <li><b>Note Action:</b></li> <li>No Vendor – Account Suspended</li> <li><b>Body:</b></li> <li>Account suspended due to no vendor after three follow ups.</li> </ul>	

## 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 <b>Enrollment</b> tab.	
2.	<p>Identify enrollments that require follow up from the Initial Attempt column.</p> <ul style="list-style-type: none"> <li>Follow ups should be completed weekly as assigned</li> </ul>	

Internal Use

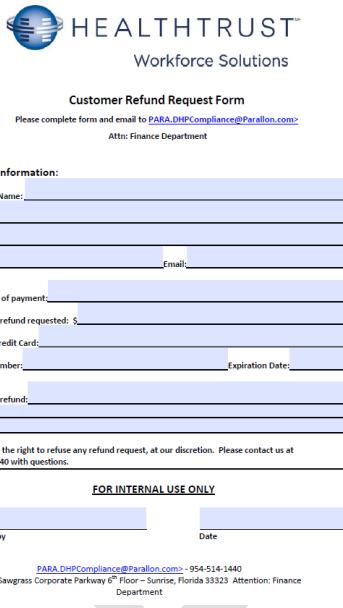
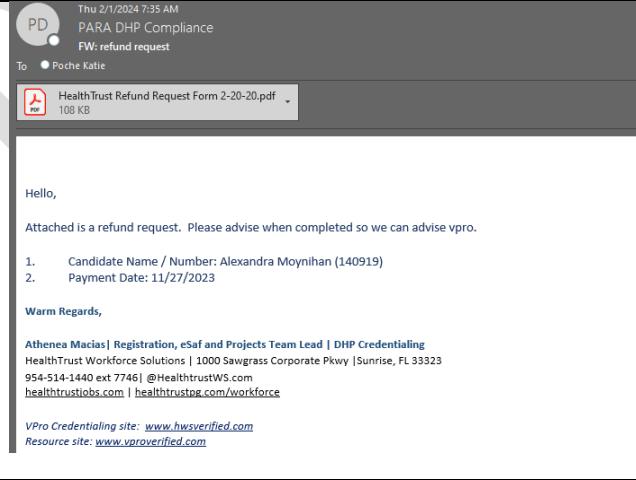
	by the Credentialing Team Lead.	
3.	<p>Send the <b>Incomplete Forms</b> email template to vendor contact listed on tracker. Alter template to include only the information that is missing.</p> <p><b>Email Template Link:</b>  <a href="#">Registration Process(1)</a></p>	<p>Hello,</p> <p>We recently received 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:</p> <ol style="list-style-type: none"> <li>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.</li> <li>Attached Vendor Enrollment form completed – all pages</li> <li>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. <ul style="list-style-type: none"> <li>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.</li> </ul> </li> </ol> <p><b>The letter must include:</b></p> <ol style="list-style-type: none"> <li>Company letterhead</li> <li>Title of Job/Position</li> <li>Basic Responsibilities</li> <li>Qualifications</li> <li>License, Certification, Education</li> <li>Skills</li> </ol>
4.	Complete tracker with actions taken.	
5.	<p>Once a final attempt has been made, change the style of the link to “Bad.” Do not complete any additional follow ups.</p>	

## 5.8 Refund Requests

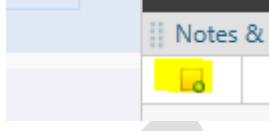
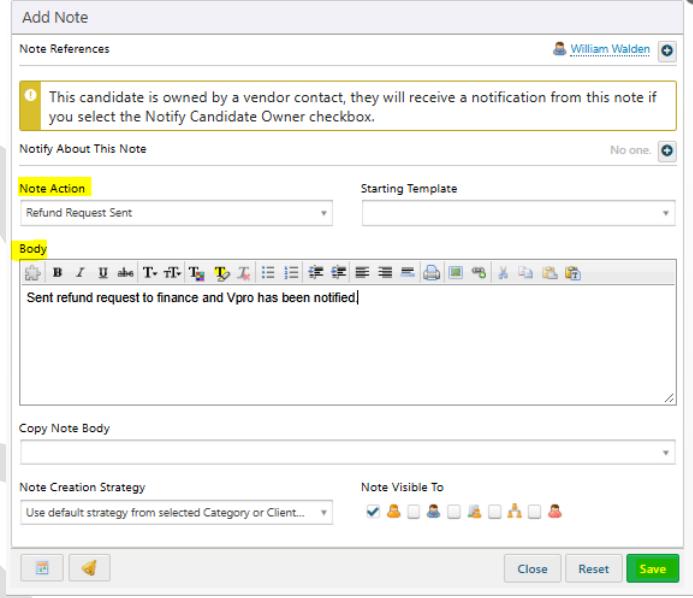
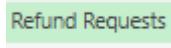
The Credentialing Customer Service Analyst will complete the steps below to process refund requests.

Step	Instruction	Illustration

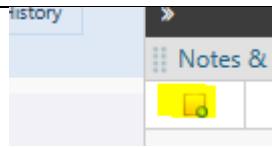
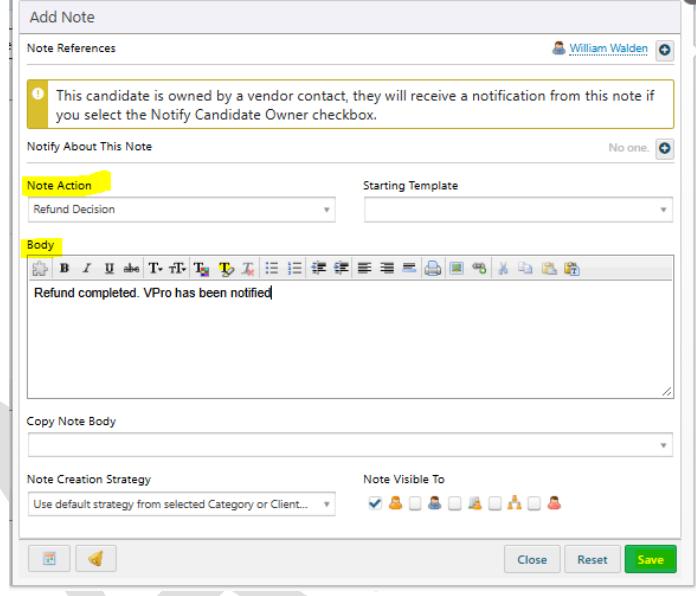
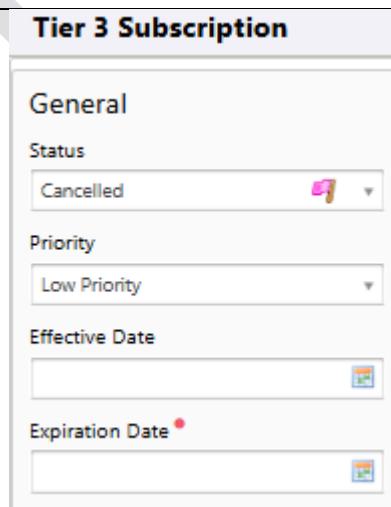
Internal Use

1.	<p>Receive completed refund request form into the Verified Help inbox.</p>	 <p><b>Customer Refund Request Form</b></p> <p>Please complete form and email to <a href="mailto:PARA.DHPCompliance@Parallon.com">PARA.DHPCompliance@Parallon.com</a> Attn: Finance Department</p> <p><b>Contact Information:</b></p> <p>DHP/HCR 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.</p> <p><b>FOR INTERNAL USE ONLY</b></p> <p>Approved by _____ Date _____</p> <p>PARA.DHPCompliance@Parallon.com - 954-514-1440    1000 Sawgrass Corporate Parkway 4th Floor – Sunrise, Florida 33323 Attention: Finance Department</p>
2.	Credentialing Team Lead will review the reason for refund to determine approval or denial.	
3.	If the refund is approved, follow steps <b>5-20</b> .	
4.	If the refund is denied, follow steps <b>21-25</b> .	
5.	<p>Send <b>“Refund Request”</b> email template to finance and attach the completed refund request form.</p> <p><b>Email Address:</b>  <b>HWSAccounting@HealthTrustWS.com</b></p> <p><b>Template Location:</b>  <u><a href="#">Registration Process(1)</a></u></p>	 <p>Thu 2/1/2024 7:35 AM    PARA DHP Compliance    FW: refund request</p> <p>To: Poche Katie</p> <p> HealthTrust Refund Request Form 2-20-20.pdf 108 KB</p> <p>Hello,</p> <p>Attached is a refund request. Please advise when completed so we can advise vpro.</p> <p>1. Candidate Name / Number: Alexandra Moynihan (140919)    2. Payment Date: 11/27/2023</p> <p>Warm Regards,</p> <p>Athenaea Macias   Registration, eSaf and Projects Team Lead   DHP Credentialing    HealthTrust Workforce Solutions   1000 Sawgrass Corporate Pkwy   Sunrise, FL 33323    954-514-1440 ext 7746   <a href="http://HealthTrustWS.com">HealthTrustWS.com</a>  <a href="http://HealthTrustJobs.com">HealthTrustJobs.com</a>   <a href="http://HealthTrustPro.com">HealthTrustPro.com</a>   <a href="http://HealthTrustWorkforce.com">HealthTrustWorkforce.com</a></p> <p>VPro Credentialing site: <a href="http://www.hwsverified.com">www.hwsverified.com</a>    Resource site: <a href="http://www.vproverified.com">www.vproverified.com</a></p>

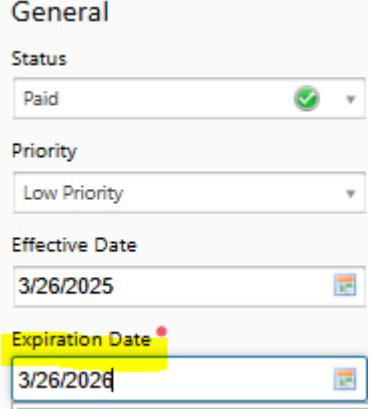
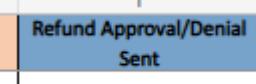
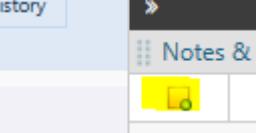
Internal Use

6.	<p>Send “<b>VPro - Refund Processing</b>” email template to VPro/delegate.</p> <p><b>Template Location:</b></p> <p><u><a href="#">Registration Process(1)</a></u></p>	<p>Greetings,</p> <p>Your refund request has been received. We are working on it and will provide an update once received from finance.</p> <p>NOTE: Please note that from 1<sup>st</sup> of the month to 7<sup>th</sup> of the month, receipts/refunds might be delayed due to volume.</p> <p>If you have further questions or concerns, feel free to contact our Customer CARE Service Team at 954-514-1440 or <a href="mailto:VerifiedHelp@HealthTrustWS.com">VerifiedHelp@HealthTrustWS.com</a></p>
7.	Click on the note icon.	
8.	<p>Update the note action as follows:</p> <ul style="list-style-type: none"> <li><b>Note Action:</b> Refund Request Sent</li> <li><b>Body:</b> Indicate that the refund request was sent and the VPro/delegate was notified.</li> <li>Click save</li> </ul>	
9.	Open registration tracker and navigate to the <b>Refunds tab</b> .	
10.	Update tracker with actions taken.	
11.	Finance will send a notification once the refund has been processed.	
12.	<p>Send “<b>Refund Processed</b>” email template to VPro/delegate.</p> <p><b>Template Location:</b></p> <p><u><a href="#">Registration Process(1)</a></u></p>	<p>Hello,</p> <p>Your refund has been processed. Please allow 5-10 business days to receive the refund.</p> <p>If you have further questions or concerns, feel free to contact our Customer CARE Service Team at 954-514-1440 or <a href="mailto:VerifiedHelp@HealthTrustWS.com">VerifiedHelp@HealthTrustWS.com</a></p>

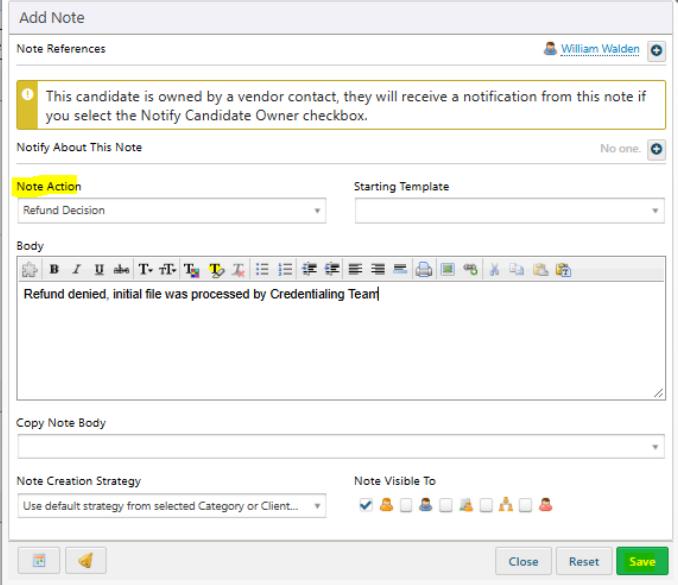
Internal Use

13.	Click on the note icon.	
14.	<p>Update the note action as follows:</p> <ul style="list-style-type: none"> <li><b>Note Action:</b> Refund Decision</li> <li><b>Body:</b> Indicate that the refund was complete, and the VPro/delegate was notified</li> <li>Click save</li> </ul>	
15.	Click on the box with the arrow next to requirements to open the work view.	
16.	Click on the <b>Tier Subscription Payment</b> .	
17.	If the VPro only paid once and received a refund, update the status to cancelled, remove dates and save.	

Internal Use

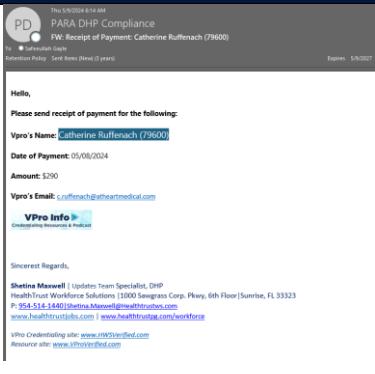
18.	<p>If the VPro was refunded for a double payment, adjust the expiration date to reflect that only one payment was made.</p> <p><b>Example:</b></p> <p>If the expiration is two years from the effective date and they received a refund, update the expiration date to one year from the effective date.</p>	
19.	Open registration tracker and navigate to the <b>Refunds</b> tab.	
20.	Update tracker with refund completion.	
21.	<p>Send “<b>Unable to Provide Refund</b>” email template to the VPro/delegate. Choose the template that best matches the reason for the denial.</p> <p><b>Template Location:</b></p> <p><a href="#"><u>Registration Process(1)</u></a></p>	<p>Greetings,</p> <p>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.</p> <p>If you have further questions or concerns, feel free to contact our Customer CARE Service Team at 954-514-1440 or <a href="mailto:VerifiedHelp@HealthTrustWS.com">VerifiedHelp@HealthTrustWS.com</a></p>
22.	Click on the note icon.	

Internal Use

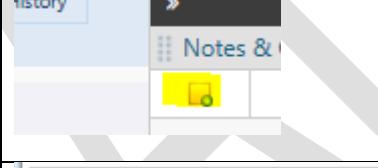
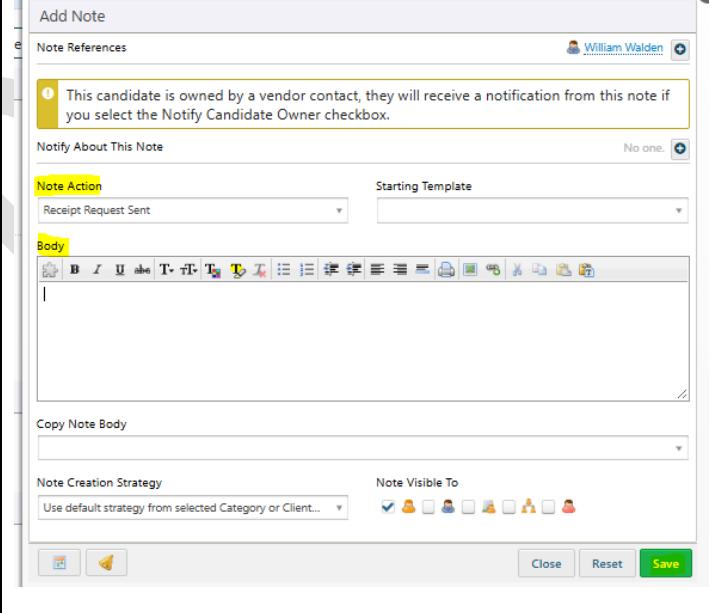
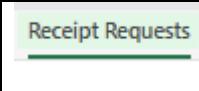
23.	<p>Update the note action as follows:</p> <ul style="list-style-type: none"> <li><b>Note Action:</b> Refund Decision</li> <li><b>Body:</b> Indicate that the refund was denied and the reason</li> <li>Click save</li> </ul>	
24.	Open registration tracker and navigate to the <b>Refunds-Receipts</b> tab.	
25.	Update tracker with refund denial.	

## 5.9 Receipt Requests

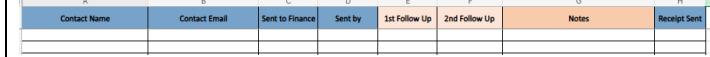
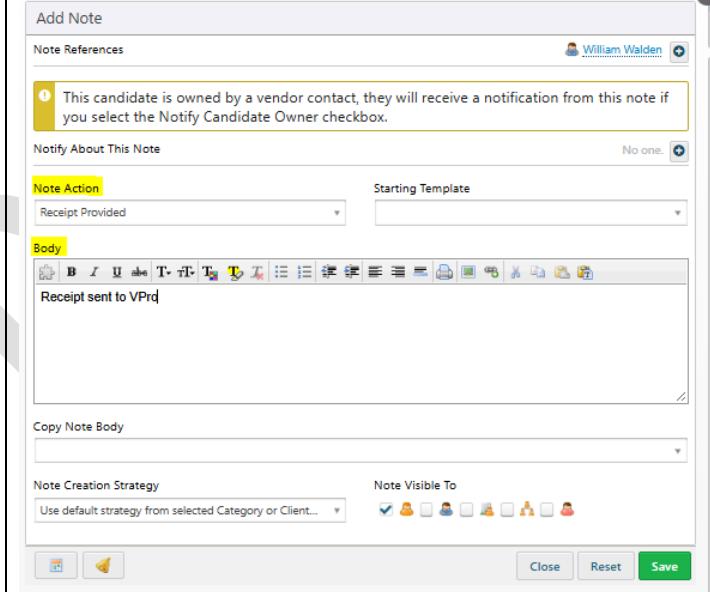
The Credentialing Customer Service Analyst will complete the steps below to process receipt requests.

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

Internal Use

2.	<p>Send “Receipt Request” email template to finance.</p> <p><b>Email Address:</b> HWSAccounting@HealthTrustWS.com</p> <p><b>Template Location:</b> <u>Registration Process(1)</u></p>	<p>Hello,</p> <p>Can you please provide the receipt for the following VPROs?</p> <p>Name and ID: Payment Date:  SIGNATURE</p>
3.	<p>Send “Receipt Processing” email template to VPro.</p> <p><b>Template Location:</b> <u>Registration Process(1)</u></p>	<p>Greetings,</p> <p>Your receipt request has been received. We are working on it and will provide an update once received from finance.</p> <p>NOTE: Please note that from 1<sup>st</sup> of the month to 7<sup>th</sup> of the month, receipts/refunds might be delayed due to volume.</p> <p>If you have further questions or concerns, feel free to contact our Customer CARE Service Team at 954-514-1440 or <a href="mailto:VerifiedHelp@HealthTrustWS.com">VerifiedHelp@HealthTrustWS.com</a></p>
4.	Click on the note icon.	
5.	<p>Update the note action as follows:</p> <ul style="list-style-type: none"> <li><b>Note Action:</b> Receipt Request Sent</li> <li><b>Body:</b> Paste email sent to VPro</li> <li>Click save</li> </ul>	
6.	Open registration tracker and navigate to the <b>Receipts</b> tab.	

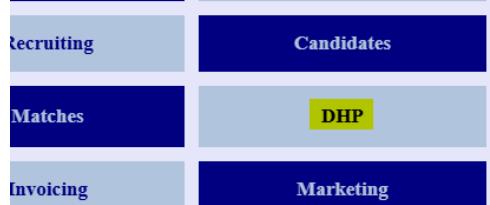
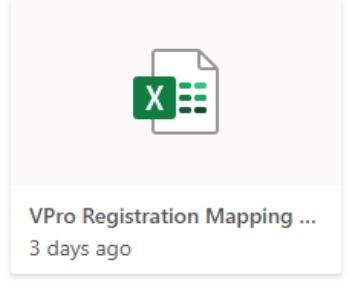
Internal Use

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 “ <b>Receipt Approved</b> ” email template to the VPro and attach the receipt.  Template Location:  <u>Registration Process(1)</u>	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 <a href="mailto:VerifiedHelp@HealthTrustWS.com">VerifiedHelp@HealthTrustWS.com</a>
10.	Update the registration tracker to complete.	
11.	Click on the note icon.	
12.	Update the note action as follows:  <ul style="list-style-type: none"> <li>• <b>Note Action:</b> Receipt Provided</li> <li>• <b>Body:</b> Receipt sent to Vpro</li> <li>• Click save</li> </ul>	

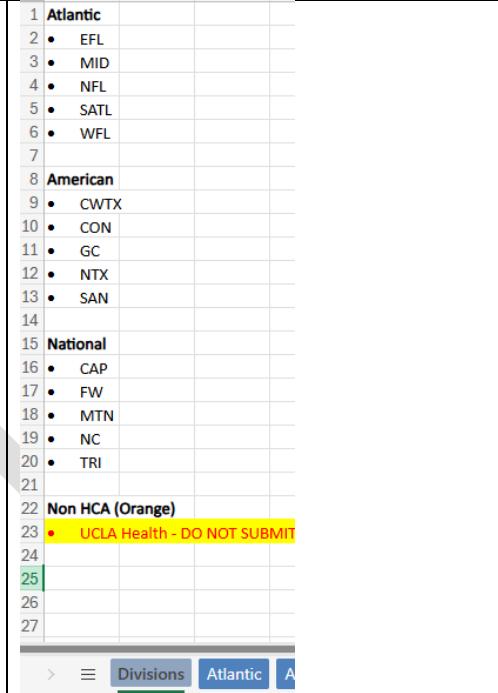
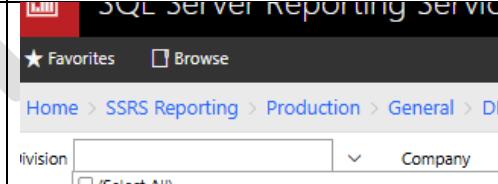
## 5.10 Updating the Registration Mapping Spreadsheet

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

Internal Use

Step	Instruction	Illustration
1.	<p>Open SSRS and click on DHP.</p> <p><b>SSRS Link:</b></p> <p><a href="http://aastsun6vrpt04/Reports/report/SSRS%20Reporting/Production/General/BusinessIntelligenceDashboard">http://aastsun6vrpt04/Reports/report/SSRS%20Reporting/Production/General/BusinessIntelligenceDashboard</a></p>	
2.	<p>Open previous registration mapping spreadsheet from within the VPro SharePoint.</p> <p><b>Registration Mapping Spreadsheet Location:</b></p> <p><a href="https://hcahealthcare.sharepoint.com/sites/HWS-Sunrise-VerifiedProfessional">https://hcahealthcare.sharepoint.com/sites/HWS-Sunrise-VerifiedProfessional</a></p>	<p><b>General Documents</b></p> <p>+ New ▾    ⚡ Upload ▾</p>  <p>VPro Registration Mapping ... 3 days ago</p>
3.	Click on <b>VPro Registration Mapping</b> .	

Internal Use

4.	<p>Use the divisions tab to identify how to separate each section of the new spreadsheet.</p>	 <table border="1"> <tbody> <tr><td>1</td><td>Atlantic</td></tr> <tr><td>2</td><td>• EFL</td></tr> <tr><td>3</td><td>• MID</td></tr> <tr><td>4</td><td>• NFL</td></tr> <tr><td>5</td><td>• SATL</td></tr> <tr><td>6</td><td>• WFL</td></tr> <tr><td>7</td><td></td></tr> <tr><td>8</td><td>American</td></tr> <tr><td>9</td><td>• CWTX</td></tr> <tr><td>10</td><td>• CON</td></tr> <tr><td>11</td><td>• GC</td></tr> <tr><td>12</td><td>• NTX</td></tr> <tr><td>13</td><td>• SAN</td></tr> <tr><td>14</td><td></td></tr> <tr><td>15</td><td>National</td></tr> <tr><td>16</td><td>• CAP</td></tr> <tr><td>17</td><td>• FW</td></tr> <tr><td>18</td><td>• MTN</td></tr> <tr><td>19</td><td>• NC</td></tr> <tr><td>20</td><td>• TRI</td></tr> <tr><td>21</td><td></td></tr> <tr><td>22</td><td>Non HCA (Orange)</td></tr> <tr><td>23</td><td>• UCLA Health - DO NOT SUBMIT</td></tr> <tr><td>24</td><td></td></tr> <tr><td>25</td><td></td></tr> <tr><td>26</td><td></td></tr> <tr><td>27</td><td></td></tr> </tbody> </table> <p style="text-align: right;">&gt; ≡ Divisions Atlantic A</p>	1	Atlantic	2	• EFL	3	• MID	4	• NFL	5	• SATL	6	• WFL	7		8	American	9	• CWTX	10	• CON	11	• GC	12	• NTX	13	• SAN	14		15	National	16	• CAP	17	• FW	18	• MTN	19	• NC	20	• TRI	21		22	Non HCA (Orange)	23	• UCLA Health - DO NOT SUBMIT	24		25		26		27	
1	Atlantic																																																							
2	• EFL																																																							
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5.	<p>Select the first 5 divisions under “Atlantic” in the division filter.</p>	 <p>SQL Server Reporting Services</p> <p>★ Favorites    □ Browse</p> <p>Home &gt; SSRS Reporting &gt; Production &gt; General &gt; D...</p> <p>Division: <input type="checkbox"/> (Select All)    Company: <input type="checkbox"/></p> <p>Division</p> <p>Vendor</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> (Select All)</li> <li><input type="checkbox"/> ADVENT</li> <li><input type="checkbox"/> CAPITAL</li> <li><input type="checkbox"/> CENTRAL AND WEST TEXAS</li> <li><input type="checkbox"/> CONTINENTAL</li> <li><input checked="" type="checkbox"/> EAST FLORIDA</li> <li><input type="checkbox"/> FAR WEST</li> <li><input type="checkbox"/> GULF COAST</li> <li><input checked="" type="checkbox"/> MIDAMERICA</li> <li><input type="checkbox"/> MOUNTAIN</li> <li><input type="checkbox"/> NORTH CAROLINA</li> <li><input checked="" type="checkbox"/> NORTH FLORIDA</li> <li><input type="checkbox"/> NORTH TEXAS</li> <li><input type="checkbox"/> PIEDMONT</li> <li><input type="checkbox"/> SAN ANTONIO</li> <li><input type="checkbox"/> SINGING RIVER HEALTH SYSTEM</li> <li><input checked="" type="checkbox"/> SOUTH ATLANTIC</li> <li><input type="checkbox"/> TRISTAR</li> <li><input type="checkbox"/> UCLA Health</li> <li><input checked="" type="checkbox"/> WEST FLORIDA</li> </ul>																																																						
6.	<p>Update the remaining filters as follows:</p> <ul style="list-style-type: none"> <li>• Company – select all</li> <li>• Vendor – select all</li> </ul>	 <p>★ Favorites    □ Browse</p> <p>Home &gt; SSRS Reporting &gt; Production &gt; General &gt; D... &gt; Viro Registration Mapping</p> <p>Division: <input type="checkbox"/> EAST FLORIDA/MIDAMERICANORT    Company: <input type="checkbox"/> Hospita D- NC/Alaska Regions</p> <p>Vendor: <input type="checkbox"/> PAM Specialty Hospital of Las Vegas    Folder Group: <input type="checkbox"/> ABP Mechanic/Acupuncturist Acup...</p>																																																						

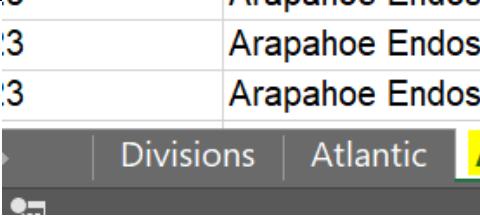
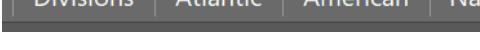
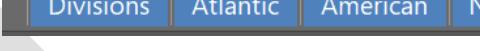
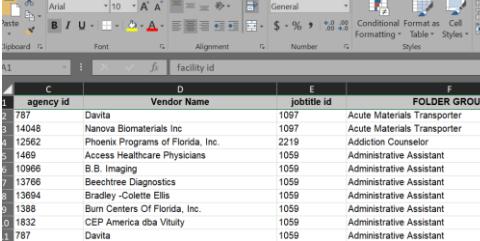
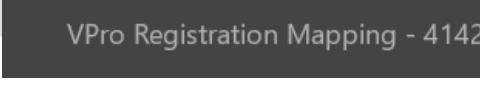
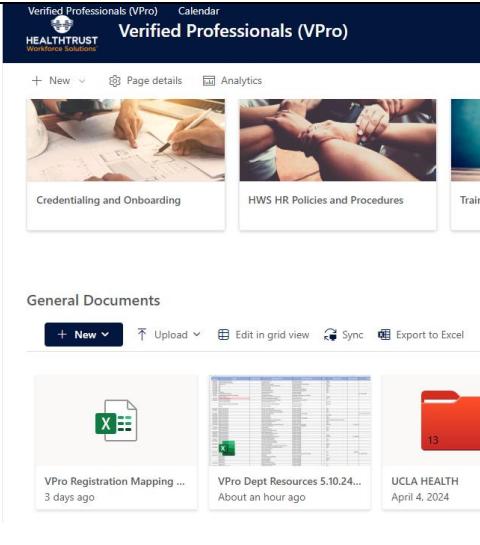
Internal Use

	<ul style="list-style-type: none"> <li>• Folder Group – select all</li> </ul> <p>Click view report.</p>	
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.”	

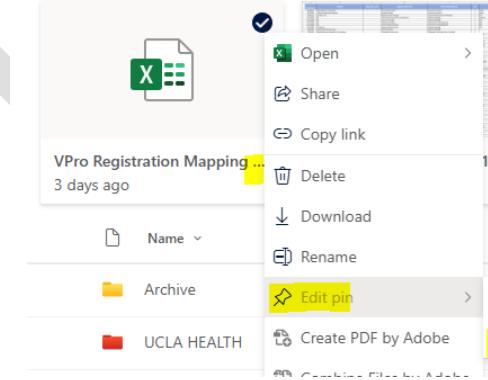
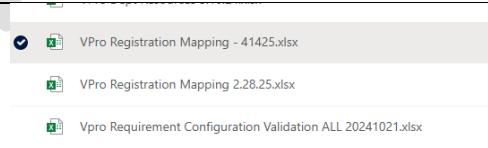
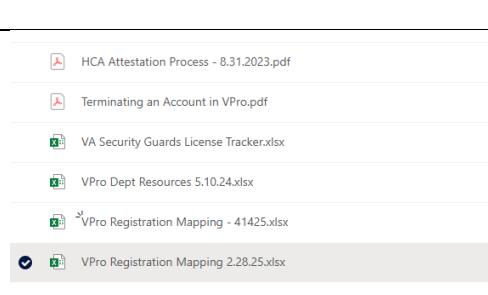
Internal Use

13.	<p>Return to SSRS, Select the next 5 divisions under “American.”</p>	
14.	<p>Update the remaining filters as follows:</p> <ul style="list-style-type: none"> <li>• Company – select all</li> <li>• Vendor – select all</li> <li>• Folder Group – select all</li> </ul> <p>Click view report.</p>	
15.	<p>Click on save icon to export to excel.</p>	
16.	<p>Open downloaded excel sheet.</p>	
17.	<p>Click on the worksheet tab at the bottom and drag it onto the first spreadsheet.</p>	

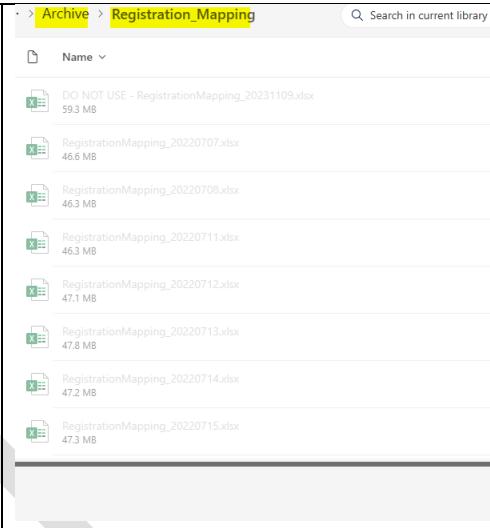
Internal Use

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: <b>VPro Registration Mapping Spreadsheet – Date Created.</b>	
24.	<p>Go to VPro SharePoint.</p> <p><b>SharePoint Location:</b></p> <p><u><a href="https://hcahealthcare.sharepoint.com/sites/HWS-Sunrise-VerifiedProfessional">https://hcahealthcare.sharepoint.com/sites/HWS-Sunrise-VerifiedProfessional</a></u></p>	

Internal Use

		<b>General Documents</b>
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.”	

Internal Use

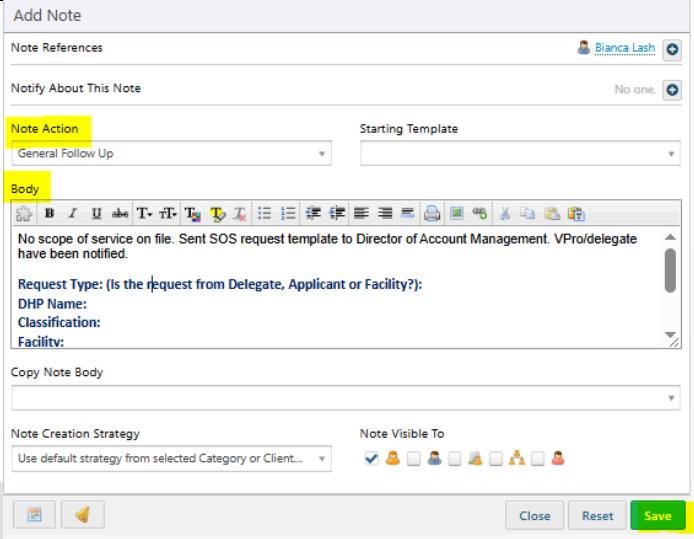
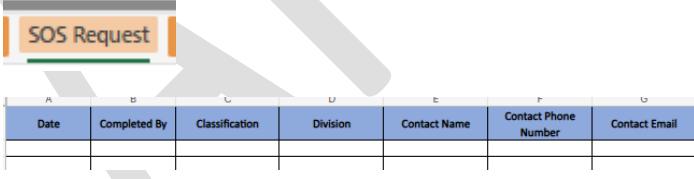
31.	<p>Click on Archive, Registration Mapping, and then “Move Here.”</p> 	
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## 5.11 Scope of Service Requests

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

Step	Instruction	Illustration
1.	<p>Fill out “<b>Scope of Service Request</b>” email template and send to Director of Account Management.</p> <p><b>Template Location:</b> <a href="#">Registration Process(1)</a></p>	<p>Subject: Scope of Service Request [Name of Classification, Division, VPro]</p> <p>Hello,</p> <p>Request Type: (Is the request from Delegate, Applicant or Facility?)</p> <p>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:</p> <p>*Please remember to attach the Job Description.</p>
2.	<p>Send “<b>No SOS</b>” email template to VPro and delegate</p> <p><b>Template Location:</b> <a href="#">Registration Process(1)</a></p>	<p>Hello ,</p> <p>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.</p> <p>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.</p> <p>HealthTrust values your time and understands your ultimate goal is to access HCA facilities. We will be contacting you in the near future.</p>

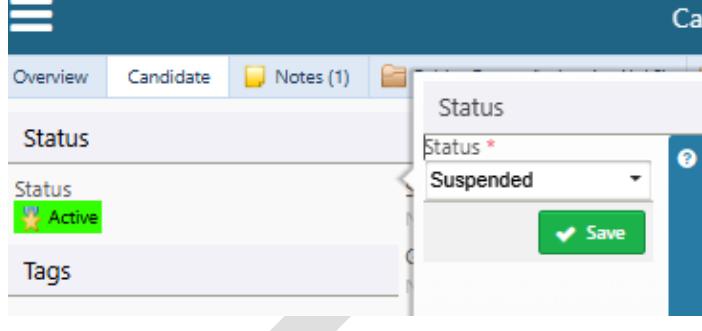
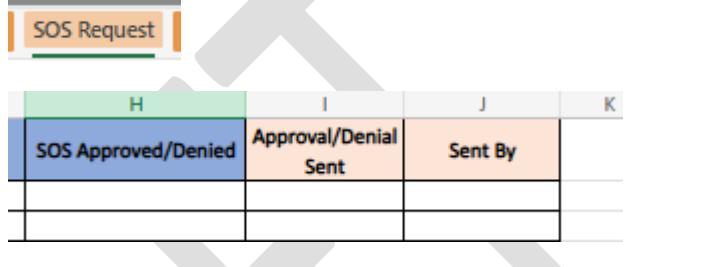
Internal Use

3.	Click on the note icon.	
4.	<p>Update note action as follows:</p> <ul style="list-style-type: none"> <li><b>Note Action:</b> General Follow Up</li> <li><b>Body:</b> No scope of service on file. Sent SOS request template to Director of Account Management. VPro/delegate have been notified. (Paste SOS request email)</li> <li>Click save.</li> </ul>	
5.	Update the <b>Registration Tracker</b> on the <b>SOS Request</b> tab with actions taken.	
5.	Once notification is received that the Scope of Service has been approved, complete the mapping process.	
6.	<p>Send VPro/delegate the “<b>Scope of Service- Approved template.</b>”</p> <p><b>Template Location:</b></p> <p><a href="#"><u>Registration Process(1)</u></a></p>	<p>Subject: Scope of Service Now Available  <a href="#">[Attach SOS]</a></p> <p>Hello ,</p> <p>Great News! Please be advised that the Scope of Service form for the classification of [Name] has been approved for VPro.</p> <p>Be sure to review the attached document for Qualifications, State Requirements and Experience to ensure there are no additional credentials that you will need to supply.</p> <p>If you have further questions or concerns feel free to contact our Customer CARE Service Team.</p> <p>-</p>
7.	Click on the note icon.	

Internal Use

8.	<p>Update note action as follows:</p> <ul style="list-style-type: none"> <li><b>Note Action:</b> General Follow Up</li> <li><b>Body:</b> Scope of Service has been created, and classification has been mapped.</li> <li>Click save.</li> </ul>	
9.	<p>If the Scope of Service was denied, send the VPro/Delegate the “<b>Scope of Service- Denied</b>” email template.</p> <p><b>Template Location:</b>  <a href="#">Registration Process(1)</a></p>	<p>Subject: SOS Denied by Division - (Division Name)</p> <p>Hello,</p> <p>The request for the Scope of Service for <b>(Classification)</b> has been denied by the <b>(Division Name)</b> Division.</p> <p>Please feel free to contact HealthTrust's Customer Care Specialists for further assistance.</p>
10.	<p>Click on the note icon.</p>	
11.	<p>Update note action as follows:</p> <ul style="list-style-type: none"> <li><b>Note Action:</b> General Follow Up</li> <li><b>Body:</b> Scope of Service has been denied by the division.</li> <li>Click save.</li> </ul>	

Internal Use

12.	Update account status to “Suspended” and save.	
13.	Update the <b>Registration Tracker</b> on the <b>SOS Request</b> 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.

Internal Use

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			

Internal Use

<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\DPH Training Information\1-INTERNAL MGMT GUIDE
- l. DHP Drive: \\AASTSUNVDHP01\dhp

Internal Use