CEMS

Credentialing Enrollment Management Services

Provided by Highlands Physicians, Inc.
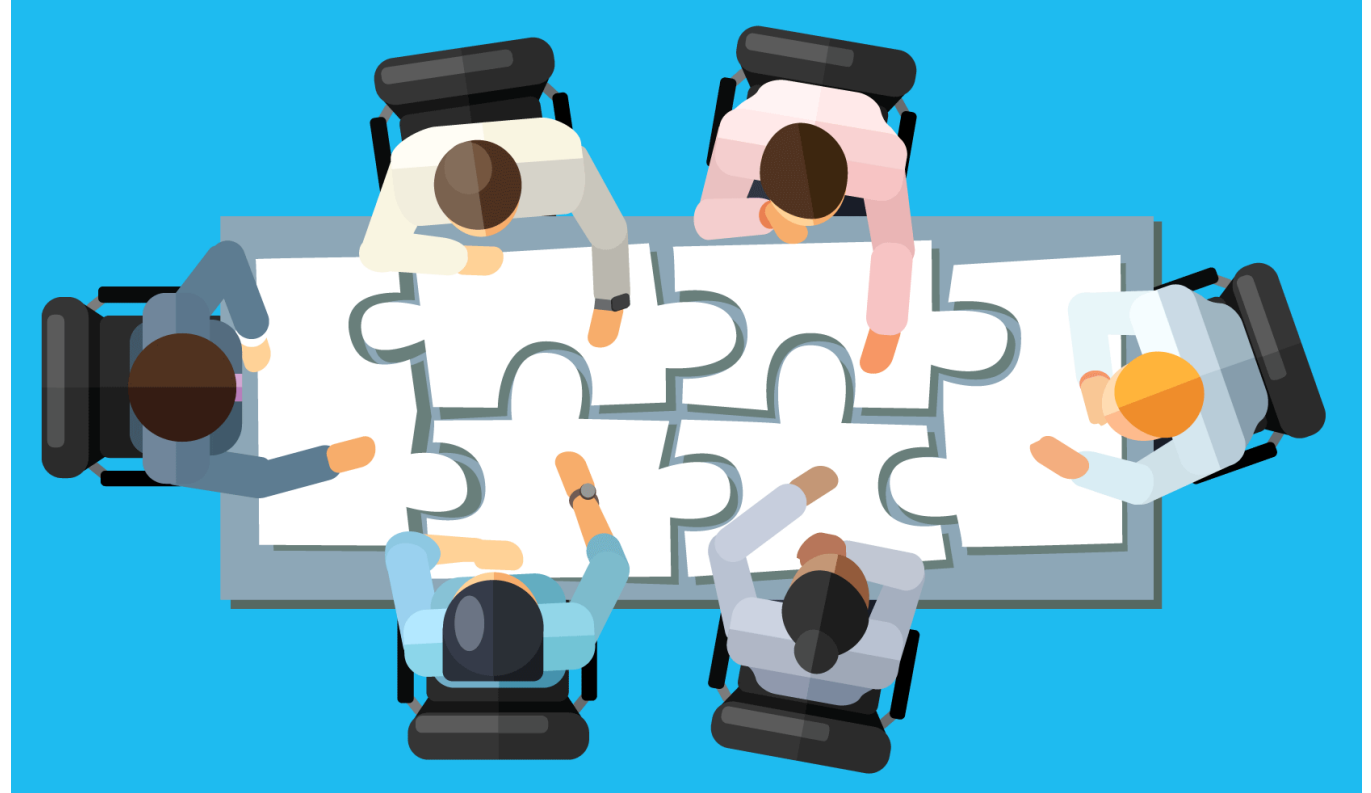
Highlands
Physicians
Better Healthcare

What CEMS consists of?

- Expirable Monitoring for Current Providers
    - License, DEA, Certification Boards, COI
- Payor Enrollment for Non-HPI Held Contracts
- Application Completion for All Participating Contracts
- CAQH Completion and Monitoring for All Providers
- New Provider Onboarding
    - Assistance with Applying for DEA, License, Medicare, Medicaid, NPI Registry, etc.
- Hospital and Ambulatory Surgery Center Privileging
- Termed Provider Removal and Notifications
- Payor Maintenance and Revalidation for All Providers and Group/Practice
- Detailed Monthly Update on Status of All Providers
- Trouble Shooting Claims Issues Related to Credentialing
- HPI Creates an Internal Database to Track and Monitor your Providers.
- Provides Needed Documentation Upon Request for your Practice's Needs.

Why is CEMS valuable to my practice?

- Reduces the stress of onboarding new providers.

- Creates a seamless process for enrollment.

- Reduces "double work."

- Alleviates burden to current office staff/office manager.

- Reduces timeline for new provider onboarding.

- Creates a more efficient billing cycle from new hire to claims being paid.

- Monitors recredentialing and revalidation timelines so they don't slip through the cracks.

- Helps the providers focus on the patients and giving quality care.

- Streamlines the communication and processes involving new providers and enrollment procedures.
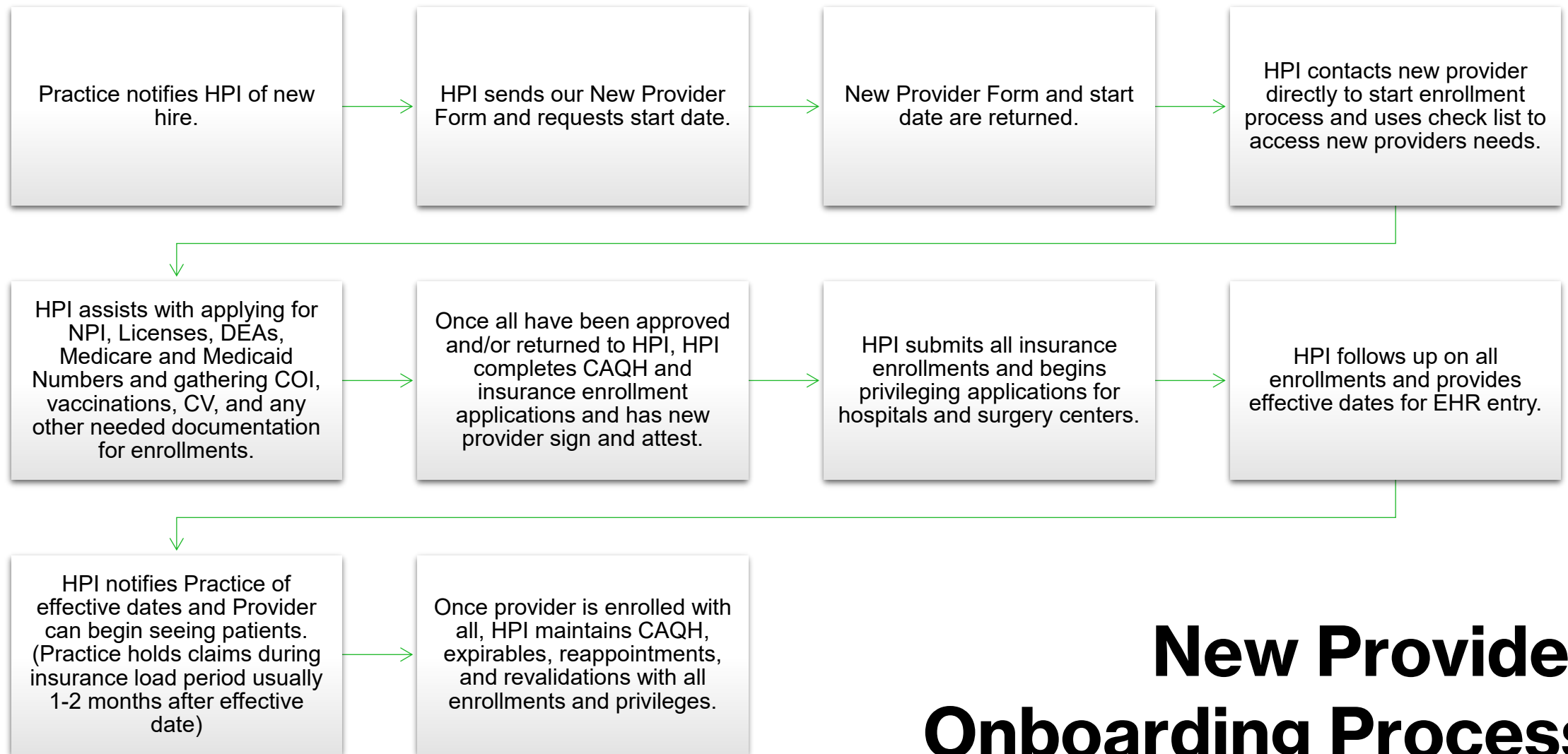
What is my responsibility?

- Providing current email, phone, and logins for all new and current providers.

- Providing a main contact person and a contact person at all locations i.e., an office manager.

- Providing a current payor list for participating contracts and contact information.

- Completing an initial new provider form when a new provider is hired.

- Negotiating all contracts and any contract details outside of the HPI contracts. (Service not included with CEMS)

- Requesting and providing current COIs for new and current providers.

- Providing fees associated with expirables, onboarding, and privileging.

- Keeping a provider's CV updated.

- Keeping vaccination proof updated as needed.

- Supplying information needed to complete enrollments when requested.

- Certification Renewal (Boards, ACLS, ATLS, PALS, BLS, etc.)

- Handling claims issues that are not related to credentialing.

Do you assist with claims issues?

- With this service, HPI will assist with claims issues related to credentialing.
- HPI will contact payor on behalf of your practice to get issue resolved in a timely manner.

Practice notifies HPI of new hire.

→ HPI sends our New Provider Form and requests start date.

→ New Provider Form and start date are returned.

→ HPI contacts new provider directly to start enrollment process and uses check list to access new providers needs.

HPI assists with applying for NPI, Licenses, DEAs, Medicare and Medicaid Numbers and gathering COI, vaccinations, CV, and any other needed documentation for enrollments.

→ Once all have been approved and/or returned to HPI, HPI completes CAQH and insurance enrollment applications and has new provider sign and attest.

→ HPI submits all insurance enrollments and begins privileging applications for hospitals and surgery centers.

→ HPI follows up on all enrollments and provides effective dates for EHR entry.

HPI notifies Practice of effective dates and Provider can begin seeing patients. (Practice holds claims during insurance load period usually 1-2 months after effective date)

→ Once provider is enrolled with all, HPI maintains CAQH, expirables, reappointments, and revalidations with all enrollments and privileges.

New Provider Onboarding Process

Sample New Provider Form

NEW PROVIDER FORM

Name (as it appears on your medical license):	
Credentials: (circle one)	MD DO DPM DDS OD PSYD Other: NP PA CRNA CNM PT
Specialty:	
Individual Provider NPI:	
Medicare #: (if applicable)	
Medicaid #: (if applicable)	TN: VA:
Board Certification Information Or Future Board Exam Date:	
Supervising Physician (If Mid-Level):	Specialty:
CAQH # (if applicable):	
DOB:	
Social Security Number:	
Locations: (check all that apply)	☐ ☐ ☐ ☐ ☐
List all insurance Contracts they need to be enrolled in: (check all that apply) (if not listed, please add)	☐ HPI Network ☐ Medicare-TN ☐ Medicare-VA ☐ Blue Cross Blue Shield of TN ☐ Anthem BCBS of VA ☐ TN Medicaid ☐ VA Medicaid ☐ Cigna ☐ United Healthcare ☐ Sedgwick Workman's Comp ☐ ISHN Network ☐ Amerigroup ☐ Tricare East
Primary Office Location:	Street Address: City: State: Zip: Phone: Fax: OM:
Provider's Direct Email:	
Provider's Cell Phone:	
Provider's Personal Address:	
Certifications: (ACLS, ATLS, PALS, BLS, etc.) (please list any you have)	

| Hospital Privileges: (mark any needed) (if not listed, please add) | ☐ Bristol Regional Medical Center
 ☐ Dickenson Community Hospital
 ☐ Franklin Woods Community Hospital
 ☐ Greeneville Community Hospital
 ☐ Hancock County Hospital
 ☐ Hawkins County Memorial Hospital
 ☐ Holston Valley Medical Center
 ☐ Indian Path Community Hospital
 ☐ Johnson City Medical Center
 ☐ Johnson County Community Hospital
 ☐ Johnston Memorial Hospital
 ☐ Lonesome Pine Hospital
 ☐ Norton Community Hospital
 ☐ Russell County Hospital
 ☐ Smyth County Community Hospital
 ☐ Sycamore Shoals Hospital
 ☐ Unicoi County Hospital |
| Surgery Center Privileges: (mark any needed) (if not listed, please add) | ☐ Bristol Surgery Center
 ☐ Mountain Empire Surgery Center
 ☐ East TN Ambulatory Surgery Center |

COPIES OF THE FOLLOWING NEED TO BE SENT WITH THE NEW PROVIDER FORM:

- ☐ Driver's license copy
- ☐ A current photograph
- ☐ CV with current employer with all dates in MM/YYYY format
- ☐ TN State Medical License copy
- ☐ VA State Medical License copy
- ☐ TN DEA copy
- ☐ VA DEA copy
- ☐ TN Certificate of Insurance
- ☐ VA Certificate of Insurance
- ☐ Board Certification (if applicable)
- ☐ Documentation of CME credits earned
- ☐ Residency/Internship/Fellowship Completion Certificates (if applicable)
- ☐ Certification copy of ACLS, ATLS, PALS, BLS, etc.
- ☐ Current immunization copy (TB, Flu, MMR, Varicella)
- ☐ W-9
- ☐ Login credentials for NPPES (Medicare) and CAQH if available.

Office Manager: (Print and Sign)   Date:

_____   _____

Please return to Credentialing@HighlandsPhysicians.com or Fax to 423-392-0006.
Please contact Heather Wheeler for any questions regarding this new provider form.
Email: hwheeler@highlandsphysicians.com
Phone: 423-392-1920   Fax: 423-392-0006

THE FOLLOWING ITEMS ARE NEEDED FOR HOSPITAL AND SURGERY CENTER PRIVILEGES:

- ☐ CV with current employer and MM/YYYY format
- ☐ Two (2) professional letters of recommendation outside of your practice group. They must be on letterhead and dated.
- ☐ Three (3) professional references from individuals who have worked with you or observed you in the past 2 years. Please provide name, address, phone, and email.
- ☐ Documentation of the following vaccinations/tests:
    - Current TB skin test results – test performed within the last 12 months
    - Current Flu vaccine
    - COVID vaccine (if applicable)
    - MMR – 2 vaccination shots
    - Varicella – 1 vaccination shot or Titer indicating immunity
- ☐ Case / Training / Procedure Logs for the last two years
- ☐ Board Certification and Sub-Board
- ☐ Education / Training certificates
- ☐ Current certificate of malpractice insurance
- ☐ Government-issue photo I.D. – driver's license or passport photo
- ☐ Copy of BLS/ACLS/PALS if certified

Want more info about CEMS?

For questions regarding specific practice information, please contact us today!

Contact US

Heather Wheeler

Director of Credentialing & Marketing

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- Fax: 423-392-0006