

CEMS

Credentialing Enrollment Management Services

Provided by Highlands Physicians, Inc.



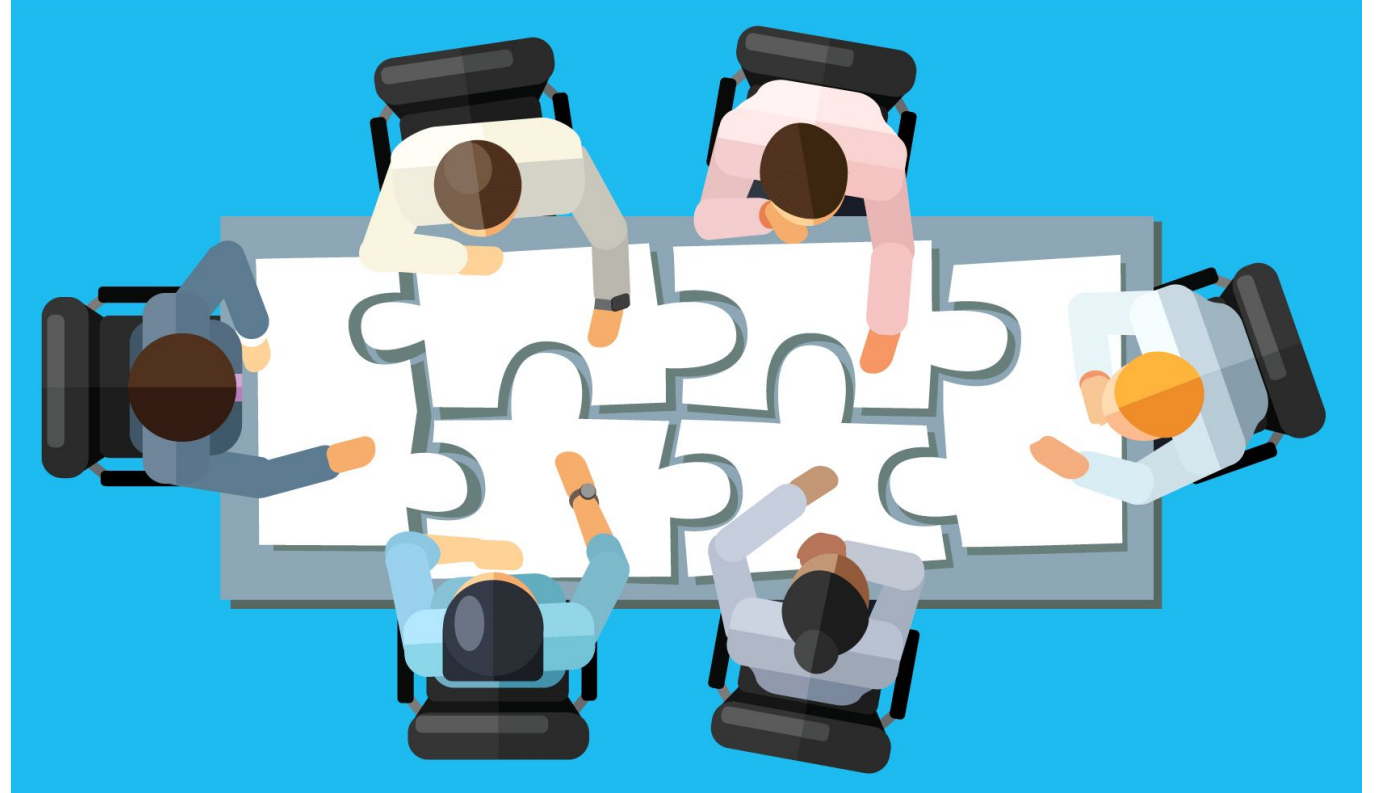
What CEMS consists of?

- 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
 - Apply for DEA, License, Medicare, Medicaid, NPI Registry
- 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
- New Provider Load into EHR
- 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?

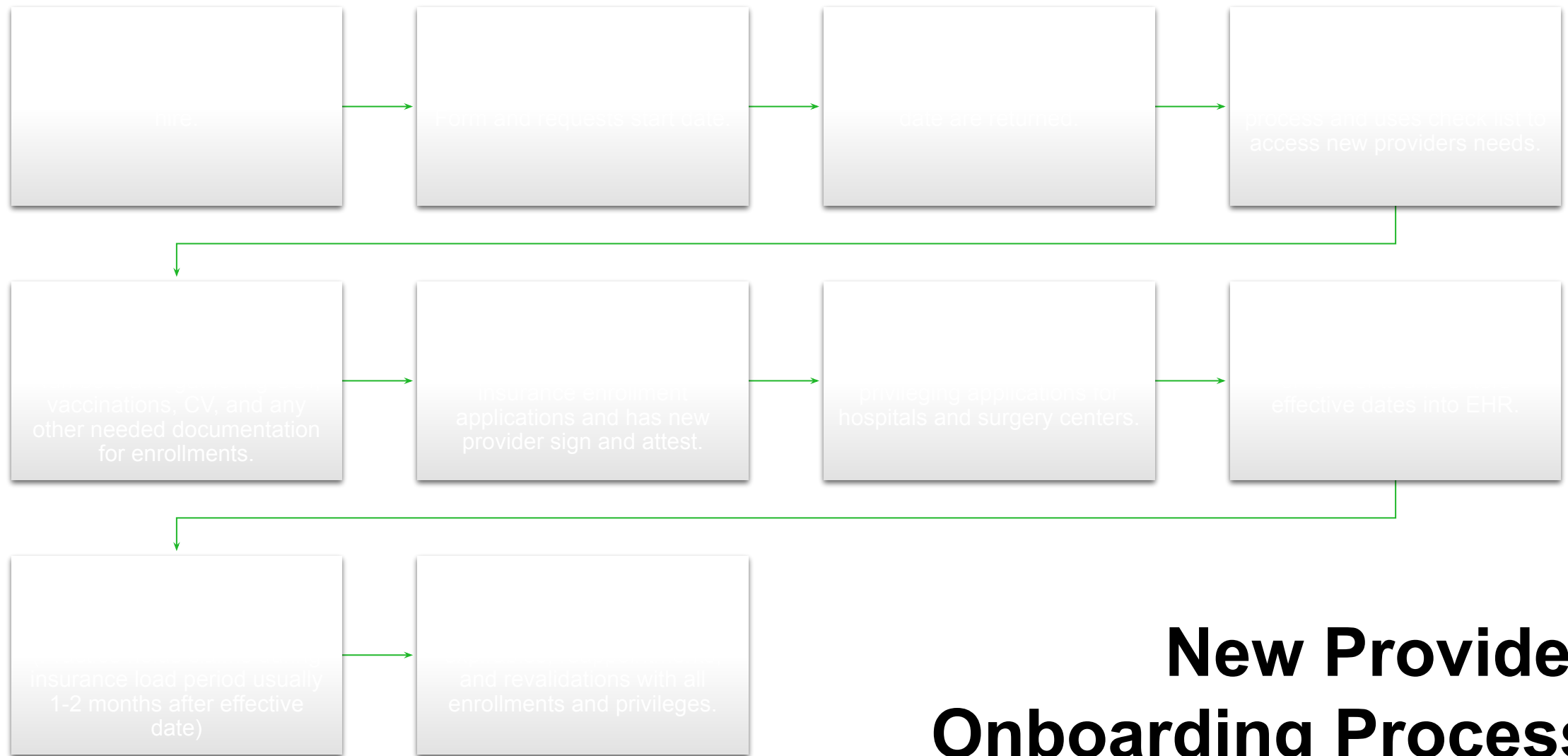
- Providing current email, phone, and logins for all new and current providers.
 - Providing a main contact person and a contact person at all locations i.e., an office manager.
 - Providing a current payor list for participating contracts and contact information.
 - Completing an initial new provider form when a new provider is hired.
 - Negotiating all contracts and any contract details.
 - Requesting and providing current COIs for new and current providers.
 - Providing fees associated with onboarding and privileging.
 - Tracking, monitoring, and storing all CME/Case Logs for each provider.
 - 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.
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Do you assist with claims issues?

- With this service, HPI will assist with claims issues related to credentialing and will need access to the practices EHR in order to load provider information and trouble shoot claims.
- HPI will attempt to fix the issue internally or will contact payor on behalf of your practice to get issue resolved in a timely manner.



New Provider Onboarding Process

Sample New Provider Form

NEW PROVIDER FORM

Name (as it appears on your medical license):	
Credentialed: (circle one) MD DO DPM DDS OD PSYD Other: NP PA CRNA CNM PT	
Specialty:	
Individual Provider NPI:	
Medicare #: (if applicable)	
Medicaid #: (if applicable)	
Board Certification Information	TN: VA:
Or Future Board Exam Date:	
Supervising Physician (If Mid-Level):	Specialty:
CAQH #: (if applicable):	
DOB:	
Social Security Number:	
Locations: (check all that apply)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
List all Insurance Contracts they need to be enrolled in: (check all that apply) (if not listed, please add)	<input type="checkbox"/> HPI Network <input type="checkbox"/> Medicare-TN <input type="checkbox"/> Medicare-VA <input type="checkbox"/> Blue Cross Blue Shield of TN <input type="checkbox"/> Anthem BCBS of VA <input type="checkbox"/> TN Medicaid <input type="checkbox"/> VA Medicaid <input type="checkbox"/> Cigna <input type="checkbox"/> United Healthcare <input type="checkbox"/> Sedgwick Workman's Comp <input type="checkbox"/> ISHN Network <input type="checkbox"/> Amerigroup <input type="checkbox"/> 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)	<input type="checkbox"/> Bristol Regional Medical Center <input type="checkbox"/> Dickenson Community Hospital <input type="checkbox"/> Franklin Woods Community Hospital <input type="checkbox"/> Greenville Community Hospital <input type="checkbox"/> Hancock County Hospital <input type="checkbox"/> Hawkins County Memorial Hospital <input type="checkbox"/> Holston Valley Medical Center <input type="checkbox"/> Indian Path Community Hospital <input type="checkbox"/> Johnson City Medical Center <input type="checkbox"/> Johnson County Community Hospital <input type="checkbox"/> Johnson Memorial Hospital <input type="checkbox"/> Lonesome Pine Hospital <input type="checkbox"/> Norton Community Hospital <input type="checkbox"/> Russell County Hospital <input type="checkbox"/> Smyth County Community Hospital <input type="checkbox"/> Sycamore Shoals Hospital <input type="checkbox"/> Unicoi County Hospital
Surgery Center Privileges: (mark any needed) (if not listed, please add)	<input type="checkbox"/> Bristol Surgery Center <input type="checkbox"/> Mountain Empire Surgery Center <input type="checkbox"/> 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