

Announcing Online Credentialing!!!

We are pleased to announce a new credentialing process!! The new process will provide you the capability to submit your credentialing requests electronically for all HCA hospitals with the HCA Credentialing Online (HCO) tool.

The HCO tool will take the manual paperwork and data entry credentialing processes and transform them into an easy to use electronic process.



HCO Benefits

- Allow you to submit 1 credentialing request for all HCA hospitals
- Provide you with electronic access to create, modify, and submit your credentialing documents
- Electronic credentialing processes will ensure accuracy and completeness of your data being considered

HCO Features

- Ability to establish a delegate to prepare the required forms and documentation for your approval
- Accessible to all providers having association to or seeking association to our facility
- Online attestation form completion

Learning about HCO and how to use it

- You will receive an email notification when it is time for you or your delegate to complete your initial appointment or re-appointment packet which will provide you a link to job aids, instructions and training materials. If you would like to see this information before it is time for you to complete the forms you can do so by logging onto www.hccredentialingonline.com

Action Needed!

To ensure you have capability to receive and submit information online through the HCA Credentialing Online system, please complete and return the attached form notifying us that you will provide credentialing information personally or through a delegate.

Please complete the attached authorization form and return **in 14 days** to the fax number or mailing address indicated in Step 3. If you have any questions please contact our call center at **866-579-0803**

HCA Credentialing Online - Provider's Authorization for Delegate

Step 1

The contact information listed below has been pre-populated based on your information in our credentialing system. If changes are needed, please indicate below.

Provider Name:

Provider Phone:

Provider Email (required): _____

NOTE: Provider email must be unique to the provider; it cannot be the same address as a delegate.

Step 2

I do not want to select any delegates at this time. I will personally provide re-credentialing information. _____ *initial and skip to Step 3*

I understand that one delegate for all entities is preferred; however, I have different people handle my credentialing at different entities.

I hereby authorize:

Delegate

name:
email:
phone: () - ext.

(hereinafter, individually referred to as "Delegate") to access the HCA Credentialing Online web portal to enter data and submit documents for the HCA Requests for Considerations (RFC) and HCA Reappointment Requests for Information (RRFCs) requests on my behalf. I understand that I will need to review the data and documents and attest to their accuracy before I submit them to HCA via the HCA Credentialing Online web portal.

I acknowledge that I have voluntarily provided the above information, and I have carefully read and understand this Authorization. I understand and agree that a facsimile or photocopy of this Authorization shall be as effective as the original.

PROVIDER SIGNATURE

NAME

SOCIAL SECURITY NUMBER or NPI

DATE (MM/DD/YYYY)

Step 3

Please complete, sign and date. The form may be returned via:

1. Scanned and e-mailed to email below
2. Faxed to the attention of the Intake Team at the fax below or
3. U.S. mail to the address below