HEALTHTRUST VERIFIED PROFESSIONAL ORGANIZATION ENROLLMENT FORMS

If you would like to add your organization to the HealthTrust Verified software system for your employees, or yourself to credential for access to HCA Healthcare facilities, please complete this form.

New to HealthTrust Verified Professionals?
Complete both Part A and B in their entirety and include the Organization Certificate of Insurance (Exhibit A) and Job Description (Exhibit B).

Only need to add a new role/position to your organization?
Complete Part B in its entirety and include required documentation.

Need to add a delegate account to assist with credentialing your employees?
Complete the HWS Delegate Enrollment Form: **https://vproverified.com/delegate/**

Please email completed forms and required documentation to **VerifiedHelp@HealthTrustWS.com**

If you have any questions regarding enrollment please email **VerifiedHelp@HealthTrustWS.com** or contact our Customer Care team at **954-514-1440**

Please allow up to 48-72 hours for processing. We will contact you if any additional information is needed to complete your request.

BEGIN THE PROCESS ON THE FOLLOWING PAGES

Organization Enrollment Form – Part A

Yes/No		I am requesting enrollment for a new Organization within the HealthTrust Verified System
☐	Yes	Please complete this form in its entirety and attach the required documentation.
☐	No	If your organization already exists within the HealthTrust Verified System please complete Part B.

Organization Name						
Contact Name						
Contact Information	Phone		Email			
Street Address 1						
Street Address 2						
City						
State		Zip Code				
Who will pay the annual credentialing fee?	☐	Organization	☐	Verified Professional	☐	Both
Please explain your business, specialty, services, or products. Please be specific.						
Facilities you are requesting access to						

Documentation Required for Processing

- **Certificate of Insurance** – This is required if you will be enrolling any positions that affect patient care, treatment or services. Please note that if you/your employees are covered under their own certificate of insurance, rather than a company policy, each person must enroll under their name for the insurance to be managed accordingly.
- **Job Description –** Please attach a Job Description for all positions you are requesting to enroll. The job description must include company name/logo, job title, responsibilities, qualifications/skills, and required licenses/certifications/education.
- **Role Description** – Please complete a role description for all positions you are requesting to enroll. The role description should explain the services each Verified Professional will be providing within an HCA facility. The role may be a portion of normal company responsibilities but not the full range. This information is required to determine the correct HCA classification that corresponds to your job titles.

  Examples:

  Clinical Liaison for a Medical Device company would be classified as a Supplier Representative.

  An Admission Nurse who enters the hospital due to a referral may be classified as a Community Liaison.

Job Titles/Role Descriptions

Job Title:
Role Description:
Job Title:
Role Description:
Job Title:
Role Description:

Organization Enrollment Form – Part B

Yes/No		My organization already exists within the HealthTrust Verified System and I need to add a new role/position.
☐	Yes	Please complete this form in its entirety and attach the required documentation.
☐	No	If your organization does not already exist within the HealthTrust Verified System please complete Part A.

Organization Name				
Contact Name				
Contact Information	Phone		Email	
Facilities you are requesting access to				

Documentation Required for Processing

- Job Description – Please attach a Job Description for all positions you are requesting to enroll. The job description must include company name/logo, job title, responsibilities, qualifications/skills, and required licenses/certifications/education.
- Role Description – Please complete a role description for all positions you are requesting to enroll. The role description should explain the services each Verified Professional will be providing within an HCA facility. The role may be a portion of normal company responsibilities but not the full range. This information is required to determine the correct HCA classification that corresponds to your job titles.

Job Titles/Role Descriptions

Job Title:
Role Description:
Job Title:
Role Description:
Job Title:
Role Description:

EXHIBIT A- CERTIFICATE OF INSURANCE GUIDELINES

- **General Liability Coverage**
  - Always needed with product liability coverage.
  - Is preferred with professional liability coverage. Upon 2016 it will become part of the requirement.

- **Product Liability Coverage (HCIRs, Distributors & Independent Representatives)**
  - Must include Additional Insured verbiage only if the DHP is a Distributor & Independent Representative.

- **Professional Liability Coverage (DHPs)**
  - Limits vary by State.
  - Additional Insured Verbiage is required, unless the COI is in the DHP's name.

- **Verbiage (Must come from the Insurance Producer)**
  - Examples of 3rd Party Individual Verbiage: Insurance covers all Distributors & Independent Representatives.
  - Umbrella Liability Coverage verbiage must state the policy/coverage it applies to.

- Medical Malpractice is Professional Liability Coverage on some policies. If this is the case for your COI, the DHPs name must be on the policy stating they are covered. **(*Legal names only, nicknames will not be accepted.*)**
- Binder & Applications in place of actual COIs are not acceptable.

- **Please Note: COIs from Out of the Country & for Distributors may require additional information.**

STATE	Professional (Each Occurrence/Aggregate)	General or Product (Each Occurrence/Aggregate)
AK	$1 million/$3 million	$1 million/$3 million
CA	$1 million/$3 million	$1 million/$3 million
CO	$1 million/$3 million	$1 million/$3 million
FL	$250k/$750k	$1 million/$3 million
GA	$1 million/$3 million	$1 million/$3 million
ID	$1 million/$3 million	$1 million/$3 million
IN	$500k/$1.5 million as of 7/1/19 with participation in state fund	$1 million/$3 million
KS	$200k/$600k	$1 million/$3 million
KY	$1 million/$3 million	$1 million/$3 million
LA	$100k/$300k with participation in LPCF or limits of $1 million/ $3 million	$1 million/$3 million
MO	$1 million/$3 million	$1 million/$3 million
MS	$1 million/$3 million	$1 million/$3 million
NC	$1 million/$3 million	$1 million/$3 million
NH	$1 million/$3 million	$1 million/$3 million
NV	$1 million/$3 million	$1 million/$3 million
OK	$1 million/$3 million	$1 million/$3 million
SC	$1 million/$3 million	$1 million/$3 million
TN	$1 million/$3 million	$1 million/$3 million
TX	$200k/$600k	$1 million/$3 million
UT	$1 million/$3 million	$1 million/$3 million
VA	$2 million/$6 million	$1 million/$3 million

EXHIBIT B- JOB DESCRIPTION

Job Description

A job description is a requirement for Credentialing. This document describes the range of duties, responsibilities and qualifications for title/position associated with the classification being enrolled. This is needed in order to correctly determine the classification and tier level.

Additional Details:

- Forms must be typed; hand-written forms will not be accepted
- Sections must be completed in entirety
- Supporting documentation may be attached
- Document must come from current employer and confirm duties being performed when working in HCA Hospitals or Surgery Centers.
- Requirements & Qualifications are narratives of the DHPs daily work responsibilities.
    - If your classification is HCIR or HCIR Manager, please list the requirements for your position based on the requirements set by your company.

JOB DESCRIPTION OUTLINE EXAMPLE

Enter Company Logo/Name Here

Name and Job Title:

Department:

Position Overview:

Detailed Description of Job Duties while working inside HCA facilities:

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Requirements & Qualifications for the Position:

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Licenses, Certifications, Education

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