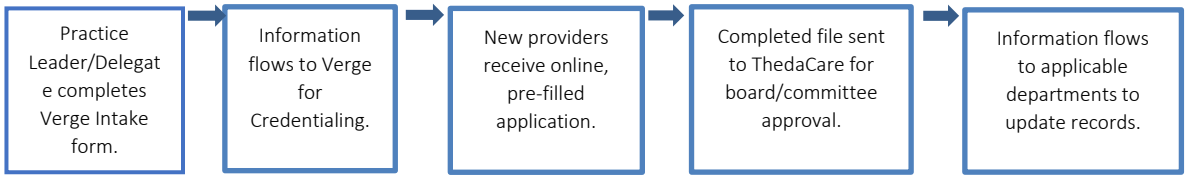
Verge Credentialing and Practitioner Management Reference Guide

This reference guide outlines the process to be performed by the hiring leader/delegate or practice leader/delegate for new and existing providers.

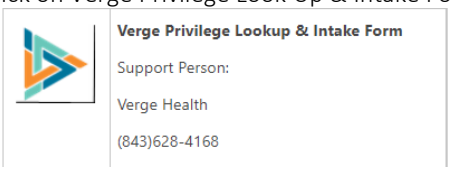
Process overview:



Locating and Completing the Intake Form on the ThedaCare Intranet

The form is located on the ThedaCare intranet to ensure proper security provisioning prior to submission.

1. Navigate to the Sharewell home page https://sharewell.thedacare.org/SitePages/Home.aspx
2. Across the top navigation bar, click on the "Applications" tab
3. Click on Verge Privilege Look Up & Intake Form



4. Click on *Credentialing Request Form* link at the top of page on the left-hand side. No separate login required.
   a. No Access to ThedaCare – i.e. non-ACO independent providers? Email request to: brianne.trantow@thedacare.org or Breanne.Kasuboski@thedacre.org
5. Once you begin, you need to complete the form. You may cancel out of the form but the information will not save.
6. Complete required fields noted as ***selection required.** Complete other fields that are applicable. The more information you can provide, the better.

Table of Contents

Review the Below Definitions Prior to Submitting A Form

Data Definitions for Type of Request:

Practice: *Entire group with multiple locations utilizing same TIN/NPI/Billing Address*

Location: *Site of service within the practice*

Provider - New:

**Adding a new provider to your practice/location*

** Requesting privileges at a hospital where the provider is not yet affiliated*

** Requesting payer credentialing*

Provider - Change: *Changing existing provider demographics or locations*

** Change provider name*

** Change title or specialty*

** Add a location*

Provider - Removal: *Provider is leaving a practice/location or removing hospital privileges*

** Remove Hospital privileges*

** Remove Provider from entire practice*

** Remove Provider from a location*

** Withdraw Application/Provider no longer coming*

Location - New: *Adding a new location to an existing tax id and organizational NPI. Please allow up to 2 weeks after request for new location to show in drop down lists.*

Location - Change: *Changing a location within a practice. Please allow up to 2 weeks after request for location update to show in drop down lists.*

Location - Removal: *Eliminating a location within a practice*

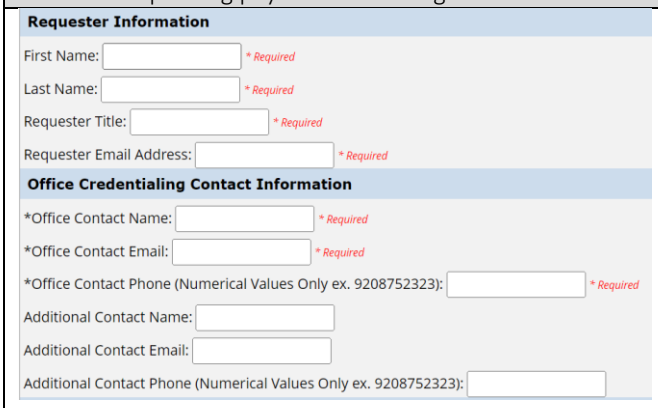
Practice - New: *Adding a new practice with new billing address/NPI/TIN. Please allow up to 2 weeks after request for new practice to show in drop down lists.*

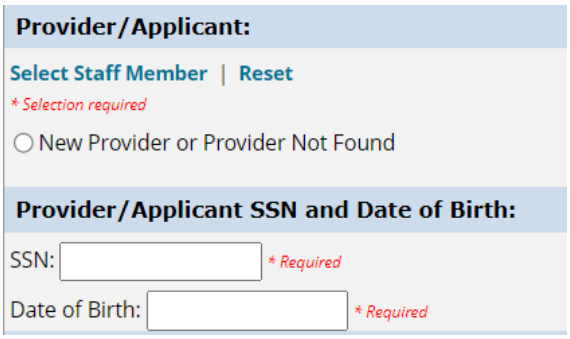
Practice - Change: *Changes all locations within a practice. Please allow up to 2 weeks after request for practice update to show in drop down lists.*

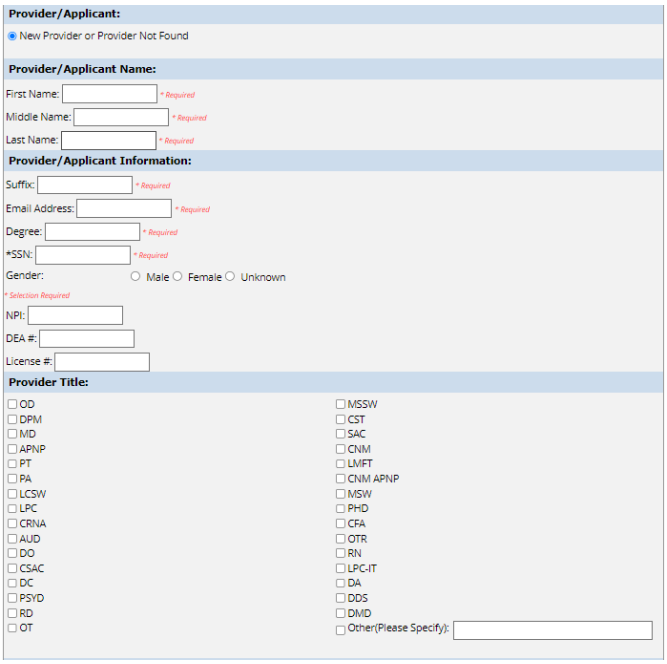
Practice - Removal: *Removing all locations within a practice*

Type of Request: Provider New

- Adding a new provider to your practice/location
- Requesting privileges at a hospital where the provider is not yet affiliated
- Requesting payer credentialing







Requestor Information is the name of the person completing the form.

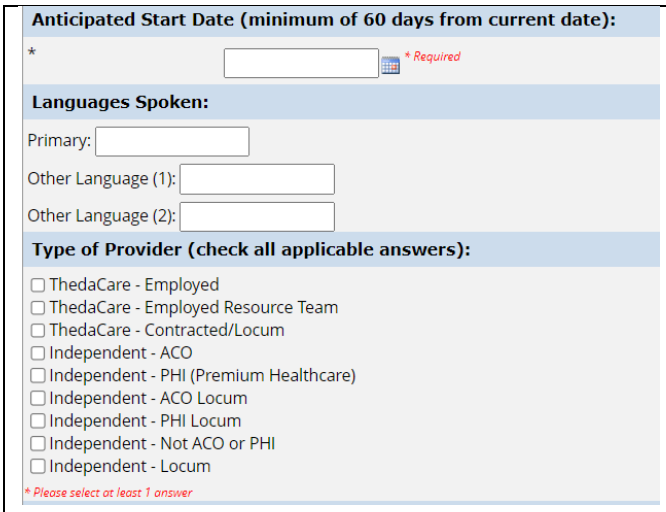
Office Credentialing Contact Information

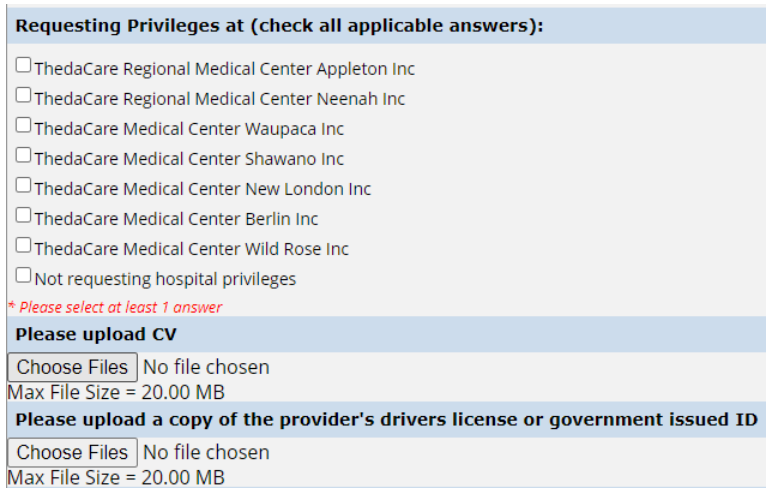
a. Office Contact Name/Email/Phone is the point person in **your** office who will assist the provider with current and future Credentialing requests within ThedaCare.

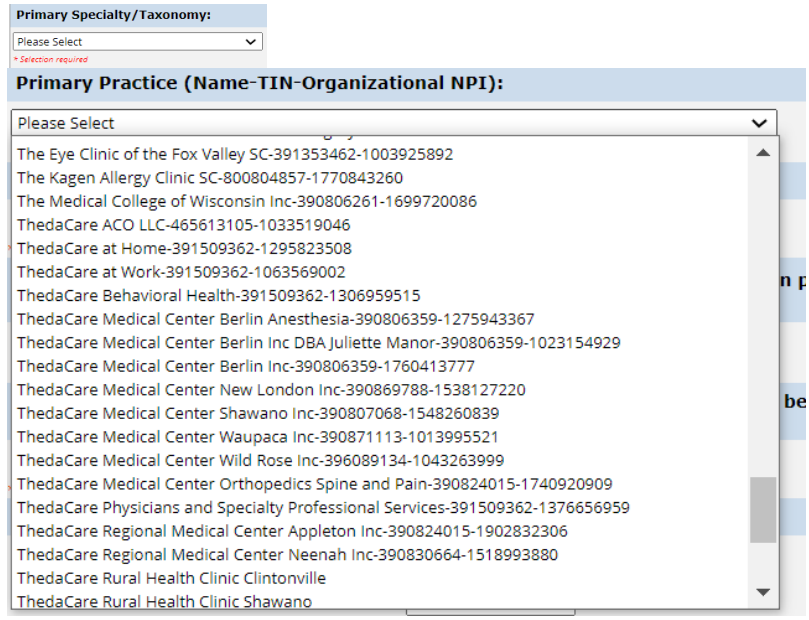
b. Additional Contact Name/Email/Phone is an additional point person in **your** office who will assist the provider with current and future Credentialing requests within ThedaCare.

Provider Applicant click on "Select Staff Member" to Search for provider. If provider name is found move on to next section. If provider not found, select New Provider or Provider Not Found and complete Provider/Applicant sections.

Note: SSN & DOB are required fields. Your request will not be approved if this information is not provided.







Anticipated Start Date (minimum of 60 days from current date) For new providers, please be aware the process takes approximately 60 days **after** the provider completes their application online.

Utilize the New Credentialing Calculator each time a provider is being recruited and is intending to apply for appointment at any of the hospitals within the ThedaCare System.

Credentialing Calculator

Type of Provider (check all applicable answers)

Requesting Privileges at (Check all applicable answers)

Upload CV – Required

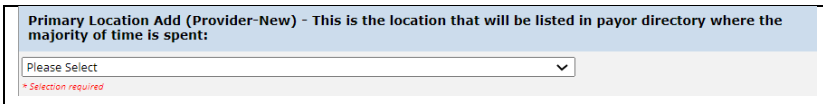
Upload Driver's License or Government Issued ID – Required

Note: CV & Driver's License are required fields. Your request will not be approved if this information is not provided.

Provider's Primary Specialty/Taxonomy select appropriate specialty/taxonomy. If applicant is a Nurse Practitioner select Nurse Practitioner, if applicant is a Physician Assistant select Physician Assistant.

Primary Practice Select primary practice. This is the billing Tax ID & NPI.

ThedaCare employed specialties such as: cardiologist, hospitalist, intensivist, orthopedist, etc. select **ThedaCare Physicians and Specialty Professional Services.**

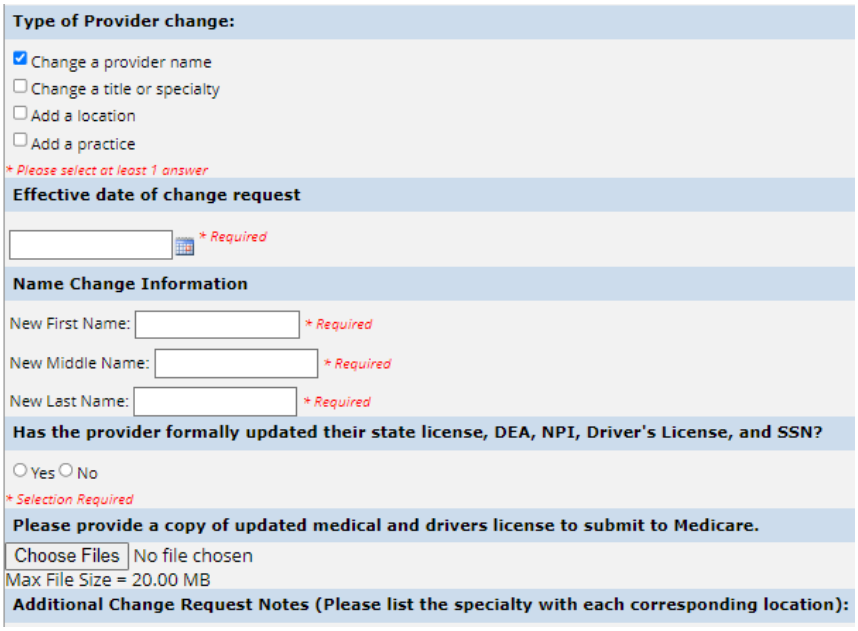


Primary Location Add (Provider-New) Select the location the provider will be spending the majority of their time working. This will be the Primary Contact address listed in Verge and payor directory.

Type of Request: Provider Change

- Change provider name
- Change title or specialty
- Add a location
- Add a practice
- Misc. Request

Change Provider Name:

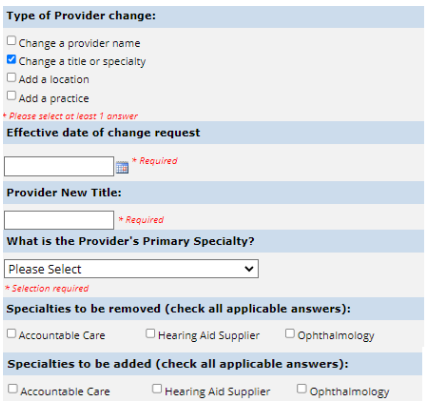


Select this form AND complete an IS security form for all changes

NPI, DEA, State License, SSN and Driver's License must be updated prior to completing and submitting this form. If updates have not been made, do not submit the form at this time.

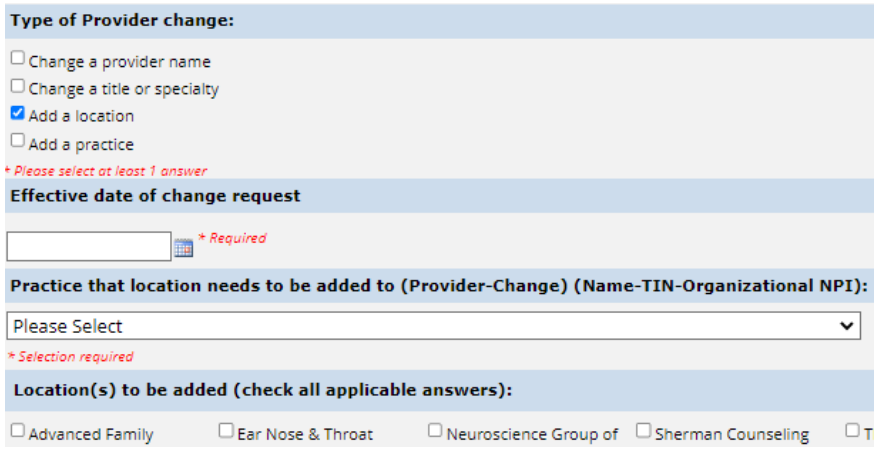
Note: Medical License and Driver's License are required fields. Your request will not be approved if this information is not provided.

Change a Title or Specialty:



Complete required and all applicable fields

Add a Location:

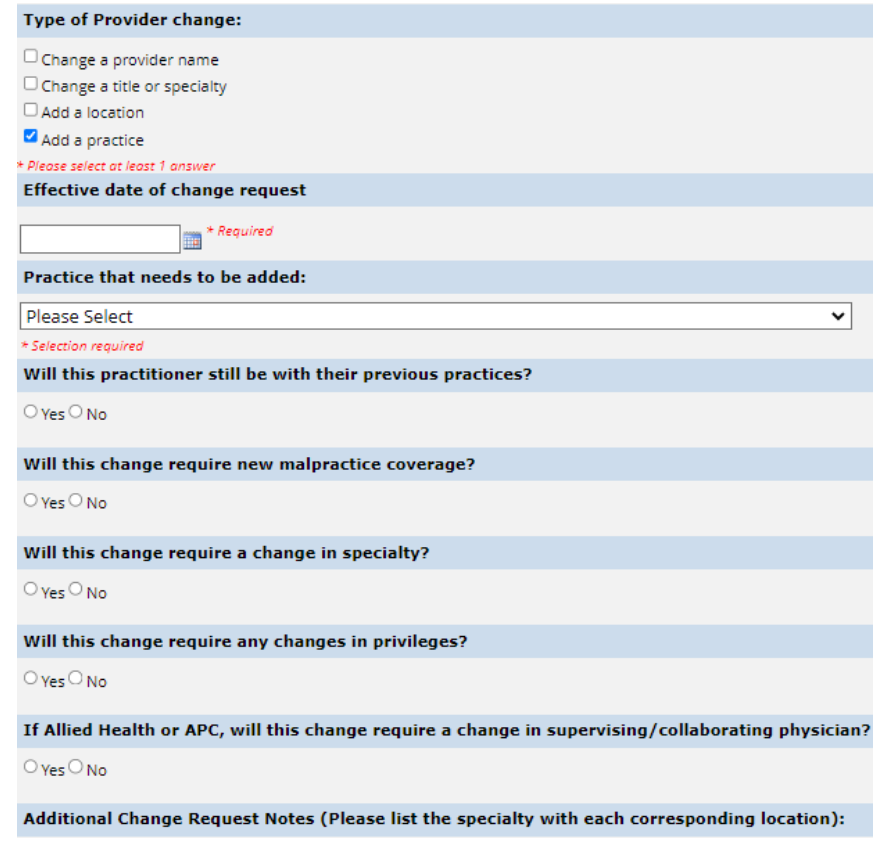


Select this option if Provider is providing services at an additional location within the same Practice.

Note: If provider is hospital based and will be providing services at a clinic a Provider New form is required for Payer Credentialing.

Note: If hospital privileges are needed or privileges are needed at additional hospitals – Provider New Form required.

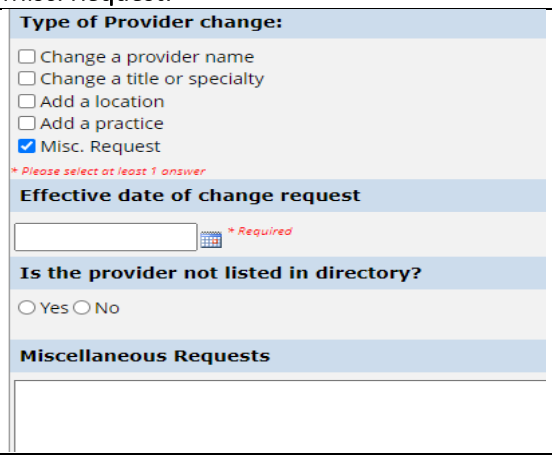
Add a Practice:



Select this option when adding an additional Practice or leaving current Practice.
Complete all selections.

Will this change require new malpractice insurance?
- Upload new malpractice coverage

Misc. Request:

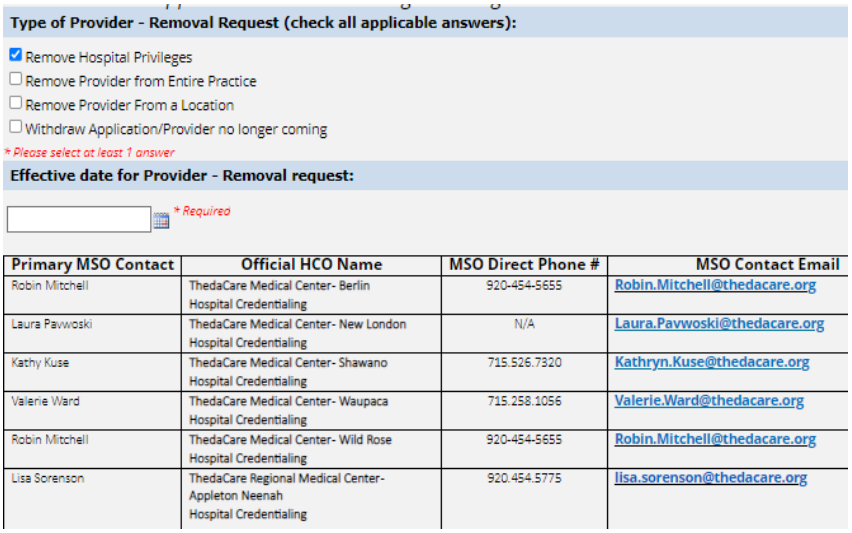


Use for payer directory, payer enrollment, payer credentialing issues

Type of Request: Provider Removal

- Remove **Hospital** privileges
- Remove **Provider** from entire practice
- Remove **Provider** from a location
- Withdraw Application/Provider no longer coming

Remove Privileges:

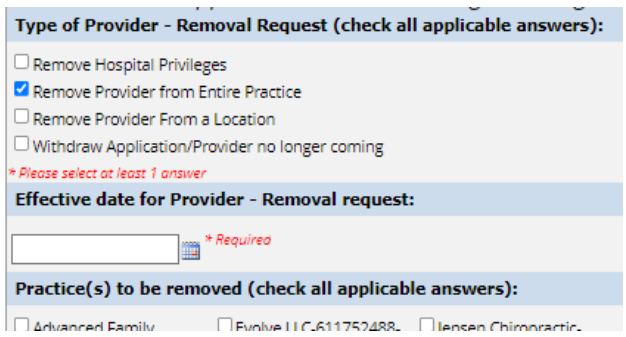


Primary MSO Contact	Official HCO Name	MSO Direct Phone #	MSO Contact Email
Robin Mitchell	ThedaCare Medical Center- Berlin Hospital Credentialing	920-454-5655	Robin.Mitchell@thedacare.org
Laura Pavwoski	ThedaCare Medical Center- New London Hospital Credentialing	N/A	Laura.Pavwoski@thedacare.org
Kathy Kuse	ThedaCare Medical Center- Shawano Hospital Credentialing	715.526.7320	Kathryn.Kuse@thedacare.org
Valerie Ward	ThedaCare Medical Center- Waupaca Hospital Credentialing	715.258.1056	Valerie.Ward@thedacare.org
Robin Mitchell	ThedaCare Medical Center- Wild Rose Hospital Credentialing	920-454-5655	Robin.Mitchell@thedacare.org
Lisa Sorenson	ThedaCare Regional Medical Center- Appleton Neenah Hospital Credentialing	920.454.5775	lisa.sorenson@thedacare.org

If provider is only removing hospital privileges, contact the appropriate Medical Staff Office.

TCB & TCW– Valerie.Ward@thedacare.org
TCNL & TCWR – Laura.Pavwoski@thedacare.org
TCS – Kathryn.Kuse@thedacare.org
TCA/N – Lisa.Sorenson@thedacare.org

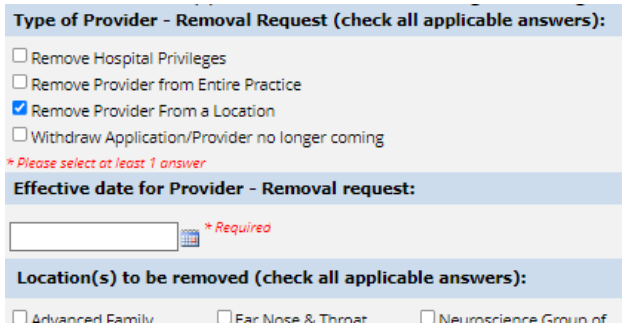
Remove from Entire Practice:



Select this option when provider is leaving/resigning or retiring from your Independent Practice or ThedaCare.

Select this option if provider is clinic/PHO only

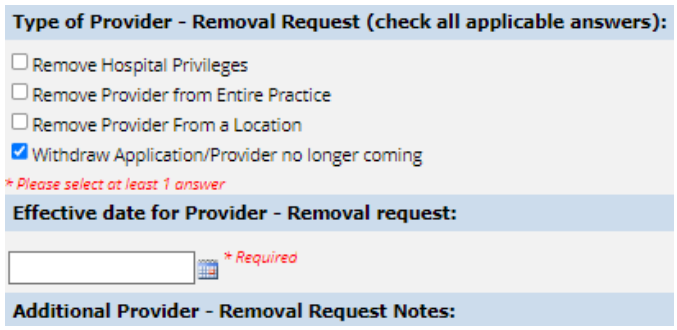
Remove from a Location:



Select this option when provider is discontinuing services at a location within the current practice.

Example: provider is no longer providing services at ThedaCare Physicians Neenah, but continuing services at ThedaCare Physicians Oshkosh.

Withdraw Application/Provider no Longer Coming:



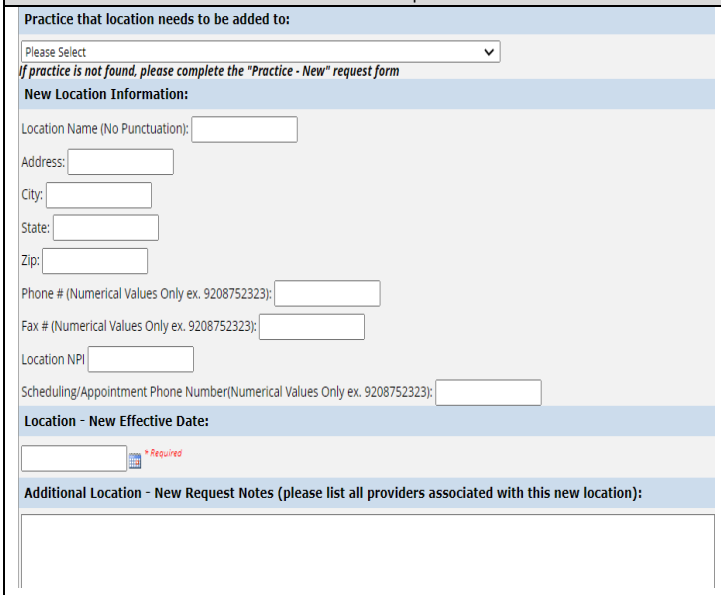
Select this option when a provider is currently in process for credentialing and is no longer proceeding with credentialing.

If provider is withdrawing application at one Hospital and not another, list which hospitals in Notes section.

These request types below are intended for location level requests applicable to all associated providers. A location is a site of service within a practice with the same billing address, tax id, organizational NPI. **Use to add a new location to a practice**. Use this if the billing address, tax ID, and organizational NPI is the same as the practice information.

Type of Request: Location New

- Adding a new location to an existing tax ID and organizational NPI. Allow up to 2 weeks after request for new location to show in drop-down lists.

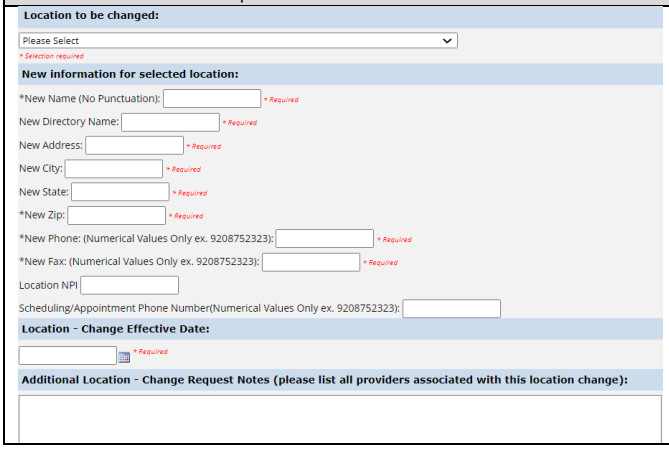


Note: This is not Provider specific. This form is not to be used to add an additional location for a provider.

Additional Location – New Request Notes: List all **current** credentialed providers you want to associate with this new location. This is required for the convenience of not having to submit a form for each provider.

Type of Request: Location Change

- Changing a location within a practice. Please allow up to 2 weeks after request for location update to show in drop-down lists.



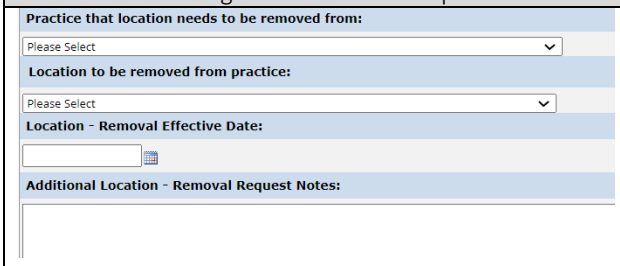
Click on the drop-down arrow and identify the associated location to be changed.

Complete all required fields for the selected location.

Additional Location – Change Request Notes: List all **current** credentialed providers you want to associate with this new location. This is required for the convenience of not having to submit a form for each provider.

Type of Request: Location Removal

- Eliminating a location within a practice



Click on the drop-down arrow and identify the appropriate location to be removed.

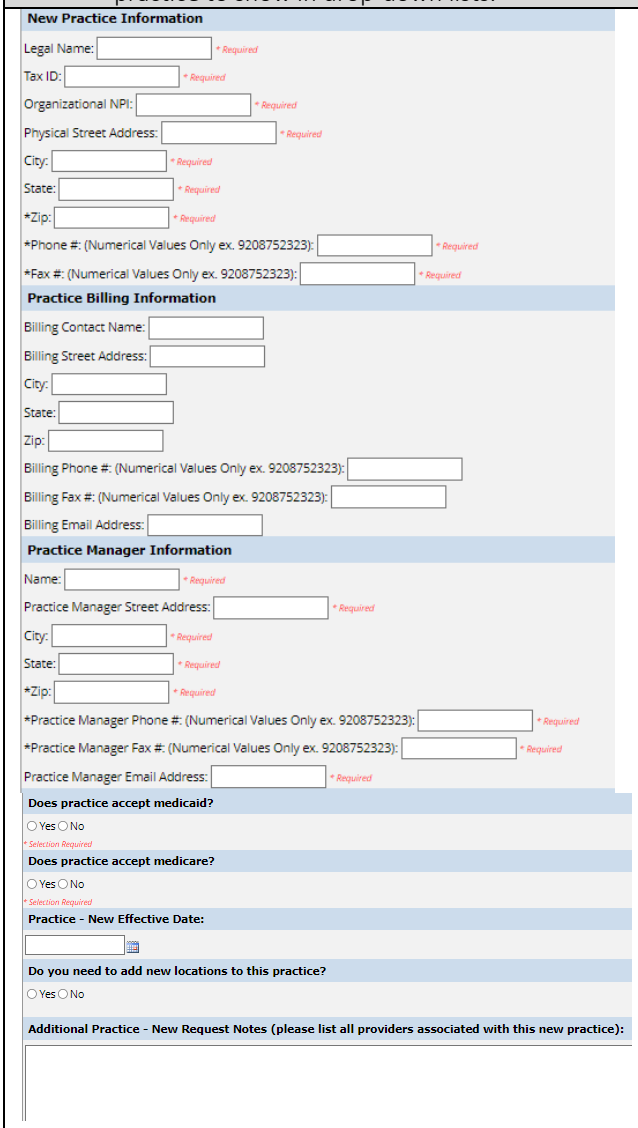
Complete all required fields for the selected location.

Example: Women's Care of WI is closing Berlin location but other locations remain open.

These request types are intended for practice level requests applicable to all associated locations within the practice. A practice may have several locations. **Use to add a new practice with new tax id, organizational NPI, or billing address.**

Type of Request: Practice New

- Adding a new practice with new billing address/NPI/TIN. Allow up to 2 weeks after request for new practice to show in drop-down lists.



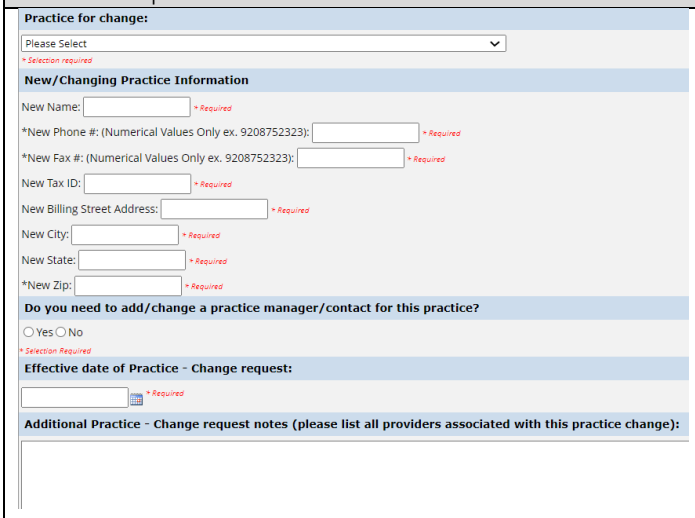
Complete all fields within this form.

Do you need to add new locations to this practice: Yes, add new locations associated with the new practice. This is required for the convenience of not having to submit a form for each location.

Additional Practice – New Request Notes: List all **current** credentialed providers you want to associate with this new practice. This is required for the convenience of not having to submit a form for each provider.

Type of Request: Practice Change

- Changes all locations within a practice. Allow up to 2 weeks after request for practice update to show in drop-down lists.



Use when you need to make a name, billing address, tax ID/NPI change to your current practice.

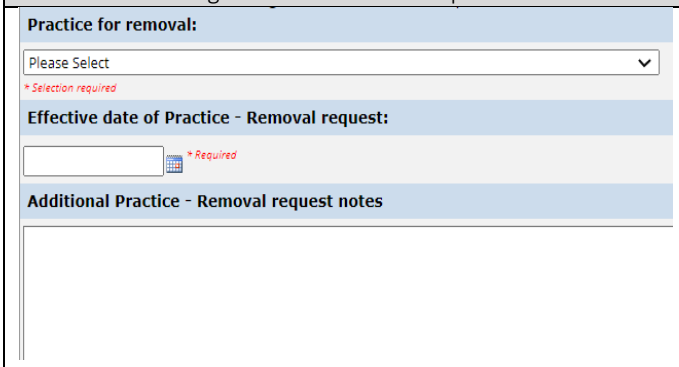
Click on the drop-down arrow and identify the associated practice to be changed.

Complete all required fields for the selected practice.

Additional Practice – Change Request Notes: List all **current** credentialed providers you want to associate with this new practice. This is required for the convenience of not having to submit a form for each provider.

Type of Request: Practice Removal

- Removing all locations within a practice



Use when removing an entire practice including all associated locations.

Example: Valley Eye Associates purchased Fox Cities Eye Clinic. Completing this form will remove the practice from the intake form drop down list.

Click on the drop-down arrow and identify the associated practice to be removed.

Complete all required fields for the selected practice.

Frequently Asked Questions

Why is the Verge Credentialing Intake Form important?

1. A fully electronic solution saves time and eliminates the need for redundant, inaccurate, time-consuming paper forms, e-mails and faxes.
2. Intake form routes the information to several departments that need to make updates for accuracy in provider directories, payer directories, claim payment, and overall data base integrity.
3. The data set meets the data collection requirements of the National Committee for Quality Assurance (NCQA) and Joint Commission standards.
4. Streamlined communication to stakeholders throughout the process. Requestor will be notified when credentialing file is sent to board/committee for approval and upon approval.
5. Communication of changes such as provider demographic, location, or practice updates.

How do I access the intake form if my clinic does not have access to Sharewell?

Email request to: Brianne.trantow@thedacare.org or Breanne.Kasuboski@thedacare.org

Who should complete the Intake Form?

The individual at the requesting facility/clinic that will be assisting the provider thru the credentialing process or maintaining updates.

Revised 12/15/2022

Who to Contact?	For:
Verge Health Support Email: convergesupport@vergehealth.com Phone: (843) 628-4128, Option 2	Technical assistance for completing the Request Form
Verge Health Support Email: credentialingsupport@vergehealth.com Phone: (843) 628-4128, Option 1 Fax: (888) 455-7886	Technical assistance for providers Completing the application
Your Local Medical Staff Office	For Privilege changes
Brianne Trantow or Breanne Kasuboski Medical Staff Services Department Brianne.trantow@thedacare.org Breanne.Kasuboski@thedacare.org	Questions regarding getting access to intake form or completing intake form.
Provider Enrollment credentialingverificationoffice@thedacare.org	Questions regarding Medicaid/Medicare
Kris Froemming ThedaCare ACO & Premium Healthcare Kris.Froemming@thedacare.org	Questions regarding ACO/PHI
Jennifer Glasheen Payer Credentialing Director Jennifer.Glasheen@thedacare.org	Questions regarding Payer/clinic credentialing
Robin Mitchell Medical Staff Services Manager Robin.Mitchell@thedacare.org	Questions regarding Hospital privileging/credentialing