

HCA Credentialing Online

PROVIDER NAME: _____
GROUP NAME OF PROVIDER: _____
STREET ADDRESS: _____
City: _____ State: _____

We are pleased to share our online credentialing process! The process will provide you the capability to submit your credentialing requests electronically for multiple entities.

The HCA Credentialing Online (HCO) tool takes the manual paper credentialing processes and transforms it into an easy to use electronic process.



HCO Benefits

- Enables you to complete credentialing packet online for multiple entities
- Provides you with electronic access to create modify and submit your credentialing documents
- Ensures accuracy and completeness of your submitted data

HCO Features

- Ability to establish a delegate to prepare the required forms and documentation for your approval
- Accessible to all providers who are associated with or seeking association to our entity
- 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 material. If you would like to see this information before it is time for you to complete the forms you can do so by visiting www.hccredentialingonline.com.

Action Needed!

To ensure you have capability to receive and submit information online through the HCO, 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 within **14 days** to the fax number or mailing address indicated in Step 3. If you have any questions, please contact our customer service at the telephone number listed below... If you have already returned the form within the last 3 business days, please disregard this notice.



HCA Credentialing Online – Provider's Authorization for Delegate

Step 1

Please enter your contact information to ensure the information we have is accurate in our credentialing system.

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*
- ☐ The individual listed below is my delegate. I hereby authorize (hereinafter, individually referred to as "Delegate") to access the HCO web portal to enter data and submit documents for the Request for Considerations (RFC) and Recredentialing Requests for Consideration (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 the entity via the HCO web portal.

Delegate information is for HCO/Online Credentialing ONLY. No other correspondence will be redirected based on the information provided below. The below individual will be listed as your delegate in our credentialing system.

To assign a delegate, please provide the following for the delegate:

Name:
Email:
Phone: () - ext.

Step 3

Please complete, sign and date. The form may be returned using fax, email or U.S. mail using the contact information provided in the footer of this letter.

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 (printed)

LAST 4 of SSN or FULL NPI

DATE (MM/DD/YYYY)

Credentialing Processing Center – Houston Shared Services Center
8101 West Sam Houston Parkway South, Houston, TX 77072
713-448-2940 phone ♦ 866-579-0803 toll free ♦ 866-862-5432 fax
HRSCHoustonCPC@Parallon.net