

Provider Enrollment for IHS Partners

Purpose

To ensure your facility receives the highest reimbursement for eCare telemedicine encounters, the eCare Providers will require Provider enrollment applications to be completed through your facility. The below process outlines responsibilities for ensuring these Providers are enrolled.

Process

1. eCare Credentialing Department will prepare the Provider data based on Service Agreement.
2. eCare Credentialing Department will forward provider information to facility Medical Staff/Credentialing/Privileging specialist.
 - Copy of State License
 - Copy of Malpractice Insurance
 - Provider Information Spreadsheet: Provider Full Name, DOB, Birth State, Birth Country, Gender, SSN, NPI, Education, Federal DEA, State License Number with Dates, Board Certification with Dates, Specialty, Mailing Address and Phone
3. Facility Medical Staff/Credentialing/Privileging specialist to work with the facility Provider enrollment specialist to share eCare Provider information per local policy.
4. Facility Provider enrollment specialist will populate all applicable Provider application fields required for facility submission for reimbursement.
5. Once Provider applications are completed, the Facility Provider enrollment specialist will:
 - Forward to the eCare contact listed below with the preferred method of receipt via scan/e-mail.
 - Advise if electronic signature via DocuSign will be accepted by the specific payor.
6. eCare contact listed below will initiate Provider signatures. Please note, Provider signatures may be coordinated after medical staff privileges are granted to the eCare provider per local policy.
7. Signed Provider enrollment forms may be returned to the facility enrollment specialist directly from eCare or from Moonlighting Solutions as an eCare subcontractor.
8. Facility will receive and submit provider enrollment applications per standard process.
9. When a new/additional provider is added for eCare coverage, steps 1-8 will be repeated.

Important Contact Information:

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