

Provider Change Form

Priority Health must receive changes **60 days** prior to their effective date or claims may be denied (unless otherwise noted). If you are retiring or leaving our provider network, Priority Health requires written notice, **90 days** in advance. Physicians or groups who choose to leave the Priority Health network will not be allowed to re-contract with the plan for 12 months, or until the next contract year, whichever is longer. Please visit *Office Management and Standards* in the Provider Manual at priorityhealth.com for more information.

| About The Change | | | | |
|--|--|------------|--|--------------|
| Please provide a brief explanation of the change | | | | |
| Physician/Provider Group/Facility Name | | | | |
| Current Tax ID | | NPI Number | | Today's Date |

| Person Completing This Form | |
|-----------------------------|--|
| Name | |
| Phone | |
| Email | |

| Type of Change | | | | |
|---|--|---|----------------|--|
| <input type="checkbox"/> Leaving a Participating Provider Group or Priority Health Network | | | Effective Date | |
| Reason for Leaving: | <input type="checkbox"/> Deceased <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Moving Outside the Service Area | <input type="checkbox"/> Moving to Another Participating Group <input type="checkbox"/> Retiring | | |
| Extension of Care (EOC): | <input type="checkbox"/> Yes <input type="checkbox"/> No EOC - Members Remain with Group | <input type="checkbox"/> No EOC - Still in Network <input type="checkbox"/> EOC Refused | | |
| I would like to transfer my members to: | <input type="checkbox"/> One PCP | Physician Name | | |
| | | Physician Name | | |
| | <input type="checkbox"/> Multiple PCPs | Physician Name | | |
| | | Physician Name | | |
| How do you want your members divided among multiple PCPs? (Choose One) | <input type="checkbox"/> Age <input type="checkbox"/> Gender <input type="checkbox"/> Zip Code | Please specify: | | |

Note: Definition of Extension of Care: Priority Health ensures continuity and coordination of care to its members by: notifying members of the pending terminations of practitioners or practice sites; assisting members with selecting a new practitioner; granting members continued access to practitioners when undergoing an active course of treatment for a chronic or acute medical condition. Access is granted through the current period of active treatment or for up to 90 calendar days, whichever is shorter, if the terminating practitioner accepts the terms of the fee schedule during the 90-day extension of care period. If the practitioner does not accept fee schedule, Priority Health will not offer extension of care to members in active care or member is in the second or third trimester of pregnancy. Access is granted through the postpartum period.

PCPs and specialists may choose to offer extension of care to patients when they are terminating their contracts and have patients in active treatment, such as pregnant patients past their first trimester. Priority Health will notify members about Extension of Care, if it is offered. Whenever possible, this will occur at least 30 calendar days prior to a provider termination. In addition, Extension of Care applies for both primary care physicians and specialists if the patient is in active treatment.

When does Extension of Care NOT apply? In some cases, the Extension of Care policy would not apply. Here are cases in which it would not apply: A professional review action has occurred; the primary care physician or specialist fails to meet applicable quality or licensure standards according to Michigan State Law; Medicare has sanctioned the primary care physician or specialist; the primary care physician or specialist is staying in the service area and can still be selected as a participating primary care physician or specialist; the member can choose to stay with the provider and follow them to their new office location; the practitioner retires; or the practitioner will not agree to the terms of the Extension of Care.

| | | | | | | | |
|---|--|--|------------------------------------|--|--|--|--|
| <input type="checkbox"/> Demographic (Address, Phone, or Fax) Change | | | | Effective Date | | | |
| Address Type (check all that apply) | | <input type="checkbox"/> Primary | <input type="checkbox"/> Secondary | <input type="checkbox"/> Billing/Remit | | | |
| | | <input type="checkbox"/> Tax ID Address* | <input type="checkbox"/> Other | <input type="checkbox"/> All | | | |
| New Address | | | | | | | |
| City | | State | | Zip Code | | | |
| Phone | | Fax | | | | | |
| If hours of operation are changing, list new hours here: | | | | Default hours will be Monday to Friday 9 – 5 | | | |
| Do you want the new address listed in our online Provider Directory? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Term date (last day) old address is valid: | | | | | | | |
| Effective date new address is valid on: | | | | | | | |

*You must include a W-9 for this change. **Note:** There should not be a gap between the term and effective date of this change. If this also changes the EDI Receipt fax number, where electronic claim receipt notices are sent, please notify EDI at 800 942-0954 ext. 48686 or EDISETUP@priorityhealth.com.

| | | | | | | | |
|---|--|---|--|----------------|--|--|--|
| <input type="checkbox"/> Name, Tax ID* or NPI Change | | | | Effective Date | | | |
| Current Name | | New Name | | | | | |
| Old Dates of Service will be billed with: | | <input type="checkbox"/> Old Name <input type="checkbox"/> New Name | | | | | |
| Current Tax ID | | New Tax ID* | | | | | |
| Current NPI | | New NPI | | | | | |

*You must include a W-9 for this change.

| | | | | | | | |
|--|--|--|---|--|---|--|--|
| <input type="checkbox"/> Age Panel Limit Change | | | | Effective Date | | | |
| New Age Panel | | <input type="checkbox"/> Family Practice (1 day to 99+ years) | <input type="checkbox"/> General Practice (1 day to 99+ years) | <input type="checkbox"/> Gynecology (13 to 99+ years) | <input type="checkbox"/> Internal Medicine (16 to 99+ years) | | |
| | | <input type="checkbox"/> IM/Pediatrics (1 day to 99+ years) | <input type="checkbox"/> OB/Gyn (13 to 99+ years) | <input type="checkbox"/> Pediatrics (1 day to 18 years) | <input type="checkbox"/> Other | | |
| | | If other, age panel requesting: | | | | | |

Note: If a practitioner has members outside the new limits, member may be transferred to another practitioner.

| | | | | | | | |
|--|--|-------------------------------------|------------------------------------|-----------------------------------|-----------------------------------|--|--|
| <input type="checkbox"/> Open/Close Status Change | | | | Effective Date | | | |
| Opening to: | | <input type="checkbox"/> HMO/POS | <input type="checkbox"/> EPO/POS | <input type="checkbox"/> Medicaid | <input type="checkbox"/> Medicare | | |
| Closing to: | | <input type="checkbox"/> HMO/POS | <input type="checkbox"/> EPO/POS | <input type="checkbox"/> Medicaid | <input type="checkbox"/> Medicare | | |
| Reason for Closure: | | <input type="checkbox"/> Panel Full | <input type="checkbox"/> Part Time | <input type="checkbox"/> Other | | | |
| If other, please explain: | | | | | | | |

Fax or e-mail the completed form to the Provider Information Management department.

Fax: 616 975-8857

e-mail: ph-providerinfomgmt-demographics@priorityhealth.com