New process for submitting provider information and changes

Updated 4/2021



What's changing?

New submission process





| - | | |
|---|--|--|
| | | |
| | | |

We're automating how you submit provider data and changes.

You'll no longer submit credentialing forms through fax or email. You'll now submit your credentialing forms through our online portal.



There are no changes to the delegated credentialing process. This training is for non-delegated providers only.

How does this benefit you?

No changes to how you navigate our website.

The new process will guide you to complete the correct credentialing and provider enrollment forms.

Automated online submission process. No need to print forms and waste paper.

Your submissions will deliver instantly to the correct processing team which reduces the administration time you spend ensuring your forms are submitted correctly.

Just like before, you'll continue to receive a confirmation email with an inquiry number for tracking purposes.



Training agenda

- Accessing the new submission tool
- Enrolling a new provider or adding an existing provider to a new group
- Enrolling an organization
- Change an existing provider group



Want to update provider information?

- On <u>www.priorityhealth.com</u> navigate to our <u>Credentialing</u> page.
- From this page navigate our website based on your needs.
- Click any credentialing form and you will automatically be directed to our new submission tool.



Enrolling a new provider or adding an existing provider to a new group?

1. Select "Enroll New Provider-Individual" from the drop-down list.



2. Select the appropriate provider type from the next dropdown box.

| Practice Type 🗸 🗸 | |
|--|---------|
| New Physician (Non BH) | |
| New Physician (BH) | |
| New Advanced Practice Professional Billing Independently | - |
| New Advanced Practice Professional Hospital Based Only who are Roundir or Assisting in Surgeries | - 1g |
| New Optometry | |
| New Chiropractor | |
| New Dentist | |
| New BH Practitioner (Non-Physician) | |
| Other Practitioner Type | |
| | |



3. Download and complete the required documents.

Please download and complete the indicated forms before attaching below.

Provider Information Form

W-9 Form

Change Template Form

4. Click on "Browse for File" to upload your completed documents.





Need to update provider information for multiple providers?

- Use our Change Template Form
- Listed as a downloadable form option

| A | B | C See Drop Down Value- | D | E | F | G | н | 1 | J | К | L | м | N | 0 | P | - |
|----------------|----------|--------------------------------|------------|----------|----------------|--------------------|---------------------------------|---------------------|----------|-------|------------------|--|--------|---|--|-----------|
| Type of change | Comments | Instructions Effective date | Provider N | PCAQH II | COPE_OF_PRACTI | Provider last name | ⁹ rovider first name | Provider middle nam | SuffixSl | ENDEF | rimary Specialty | If BH provider, what services are they providing? | Jegree | How will the practitioner bill? Using their own NPI or under the supervision | If a mid-level PCP, APP, or CNM who is the collaborating physicians (1 ast/Eirst name)? | ollaboraț |
| | | | | | | | | | | | | providing | | | (CARACITATION OF T | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | · · · | _ | | | | | | |



5. Complete all text fields.

| Provider Name/Degree John Doe, MD | I. |
|---|----|
| Type 1 NPI 1234567890 | d. |
| Group Billing Name (name on claim) ABC Medical | I. |
| Type 2 NPI 1234567890 | I. |
| | |

- 6. Click Submit.
 - <u>Note</u>: Once you hit submit, you'll receive the confirmation screen below showing that your request was successfully submitted.





Enrolling an organization?

 Select "Enroll New Provider-Organization" From the drop-down list.

> Request Type Enroll New Provider - Organization ~

Demographic Change - Existing Group

Demographic Change - Existing Individual Provider

Directory Discrepency Updates

Enroll New Provider - Individual

Enroll New Provider - Organization

Group Name, Tax ID, or NPI Change

 Select either "Credentialed" or "Non-Credentialed" from the next drop-down list.

Credentialed/Non-Credentialed ~~

New Credentialed Organization

New Non-Credentialed Organization



Note

• If you're unsure of your organization's credentialing status, refer to the lists on the right of the screen to choose.

Please log in for a full list of services. **Request Type** Enroll New Provider - Organization **Credentialed Organization Types** Non-Credentialed Organization Types Hospitals Ambulance Home Health Anesthesiology Credentialed/Non-Credentialed Infusion Audiology (hearing screenings, hearing aid suppliers) Skilled Nursing Facilities (SNF) Diabetic prevention program Long-Term Acute Care (LTAC) Durable medical equipment (DME) Community Based Health Clinics (Convenient Care Centers Walk-in Clinics) Emergency medicine End-Stage Renal Dialysis Health department Federally Qualified Health Centers (FQHC) Independent diagnostic service Hospice Pathology Laboratories Prosthetics/orthotics Rehab Facilities (PT, OT, ST, BA) Radiology/imaging center **Retail Health Clinics Rural Health Clinics** School Based Health Clinics Tribal Health Clinics Urgent Care facilities Virtual Providers (Telemedicine) Behavioral Health Facilities (Mental Health and Substance Abuse) Free-Standing Ambulatory Surgery Facilities (ASF) Sleep Disorder Clinics



3. Download and complete the required documents.

Please download and complete the indicated forms before attaching below.

🕰 W-9 Form

Initial Organization Application Form

4. Click on "Browse for File" to upload your completed documents.





5. Complete all text fields.

Group Billing Name (name on claim) ABC Medical

Type 2 NPI 1234567890

- 6. Click Submit.
 - <u>Note</u>: Once you hit submit you will receive the confirmation screen below showing that your request was successfully submitted.





Changing an existing provider group?

1. Select the appropriate category for your change.



 Once you've selected the correct category for your change, required documents and text fields will appear.



3. Download and complete the required documents.

Please download and complete the indicated forms before attaching below.

Provider Information Form

🕒 W-9 Form

4. Click on "Browse for File" to upload your completed documents.





- 5. Complete all text fields.
- <u>Note</u>: These fields types may change depending on the request type you select.

| Provider Name/Degree John Doe, MD | |
|---|--|
| Type 1 NPI 1234567890 | |
| Group Billing Name (name on claim) ABC Medical | |
| Type 2 NPI 1 234567890 | |

- 6. Click Submit
- <u>Note</u>: Once you hit submit you will receive the confirmation screen below showing that your request was successfully submitted.





To learn more about updating provider information go to the <u>Credentialing page on our website</u>.



THINK SMART. LIVE SMART."