

UPMC Health Plan Online Provider Information Change Form Instructions

1. Header Information

- a. Enter today's date. ***This is a required field***
- b. Enter the name of the Group practice or the individual provider. ***This is a required field***
- c. Click on the button that corresponds to the type of provider (PCP; Ob-Gyn; Specialist; Ancillary; Chiropractor, Extender) the change request is for.
- d. Enter the name of the person who should be contacted should additional information be needed to complete the request. ***This is a required field***
- e. Enter the 6-digit UPMC Health Plan Provider number, if known.
- f. Enter the phone number of the contact person. ***This is a required field***
- g. Enter the email of the person who should be contacted should additional information be needed to complete the request. ***This is a required field***
- h. Click the box that corresponds to the type of change you want to make. You may click on multiple boxes if other changes need to be made. The appropriate sections will pop up when the box is clicked.

2. Add or Remove Physician

- a. Click on the button for which option you are requesting.
- b. Enter the name of the individual physician who is being added/removed
- c. Enter the Group/Practice Name
- d. Enter the address, phone and fax number
- e. Enter the effective date of the change. ***This is a required field.***
- f. Click "Submit" if this is the only change you are submitting. If you have selected additional changes to make, proceed to the next section on the screen.

3. Add or Remove Office Location

- a. Click on the button for which option you are requesting.
- b. Enter the name of the Office/Location you are adding/removing
- c. Enter the address
- d. Indicate if the office is handicap accessible by clicking on the appropriate button
- e. Enter the office hours
- f. Enter the effective date of when the office is opening/closing. ***This is a required field***
- g. Click "Submit" if this is the last or only change you are submitting. If you have selected additional changes to make, proceed to the next section on the screen.

4. Office or Physician Information Change

- a. Complete the necessary fields for the change you are requesting (e.g. phone/fax #, NPI #, name change, office hours).
- b. Enter the effective date of the change. ***This is a required field***
- c. Click "Submit" if this is the last or only change you are submitting. If you have selected additional changes to make, proceed to the next section on the screen.

5. Change Pay to Address/Tax ID Change

- a. Click on the button for which option you are requesting.
- b. Enter the effective date of this change. **This is a required field**
- c. If the Pay to Address is changing enter the fields for both the **Old Billing Information** and the **New Billing Information**.
- d. If this is a Tax ID change, click on “**Download Tax ID Form**” to print a copy of the W-9 form. This form should be completed, signed and dated and faxed to UPMC Health Plan at 412-454-8225. Please include a cover sheet with your indentifying information.
- e. Click “Submit” if this is the last or only change you are submitting. If you have selected additional changes to make, proceed to the next section on the screen.

6. Change in Hospital Privileges

- a. Go the appropriate section: **Affiliations to Remove** or **Affiliations to Add**
- b. Select the hospital you wish to remove/add from the drop down menu.
- c. Select the privilege type from the drop down menu.
- d. Repeat these steps if adding/removing more than one affiliation up to a maximum of three.
- e. Click “Submit” if this is the last or only change you are submitting. If you have selected additional changes to make, proceed to the next section on the screen.

7. Close/Reopen Panel

Close Panel – *choose this option if you temporarily do not want to accept any new patients. You may do this for all product lines you participate with or for selected ones only.*

Reopen Panel – *choose this option if you want to reopen a previously closed panel. You may do this for all product lines you participate with or for selected ones only.*

Age Limitation – *choose this option if you want to change the age range of patients you treat*

- a. Click on the button for the option you are requesting.
- b. If you clicked on **Age Limitation** then type in the corresponding box the age change requested (e.g. Ages 18+ only)
- c. Click on the corresponding boxes for those products the change should take effect for.
- d. Enter the effective date for each product line that is being updated. **This is a required field.**
- e. Click “Submit” if this is the last or only change you are submitting. If you have selected additional changes to make, proceed to the next section on the screen.

8. Add/Drop Products

Choose this option if you no longer to wish to participate with a particular product line. You should notify us 60 days in advance of the product termination date.

- a. Click on the button for which option you are requesting.
- b. Click on the boxes for the corresponding products you wish to drop.
- c. Enter the effective date for each product line that is being changed. **This is a required field**

- d. Enter your Medicare Number if you have requested to add any of the UPMC *for Life* product lines.
- e. Enter your PROMISe (Medical Assistance) ID Number if you have requested to add the UPMC *for You* product line.
- f. Click “Submit” if this is the last or only change you are submitting. If you have selected additional changes to make, proceed to the next section on the screen.

9. Physician Termination

Choose this option if a provider will no longer be treating UPMC Health Plan members and wishes to terminate his/her contract with UPMC Health Plan. Providers must give 90 days notice prior to the termination.

- a. Enter the termination date. ***This is a required field.***
- b. Click on the button of the corresponding provider type.
- c. If a specialist, type in the specialty
- d. Click on the button of the corresponding reason for termination.
- e. Click “Submit” if this is the last or only change you are submitting. If you have selected additional changes to make, proceed to the next section on the screen.

10. Other Information (Notes)

If there is any other information that pertains to the above changes that you wish to communicate to us please use this box.

- a. Click “Submit” if this is the last or only change you are submitting.