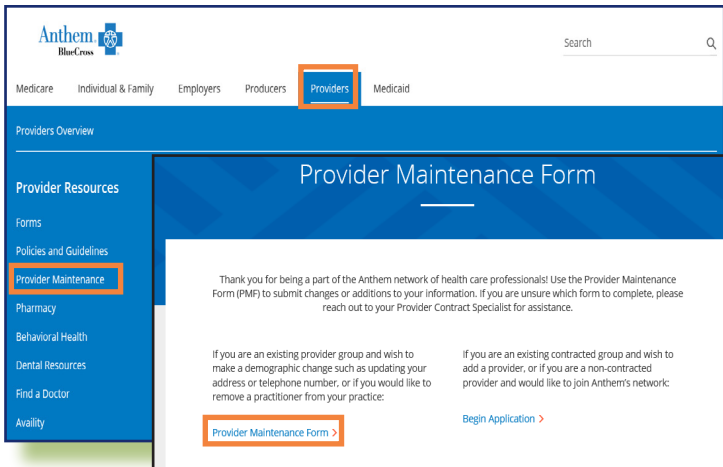


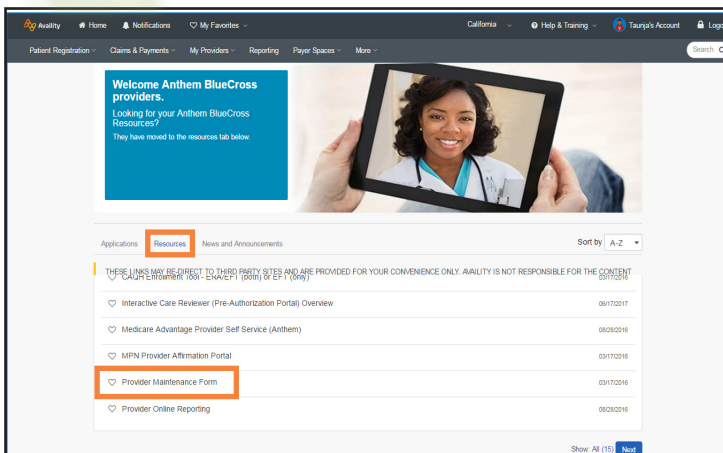
The Provider Maintenance Form (PMF) is used to request changes to existing practice profiles of California physicians, practitioners, professionals and ancillary providers.

- Change requests should be submitted by the practice manager or a designated person of authority.
- As a general rule, a minimum of 30 days advance notice of a provider demographic and/or practice change is required. Refer to the requirements in your Provider Agreement.
- Contractual guidelines may supersede the requested effective date of requests and certain changes may be assigned a future effective date.
- Please provide a minimum of 90 days advance notice for any terminations from the Anthem network to allow time to transition members to a participating provider.
- An updated IRS Form, W9, or other documentation that is required for certain changes must be attached to the on-line form prior to submitting.
- All HMO PMF Tickets must be created using the Tax Id number of the HMO Medical Group and not the Individual or Group Tax Id number of the PCP or Specialist.
- Include the Anthem PCP Site Code for the Medical Group when submitting any HMO updates.

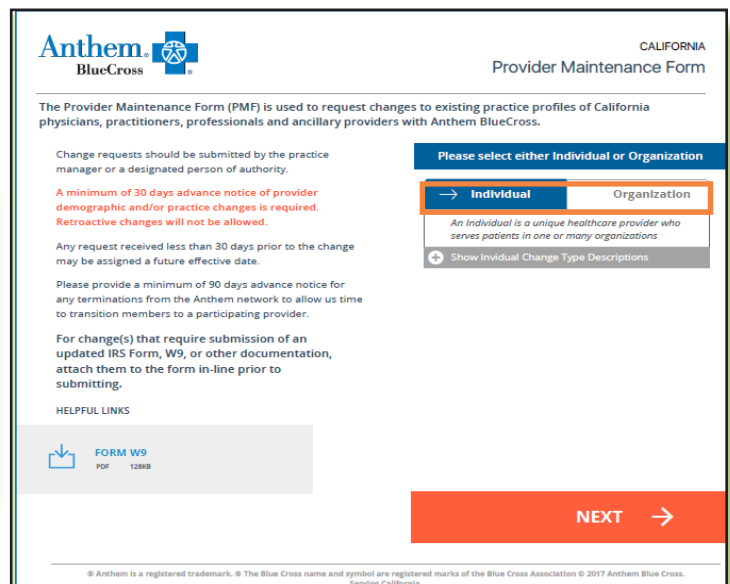
The PMF is located on anthem.com/ca:
www.anthem.com/ca > Providers >
 ProviderMaintenance > **Provider Maintenance Form**



The PMF is located on the Availity Portal:
www.availity.com > LOGIN > Payer Spaces > Anthem Blue Cross > **Resources**



1 Select either **Individual** or **Organization**



- An Individual is a unique healthcare provider who serves patients in one or many organizations. Use this to make a change to a person's record.
- An Organization is a location, company or group of providers that provide(s) healthcare through one or many providers. Use this to make a change for a location or a provider group.
- Select Individual or Organization for the change request. Populate the General Information section. Select the change option(s) as needed. Populate the change form fields. Review, attest and submit.

Select either **Individual** or **Organization**.
General Information > Select Updates > Specify Change Details > Review and Attest

General Information

Blue Cross CALIFORNIA
 Provider Maintenance Form

General Information | Select Updates | Specify Change Details | Review and Attest

Changes for multiple providers must be submitted separately. < Back to Landing Page

Organization Details *
 *Indicates a Required Field
 Contractual guidelines may supersede effective date request
 Effective Date *
 mm/dd/yyyy

Networks *
 Which networks will this update affect?
 Commercial
 Medicare
 Medicaid

Practice Details *
 Practice Name
 Practice D.B.A. (if Applicable)
 Organization Tax Identification Number (TIN)
 Organization National Provider Identifier (NPI)
 NPI Exempt

Practice Office Location *
 Address Line 1
 Address Line 2
 City State Zip Code
 County

Contact Information *
 Who is filling out this form?
 First Name Last Name
 Email Address
 Phone Number

CANCEL | NEXT

Select Updates

Anthem Blue Cross CALIFORNIA
 Provider Maintenance Form

General Information | Select Updates | Specify Change Details | Review and Attest

Select all items you would like to update.
 NOTE: Changes for multiple providers must be submitted separately. < Back to General Information Page

Accepting New Patients	Phone / Fax Number
Address - Add Location	Provider Leaving Group
Address - Terminate	Remove Provider From Location
Email Address	Roster or List Updates
Handicapped Accessibility	Tax Identification Number (TIN)
Languages Spoken	Termination of Provider Participation Agreement
National Provider Identifier (NPI)	Update Organization Name
Network Participation	Web Address
Office Hours / Days of Operation	

Do not select **Network Participation** or **Termination of Provider Participation Agreement** unless you are requesting a change to your entire organization's network.

Specify Change Details

Anthem Blue Cross CALIFORNIA
 Provider Maintenance Form

General Information | Select Updates | Specify Change Details | Confirmation

Add details for selected updates. *Indicates a Required Field < Back to Select Updates Page

Name
 John Smith 1

NPI
 0987654321

TIN
 #####999

Address
 123 Ivy Drive, Suite B, Santa Barbara, California 93101

Change Effective Date
 01/26/2017

Email Address
 Add Delete
 Email Address
 The email address entered here will be used in the Provider Finder public directory. Please do not enter an email address that you do not want publicly accessible.
 Add Another Email Address

Provider Specialty
 What type of specialty request is this?
 Add Update
 Are you a Primary Care Physician (PCP)?
 Yes No
 Primary Specialty
 Select One
 Additional Specialty
 Select One
 Add Additional Specialty

Final Review/Edit of the Submission & Review and Attest

Blue Cross CALIFORNIA
 Provider Maintenance Form

General Information | Select Updates | Specify Change Details | Review and Attest

Review for Submission

General Information
 All changes made on this form will apply to the information entered in the General Information.

Effective Date
 Date: 07/26/2017

Networks
 Network: Commercial
 Network: Medicare

Provider Details
 Tax Identification Number: 123456789
 National Provider Identifier: 0987654321
 Name: John Smith
 Suffix: I
 Title: MD
 License / Certification Number: 1234

Wed 7/26/2017 12:51 PM
 PLM <no-reply@anthem.com>
 DO NOT REPLY - PMF Receipt Notification

Please be advised your request has been received and can be identified with ID P-783. If you have submitted correspondence that requires a provider demographic/data update, we will make the change to our system and **Find a Doctor** tool.

Thank you for your request.

Provider Data Management