



PROVIDER MAINTENANCE FORM

July, 2018

An improved, quick and easy new way for Anthem providers to submit demographic updates online

WHAT IS A PROVIDER MAINTENANCE FORM (PMF)?

- The PMF is an online form used to request demographic and practice profile changes to Anthem contracted physician, practitioner, and professional provider records.
- Online PMF submission allows us to update your provider information faster (including our provider directories), and helps to ensure all required information is submitted. A reference number will be issued with each form submission to allow for traceability. The new PMF also provides the submitter with an email confirmation when the change request is received and confirmation when the change is complete.
- Examples of changes to report on this form include: practice or provider name changes, address changes, tax ID changes, opening or closing practice locations, provider leaving a group practice, etc. *Note: change options on this form may vary by state.*
- Necessary documentation can be attached to the PMF prior to submission. Necessary documentation may include, but is not limited to: Tax IRS form W-9 necessary to change a payment remittance address or tax identification number, copy of the provider's state license necessary for a name change, or other documentation that may help explain the submission.
- The Review for Submission page should be carefully evaluated. Ensure the data entered is accurate; once the form is submitted it cannot be recalled or corrected (just like dropping a letter in the mail). Check the box to agree to the Attestation Statement. Select the Submit button at the bottom of the form when you are ready to finalize the submission.
- As a general rule, a minimum of 30 days advance notice of a provider demographic and/or practice change is required. A minimum of 90 days advance notice for terminations is required to allow us time to transition members to a participating provider. Please refer to the termination clause in your Provider Agreement for additional requirements.
- Submission of this form is a request for action and not a guarantee of participation or notice of termination. All change request are subject to review and approval by a contract manager. Please refer to your Provider Agreement for additional requirements.

This form may not be used to add new providers or to request participation with Anthem.

New providers and providers wishing to participate should visit Join Our Network tab.

INDIVIDUAL vs. ORGANIZATION

Provider Maintenance Form

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

First time users should view all Informational Tool Tips ⓘ to ensure the form is submitted accurately.

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.

Certain changes may be assigned a future effective date.

Contractual guidelines may supersede the requested effective date of requests.

For change(s) that require submission of an updated IRS Form, W9, or other documentation, attach them to the form in-line prior to submitting.

Please select either Individual or Organization

Individual

Organization

An Individual is a unique healthcare provider who serves patients in one or many organizations.

+ Individual Change Type Descriptions

An individual is a unique health care provider who serves patients in one or many organizations.

Select Individual to make a change for a person's record.

An organization is a location, company or group of providers that delivers health care through one or many providers.

Select Organization to make a change for a company or a physician group.

ADDITIONAL FORM FUNCTIONS

Many selections offer a quick search function in the drop-down choices. Start typing to narrow the search.

Office Hours / Days of Operation

Days and Hours of Operation will apply to the address entered in General Information.

Monday	8:00 AM	Closed
Tuesday	8:00 AM	5:00 AM
Wednesday	Closed	5:30 AM 5:00 PM
Thursday	8:00 AM	5:30 PM
Friday	10:00 AM	7:00 PM
Saturday	Closed	Closed
Sunday	Closed	Closed

Some fields will auto-populate with previously entered information to help ensure accuracy.

Add details for selected updates. * Indicates a Required Field

Name
John Smith I

NPI
0987654321

TIN
###-##-####

Address
123 Ivy Drive, Suite B, Santa Barbara, California 93191

Change Effective Date
07/26/2017

Address - Terminate

Termination Date *
mm/dd/yyyy

Address type
Select One

Reason
Select One

Address Details

Address: 123 Ivy Drive
Address Line 2: Suite B
City: Santa Barbara
State: California
Zip Code: 93191
County: Santa Barbara

GENERAL INFORMATION

Changes for multiple providers must be submitted separately.

[← Back to Landing Page](#)

Organization Details

* Indicates a Required Field

Effective Date *
Contractual guidelines may supersede effective date request
mm/dd/yyyy

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

Practice Details *

Practice Name

Practice OSA (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
Return to Landing Page

NEXT

Effective date is the *requested* date the update will take effect. Providing advance notice of a change will help to ensure a timely update. This requested effective date is not guaranteed. Contractual and other guidelines may supersede.

Provider details and location details should reflect the current information on our records. The NEW or updated information should be entered later in the form. If the change has occurred in the past, enter the previous information here (e.g., moved, tax ID or name changed, etc.).

All changes made on the form will apply to the name of the individual person or organization at the location entered here. A primary location can be entered here if the update is applicable to multiple names or locations (e.g., tax ID or organization name change, roster or list update submission)

SELECT APPROPRIATE TILES

Chose one or many

Next, navigate to the *Select Updates* tab.

General Information **Select Updates** Specify Change Details Confirmation

Select all items you would like to update.
NOTE: Changes for multiple providers must be submitted separately. [Back to General Information Page](#)

Individual Provider Updates

Accepting New Patients	Address - Add
Address - Terminate	Address - Update
Areas of Expertise (select all that apply)	Email Address
Handicapped Accessibility	Hospital Affiliation and Admitting Privileges
Languages Spoken	License Number
National Provider Identifier (NPI)	Network Participation
Office Hours/Days of Operation	Patient Age/Gender Preference
Phone/Fax Number	Provider Specialty
Tax Identification Number (TIN)	Termination of Provider Participation Agreement
Update Provider Name	

Next

The progression arrow at the top of the page displays the progress of the completed form.

When making various changes for various providers, submit each person's update separately.


When making changes for organizations, updates will apply to the location entered on the General Information tab.

Select tiles pertaining to the required updates (one or more). Only select a tile if an update or change is needed for that option. De-select by clicking the tile again.

COMPLETE DETAILS FOR CHANGE OPTIONS SELECTED

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

Add details for selected updates. * Indicates a Required Field [< Back to Select Updates Page](#)
All Data Entered Will Be Saved

Name 
John Smith I

NPI
0987654321

TIN
#####6789

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

Change Effective Date
07/26/2017

Phone / Fax Number

Phone Number Type
Directory Phone Number


(888) 666-4444


[Remove](#)

Phone Number Type
Directory Phone Number

(888) 444-5555

[Remove](#)

 [Add/Delete Another Phone / Fax Number](#)

 Attachments

Enter your change details for the selected options.

Remember to provide updates when deleting the previous/old information from the record as applicable.

When adding new detail, such as an telephone number, language spoken or hospital privileges, select the “+” to provide an additional entry field.

ATTACHMENTS

Attachments

Please upload documentation to support the information entered on this form. You will be allowed to attach MS Word, MS Excel, 'jpg', 'pdf', 'gif', 'txt' or 'csv' file types. There is a combined limit of 10 MB for all attachments.

Choose File: No file chosen

Description of Attachment:

Upload File:

File Name	Size	Description
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Attach any necessary documentation to support the request (e.g., W-9 for Tax ID changes, copy of updated license for name changes, etc.)



The Attachment limit is 10MB, however, a zipped file can be attached to decrease the size if necessary.

FINAL REVIEW OF THE SUBMISSION

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

Practice Office Location
Address: 123 Ivy Drive
Address Line 2: Suite B
City: Santa Barbara
State: California
Zip Code: 93191
County: Santa Barbara

Contact Information
First Name: Jane
Last Name: Doe
Email: Doctorsoffice@aol.com
Phone Number: (888) 555-4444

Specified Change Details 

Accepting New Patients
Accepting New Patient: Yes
Minimum Age: 0
Maximum Age: 100
Gender Preference: Both

Office Hours / Days of Operation

Day: Monday	Open: 8:00 AM	Close: 5:00 PM
Day: Tuesday	Open: 8:00 AM	Close: 5:00 PM
Day: Wednesday	Open: Closed	Close: Closed
Day: Thursday	Open: 8:00 AM	Close: 5:00 PM
Day: Friday	Open: 10:00 AM	Close: 7:00 PM
Day: Saturday	Open: Closed	Close: Closed
Day: Sunday	Open: Closed	Close: Closed

Phone / Fax Number

Add/Delete: Add
Directory Phone Number: (888) 666-4444
Add/Delete: Delete
Directory Phone Number: (888) 444-5555

Attest

After completing all necessary fields, review your submission page carefully to ensure accuracy.

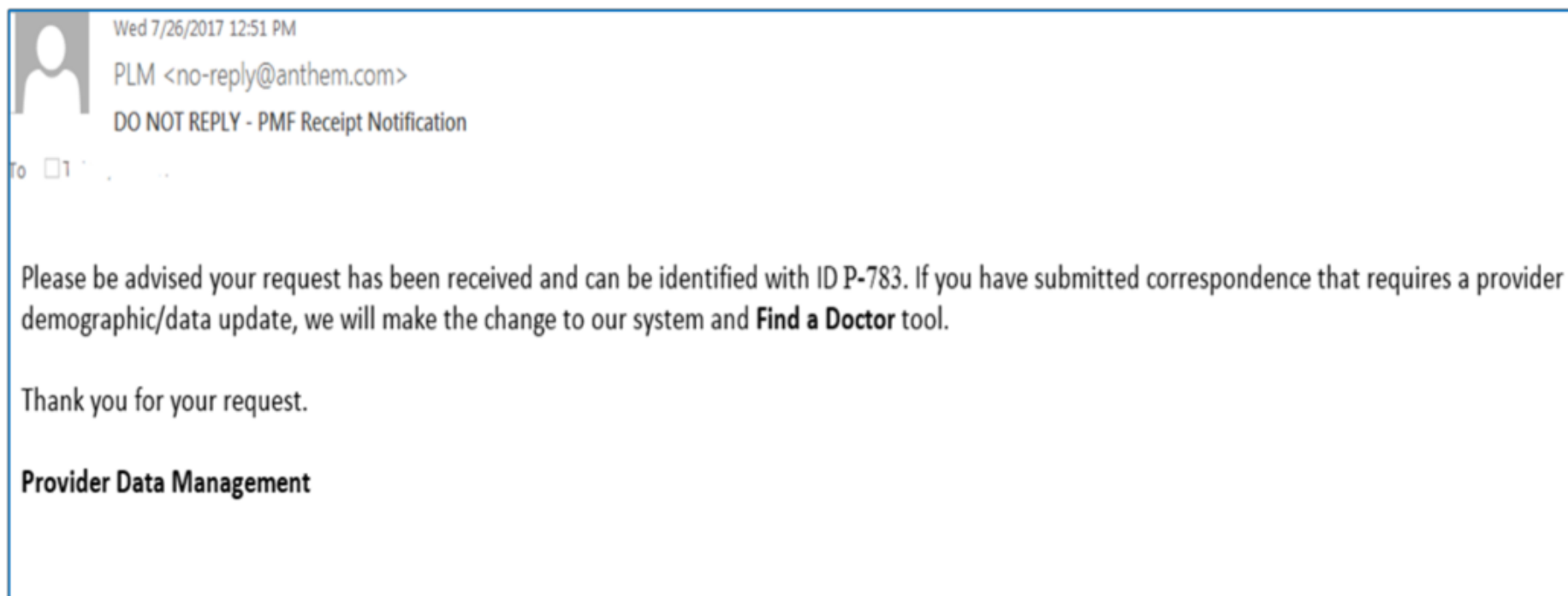
You may print this page by selecting the print icon at the top of the page.

You may edit the General Information or submission details by selecting the pencil/edit icon.

CONGRATULATIONS SUBMISSION SENT!

After submission, an email with the change request reference number (P#) will be sent to the address provided in the Contact Information on the *General Information* page.

Please make note of this reference number should there be a need to contact us regarding this request.



NOTICE OF COMPLETION

A final email message will be sent to the contact email address notifying you when the update has been completed.

Take precautions to ensure these notifications don't get caught in your SPAM/Junk email bucket.

From: Provider Datamgmt
Sent: Wednesday, August 23, 2017 4:36 PM
To: "SUBMITTER"
Subject: Case Resolved

Dear Provider:

Your request # P-783 to update the

*** Add Change Email Address**

has been processed. Please feel free to contact us again when you have additional updates to provide.

Thank you for your continued partnership to ensure the quality of your data.

Provider Data Management
Anthem Blue Cross

TROUBLESHOOTING TIPS for ONLINE PMF

When working with the Provider Maintenance Form, you may run into technical issues or questions in relation to the form itself. These quick tips will help you navigate this new platform by addressing some of the commonly asked questions about Anthem's improved PMF.

- **A blank page appears where the change tile selection page should appear**
 - Try using the Google Chrome Browser—Anthem's preferred browser for all of the web site material
 - Try accessing and completing the form from a different server or smart phone
 - Ensure your settings do not restrict pop ups or downloads from this site.
- **Cannot get to the next page, the 'Next' button is greyed out**
 - Be sure that the orange colored required fields are populated. If these required fields are not populated, the form will not allow you to proceed to the next page.
 - The field name is inside of the field. Once an entry is typed in the field name disappears. Carefully review the form to ensure each required field is populated.
 - Watch for red messages that will pop up near the field that needs attention. Though not always easy to detect, if a space is entered at the beginning of an entry, the entry will be invalid. When using "copy/paste" to populate fields, ensure the entry didn't create a space. Try typing the entry rather than using the copy/paste function.

TROUBLESHOOTING TIPS

- **A red message appears stating “*You have requested to update a record that requires supporting documentation. Please upload documents using the Attachments section above.*”**
 - There are 3 change submission types that require supporting documentation. When requesting to change or update to the below items you will need to include a W-9 to substantiate the change:
 - Organization Name
 - Organization Address—Add Location (specifically when changing the remittance address)
 - Individual/Organizational Tax-ID Changes
- **A red message appears stating “*System unavailable, please try again later*” after selecting the Submit button**
 - Do not let the form “idle” for long periods of time. Prepare to complete the form through submission after initiation.
 - Ensure the attachment or combined attachments are less than 10MB. You can zip the file(s) you would like to attach in order to decrease its overall size. The file type must also be one of these acceptable file types:
 - MS Word, MS Excel, 'jpg', 'pdf', 'gif', 'txt' or 'csv'
 - Ensure you have entered appropriate information in the appropriate fields. For example, the email address will hold up to 70 characters. Do not try to type various messages into the form fields.
 - Never use the back button on your web browser, but instead use the back button located at the bottom of the Provider Maintenance Form.

CHANGES FOR INDIVIDUAL PROVIDERS

PERSONAL PROFILE UPDATES

- **Accepting New Patients** – Request for an individual person to update their Accepting New Patients status
- **Address, Add Location** – Request to add a new location (where the provider will see patients) and/or correspondence address (where the provider will receive Anthem regular correspondence) **All REMITTANCE ADDRESS changes must be made in the Organization section. If you are moving, use organization tab. Enter the old address in the General Information page, select address terminate to indicate the date that location is no longer in use. Select address – add location to document the new location, correspondence and remittance information.**
- **Address, Terminate** – Request to remove a location from an individual provider record, as provider no longer sees patients at that address or to terminate a correspondence address. **If you are moving, use the organization tab to add the location, correspondence and remittance and to terminate the location no longer in use .**
- **Areas of Expertise (Behavioral Health Only)** – Request for behavioral health providers only to update their area of expertise (e.g., substance abuse, adolescence, marital, attention deficit disorders, eating disorders, etc.)
- **Email Address** – Request to add or delete a specific provider email address (e.g., correspondence)
- **Handicapped Accessibility** – Request to add or delete patient handicap accessibility for a specific provider

Note: change types offered may vary by state.

CHANGES FOR INDIVIDUAL PROVIDERS

PERSONAL PROFILE UPDATES

- **Hospital Affiliation and Admitting Privileges** – Request to add or change the hospitals a provider has access or permissions
- **Languages Spoken** – Request to add or delete languages spoken by provider
- **License/Certification Number** – Request to update a provider's state license or certification number
- **National Provider Identifier (NPI)** – Request to change a provider's individual NPI
- **Network Participation** – Request to add or remove a network for an individual provider. *May require new or amended Provider Agreement.*
- **Office Hours/Days of Operation** – Request to update days and hours of operation for a provider at a location
- **Patient Age/Gender Preference** – Request to update the patient age and gender preference for a provider
- **Phone/Fax Number** – Request to add and/or delete a phone or fax number for a provider (e.g., directory/remits)
- **Provider Specialty** – Request to add or update the specialty of an individual provider. *May require provider to be re-credentialed.*
- **Tax Identification Number (TIN)** – Request a change to a provider specific individual tax ID number (e.g., SS# to EIN). *Submission of a W-9 is required.*
- **Termination of Provider Participation Agreement** – Request to terminate the Anthem Provider Participation Agreement for the individual provider. *This is a request for action and not a termination notice.*
- **Update Provider Name** – Request a change in an individual provider's name.

Note: change types offered may vary by state.

CHANGES FOR ORGANIZATIONS

GROUP PRACTICE, LOCATION, OR COMPANY LEVEL PROFILE UPDATES

- **Accepting New Patients** – Request to update their accepting new patients status
- **Address - Add Location** – Request to add a new practice or company location, correspondence or remittance address to an existing contracted group practice or company. **All REMITTANCE ADDRESS changes must be made in the Organization section. If moving, enter the old address in the General Information page, select address terminate to indicate the date that location is no longer in use. Select Address –Add Location to document the new location, correspondence and remittance information.**
- **Address, Terminate** – Request to remove a location from a group practice or company, as patients will no longer be seen at that address. (Use this along with *Address -Add Location* if moving.)
- **Email Address** – Request to add or delete an email address for the group practice or company from the public provider directory
- **Handicapped Accessibility** – Request to add or delete patient handicap accessibility for a group practice or company
- **Languages Spoken** – Request to add or delete languages spoken by the staff at a location
- **National Provider Identifier (NPI)** – Request to add an additional NPI or to replace the existing type 2/group billing NPI
- **Network Participation** - Request to add or remove a network to a group practice or company. *This may require a new or amended Provider Agreement.*

Note: change types offered may vary by state.

CHANGES FOR ORGANIZATIONS

GROUP PRACTICE, LOCATION, OR COMPANY LEVEL PROFILE UPDATES

- **Office Hours/Days of Operation** – Request to add or update the hours and days of operation at a location
- **Phone/Fax Number** – Request to add and/or delete a phone or fax number for the location
- **Provider Leaving Group** – Notification when a provider leaves a group practice or company and is no longer affiliated with TIN
- **Remove Provider From Location** – Request to remove an individual provider from a single location while maintaining affiliation with other group practice or company locations
- **Roster or List Update** – Organizations that have been authorized to submit updates, adds or delete provider notification on a roster or lists
- **Tax Identification Number (TIN)** – Request to change practice or company tax id number. *This will require the submission of a W-9 and may require a new or amended Provider Agreement.*
- **Termination of *Provider Participation Agreement*** – Request to terminate the Anthem Provider Participation Agreement for the entire group practice or company. *This is a request for action and not a termination notice.*
- **Update Organization Name** – Request to change an organization name. *Requires the submission of a W-9 and may require a new or amended Provider Agreement.*
- **Web Address** – Request to add or change the web address that is presented in the online public provider directory

Note: change types offered may vary by state.