

Quick Reference Guide: Updating a Provider File

Steps:

1

Access the file in your dashboard you wish to update by clicking on the Reg ID or name listed under 'Provider'

Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID
169	Donald Trainer	Complete	Physician/Oste Individual		0000134
170	Training Clinic	Complete	CLINIC		0000122
171	Kim Trainer	Complete	Chiropractor Individual		0000135
178	Training Rural Health	Submitted	Rural Health Clinic		

2

Click the '+' symbol to expand the Enrollment Actions and click 'Begin ODM Enrollment Provider Update' to access the file

Manage Application

Enrollment Actions

+ Enrollment Action Selections:

Programs

+ Program Selections:

Self Service

+ Self Service Selections:

Enrollment Actions

- Enrollment Action Selections:

- [Begin ODM Enrollment Profile Update](#)
- [Edit Key Provider Identifiers](#)
- [Request Disenrollment](#)

3

Choose which element on the file you wish to update from the provided list and click 'Update'

Provider Update - Lets keep your information current !

Please click Update button to update your provider information. Once you have completed all your updates, you will be able to submit your changes from this screen.



Most Common Updates

- Primary Contact Information
- Primary Service Address
- Professional Licenses
- Group, Facility & Hospital Affiliations (Individual)
- Required Documents

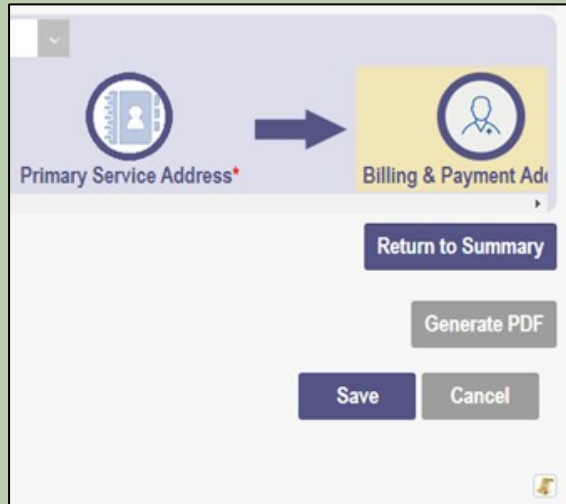
Quick Reference Guide: Updating a Provider File

Steps:

4

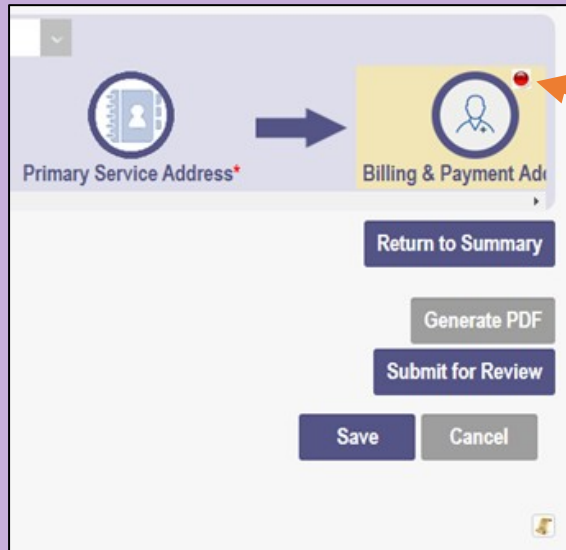
Update the file page that you selected and click 'Save' once finished

If there are other pages that need to be updated, click 'Return to Summary' and select 'Update' for that section



5

Once all pages are updated, click 'Submit for Review'



A red dot indicates that updated information has been saved on a page

6

A pop-up window display confirms which page(s) received an update. Click 'OK' to complete the submission

You have modified the following sections in your application. Click "Ok" to complete your submission. Click "Cancel" to review your application prior to submission.

Billing & Payment Address

OK

Cancel

Quick Reference Guide: Updating a Provider File

Provider Update Scenarios:

Scenario	Requires Screening	Requires Review
Change in Provider Name	Yes	Yes
Change in Ownership	Yes	Yes
Practice Location (Moderate/High Risk)	Yes	Yes
Add Initial Services (Multi-Agency)	Yes	Yes
Adding Specialties	No	Yes
Updating Affiliations	No	No
Other Address Screens	No	No
Primary Contact Information	No	No
Updates to Required Documents (W9 Form)	No	No
Professional Licenses (In State)	No (automatic call with e-license)	No
Professional Licenses (Out of State)	Yes	Yes
Taxonomies	No	No
Medicare Number	No	No
Board Certifications	No	No
MCP Affiliation (Interest)	No	No
DEA/CDS	No	No
Work History	No	No
Education and Training	No	No
Credentialing Contact	No	No
Malpractice Claims History	No	No
CLIA Certifications	No	No
Provider Agreement	No	No
DME Information	No	No