

# Provider Portal – Update Provider Profile and Upload Documents

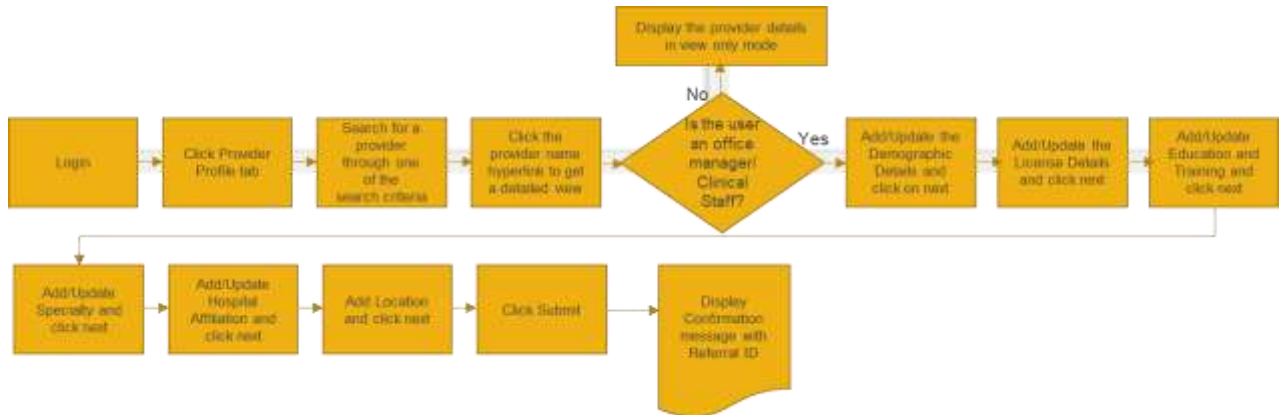
Quick Reference Guide (QRG)



# Provider Portal – Update Provider Profile and Upload Documents


This Quick Reference Guide (QRG) will provide an overview of how users with the Administrator/Office Manager role can request updates to a Provider's Profile in the provider portal.

**Note:** The information in the Provider Profile section is the participation information that appears in our provider directories and is part of our credentialing file for the participating provider. This is not the portal user's information. It is critical for this information to be kept current.



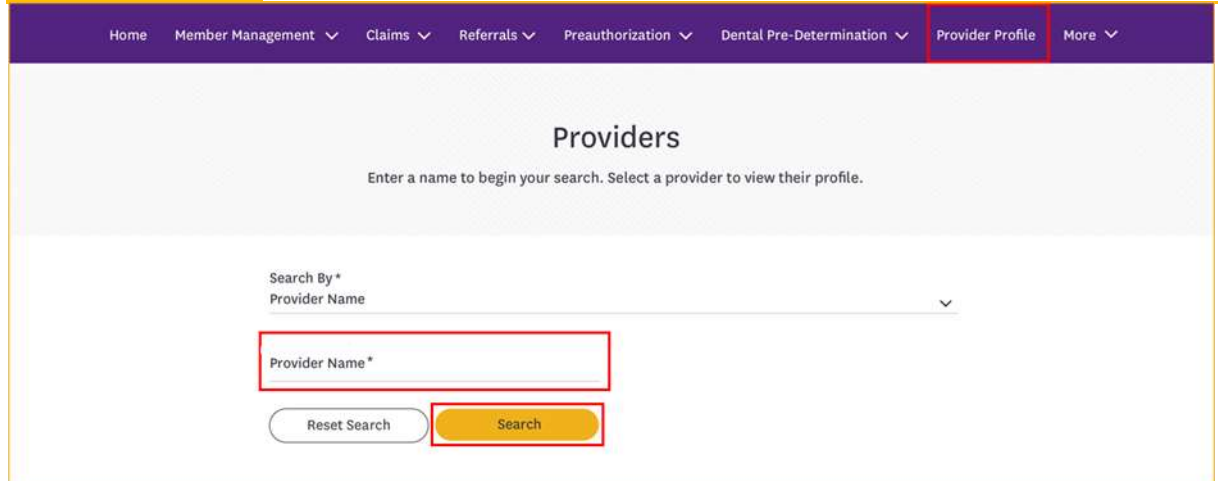
Let us look at the steps in detail to update the provider profile and upload documents.

**Purpose: To Update the Provider Profile and Upload Documents**



**Step 1:**

1. From the Provider portal home page, select **Provider Profile**.
2. Enter the name of a provider you are affiliated with in the **Provider Name** field.
3. Click **Search**. If you are not authorized to see the provider's information, an error message will be returned.  
**Note:** Wildcard search is based on the first two characters to the last character of the first value entered in the field. Wildcard search does not consider the characters entered after a space.



# Provider Portal – Update Provider Profile and Upload Documents



## Step 2:

1. The search results display.
2. Click the specific Provider Name to view the provider profile.  
**Note:** User can use the **Filter By** option to filter any of the data elements/values in the columns of **Provider Name**, **NPI** or **Provider Type**.

Provider Name	NPI	Provider Type
Abraham, Adam	1079713960	Practitioner
Ackerman, Adam	1866622233	Practitioner
Adam, Amer	1872223344	Practitioner
Adam Diana	1432445443	Practitioner
Adam, Emile	1543223433	Practitioner
Adam Lindsay	1433432235	Practitioner
Adam, George	1532998463	Practitioner
Adam, Ian	1328857648	Practitioner
Adam, Richard	1443299564	Practitioner



## Step 3:

1. The **Provider Profile Details** screen displays.
2. Click **Update** to update the provider profile details.  
**Note:** Only the Office Manager/ Clinical staff will be able to access any of the edit sections of the provider profile. If you update any of these sections — (Location, Specialty, Education & Training, and License), you will be required to upload the relevant supporting documents.

**Provider Profile Details**

If you update any of the sections below, you may be required to provide supporting documentation.  
To make changes to provider information, click Update. To make changes to a location, click View/Edit next to the location name.

[Update](#) [Ask a Question](#)

- > Demographics
- > Licenses
- > Education & Training
- > Specialty
- > Hospital Affiliations



## 1. Update Demographic Information



### Step 4:

1. The **Demographic Information** screen displays.
2. Click **Cancel** to navigate back to the **Provider Profile Details** screen.



### Step 5:

1. The **Alert** dialog box displays.
2. Click **Yes** if you want to cancel updating the Demographic Information.  
**Note:** You will lose all the information you just entered if you select **Yes**. Click **No** to continue with the update.



## Step 6:

1. Select the following from the drop-down: **Religion, Culture, Ethnicity, and Race.**
2. Click **Next** after you update the demographic information.

PROVIDER PROFILE

### Demographic Information

Profile changes will need to be reviewed and approved before they are reflected here.

Religion Baptists	Culture Christian Science Protestant
Ethnicity Tegulu	Race Asian

Next

Cancel

## 2. Update Licenses



## Step 7:

1. The **Licenses** screen displays.
2. Click **Cancel** to navigate back to the **Provider Profile Details** screen.
3. Click **Next** or **Previous** to navigate to the next or previous screens.
4. Click **Edit/Delete** to edit or delete the newly created records. To edit or delete the existing records, you must contact the Provider Services.
5. Click **Add Licenses** to add any additional license.

PROVIDER PROFILE

### Licenses

Profile changes will need to be reviewed and approved before they are reflected here.

License Type	License Number	State	Status	Issue Date	Expiration Date	Action
Federal DEA License	MA0009604	Connecticut	Active	02/20/2020	02/20/2025	Edit Delete

Add Licenses

Previous Next

Cancel



## Step 8:

1. If you click **Cancel** in the **Licenses** screen, the **Warning** dialog box displays.
2. Click **Yes** if you want to cancel.  
**Note:** You will lose all the information you just entered if you select **Yes**. Click **No** to continue with the update.

License Type	License Number	State	Status	Issue Date	Expiration Date	Action
Federal Dea License	MA0009604	Connecticut	Active	02/20/2020	02/20/2025	Edit Delete



## Step 9:

1. If you click **Edit/Delete** in the **Licenses** screen, the **Warning** dialog box displays.  
**Note:** If the record already exists in the portal, you may not be able to edit/delete it and will need to contact the Provider Services.
2. Click **OK** to go back to the Licenses screen.

License Type	License Number	State	Status	Issue Date	Expiration Date	Action
Federal Dea License	MA0009604	Connecticut	Active	02/20/2020	02/20/2025	Edit Delete



## Step 10:

1. If you click **Add Licenses** in the **Licenses** screen, the **License Information** dialog box displays.
2. Add all the required fields to add the new license details.
3. Upload the necessary attachments.

License Information

License Type \* License Number \*

State Connecticut Status

Issue Date Expiration Date

**Attachments**

1. Allowed file types to attach .csv, .svg, .jpg, .png, .doc, .docx, .xls, .xlsx, .gif, .txt, .tiff, .bmp, .pptx, .ppt
2. File limit of 4mb of each attachment
3. Maximum 5 attachments

**File Name**

Attachment License.jpg (1.2 MB) Upload



## Step 11:

1. If the attachment upload is successful, the message **Congratulations! Your File has been uploaded** displays on the screen.

**Attachments**

1. Allowed file types to attach .csv, .svg, .jpg, .png, .doc, .docx, .xls, .xlsx, .gif, .txt, .tiff, .bmp, .pptx, .ppt
2. File limit of 4mb of each attachment
3. Maximum 5 attachments

**File Name**

License.jpg

Attachment Upload

Congratulation! Your File has been uploaded.

Cancel Save



## Step 12:

1. If the file name of the attachment matches with the previously uploaded document, the message **Attachment with same already available** displays.

The screenshot shows a form with the following fields: State (Connecticut), Status (Active), Issue Date (01/25/2017), and Expiration Date (12/01/2020). Below these are the 'Attachments' rules: 1. Allowed file types to attach (.csv, .svg, .jpg, .png, .doc, .docx, .xls, .xlsx, .gif, .txt, .tiff, .bmp, .pptx, .ppt), 2. File limit of 4mb of each attachment, and 3. Maximum 5 attachments. The 'File Name' field contains 'License.jpg'. The 'Attachment' field shows 'License.jpg ( 1.2 MB )'. A red-bordered box displays the error message: 'Attachment with same already available'. 'Upload', 'Cancel', and 'Save' buttons are visible.



## Step 13:

1. If the attachment uploaded is not in the correct format, an error message displays on the screen.

The screenshot shows the same form as in Step 12, but the 'Attachment' field now shows 'License.dat ( 1.2 MB )'. A red-bordered box displays the error message: 'Error: Please use one of these supported formats: .pdf, .csv, .svg, .jpg, .png, .doc, .docx, .xls, .xlsx, .gif, .txt, .tiff, .bmp, .pptx, .ppt'. 'Upload', 'Cancel', and 'Save' buttons are visible.





## Step 14:

1. After you fill all the required fields and upload the required attachments, click **Save** to continue.

License Type \*  
State medical License

License Number \*  
G37983652

State  
Connecticut

Status  
Active

Issue Date  
01/25/2017

Expiration Date  
12/01/2020

**Attachments**

1. Allowed file types to attach .csv, .svg, .jpg, .png, .doc, .docx, .xls, .xlsx, .gif, .txt, .tiff, .bmp, .pptx, .ppt  
2. File limit of 4mb of each attachment  
3. Maximum 5 attachments

**File Name**  
test.xlsx

Attachment

Upload

Cancel Save



## Step 15:

1. You can also edit or delete the newly created Licenses records by clicking **Edit** or **Delete** from the drop-down.

PROVIDER PROFILE

### Licenses

Profile changes will need to be reviewed and approved before they are reflected here.

License Type	License Number	State	Status	Issue Date	Expiration Date	Action
State Medical License	G37983652	Connecticut	Active	01/25/2017	02/20/2020	Edit Delete
Federal Dea License	MA0009604	Connecticut	Active	02/20/2020	02/20/2025	

Add Licenses

Previous Next



## Step 16:

1. If you click **Edit/Delete** for the records just created, the **Confirm** dialog box displays.
2. Select **OK** if you wish to delete the record or **Cancel** to go back to the previous screen.

The screenshot shows a navigation menu at the top with options: Home, Member Management, Claims, Referrals, Preauthorization, Dental Pre-Determination, Provider Profile, and More. A 'Confirm' dialog box is centered on the screen, asking: 'Are you sure that you want to permanently delete the selected item.' Below the dialog is a table of licenses:

License Type	License Number	State	Status	Issue Date	Expiration Date	Action
State Medical License	G27982603	Connecticut	Active	01/26/2017	01/20/2020	Edit
Federal DEA License	MA2009604	Connecticut	Active	02/20/2020	02/20/2025	Delete

Buttons for 'Cancel' and 'OK' are visible in the dialog box. An 'Add Licenses' button is located below the table.

## 3. Update Education and Training



## Step 17:

1. The **Education and Training** screen displays.
2. Click **Cancel** to navigate back to the **Provider Profile Details** screen.
3. Click **Next** or **Previous** to navigate to the next or previous screens.
4. Click **Edit/Delete** to edit or delete the newly created records. To edit or delete the existing records, you must contact the Provider Services.
5. Click **Add Education and Training** to add the additional details.

The screenshot shows the 'PROVIDER PROFILE' section titled 'Education and Training'. A note states: 'Profile changes will need to be reviewed and approved before they are reflected here.' Below this is a table of education records:

Category	Education Type	Institution Type	Start Date	End Date	Institution Name	Degree	Area of Study	Action
Education	University	US or Canadian	10/15/2010	10/31/2012	Yale School of Medicine	Master in Science	Internal Medicine	Edit Delete

Buttons for 'Add Education and Training', 'Previous', 'Next', and 'Cancel' are visible on the screen.



## Step 18:

1. If you click **Cancel** in the **Education and Training** screen, a **Warning** dialog box displays.
2. Click **Yes** if you want to cancel.  
**Note:** You will lose all the information you just entered if you select **Yes**. Click **No** to continue with the update.

Category	Education Type	Institution Type	Start Date	End Date	Institution Name	Degree	Area of Study	Action
Education	University	US or Canadian	10/15/2010	10/31/2012	Yale School of Medicine	Master in Science	Internal Medicine	Edit Delete



## Step 19:

1. If you click **Edit/Delete** in the **Education and Training** screen, the **Warning** dialog box displays.
2. If the record already exists in the portal, you may not be able to edit or delete it and need to contact the Provider Services.
3. Click **OK** to go back to the **Education and Training** screen.

Category	Education Type	Institution Type	Start Date	End Date	Institution Name	Degree	Area of Study	Action
Education	University	US or Canadian	10/15/2010	10/31/2012	Yale School of Medicine	Master in Science	Internal Medicine	Edit Delete



## Step 20:

1. If you click **Add Education and Training**, **Education and Training Information** dialog box displays.
2. Enter the required fields.
3. Click **Institution Name** to select the Institution Name.

Education and Training Information

Category \*  
Residency

Education Type  
Medical School

Institution Type \*  
US or Canadian

Start Date  
01/01/2013

End Date  
01/03/2017

Q Institution Name \*

Degree \*  
Area of Study \*

Address Line 1  
Address Line 2



## Step 21:

1. The **Institution Information** dialog box displays.
2. Enter the required **Institution Name**.
3. Click **Search**.
4. Select the appropriate Institute from the search results.
5. Click **Save** to continue.

Institution Information

Institution Name \*  
Yale Medical School

Reset Search Search

Filter By

Institution Names	Address
Yale Medical School	333 Cedar St, New Haven, CT 06510

Total Records: 1 Showing 1 - 1

Cancel Save



## Step 22:

1. The selected **Institution Name** appears.
2. Enter the other required details.
3. Upload the necessary documents.

Institution Name \*  
Yale Medical School

Degree  
Doctor of Medicine

Area of Study  
Cardiology

Address Line 1  
000 Cedar St

Address Line 2

City  
New Haven

State  
Connecticut

Zip Code  
06510

Attachments

1. Allowed file types to attach .csv, .svg, .jpg, .png, .doc, .docx, .xls, .xlsx, .gif, .txt, .tiff, .bmp, .pptx, .ppt
2. File limit of 4mb of each attachment
3. Maximum 5 attachments

File Name

Attachment  
License.jpg (1.2 MB)

Upload



## Step 23:

1. If the attachment upload is successful, the message **Congratulations! Your File has been uploaded** displays on the screen.
2. Click **Save**

Zip Code  
06510

Email

Attachments

1. Allowed file types to attach .csv, .svg, .jpg, .png, .doc, .docx, .xls, .xlsx, .gif, .txt, .tiff, .bmp, .pptx, .ppt
2. File limit of 4mb of each attachment
3. Maximum 5 attachments

File Name  
License.jpg

Attachment

Upload

Congratulation! Your File has been uploaded.

Cancel

Save



## Step 24:

1. If the file name of the attachment matches with the earlier uploaded document, the message **Attachment with same already available** displays on the screen.

06510 Email

**Attachments**

1. Allowed file types to attach .csv, .svg, .jpg, .png, .doc, .docx, .xls, .xlsx, .gif, .txt, .tiff, .bmp, .pptx, .ppt
2. File limit of 4mb of each attachment
3. Maximum 5 attachments

**File Name**  
License.jpg

Attachment

**Attachment with same already available**



## Step 25:

1. If the attachment uploaded is not in the correct format, an error message displays on the screen.

**Attachments**

1. Allowed file types to attach .csv, .svg, .jpg, .png, .doc, .docx, .xls, .xlsx, .gif, .txt, .tiff, .bmp, .pptx, .ppt
2. File limit of 4mb of each attachment
3. Maximum 5 attachments

**File Name**  
License.jpg

Attachment

**Error: Please use one of these supported formats: pdf, .csv, .svg, .jpg, .png, .doc, .docx, xls, .xlsx, .gif, .txt, .tiff, .bmp, .pptx, .ppt.**



## Step 26:

1. You can **Edit** or **Delete** the newly created records.

**PROVIDER PROFILE**  
**Education and Training**

Profile changes will need to be reviewed and approved before they are reflected here.

Category	Education Type	Institution Type	Start Date	End Date	Institution Name	Degree	Area of Study	Action
Residency	Medical School	US or Canadian	01/01/2013	01/03/2017	Yale School of Medicine	Doctor of Medicine	Cardiology	<a href="#">Edit</a> <a href="#">Delete</a>
Education	University	US or Canadian	10/15/2010	10/31/2012	Yale School of Medicine	Master in Science	Internal Medicine	

[Add Education and Training](#)

[Previous](#)
[Next](#)



## Step 27:

1. If you click **Edit/Delete**, the **Confirm** dialog box displays.
2. Select **OK** to delete record or **Cancel** to go back to the previous screen.

**Confirm**

Are you sure that you want to permanently delete the selected item?

[Cancel](#)
[OK](#)

Category	Education Type	Institution Type	Start Date	End Date	Institution Name	Degree	Area of Study	Action
Residency	Medical School	US or Canadian	01/01/2013	01/03/2017	Yale School of Medicine	Doctor of Medicine	Cardiology	<a href="#">Edit</a> <a href="#">Delete</a>
Education	University	US or Canadian	10/15/2010	10/31/2012	Yale School of Medicine	Master in Science	Internal Medicine	

[Add Education and Training](#)



## 4. Update Specialty



### Step 28:

1. The **Specialty** screen displays.
2. Click **Cancel** to navigate back to the **Provider Profile Details** screen.
3. Click **Next** or **Previous** to navigate to the next or previous screens.
6. Click **Edit/Delete** to edit or delete the newly created records. To edit or delete the existing records, you must contact the Provider Services.
4. Click **Add Specialty** to add additional details.

PROVIDER PROFILE  
**Specialty**  
Profile changes will need to be reviewed and approved before they are reflected here.

Specialty Type	Specialty	Board Certified	Board Name	Initial Certified Date	Expiry Date	Re-certification Date	Suppress Specialty from Directory	Action
Secondary	Internal Medicine	Yes	American Board of Internal Medicine	10/31/2012	01/03/2022		Yes	<input type="button" value="Edit"/> <input type="button" value="Delete"/>



### Step 29:

1. If you click **Cancel** in the **Specialty** screen, a **Warning** dialog box displays.
2. Click **Yes** if you want to cancel.  
**Note:** You will lose all the information you just entered if you select **Yes**. Click **No** to continue with the update.

**Warning**

Are you sure you want to cancel? If you click yes, you will lose all the information you have just entered.

Specialty Type	Specialty	Board Certified	Board Name	Initial Certified Date	Expiry Date	Re-certification Date	Suppress Specialty from Directory	Action
Secondary	Internal Medicine	Yes	American Board of Internal Medicine	10/31/2012	01/03/2022		Yes	<input type="button" value="Add Specialty"/> <input type="button" value="Edit"/> <input type="button" value="Delete"/>





## Step 30:

1. If you click **Edit/Delete** in the **Specialty** screen, the **Warning** dialog box displays.
2. If the record already exists in the portal, you may not be able to edit or delete it and will need to contact the Provider Services.
3. Click **OK** to go back to the **Specialty** screen.

The screenshot shows a 'Warning' dialog box with a yellow exclamation mark icon. The text inside the dialog box reads: "You may only edit the record you just created. To make changes to any other record, please contact Provider Services." Below the text is a yellow 'OK' button. In the background, a table lists specialty information:

Specialty Type	Specialty	Board Certified	Board Name	Initial Certified Date	Expiry Date	Re-certification Date	Suppress Specialty from Directory	Action
Secondary	Internal Medicine	Yes	American Board of Internal Medicine	10/31/2012	10/05/2022		Yes	Edit Delete

Below the table is an 'Add Specialty' button.



## Step 31:

1. If you click **Specialty Information** in the **Specialty** screen, the **Specialty Information** dialog box displays.
2. Add all the required fields to add the new specialty details.
3. Upload the necessary documents.

The screenshot shows the 'Specialty Information' dialog box. It contains several form fields:

- Specialty Type \* (dropdown)
- Specialty \* (dropdown)
- Board Certified (dropdown)
- Board Name \* (dropdown)
- Initial Certification Date \* (text input)
- Expiry Date (text input)
- Re-certification Date (text input)
- Suppress Specialty from Directory \* (dropdown)

Below these fields is an 'Attachments' section with the following instructions:

1. Allowed file types to attach .csv, .svg, .jpg, .png, .doc, .docx, .xls, .xlsx, .gif, .avi, .tif, .bmp, .pptx, .ppt
2. File limit of 4mb of each attachment
3. Maximum 5 attachments

There is a 'File Name' label and a text input field containing 'Attachment'. To the right of the input field is an 'Upload' button with a paper plane icon.



## Step 32:

1. If the attachment upload is successful, the message **Congratulations! Your File has been uploaded** displays on the screen.

The screenshot shows a form for updating a provider's profile. The 'Attachments' section is active, and a confirmation message is displayed in a red-bordered box: "Congratulation! Your File has been uploaded." The form includes fields for 'Initial Certification Date' (02/01/2018), 'Expiry Date' (01/03/2022), 'Re-certification Date', and 'Suppress Specialty from Directory' (No). The 'File Name' is 'License.jpg'. The 'Attachment' field is empty, and the 'Upload' button is visible. The 'Save' button is highlighted in yellow.



## Step 33:

1. If the file name of the attachment matches with the previously uploaded file, the message **Attachment with same already available** message displays on the screen.

The screenshot shows the same form as in Step 32. The 'Attachment' field now contains the text 'License.jpg (1.2 MB)'. A red-bordered error message is displayed: "Attachment with same already available". The 'Upload' button is visible, and the 'Save' button is highlighted in yellow.



## Step 34:

1. If the attachment uploaded is not in the correct format, an error message displays on the screen.

Second

Re-certification Date  Suppress Specialty from Directory \* No

**Attachments**

1. Allowed file types to attach .csv, .svg, .jpg, .png, .doc, .docx, .xls, .xlsx, .gif, .txt, .tif, .bmp, .pptx, .ppt
2. File limit of 4mb of each attachment
3. Maximum 5 attachments

File Name  
License.jpg

Attachment  Upload

License.jpg ( 1.2 MB )

Error: Please use one of these supported formats: pdf, csv, svg, jpg, png, doc, docx, xls, xlsx, gif, txt, tif, bmp, pptx, ppt.

Cancel Save

Edit  
Delete



## Step 35:

1. After you fill all the required fields and upload the required attachments, click **Save** to continue.

Specialty Information

Specialty Type \* Primary  Specialty \* Cardiology

Board Certified \* Yes  Board Name \* American Board of Internal Medicine

Initial Certification Date \* 09/01/2018 Expiry Date 01/03/2022

Re-certification Date  Suppress Specialty from Directory \* No

**Attachments**

1. Allowed file types to attach .csv, .svg, .jpg, .png, .doc, .docx, .xls, .xlsx, .gif, .txt, .tif, .bmp, .pptx, .ppt
2. File limit of 4mb of each attachment
3. Maximum 5 attachments

File Name

Attachment  Upload

License.jpg ( 1.2 MB )

Cancel Save

Specialty Type  
secondary

Specialty Action  
Edit  
Delete



## Step 36:

1. You can edit or delete the newly created records by clicking **Edit/Delete**.

**PROVIDER PROFILE**  
**Specialty**

Profile changes will need to be reviewed and approved before they are reflected here.

Specialty Type	Specialty	Board Certified	Board Name	Initial Certified Date	Expiry Date	Re-certification Date	Suppress Specialty from Directory	Action
Primary	Cardiology	Yes	American Board of Urology	02/01/2018	01/03/2022		No	<div style="border: 1px solid red; padding: 2px;">                     Edit Delete                 </div>
Secondary	Internal Medicine	Yes	10/13/2010	10/31/2012	01/03/2022	Yes		

Add Specialty

Previous Next

Cancel



## Step 37:

1. If you click **Edit/Delete**, the **Confirm** dialog box displays.
2. Select **OK** if you wish to delete the record or **Cancel** to go back to the previous screen.

**Confirm**

Are you sure that you want to permanently delete the selected item?

Cancel Ok

Profile changes will need to be reviewed and approved before they are reflected here.

Specialty Type	Specialty	Board Certified	Board Name	Initial Certified Date	Expiry Date	Re-certification Date	Suppress Specialty from Directory	Action
Primary	Cardiology	Yes	American Board of Urology	02/01/2018	01/03/2022		No	<div style="border: 1px solid gray; padding: 2px;">                     Edit Delete                 </div>
Secondary	Internal Medicine	Yes	10/13/2010	10/31/2012	01/03/2022	Yes		

Add Specialty



## 5. Update Hospital Affiliation



### Step 38:

1. The **Hospital Affiliation** screen displays.
2. Click **Cancel** to navigate back to the **Provider Profile Details** screen.
3. Click **Previous** to navigate to the previous screen.
7. Click **Edit/Delete** to edit or delete the newly created records. To edit or delete the existing records, you must contact the Provider Services.
4. Click **Add Hospital Affiliation** to add the additional details.

The screenshot shows the 'Hospital Affiliation' screen under the 'PROVIDER PROFILE' header. Below the header, it says 'Profile changes will need to be reviewed and approved before they are reflected here.' There is a table with the following data:

Hospital Name	Type	Position	Admitting Privilege	Action
Yale New Haven Hospital	Primary Admitting Hospital	Active/Attending	Yes	<a href="#">Edit</a> <a href="#">Delete</a>

Below the table, there are several buttons: 'Add Hospital Affiliation' (highlighted with a red box), 'Previous' (highlighted with a red box), 'Next' (highlighted with a red box), and 'Cancel' (highlighted with a red box).



### Step 39:

1. If you click **Edit** or **Add Hospital Affiliation**, the **Hospital Affiliation Information** dialog box displays.
2. Click the **Hospital Name** to search and select the institute information.

The screenshot shows the 'Hospital Affiliation Information' dialog box. It contains the following fields:

- Q Hospital Name \*
- Type \*
- Position \*
- Admitting Privilege \*
- Address Line 1
- Address Line 2
- City
- State
- Zip Code
- Country
- Phone
- Email
- Fax

At the bottom of the dialog box, there are 'Cancel' and 'Save' buttons.



## Step 40:

1. The **Hospital Information** dialog box displays.
2. Enter the required **Hospital Name**.
3. Click **Search**.
4. Select the hospital name from the search results.
5. Click **Save** to continue.

Hospital Name \*

Yale New Haven Hospital

Reset Search Search

Filter By

Institution Names	Address
Yale New Haven Hospital	30 York St, New Haven, CT 06510
Yale New Haven Hospital	30 York St, New Haven, CT 06520

Total Records: 2 < Showing 1 - 2 >

Cancel Save



## Step 41:

1. Enter the other required details in the **Hospital Affiliation Information** dialog box.
2. Click **Save** to continue.

Hospital Affiliation Information

Hospital Name \*

Yale Medical School

Type \* Primary Admitting Hospital Position \* Active/Attending

Admitting Privilege \* Yes

Address Line 1: 30 York St Address Line 2:

City: New Haven State: Connecticut

Zip Code: 06510 Country:

Phone: Email:

Fax:

Cancel Save



## Step 42:

1. Click **Edit/Delete** to edit or delete the newly created records.
2. Click **Next** to go the Confirmation screen.

PROVIDER PROFILE

### Hospital Affiliation

Profile changes will need to be reviewed and approved before they are reflected here.

Hospital Name	Type	Position	Admitting Privilege	Action
Yale New Haven Hospital	Primary Admitting Hospital	Active/Attending	Yes	<a href="#">Edit</a> <a href="#">Delete</a>

[Add Hospital Affiliation](#)

[Previous](#) [Next](#)

[Cancel](#)



## Step 43:

1. If the updates submitted are successful, the **Confirmation** screen displays.
2. Click **Done** to go back to the **Provider Profile** screen.

### Confirmation

Your updates have been submitted.

It may take up to 16 business days to see it in the Provider Profile tab.

Updates, such as changes to your licensing, specialty or education, require verification by our Credentialing department and may take several weeks to appear.

If you have questions, you may go to Provider profile details page and click on "Ask a Question" button.

[Done](#)



## Step 44:

1. If updates are not successful, **Oops! Your changes could not be submitted at this time** message displays with a **Reference error code**.
2. Click **Done** to go back to the **Provider Profile** screen.

Oops! Your changes could not be submitted at this time.

Please contact Provider Services:

For Commercial members, call 860-674-5850 or 800-828-3407, from 8am to 6pm, Monday - Friday

For Medicare Members, call 877-224-8230, from 8am to 6pm, Monday - Friday.

Reference error code: xxxx

Done

## 6. Update Location



## Step 45:

1. The **Provider Profile Details** screen displays.
2. To make changes to a location, click **View/Edit** next to the location name.
3. Click **Add Location** to add more details.

> Licenses

> Education & Training

> Specialty

> Hospital Affiliations

▼ Locations

Add Location

Location Name ↑	Location Type	Address
<a href="#">View/Edit</a> NY-Presbyterian Brooklyn Methodist Hospital	Direct	506 6th St, Brooklyn, NY 11215

Total Records: 1

< Showing 1 - 1 >





## Step 46:

1. If you do not have access to update location details, an **Alert** dialog box displays.
2. Click **OK** to go back to the **Provider Profile Details** tab.

The screenshot shows the 'Provider Profile Details' page. A purple alert dialog box is overlaid on the page. The alert has a yellow warning icon and the text: 'You do not have access to update this provider profile.' Below the text is a yellow 'OK' button. The background page is dimmed and shows sections for Licenses, Education & Training, Speciality, and Hospital Affiliations. A 'Ask a Question' button is also visible.



## Step 47:

1. Click **View Participating Plans** to view Participating Plans at the location level.

The screenshot shows the 'Location Information' page. At the top is a navigation bar with links: Home, Member Management, Claims, Referrals, Preauthorization, Dental Pre-Determination, Provider Profile, and More. The main heading is 'Location Information'. Below the heading are two buttons: 'View Participating Plans' (highlighted with a red box) and 'Edit Location'. Underneath, there are two expandable sections: 'Locations' and 'Address Information'. The 'Locations' section shows a table with columns for 'Location Name' and 'Location Type', with one entry: Hartford Hospital, Direct. The 'Address Information' section shows 'Service Address' and 'Correspondence Address', both listing 282 Washington St, Hartford, CT, 06106.

Location Name	Location Type
Hartford Hospital	Direct

Service Address	Correspondence Address
282 Washington St, Hartford, CT, 06106	282 Washington St, Hartford, CT, 06106



### Step 48:

1. **Participating Plans Information** dialog box displays.

The screenshot shows the 'Participating Plans Information' dialog box overlaid on the 'Location Information' page. The dialog has a search bar with a 'Filter By' label and a search icon. Below the search bar is a list of participating plans. A tooltip above the search bar indicates 'Enter at least 3 characters to find.' The list includes:

- Choice HMO 30/45 \$3000Ded CNT 06
- Choice HMO 30/45 \$3000Ded CNT 07
- Choice HMO 30/45 \$5000Ded CNT 06
- Choice HMO 30/45 \$5000Ded CNT 07
- Choice HMO HSA \$3000/\$6000Ded CNT 06
- Choice HMO-0A-CAL-30-45-500-5000-26
- Choice HMO-0A-CAL-30-45-500-5000-29
- Choice HMO-0A-CNT-30-45-1500HospDed-38
- Choice HMO-0A-CNT-30-45-300-5000-01
- Choice HMO-0A-CNT-30-45-500-5000-16
- ConnectCare Choice Plan B Saver (HMO)
- ConnectCare Choice Plan 1 (HMO)
- ConnectCare Choice Plan 2 (HMO)
- ConnectCare Choice Plan 3 (HMO)
- ConnectCare Employer Group Plan (HMO)
- ConnectCare Employer Group Plan (HMO-POS)
- ConnectCare Flex Plan 1 (HMO-POS)
- ConnectCare Flex Plan 2 (HMO-POS)
- ConnectCare Flex Plan 3 (HMO-POS)
- Data Migration Product

A 'Close' button is located at the bottom center of the dialog. The background page shows a navigation menu with items like 'Home', 'Member Management', 'Claims', 'Referrals', 'Presauthorization', 'Dental Pre-Determination', 'Provider Profile', and 'More'. The main content area is titled 'Location Information'.



## Step 49:

1. Click **Edit Location** to edit the location details.  
**Note:** You will not be able to edit a location with the **Location Type** which shows **Delegated**. The **Edit Location** button will be disabled for locations which fall under delegated credentialing arrangements.

Home Member Management ▾ Claims ▾ Referrals ▾ Preauthorization ▾ Dental Pre-Determination ▾ Provider Profile More ▾

### Location Information

[View Participating Plans](#)
[Edit Location](#)

▾ Locations

Location Name	Location Type
Hartford Hospital	Direct

---

▾ Address Information

Service Address	Correspondence Address
282 Washington St, Hartford, CT, 06106	282 Washington St, Hartford, CT, 06106



## Step 50:

1. Edit the required fields and scroll down to view more fields.

▾ Contact Information

Address Type	Contact Type	Contact Value	Is Preferred
Service Address	WorkPhone1	(847)123-4567	Yes
Correspondence Address	WorkPhone1	(847)456-7890	No

---

▾ Additional Details

<b>Open Panel</b> Yes	<b>Directory Suppress</b> No	<b>Specialty</b> Cardiology	<b>Minimum Age</b> 18
<b>Maximum Age</b> 999	<b>Phone Coverage Type</b> In Person	<b>24 hours/7 Day week phone coverage</b> Yes	<b>Access Type</b> Wheelchair, Handicap
<b>Languages</b> Punjabi, Urdu, Spanish			

---

▾ Practice Hours ⓘ



## Step 51:

1. After you have updated the fields, click **Close** to go back to the previous screen.

Practice Hours ⓘ

	Shift 1 Start	Shift 1 End	Shift 2 Start	Shift 2 End	Shift 3 Start	Shift 3 End	Shift 4 Start	Shift 4 End
Monday	8:00 AM	11:00 AM	2:00 PM	5:00 PM				
Tuesday	8:00 AM	11:00 AM	2:00 PM	5:00 PM				
Wednesday	8:00 AM	11:00 AM	2:00 PM	5:00 PM				
Thursday					6:00 PM	10:00 pm		
Friday					6:00 PM	10:00 AM		

[Close](#)



## Step 52:

1. Click **Add Location** to add location details.

Locations

[Add Location](#)

Location Name	Location Type	Address
No records found.		

EmblemHealth

[Home](#) [Provider Management](#) [Referrals](#) [Prescriptions](#) [Claims](#) [User Management](#) [Provider Profile](#) [Message Center](#) [CR Notifications](#) [Send My Referrals](#) [Resources](#) [My EmblemHealth](#) [How and Update](#) [Work with us](#) [Helpdesk/Case](#) [Blog](#) [Contact Us](#) [Locations](#)



## Step 53:

1. The **Location Information** screen displays.
2. You can enter the required details in the fields on this screen.  
**Note:** Tax ID is a mandatory field.
3. Scroll down to add more details.

**PROVIDER PROFILE**  
**Location Information**

Profile changes will need to be reviewed and approved before they are reflected here.

Location Name	Location Type Clinic
Tax ID*	Print Directory Support No
Print Directory Support Reason	Maximum Age
Maximum Age	Work Coverage Type
24 Hour/7 Day & After-Phone coverage	Service Gender
Account Type	Specialty
<input type="checkbox"/> Adult Transportation <input type="checkbox"/> 24x7 Service	<input type="checkbox"/> Pediatrics <input type="checkbox"/> Pediatric Rheumatology



## Step 54:

1. Enter the **Service Address** details.

Language

english  
 spanish

**Service Address**

Address Line 1 *	Address Line 2
State *	Country *
City *	Zip *

Correspondence Address same as Service Address?

Yes  No

**Correspondence Address**



**Step 55:**

- 1. Enter the **Correspondence Address** details if the Correspondence address is not the same as Service address.



**Step 56:**

- 1. Click **Add Contact Information** to add your contact details.



## Step 57:

1. The **Add Contact Information** dialog box displays.
2. Enter the **Address Type**, **Contact Type**, **Contact value** based on the Contact Type selected, and the contact preference in the **IS Preferred** field.

**Note:** An error message appears if the email address and contact details are not in the correct format.



## Step 58:

1. You can edit the newly added record by clicking **Edit** or delete the record by clicking **Delete**.



## Step 59:

1. Enter the doctor's shift details in the **Practice Hours** section.  
**Note:** Enter the Clinician's Practice Hours and not the Office's Hours.

Practice Hours

	SHIFT 1 Start	SHIFT 1 End	SHIFT 2 Start	SHIFT 2 End	SHIFT 3 Start	SHIFT 3 End	SHIFT 4 Start	SHIFT 4 End
MONDAY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TUESDAY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
WEDNESDAY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
THURSDAY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FRIDAY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SATURDAY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SUNDAY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Attachment

- You will be allowed to attach doc, docx, pdf, png, xls, xlsx, ppt, pptx, gif, rar, zip, epub, psd
- There is a limit of 4MB of each attachment
- Maximum 1 attachment required
- Required attachments: ID and ACP



## Step 60:

1. You can upload the required documents to add your location details in this section.

SATURDAY

SUNDAY

**Attachment**

- You will be allowed to attach doc, docx, pdf, png, xls, xlsx, ppt, pptx, gif, rar, zip, epub, psd
- There is a limit of 4MB of each attachment
- Maximum 1 attachment required
- Required attachments: ID and ACP

**File Name**

Attachment





Thank  
You

