Provider Portal – Update Provider Profile and Upload Documents

Quick Reference Guide (QRG)

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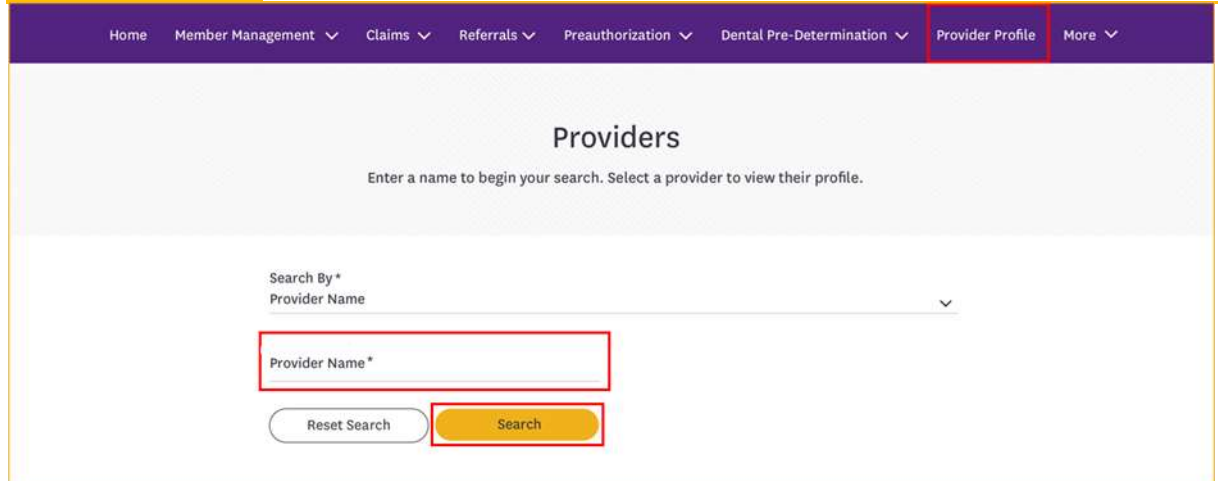
.
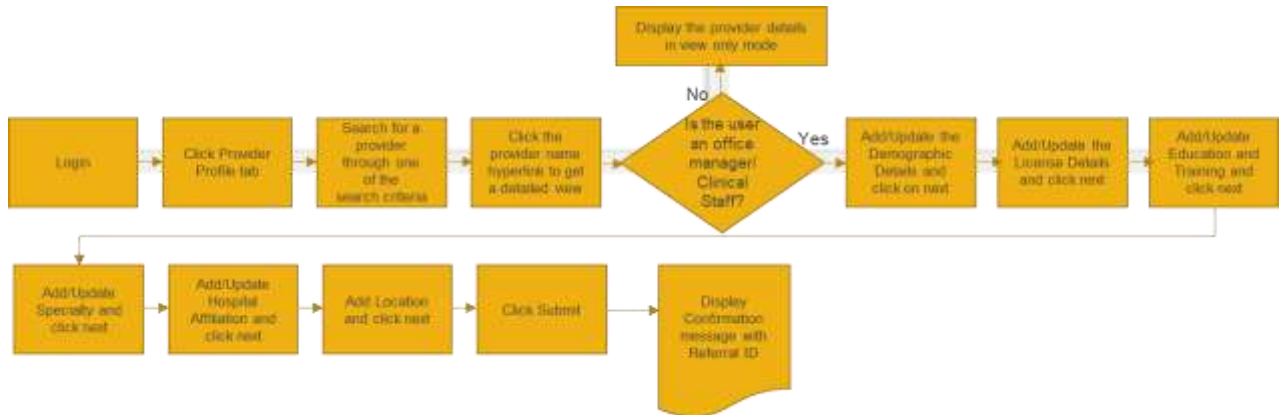
Let us look at the steps in detail to update the provider profile and upload documents.

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.

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**.

Reset Search	Search

Filter By ⓘ

Provider Name	NPI	Provider Type
Abraham, Adam	1679713960	Practitioner
Ackerman, Adam	1666622233	Practitioner
Adam, Amer	1672223344	Practitioner
Adam Diana	1432445443	Practitioner
Adam, Emilie	1543222433	Practitioner
Adam Lindsay	1433433225	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

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1. Update Demographic Information

Step 4:

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

PROVIDER PROFILE

Demographic Information

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

| Religion | ⌄ | Culture | ⌄ |
| Ethnicity | ⌄ | Race | ⌄ |

Next

Cancel

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.

Demographic Information

Alert

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

No   Yes

| Religion | ⌄ | Culture | ⌄ |
| Ethnicity | ⌄ | Race | ⌄ |

Next

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.

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.

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   Upload

License.jpg (1.2 MB)

Step 11:	1. If the attachment upload is successful, the message **Congratulations! Your File has been uploaded** displays on the screen.

01/25/2017   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
License.jpg

Attachment   Upload

Congratulation! Your File has been uploaded.

Cancel   Save

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Step 12:

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

State		Status	
Connecticut	∨	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
License.jpg

Attachment   Upload
License.jpg (1.2 MB)

Attachment with same already available

Cancel   Save

Step 13:

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

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
License.jpg

Attachment   Upload
License.dat (1.2 MB)

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

Cancel   Save

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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
Federal Dea License	MA0009604	Connecticut	Active	02/20/2020	02/20/2025	Delet

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.

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.

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.

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.

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.

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.

Step 22:

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

Step 23:

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

Step 25:

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

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	Edit Delet
Education	University	US or Canadian	10/15/2010	10/31/2012	Yale School of Medicine	Master in Science	Internal Medicin	

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	Acti
Residency	Medical School	US or Canadian	01/01/2013	01/03/2017	Yale School of Medicine	Doctor of Medicine	Cardiology	Edit
Education	University	US or Canadian	10/15/2010	10/31/2012	Yale School of Medicine	Master in Science	Internal Medicin	Delet

Add Education and Training

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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	Edit Delet

Add Specialty

Previous   Next

Cancel

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

No   Yes

alty Type	Specialty	Board Certified	Board Name	Initial Certified Date	Expiry Date	Re-certification Date	Suppress Specialty from Directory	Action
ndary	Internal Medicine	Yes	American Board of Internal Medicine	10/31/2012	01/03/2022		Yes	Edit Delet

Add Specialty

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.

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.

Step 32:

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

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.

Step 34:

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

Step 35:

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

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	
Secondary	Internal Medicine	Yes		10/15/2010	10/31/2012	01/03/2022	Yes	Edit Delet

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.

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

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	
Secondary	Internal Medicine	Yes		10/15/2010	10/31/2012	01/03/2022	Yes	Edit Delet

Add Specialty

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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.

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	Edit Delet

Add Hospital Affiliation

Previous   Next

Cancel

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.

Hospital Affiliation Information

Q Hospital Name *

Type *   Position *

Admitting Privilege *

Address Line 1   Address Line 2

City   State

Zip Code   Country

Phone   Email

Fax

Cancel   Save

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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.

Step 41:

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

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	Edit Delet

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

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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 660-674-5850 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
View/Edit	NY-Presbyterian Brooklyn Methodist Hospital	Direct	506 6th St, Brooklyn, NY 11215

Total Records: 1

‹ Showing 1 - 1 ›

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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.

Step 47:	1. Click **View Participating Plans** to view Participating Plans at the location level.

Step 48:

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

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

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

Additional Details

Open Panel	Directory Suppress	Specialty	Minimum Age
Yes	No	Cardiology	18

Maximum Age	Phone Coverage Type	24 hours/7 Day week phone coverage	Access Type
999	In Person	Yes	Wheelchair, Handicap

Languages
Punjabi, Urdu, Spanish

Pratice Hours ⊙

Step 51:

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

Step 52:

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

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.

Step 54:

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

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.

Step 60:

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

Step 61:

1. Click **Submit** to save the location details you have entered.

Thank You