

# How to use our Demographic Change Form to verify directory information

Federal law requires that certain <u>directory information be verified every 90 days</u>, and that we remove you from our provider directory, <u>Provider Finder</u><sup>®</sup>, if it isn't.

#### **Professional Providers**

Professional providers have two options to verify their data every 90 days:

- Availity® Essentials Provider Data Management (PDM) feature, which we recommend as a quick way to verify information with us and other insurers, or
- Our online <u>Demographic Change Form</u> **A**, which can be found on the <u>Verify and Update Your Information page</u> on our Provider website.

Follow the steps in this guide to verify your data using the Demographic Change Form. **Groups with multiple providers** must submit the form for each provider in the group per location. Use the Google Chrome browser for best results.

If you need to change your data:

- You may continue to use the <u>Demographic Change Form</u> or update your data. When updating, complete all relevant and required fields on the form.
- Some data can be updated through the Availity **PDM feature**.

If you update your information, it will count as your 90-day verification.

### **Facilities and Ancillary Providers**

The <u>Demographic Change Form</u> is the only way for facilities and ancillary providers to verify and update data.

We won't accept demographic changes by email, phone or fax to enable us to meet the two-day directory update requirement defined by federal law.

## Instructions for Professional Providers, Facilities and Ancillary Providers

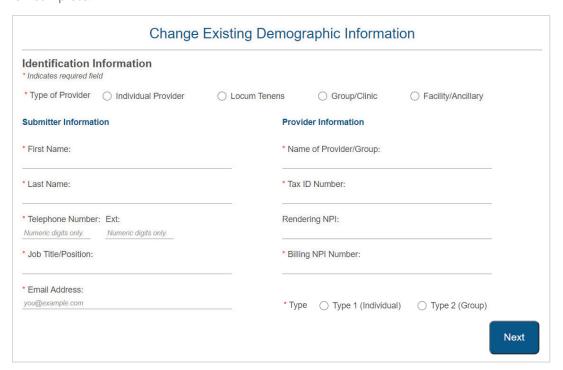
## To verify information using the Demographic Change Form

1. Fill in required fields on the first page to start the verification process.

Select Individual Provider, Group/Clinic or Facility/Ancillary, as appropriate and enter required information.

- If submitting for an Individual Provider, select Type 1 NPI.
- If submitting for Group/Clinic or Facility/Ancillary, select Type 2 NPI.

Select **Next** when complete.



2. Select Name, Office Physical Address and Other Provider Updates to see the information that must be verified.

If you are verifying multiple locations:

- You must submit the form for each location.
- Select Name, Office Physical Address and Other Provider Updates for your first submission.
- For your next submissions, you won't need to select Name or Other Provider Updates.

When complete, select Next.

Type of Change		
✓ Name		
□ NPI/Tax		
Office Physical Address		
Billing Address		
Credentialing Address		
Administrative Address		
✓ Other Provider Updates		

### 3. Verify name.

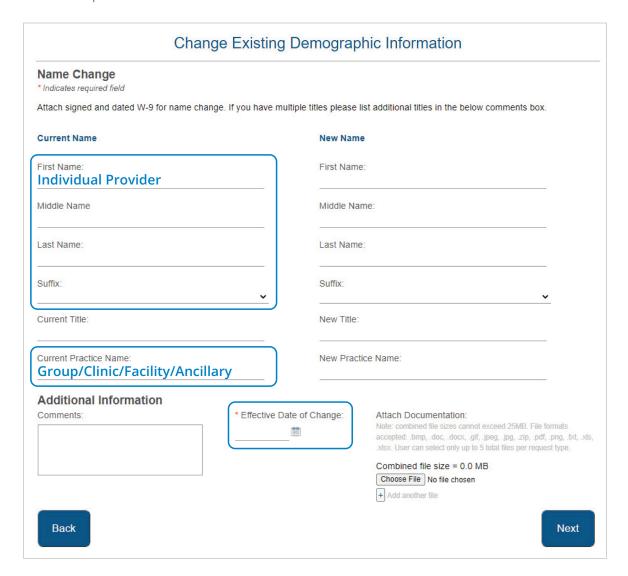
Individual Providers: Fill in the Name fields.

Group/Clinic or Facility/Ancillary: Fill in Current Practice Name.

### For Effective Date of Change:

- When verifying data, fill in today's date.
- When changing data, fill in date of change.

Select **Next** when complete.

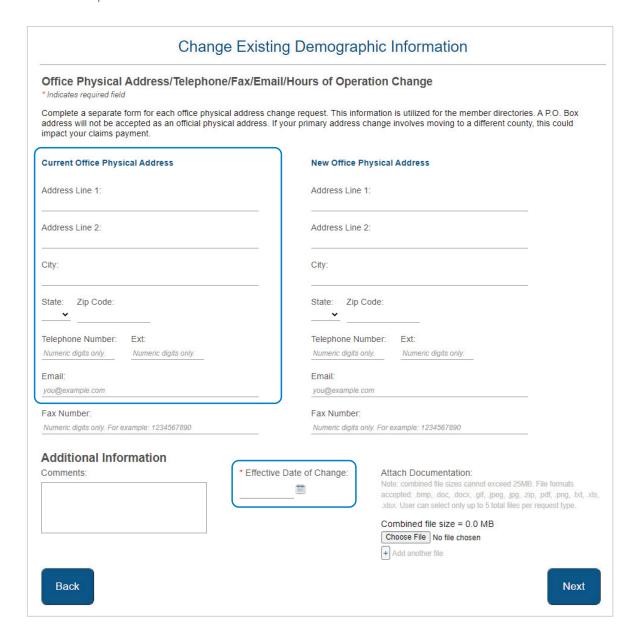


### 4. Verify office physical address.

Fill in the office Address, City, State, ZIP code, Telephone Number and Email.

Fill in today's date for **Effective Date of Change** if you're verifying information.

Select **Next** when complete.



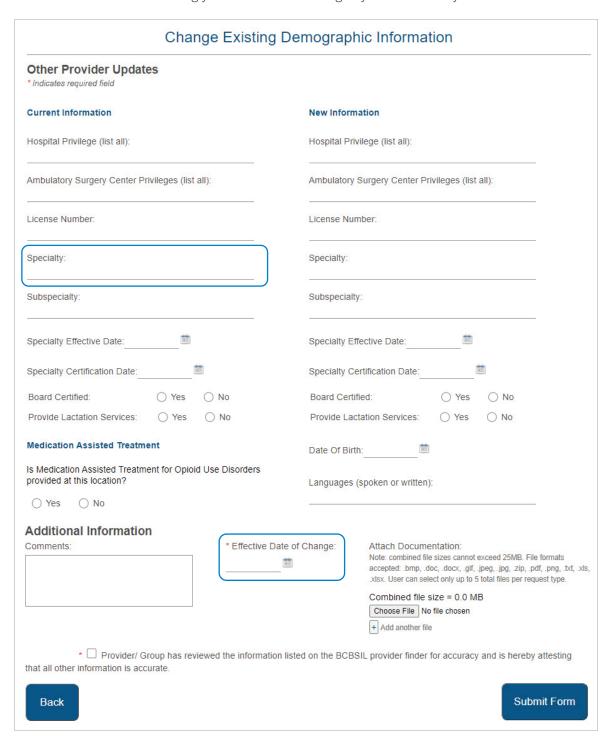
#### 5. Verify specialty and submit form.

Under Other Provider Updates, fill in Specialty. It is the only data in this section that must be verified.

If verifying information, fill in today's date for **Effective Date of Change**.

When complete, select **Submit Form**.

You will receive a case number confirming you've verified or changed your data after you submit the form.



<sup>🗗</sup> By clicking this link, you will go to a new website/app ("site"). This new site may be offered by a vendor or an independent third party. The site may also contain non-Medicare related information. In addition, some sites may require you to agree to their terms of use and privacy policy.