# PROVIDER STATUS CHANGE FORM

- Please complete this form in its entirety specific to the change(s) you are requesting. Incomplete forms may result in processing delays. EXTREMELY IMPORTANT: The information on this form is used to maintain provider data in the Echo credentialing/provider enrollment database which is the direct feed source for EPIC Provider Information, Find-A-Physician, health plan reporting, etc. Failure to notify Medical Staff Services of changes in a timely manner will result in inaccurate provider information throughout the Healthcare system.
- o If you need help while completing this form please contact Diana Bies, Medical Staff Coordinator, at 508-334-8014
- NOTE: All fields that are outlined in RED need to be complete to submit the form.

	ssion:

<u>Submitted by:</u> Other Contacts to be included on corresp	ondence	<u>Phone:</u>	
<u>Provider Name:</u> Last:	First:		Middle:
<u>Department:</u>		<u>Division:</u>	

NOTE: For Existing Providers requiring initial provider enrollment please submit a New Provider Notification (NPN) form instead of this Provider Status Change Form.

### Check Type of Change Being Requested and Then Complete the Corresponding Section # Below

1-Address/Phone/Fax	5-Effective/Start Date	9-Panel Status	13-Staff Category
2-Billing Area	6-Email or Pager	10-Practice type	14-Supervising Physician
3-Clinical Interest	7-Leave of Absence	11-Resignation or Withdrawn App	15-Title, Academic
4-Department/Section	8-Name Change	12-Specialty	16-Title, Administrative
17-Affiliations/Privileges at Other Facilities			

<sup>\*\*</sup>If your change does not correspond to one of these sections, please use the comments box at the bottom of this form.

#### Section 1: ADDRESS CHANGES

- or - address not in list:

### **Effective Date of Change:**

- Patient care address, as it applies to affiliation with UMass Memorial Healthcare.
- If provider has a practice that is unrelated to UMass Memorial affiliation, it should be listed as an "Affiliation" rather than a UMass Memorial related patient care address.
- UMass Memorial patient care addresses will appear in EPIC and on Find-A-Physician for eligible providers.

1. Add Remove Site Location Legal Name - or -**Select Practice Address** - or - address not in list: **Practice Phone** Patient Care Information Fax Administrative Fax Will this address also be used for: Find-A-Physician? Administrative Address? Payer Directories? Will appointments be scheduled at this location?

2. Add Remove Site Location Legal Name - or -

**Select Practice Address** 

Practice Phone Patient Care Information Fax Administrative Fax Will this address also be used for: Find-A-Physician?

Will appointments be scheduled at this location?

Administrative Address?

Payer Directories?

3.			Add	Remove	
	Site Location Legal Name Select Practice Address	e		-	or -
	- or - address not in list:				
	Practice Phone		Patient Care Info	ormation Fax	Administrative Fax
	Will this address also be		· ·	Administrative Address?	Payer Directories?
	Will appointments be so	heduled at t	his location?		
4.			Add	Remove	
	Site Location Legal Name Select Practice Address	e		-	or -
	- or - address not in list: Practice Phone		Dationt Constal	amastica Fav	Administrative Fax
	Will this address also be	used for: Fir	Patient Care Info	Administrative Address?	
	Will appointments be so			Administrative Address:	Payer Directories?
Sect	ion 2: BILLING AREA				
	Effective Date:				
	Add				
	Discontinue				
	CAP Enrollment:				
	If applicable, please others that apply for			n Address Change (Add/Rem	ove), Department/Division Change, and any
Sect	ion 3: CLINICAL INTERES	T (No mo	re that 3 Clinical In	terests may be listed)	
	Add:				
	Add.				
	Remove:				
	nemove.				
Sect	ion 4: DEPARTMENT / D	IVISION			
	Effective Date:				
	Department: Add			Remove	
	Division: Add			Remove	
Coat	:	TDATE			
seci	ion 5: EFFECTIVE / STAR	I DATE			
	New Date:				
Sect	ion 6: EMAIL OR PAGER				
	Email (professional)	1			
	Email (personal)				
	Pager (short range)				
	Pager (long range)				
Section 7: LEAVE OF ABSENCE					
	Effective Date:			Anticipated Return Date:	
	Lifective Date.			Anticipated Neturn Date.	
	Medical	Military	Sabbatical	Other:	

Note: Leaves of absence for more than one year require that the provider submit a new appointment application on return.

#### Section 8: NAME CHANGES

The following documents are required to process a name change:

- Updated: 1. MA Professional License
- 2. State Controlled Registration
- 3. Federal DEA

- 4. Driver's License\*
- 5. Social Security Card\*
- 6. Legal Document showing name change\*
- \*If billing through UMass Memorial Medical Group as required by health plans
- For legal purposes Name Changes WILL NOT be completed until ALL required documentation has been received by Medical Staff Services

New Name is it appears on MA Professional License:

#### Section 9: PANEL STATUS

Effective Date:

Change to (choose one): Open (Provider will accept both new and existing patients)

Current Patients Only (Provider will accept existing patients only)

Closed (Provider will not accept any PCP patients new or existing)

#### Section 10: PRACTICE TYPE

Effective Date: Change to:

UMMMG, CMG, Contractors, Long-Term Locum, MCN = Automatic Assignment to CMH Facility

#### Section 11: RESIGNATION or WITHDRAWN APPLICATION

WITHDRAWN - The provider has withdrawn their application and will not be providing services or require privileges.

RESIGNATION - End UMMS, UMMHC, UMMMG or CMG EMPLOYMENT on Date:

End Privileges on Date:

End Contractor/Locum Appointment on Date:

NOTE: If provider is a supervising/collaborating physician, Change forms must also be submitted to change the supervising physician for those affiliate practitioners.

### PLEASE ANSWER (for resignations):

- 1. Will the provider need to maintain privileges/affiliation with UMMMC for their new practice?
- 2. Provider's malpractice insurance coverage through UMMHC will end?
- 3. Provider's billing (Provider Enrollment) through UMMMG will end?
- 4. Is the provider retiring from active practice?
- 5. If known, please provide the business forwarding address (or other information) where provider will be practicing or otherwise contacted:
- 6. If the provider is a PCP who will the patient panel be transferred to?

### Section 12: SPECIALTY

Requires specialty board certification, eligibility for certification, or completion of formal training in specialty.

Effective Date of Change:

New Specialty:

New Board Certification:

#### Section 13: STAFF CATEGORY

Change Category to:

### Section 14: SUPERVISING/COLLABORATING PHYSICIAN (for Affiliate Practitioner Staff)

Effective Date:

Add:

Remove:

### Section 15: TITLE, ACADEMIC

Add Academic Title: Remove Academic Title:

#### Section 16: TITLE, ADMINISTRATIVE

Add Administrative Title: Remove Administrative Title:

## Section 17: AFFILIATIONS/PRIVILEGES AT OTHER FACILITIES

ADD PRIVILEGES AT MEMBER/OTHER HOSPITAL Effective Date: REMOVE PRIVILEGES AT MEMBER/OTHER HOSPITAL Effective Date:

elCU TaraVista\* HealthAlliance-Clinton **Ambulatory Surgery Center** Beaumont Marlborough Baystate Fairlawn Vibra Shrewsbury NSG Heywood Milford Davita Family Health Center **Holy Family\*** St. Elizabeth's\* Meadows Whittier Day Kimball Willows Harrington Wingate Kennedy\* Sturdy\* Telestroke Fresenius Hospital at Home

Other UMMHC Related Affiliation:

\*UMMMC Medical Staff Services does NOT initiate the credentialing process, it is handled directly by that facility

#### **COMMENTS**

### **SUBMIT FORM & ADD ATTACHMENTS**

An E-Mail window will pop-up. It will attach your PSC Form – Please add any other attachments to that email & Click SEND to submit.

Please be patient this can take up to 1 minute to appear. Thank you.

NOTE: If you get an error when submitting check that all fields outlined in RED are complete.