



NHPNet Provider Enrollment Portal User Guide

Updated February 2017

NHP's Provider Enrollment Portal allows you direct control over how NHP configures your provider data. Key features of the tool include:

- Enroll new providers to your group
- Download a completed copy of an HCAS form
- Terminate existing providers
- Open and close panels
- Submit demographic changes
- View a list of all pending transactions for your group
- Receive email notifications when requests are completed

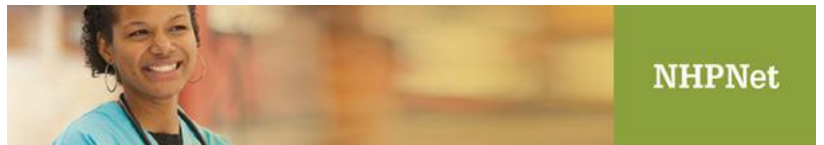
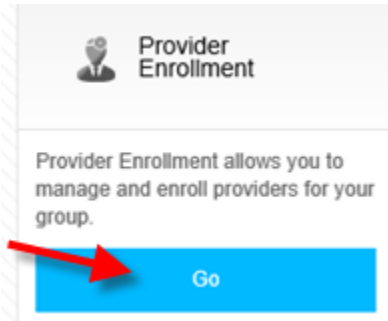


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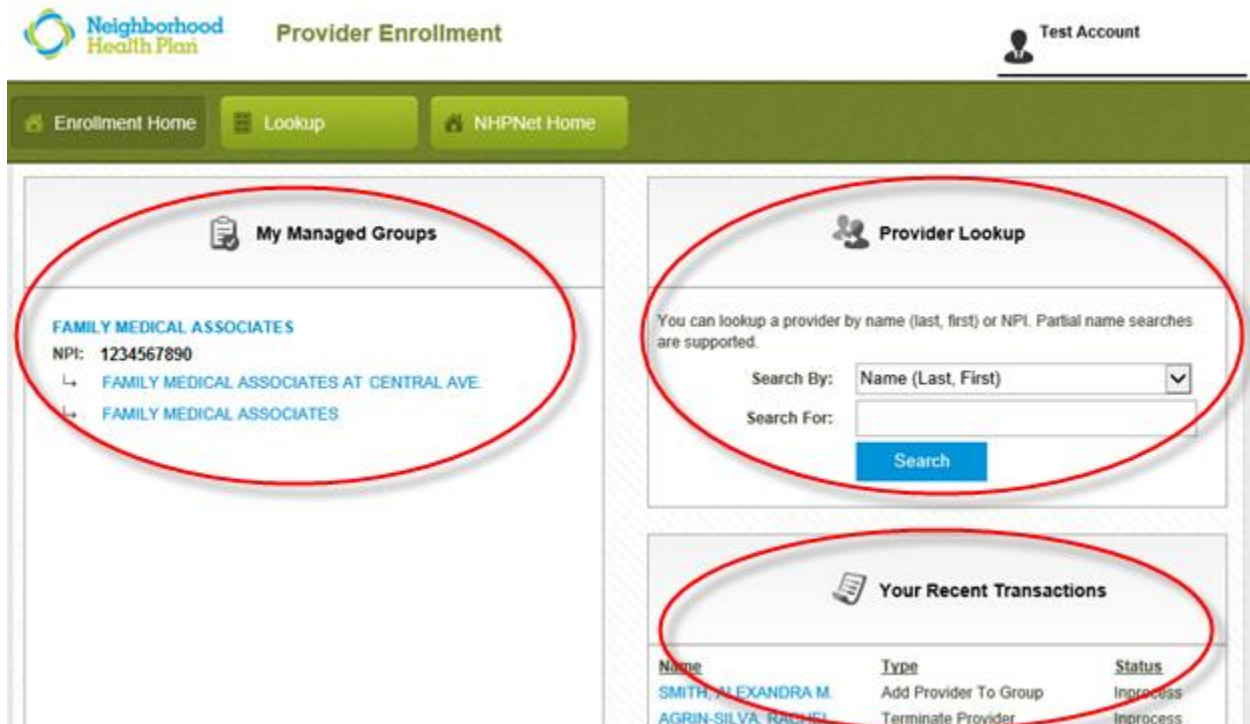
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Accessing the Provider Enrollment Portal

1. On the NHPNet home page, click on the Go button on the Provider Enrollment Tab. If you do not see this link, contact your User Administrator for access to this function.



The Provider Enrollment page appears. The page is divided into three sections.



Neighborhood Health Plan Provider Enrollment Test Account

Enrollment Home Lookup NHPNet Home

My Managed Groups

FAMILY MEDICAL ASSOCIATES
NPI: 1234567890

- FAMILY MEDICAL ASSOCIATES AT CENTRAL AVE
- FAMILY MEDICAL ASSOCIATES

Provider Lookup

You can lookup a provider by name (last, first) or NPI. Partial name searches are supported.

Search By: Name (Last, First) [v]

Search For: [input]

Search

Your Recent Transactions

Name	Type	Status
SMITH, ALEXANDRA M.	Add Provider To Group	Inprocess
AGRIN-SILVA, RACHEL	Terminate Provider	Inprocess



My Managed Groups

This area displays all groups associated with the Tax ID(s) from your NHPNet accessible groups. Clicking on a group in this section will allow you to generate the following provider enrollment transactions:

- Affiliating a new doctor
- Download a completed HCAS form
- Opening or closing a panel
- Terminating an affiliation
- Submitting demographic changes to NHP's Provider Enrollment team

 **My Managed Groups**

FAMILY MEDICAL ASSOCIATES
NPI: 1234567890

- ↳ [FAMILY MEDICAL ASSOCIATES AT CENTRAL AVE.](#)
- ↳ [FAMILY MEDICAL ASSOCIATES](#)



Affiliating a New Provider to Your Group

Follow these steps to enroll a new provider to your group. If the provider does not already exist in NHP's system, you will need to complete all the fields that are included on a standard enrollment form. If the provider already exists in NHP's system, many fields will already be prepopulated with the data we currently have on file.

Select the appropriate group under **My Managed Groups**. Then click **Enroll A New Provider Under This Group** as displayed in the screen shot below.

FAMILY MEDICAL ASSOCIATES

Group Type: GROUP OF PROVIDERS
 NPI: 1234567890
 Physical Address: 123 Main St.
 Boston, MA 02210
 Phone: (617) 111-2222
 PCP Panels Open: 83.33 %

Tax ID: 999999999
 Billing Address: 123 Main St.
 Boston, MA 02210
 Fax: (617) 333-4444

[Notify NHP Of Incorrect Group Information](#)

Service Locations

FAMILY MEDICAL ASSOCIATES AT CENTRAL AVE	12 Brady St. Foxboro, MA 02213 (617) 749-7464
FAMILY MEDICAL ASSOCIATES	6 Belichick Blvd. Foxboro, MA 02214 (617) 757-1212

Current Roster As Of 12/08/2016 For FAMILY MEDICAL ASSOCIATES, PC

[Enroll A New Provider Under This Group](#)

Name	NPI	Type	
GEBHARD, ELIZABETH A.	1234567890	PHYSICIAN	Manage



Add Provider To Group window will display. Enter the NPI of the individual provider you are requesting to be added to your group, then click **Submit**.

Add Provider To Group

Please enter the provider's NPI. If the indicated provider's NPI exists in our system you may simply add the provider to your group else you will be prompted for the provider's demographic, specialty, and credential information.

You will have the ability to add the provider to additional groups that you manage in addition to the group indicated below.

Group: FAMILY MEDICAL ASSOCIATES, PC

Provider NPI:

On the **Provider Information** screen, you will enter demographic information for the provider you're adding to your group. Any field with a **red dot** beside it will be required. You can also uploading supporting documents by using the **Attach File** function at the bottom of the page.

Add Provider To Group

Provider Information

Fields marked with ● are required.

First Name: ● Middle Initial:

Last Name: ● Degree/Title: ●

SSN: ● Date of Birth: ●

Gender: ● Email:

Languages Spoken: ENGLISH

Primary Specialty:

Secondary Specialties:

CAQH ID: NPI: 1821299306

Medicare Number: MMIS Number:

Ethnicity:

License #: ● DEA #:

Note to NHP:

Attach File:

The **Provider Practice Locations** section is next. Here is where you'll enter information on the role and locations where your provider is practicing. You can also add hospital privileges. As a reminder, the effective date of the affiliation is ultimately decided by NHP's credentialing committee based on receipt of all required information.

Complete this section, then click **Submit**.

Provider Practice Locations

Fields marked with ● are required.

[Add Practice Location](#) [Add Hospital Privileges](#)

Desired Effective Date (Must be a future date): ●

Practice Location: FAMILY MEDICAL ASSOCIATES, PC

Role: ▼

Include in NHP Directory: ▼

PCP Panel Open: ▼

Gender Restriction: ▼

Patient Minimum Age in Years:

Patient Maximum Age in Years:

[Remove](#)

[Submit](#) [Cancel](#)

Click **Add Practice Location** to display a pop-up window which allows you to select other locations in your practice. Please include all locations where your provider will be practicing.

Practice Location Lookup

Check each location you would like to add then click the

Add Locations

FAMILY MEDICAL ASSOCIATES
NPI: 1386866754

↳ FAMILY MEDICAL ASSOCIATES AT

↳ FAMILY MEDICAL ASSOCIATES

Add Locations

You must enter role information for each location.

Practice Location: FAMILY MEDICAL ASSOCIATES

Role:

Include in NHP Directory:

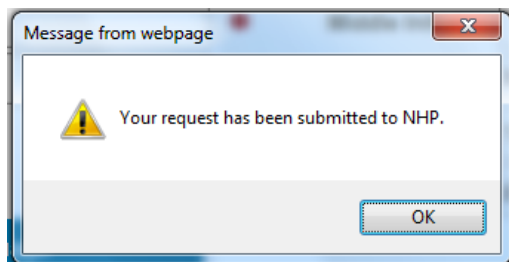
Patient Minimum Age in Years:

Patient Maximum Age in Years:

Remove

Submit **Cancel**

The response pop-up will display confirming your submission to NHP.





The **Transaction Detail** page will display.

Transaction Detail - Add Provider To Group

If you have any questions or issues with this transaction please contact NHP Provider Enrollment at pec@nhp.org.

Transaction Number: 497	Current Status: Inprocess
Created: 02/15/2017	Created By: Test Account

[Download HCAS Form](#)

Provider Information

First Name: Julian	Middle Initial:
Last Name: Edelman	Degree/Title: MD - Medical Doctor
SSN: 111223232	Date of Birth: 01/01/1981
Gender: M	Email:
Languages Spoken: ENGLISH	
Primary Specialty: ADDICTION MEDICINE	
Secondary Specialties:	
CAQH ID:	NPI: 1841219102
Medicare Number:	MMIS Number:
Ethnicity:	
License #: WE232	DEA #:

Provider Practice Locations

Practice Location: FAMILY MEDICAL ASSOCIATES	Include in NHP Directory: Yes
Role: Specialist	Patient Maximum Age in Years: Not Applicable
Patient Minimum Age in Years: Not Applicable	
Effective Date: 03/29/2017	

Click the **Download HCAS Form** button to produce an electronic copy of the HCAS form you just completed. You must enter the SSN and Date of Birth for confirmation.

Download HCAS Form
✕


Provider SSN and Date Of Birth are restricted identifiers. To protect this information NHP will not automatically display them from our system of record. If you wish for them to appear on the HCAS form please provide them below.

SSN:	<input type="text" value="111223232"/>		
Date Of Birth:	<input type="text" value="1/1/81"/>		

[Download](#)



The completed HCAS form will display as a PDF.

 **HCAS Provider Enrollment Form**

Please send only first 2 pages of this form to the health plan

02/15/2017 | John Marchesano | john_marchesano@nhp.org
 DATE COMPLETED BY TELEPHONE/EMAIL OF PERSON COMPLETING FORM

Provider Information

John	Anderson	MD - Medical Doctor	112223232	1/1/81	M <input type="checkbox"/> F <input type="checkbox"/>	
Provider First Name	Middle Initial	Provider Last Name	Degree/Title	Social Security Number	Date of Birth	Gender

Provider Email Address: _____ Languages spoken: ENGLISH

Specialty: ADDICTION MEDICINE Board Certified? Yes No If you are not certified, are you eligible? Yes No If yes, exam date: _____

Sub Specialty: Board Certified? Yes No If you are not certified, are you eligible? Yes No If yes, exam date: _____

CAQH ID:	National Provider Identifier (NPI):	License #	DEA #
	1841219152	WE232	

PCP Specialist Both
 Hospital City: _____ Primary Hospital Affiliation: _____ Secondary Hospital Affiliation: _____ Staff Position: _____ If no hospital affiliation, provide admitting arrangements and MD name

Nurse Practitioner Board Certificate number: _____ Provide collaborating MD for all NP's, PA's and APNS's. Some emergency medicine, radiologists, neurologists, or pathologists who practice exclusively within a facility and who do not receive direct referrals may qualify for an abbreviated process. Please check here if you meet the criteria.

Practice Information

Please check box to indicate address type. Please complete a separate page for all new enrollees in the group. Use a separate page to list additional addresses.

Practice Name: MAGIC EYE AND EAR BRIDGEWATER

Address: Primary Address Mailing Address Credentialing Address Additional Practice
 1 Compass Way, Ste. 100
 Street East Bridgewater MA 02333
 City State ZIP Code Languages spoken by office staff
 Telephone: 508-378-2058 Fax: 508-360-2809 Email: _____ Practice Manager Name: _____ Practice Start Date: _____

Provider email: _____

Practice Name: _____


Address: Primary Address Mailing Address Credentialing Address Additional Practice
 Street _____
 City State ZIP Code Languages spoken by office staff
 Telephone: _____ Fax: _____ Email: _____ Practice Manager Name: _____ Practice Start Date: _____

Practice Name: _____

Address: Primary Address Mailing Address Credentialing Address Additional Practice
 Street _____
 City State ZIP Code Languages spoken by office staff
 Telephone: _____ Fax: _____ Email: _____ Practice Manager Name: _____ Practice Start Date: _____

Revised 11/2016

Your request will be displayed on the Home Page under “Your Recent Transactions”

 Your Recent Transactions		
<u>Name</u>	<u>Type</u>	<u>Status</u>
ED, J	Add Provider To Group	Inprocess

If the provider is already in NHP’s system, many of the fields will be prepopulated. You can report new information or changes via the “Note to NHP” field. Use the Add New Specialty to report additional specialties not already listed. Use the New Practice Locations section to indicate role(s) at each new affiliation location.

Add Provider To Group

Name: BRADY, TOM
 NPI: 1234567890 Degree: MD - Medical Doctor
 Gender: M Ethnicity:
 Languages Spoken: ENGLISH
 Primary Specialty: Specialty: ORTHOPEDIC SURGERY
 Effective: 01/01/2001 Termination:
 Type: PRIMARY Status: LICENSED

Secondary Specialties: None

New Specialties: [Add New Specialty](#)

Note to NHP:

Attach File:

Provider Practice Locations As Of 01/11/2017

Group: PATRIOT ORTHOPEDICS
 Group Address: 12 Bellchick Drive
 Foxboro, MA 02005
 Group Type: GROUP OF PROVIDERS

New Practice Locations

Fields marked with ● are required.

[Add Practice Location](#)

Desired Effective Date (Must be a future date): ●

Practice Location: SIX RINGS ORTHOPEDICS

Role:

Include in NHP Directory:

Patient Minimum Age in Years:

Patient Maximum Age in Years:

[Remove](#)

[Submit](#)

[Cancel](#)



How to Open or Close a PCP Panel

On the PEP Home Page, select the practice location to display the provider roster. Click **Manage** next to the provider's name. All current affiliations will display. Click the **Open/Close PCP Panel** link.

Provider Practice Locations As Of 01/11/2017

Group:	DYNASTY PRIMARY CARE	Group Tax ID:	011000005
Group Address:	1 PATRIOTS DRIVE FOXBORO, MA 02005	Has PCP Panel:	Yes
Group Type:	GROUP OF PROVIDERS	PCP Panel Roster Count:	6
Group NPI:		Gender Restriction:	None
Role:	PCP	Maximum Age Restriction:	
PCP Panel Status:	Closed	Termination:	
Listed in NHP Directory:	Yes		
Minimum Age Restriction:			
Effective:	02/01/2010		

[Open/Close PCP Panel](#) [Terminate](#)

Select **Open or Closed** from the drop-down for each practice location where you are making a change. Click **Submit**.

Create Open/Close Provider Panels Transaction

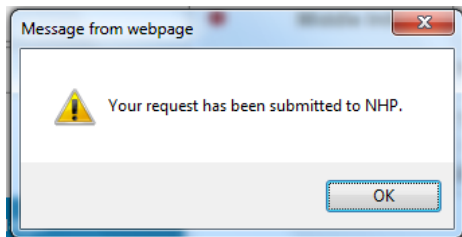
Provider Name: **BRADY, TOM**
 Provider NPI: 1234567890
 Provider Type: **PHYSICIAN**

Provider Panels As Of 01/18/2017

Group:	DYNASTY PRIMARY CARE	Group Tax ID:	160000005
Group Address:	1 Patriots PL Foxboro, MA 02005	PCP Panel Roster Count:	6
Group Type:	GROUP OF PROVIDERS	PCP Panels Open at this Group:	66.67 %
Group NPI:	1234567891		
Current PCP Panel Status:	Closed		
New PCP Panel Status:	<input type="text" value="Closed"/> ▼		

Group:	DYNASTY PRIMARY CARE at BOSTON	Group Tax ID:	160000005
Group Address:	1 City Hall Square Boston, MA 02201	PCP Panel Roster Count:	95
Group Type:	GROUP OF PROVIDERS	PCP Panels Open at this Group:	83.33 %
Group NPI:			
Current PCP Panel Status:	Open		
New PCP Panel Status:	<input type="text" value="Open"/> ▼		

The pop-up confirmation window will display and you will see your request in the transaction history on the Home Page.





How to Terminate a Provider

On the PEP Home Page, select the practice location to display the provider roster. Click **Manage** next to the provider's name. All current affiliations will display. Click the **Terminate** link.

Provider Practice Locations As Of 01/18/2017

<p>Group: DYNASTY PRIMARY CARE</p> <p>Group Address: 1 Patriots PL Foxboro, MA 02005</p> <p>Group Type: GROUP OF PROVIDERS</p> <p>Group NPI:</p> <p>Role: PCP</p> <p>PCP Panel Status: Closed</p> <p>Listed in NHP Directory: Yes</p> <p>Minimum Age Restriction:</p> <p>Effective: 02/01/2010</p>	<p>Group Tax ID: 160000005</p> <p>Has PCP Panel: Yes</p> <p>PCP Panel Roster Count: 6</p> <p>Gender Restriction: None</p> <p>Maximum Age Restriction:</p> <p>Termination:</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Open/Close PCP Panel

Terminate



Select a **Termination Reason** from the drop-down list, and include a **Terminate Date** (must be current date or future date). Indicate in the **Note to NHP** free-text box any additional information that may be relevant for NHP’s Enrollment Staff.

Select the **check-box** for each location which you are terminating. If you terminating a PCP, we must receive instructions on where to move their panel to complete transaction. Include these instructions in the free text field. Your request will be delayed if you leave this field blank.

Click **Submit** at the bottom of the page.

(Note: Click **Toggle All** if you would like to select all locations)

Create Terminate Provider Transaction

Fields marked with ● are required.

Provider Name: BRADY, TOM
Provider NPI: 1234567890
Provider Type: PHYSICIAN
Termination Reason: Resigned ●
Termination Date: 01/20/2017 ●
Note to NHP:

Provider Practice Locations As Of 01/18/2017

Toggle All

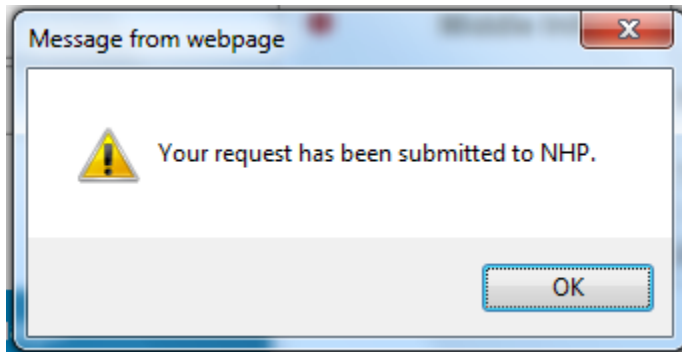
Group: DYNASTY PRIMARY CARE
Group Address: 1 Patriots PL
 Foxboro, MA 02005
Group Type: GROUP OF PROVIDERS
Group NPI: 1234567891
Group Tax ID: 160000005
Role: PCP
Has PCP Panel: Yes
PCP Panel Status: Closed
PCP Panel Roster Count: 6
PCP Panel Instructions: *This panel has members assigned to it. If you are terminating this practice location please provide NHP specific instructions as to which provider the members should be reassigned to.*

Please move patients to any available PCP with an open panel.

Effective Date: 02/01/2010
Termination Date:

Terminate provider at this practice location.

The pop-up confirmation window will display and you will see your request in the transaction history on the Home Page.



Demographic Changes

Demographic change requests can be submitted for changes at a group level or for individual providers.

To make a demographic change for a location, select the practice location on the home page. Click the **Notify NHP of Incorrect Group Information** link.

FAMILY MEDICAL ASSOCIATES

Group Type: GROUP OF PROVIDERS
 NPI: 1234567890
 Physical Address: 123 Main St.
 Boston, MA 02210
 Phone: (617) 111-2222
 PCP Panels Open: 83.33 %

Tax ID: 999999999
 Billing Address: 123 Main St.
 Boston, MA 02210
 Fax: (617) 333-4444

 [Notify NHP Of Incorrect Group Information](#)

Service Locations

[FAMILY MEDICAL ASSOCIATES AT CENTRAL AVE.](#)

12 Brady St.
 Foxboro, MA 02213
 (617) 749-7464

[FAMILY MEDICAL ASSOCIATES](#)

6 Belichick Blvd.
 Foxboro, MA 02214
 (617) 757-1212

Current Roster As Of 12/08/2016 For FAMILY MEDICAL ASSOCIATES, PC

[Enroll A New Provider Under This Group](#)

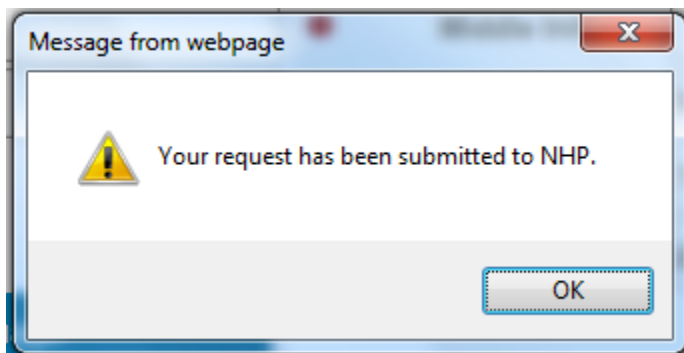
Name	NPI	Type	
GEBHARD, ELIZABETH A.	1234567890	PHYSICIAN	Manage

Select the appropriate change type from the **drop-down** (more choices will be added in the future). Use the **Details field** to include all necessary information relating to your demographic change. Use the **Attach File** link to uploading supporting documentation for your request. Click **Submit**.

Request Other Change For FAMILY MEDICAL ASSOCIATES

Group:	FAMILY MEDICAL ASSOCIATES, PC	Tax ID:	9999999999
Group Type:	GROUP OF PROVIDERS	Billing Address:	PO BOX 515 FOXBORO, MA 02210
NPI:	1234567890	Fax:	857-222-1234
Physical Address:	123 Main St. Boston, MA 02210		
Phone:			
Type Of Change:	Physical Address Change and/or Phone Change		
Details:	*** New Physical Address: As of 2/5/17, our practice has a new billing address: 45 Patriots Way Foxboro, MA 55555 *** New Phone: *** New Fax:		
Attach File:	Browse...		

The pop-up confirmation window will display and you will see your request in the transaction history on the Home Page.



To make a demographic change for a provider, select the practice location on the home page. Your location's provider roster will now display. Click Manage next to the provider's name. Click the **Notify NHP of Incorrect Provider Information** link.

BRADY, TOM

Name:	BRADY, TOM	
NPI:	1234567890	Degree: DO - Doctor of Osteopathy
Provider Type:	PHYSICIAN	
Social Security Number:	***-**-0170	Date Of Birth: 2/1/77
Gender:	M	Ethnicity:
Email:		
Languages Spoken:	ENGLISH	
Primary Specialty:	Specialty: FAMILY PRACTICE	Termination:
	Effective: 04/01/1985	Status: LICENSED
	Type: PRIMARY	
<hr/>		
Secondary Specialties:	None	
License Number:	12125	DEA Number: NEP12

 [Notify NHP Of Incorrect Provider Information](#)

Select the appropriate change type from the **drop-down** (more choices will be added over time). Use the **Details field** to include all necessary information relating to your demographic change. Use the **Attach File** link to uploading supporting documentation for your request. Click **Submit**.

Request Other Change For BRADY, TOM

Provider:	BRADY, TOM	
Provider Type:	PHYSICIAN	
NPI:	1234567890	Title/Degree: DO - Doctor of Osteopathy
Gender:	M	Date Of Birth: 2/1/77
Type Of Change:	Name Change <input type="button" value="v"/>	
Details:	<div style="border: 1px solid #ccc; padding: 5px;"> <p>*** New First Name:</p> <p>*** New Last Name:</p> <p>*** New Middle Initial:</p> <p>*** Reason For Change:</p> </div>	
Attach File:	<input type="button" value="Browse..."/>	