



# 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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## **Accessing the Provider Enrollment Portal**

 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 Provider Enrollment	2 Test Account
Enrollment Home	
B My Managed Groups	Revider Lookup
FAMILY MEDICAL ASSOCIATES NPI: 1234567890	okup a provider by name (last, first) or NPI. Partial name searches ed. Search By: Name (Last, First)
FAMILY MEDICAL ASSOCIATES	Search For: Search
	Your Recent Transactions
SMTR-SIL	Iype         Status           EXANDRA M.         Add Provider To Group         Inprocess           VA. RACHEL         Terminate Provider         Improcess

# Neighborhood Health Plan



## **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

FAM	LY MEDICAL ASSOCIATES
FAM NPI:	LY MEDICAL ASSOCIATES 1234567890
FAM NPI:	LY MEDICAL ASSOCIATES 1234567890 FAMILY MEDICAL ASSOCIATES AT CENTRAL AVE.





## 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 Tax ID: 999999999 Physical Address: 123 Main St. Billing Address: 123 Main St. Boston, MA 02210 Boston, MA 02210 Phone: (617) 111-2222 Fax: (617) 333-4444 PCP Panels Open: 83.33 % 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 group else you will be prompted for	ne indicated provider's NPI exists in our system you may simply add the provider to your the provider's demographic, specially, and credential information.
You will have the ability to add the p	provider to additional groups that you manage in addition to the group indicated below.
Group:	FAMILY MEDICAL ASSOCIATES, PC
Provider NPI:	
	Submit

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.

rovider information			
ields marked with 🖲 are requir	ed.		
First Name:	Julian	Middle Initial:	
Last Name:	Edelman	Degree/Title:	MD - Medical Doctor
SSN:	111222333	Date of Birth:	2/5/1990
Gender:	M	• Email:	julian@edelman.com
Languages Spoken:	ENGLISH X		
	Add Language		
Primary Specialty:	INTERNAL MEDICINE	$\checkmark$	
Secondary Specialties:	Add Secondary Specialty		
CAQH ID:	456789	NPI:	1821299306
Medicare Number:	MM123456789	MMIS Number:	100000154546849
Ethnicity:	PORTUGUESE	✓	
License #:	S0000	• DEA #:	234567
Note to NHP:	Enrolling new doctor to my group.	^	





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.

Provider Practice Locations				
Fields marked with  are required.				
Add Practice Location	Add Hospital Privileges			
	Desired Effective Date (Must be a future date):	02/10/2017	•	
Practice Location: Role: PCP Panel Open: Patient Minimum Age in Years:	FAMILY MEDICAL ASSOCIATES, PC PCP V Include in N Yes Gende 0 Patient Maximum	IHP Directory: er Restriction: Age in Years:	Yes None 120 Remove	×
	Submit Cancel			

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





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 Locati	Practice Location Lookup						
Check each location you would like to add then click the							
Ado	d Locations						
FAMIL     NPI: 1386866	Y MEDICAL ASSOC	IATES					
L+ 🗌	FAMILY MEDICAL	ASSOCIATES AT					
L→ □	FAMILY MEDICAL	ASSOCIATES					
Ado	d Locations						

You must enter role information for each location.

Role:	Specialist	$\checkmark$	Include in NHP Directory:	Yes
Patient Minimum Age in Years:	0		Patient Maximum Age in Years:	120
				Remove

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







The Transaction Detail page will display.

you have any questions or issues with t	his transactio	n please contact NHP Provider Enrol	ment at pec@nhp.org.		
Transactio	on Number:	497	Current	Status:	Inprocess
	Created:	02/15/2017	Crea	ted By:	Test Account
		Download HCAS F	orm		
rovider Information					
First Name:	Julian		Middle Initial:		
Last Name:	Edelman		Degree/Title:	MD - M	edical Doctor
SSN:	111223232		Date of Birth:	01/01/1	981
Gender:	M		Email:		
Languages Spoken:	ENGLISH				
Primary Specialty:	ADDICTION	MEDICINE			
Secondary Specialties:					
CAQH ID:			NPI:	184121	9102
Medicare Number:			MMIS Number:		
Ethnicity:					
License #:	WE232		DEA #:		
Provider Practice Locations					
Practice Locat	ion: FAMI	LY MEDICAL ASSOCIATES			
R	ole: Speci	alist	Include in	NHP Dire	ctory: Yes
Patient Minimum Age in Ye	ars: Not A	pplicable	Patient Maximun	n Age in '	Years: Not Applicable
Effective D	ate: 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 r automatically display them from our s HCAS form please provide them belo	estricted identifiers. To protect this information NHP will not ystem of record. If you wish for them to appear on the w.
SSN:	111223232
Date Of Birth:	1/1/81
	Download





### The completed HCAS form will display as a PDF.

Plaase send only fu	est? nanas a	f this fare	a to the h	oakh nlan					
na n	Iohn Marrie	y unis jorn	n io ine n	ichn -	ambasas	o@nhn c			
02/10/2017	COMPLETED BY			John_m	arcnesan	OWIND.org	KON C	MDIFT	INC FORM
DATE	COMPLET	LUBI		TELET	HUNEALA	IAIL OF TEP	30.4 0	MILLI	IING FORM
			Provi	der Inform	ation				
John		Anderson	N	ID - Medical loctor	111	223232	1/1/8		$M  \square x \ F \ \square$
Provider First Name	Middle Initial	Middle Provider Last Name Initial			Social Se Number	Bith	ith Gender		
Provider Email Address:					1	anguages spoko	n: ENGI	JSH	
peciality: ADDICTION MED	Board Certif	ied? Yes 🗌 🕅	io 🗌 🛛 If ye	u are not certif	ied, are you	eligible? Yes	□ No[	] If yes,	exam date:
iub Specialty:	Board Certif	ied? Yes 🗆 N	lo 🗌 If ye	u are not certif	ied, are you	eligible? Yes	□ No[	] If yes,	exam date:
CAQH ID:	National Pro 18412191	wider Identifie 02	r (NPI):		License 9 WE232		Γ	€A.#	
PCF [] Specialist Both] Hospitalist Only[]	1								
rovider Category	Primary Hospital	Affiliation	Secondary H	ospital Affiliat	ien .	Staff Positio	8	If no b	ospital affiliation, provid
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Please check box to ine to list additional addre	dicate address i sses.	you meet the c type. Please	riteria.	ice Inform separate po	ition ige for all	new enrolle	es in the	group.	Use a separate pag
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Please check box to in, to list additional addre Practice Name: Address 1 Compass Way, Ste. 100 Steal Bridgewater City Tstughton: 508-378-2058	dicate address i sses. MASS EYE AND Primary Ac Prec. 508-350-2	type. Please EAR BRIDGE Idress 🖾 M MA State 809 Email	Prac complete a water lailing Addre 02333 20° Co	tice Informa separate po sss 🗆 Cred	ation age for all entialing A Languag Fract	new enrolles ddress [] A en Spoken by offi	es in the dditiona	: group. Practice P	Use a separate pag
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Your request will be displayed on the Home Page under "Your Recent Transactions"

Your Recent Transactions						
Name	Туре	Status				
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: NPI: Gender: Languages Spoken:	BRAD 12345678 M ENGLIS	Y, ТОМ 90 н		Degree: MD - Med Ethnicity:	ical Doctor	
Primary Specialty:		Specialty: Effective: Type:	ORTHOPEDIC SURGERY 01/01/2001 PRIMARY	Termination: Status:	LICENSED	
Secondary Specialties: New Specialties:	None	Add New Specialty	,			
Note to NHP:						-
Attach File:				Browse	]	
Provider Practice Locations As Of	01/11/20	17				
Group A	Group: ddress:	PATRIOT ORTHO	PEDICS			
Grou	D Type:	GROUP OF PROV	IDERS			

New Practice Locations	
Fields marked with  are required.	
Add Practice Location	
	Desired Effective Date (Must be a future date): 01/12/2017
Practice Location:	SIX RINGS ORTHOPEDICS
Role:	Specialist V Include in NHP Directory: Yes V
Patient Minimum Age in Years:	0 Patient Maximum Age in Years: 120
	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 Address:	1 PATRIOTS DRIVE FOXBORO, MA 02005				
Group Type:	GROUP OF PROVIDERS				
Group NPI:		Group Tax ID:	011000005		
Role:	PCP	Has PCP Panel:	Yes		
PCP Panel Status:	Closed	PCP Panel Roster Count:	6		
Listed in NHP Directory:	Yes	Gender Restriction:	None		
Minimum Age Restriction:		Maximum Age Restriction:			
Effective:	02/01/2010	Termination:			
		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**.

Provider Name: BRA Provider NPI: 1234	567890	Provider Type: PHYSIC	IAN
ider Panels As Of 01/18/2017			
Group:	DYNASTY PRIMARY CARE		
Group Address:	1 Patriots PL Foxboro, MA 02005		
Group Type:	GROUP OF PROVIDERS		
Group NPI:	1234567891	Group Tax ID:	160000005
Current PCP Panel Status:	Closed	PCP Panel Roster Count:	6
New PCP Panel Status:	Closed 🗸	PCP Panels Open at this Group:	66.67 %
Group:	DYNASTY PRIMARY CARE at BOSTON		
Group Address:	1 City Hall Square Boston, MA 02201		
Group Type:	GROUP OF PROVIDERS		
Group NPI:		Group Tax ID:	160000005
Current PCP Panel Status:	Open	PCP Panel Roster Count:	95
New PCP Panel Status:	Open 🗸	PCP Panels Open at this Group:	83.33 %

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

Message fr	om webpage
<u> </u>	Your request has been submitted to NHP.
	ОК





## 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					
Group:	DYNASTY PRIMARY CARE				
Group Address:	1 Patriots PL Foxboro, MA 02005				
Group Type:	GROUP OF PROVIDERS				
Group NPI:		Group Tax ID:	160000005		
Role:	PCP	Has PCP Panel:	Yes		
PCP Panel Status:	Closed	PCP Panel Roster Count:	6		
Listed in NHP Directory:	Yes	Gender Restriction:	None		
Minimum Age Restriction:		Maximum Age Restriction:			
Effective:	02/01/2010	Termination:			
		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 Pro	ovide	r Transaction				
Fields marked with  eare required.						
Provider Name:	BRAD	Y. TOM				
Provider NPI:	123456	7890		Provider Type:	PHYSICIAN	
Termination Reason:	Resig	ned	✓	Termination Date:	01/20/2017	•
Note to NHP:						
						$\sim$
						$\sim$
Provider Practice Locations	As Of	01/18/2017				
			Toggle All			
G	iroup:	DYNASTY PRIMARY CARE				
Group Add	iress:	1 Patriots PL Foxboro, MA 02005				
Group	Type:	GROUP OF PROVIDERS				
Grou	p NPI:	1234567891		Group Tax II	): 16000005	
	Role:	PCP		Has PCP Pane	I: Yes	
PCP Panel S	tatus:	Closed		PCP Panel Roster Coun	t: 6	
PCP Panel Instruc	tions:	This panel has members assigne instructions as to which provider	ed to it. If you are te the members shou	rminating this practice location pl Id be reassigned to.	ease provide NHP specific	
		Please move patients to any avai	lable PCP with an o	open panel.		~
Effective	Date:	02/01/2010		Termination Date	e:	
	$\checkmark$	Terminate provider at this practice	e 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 ASSO	CIATES				
Group Type: NPI: Physical Address: Phone: PCP Panels Open:	GROUP OF PROVIDE 1234567890 123 Main St. Boston, MA 02210 (617) 111-2222 83.33 %	RS		Tax ID: Billing Address: Fax:	: 9999999999 : 123 Main St. Boston, MA 02210 : (617) 333-4444
				-	Notify NHP Of Incorrect Group Information
Service Locations					
FAMILY MEDICAL ASSOCIATES AT (	CENTRAL AVE.			12 Fo (61	Brady St. xboro, MA 02213 17) 749-7464
FAMILY MEDICAL ASSOCIATES				6 Fo (6	Belichick Blvd. xboro, MA 02214 17) 757-1212
Ourrent Boster As Of 19/09/9016					
Current Roster As OF 12/08/2016	FOI FAMILT MEDIC	AL ASSOCIATES, P			Enroll A New Provider Under This Group
Name		NPI	¢	Туре	\$
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 F	or FAMILY MEDICAL AS	SOCIATES		
Group:	FAMILY MEDICAL ASSOCIATES, PC			
Group Type:	GROUP OF PROVIDERS			
NPI:	1234567890	Tax ID:	9999999999	
Physical Address:	123 Main St. Boston, MA 02210	Billing Address:	PO BOX 515 FOXBORO, MA 02210	
Phone:		Fax:	857-222-1234	
Type Of Change:	Physical Address Change and/or Phor	ne Change		$\checkmark$
Details:	*** New Physical Address: As of 2/5/17, our practice has a new billi 45 Patriot's Way Foxboro, MA 55555 *** New Phone: *** New Fax:	ng address:		< >
Attach File:	Submit	Cancel	Browse	

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

Message fr	om webpage	×
<b></b>	Your request has been s	ubmitted to NHP.
		ОК



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: NPI: Provider Type:	BRADY, TOM 1234567890 PHYSICIAN	Degre	e: DO - Doctor of Osteopathy
Social Security Number:	***-**-0170	Date Of Birt	h: 2/1/77
Gender:	М	Ethnicit	y:
Email:			
Languages Spoken:	ENGLISH		
Primary Specialty:	Specia	ty: FAMILY PRACTICE	
	Effecti	ve: 04/01/1985	Termination:
	Ту	De: PRIMARY	Status: LICENSED
Secondary Specialties: License Number:	None 12125	DEA Numbe	r: 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**.

	-			
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			~
Details:	*** New First Name: *** New Last Name: *** New Middle Initial: *** Reason For Change:			^
				~
Attach File:			Browse	
	Submit	Cancel		

## Request Other Change For BRADY, TOM