

ADDRESS CHANGE REQUEST (CONTRACTED PROVIDER/FACILITY) CHECKLIST & HOW-TO

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What is the Address Change Request Form Used For?

1. Billing, mailing, primary, and alternate address changes
2. Additional location adds
3. Additional location terms
4. Additional gNPI adds for providers that are already contracted (must have an address affiliated with the gNPI)
5. Terming gNPIs for a group
 - a. Facility NPI terms where the facility/entity is closing completely, and the NPI is no longer billing should not utilize this form – Please use the Provider Termination Form
6. Changing one gNPI to another
7. DBA (doing business as) name changes for contracted entities.
8. Phone and Fax number changes

Address change request form link:

<https://www.bswhealthplan.com/Pages/Demographic-Update-Form.aspx>

Baylor Scott & White Health Plan Address Types

Billing = pay to/billing related correspondence

***Can only list 1 per Tax ID (TIN).

****Can default to the primary if the address is listed the same as the primary.

Mailing = non-billing related correspondence

***Can only list 1 per Tax ID (TIN).

****Can default to the primary if the address is listed the same as the primary.

Primary Physical = Main physical location for the facility or the provider.

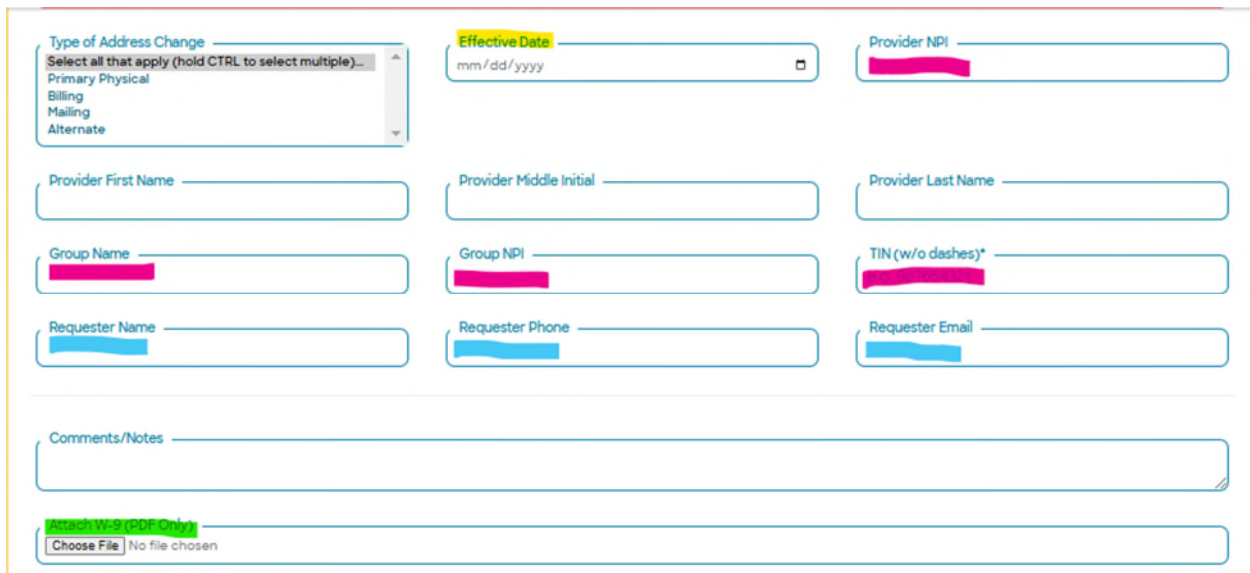
***All providers/facilities must have 1 primary location listed.

Alternate = additional locations that the provider might provide services/coverage at, or additional locations that fall under a contracted gNPI/TIN.

I. Mandatory Address Change Request Information:

- 1) Effective date
- 2) Facility or Group Name (legal or dba)
- 3) Facility NPI/gNPI
- 4) Tax ID (no dash)
- 5) Submitter Info
 - a. Name
 - b. Phone number
 - c. Email
- 6) W9
 - a. Has legal name & dba (as necessary)
 - b. TIN listed
 - c. Signed
 - d. Dated

*****For the fields on the form that do not apply to your type of contract/organization, please put N/A. If filling out a facility change request, please put the facility NPI in the provider NPI field as well as in the gNPI field. The form WILL NOT submit without the NPI in this field, too.**



II. Additional information Needed for Individual Providers:

For providers that have a professional agreement and are the only practicing provider who may not have a NPI2/gNPI, please list the “group” name as you would on your w9, and the group NPI the same as your provider NPI.

For providers with a true group name and gNPI/NPI2, please list that information in the Group Name and Group NPI fields.

Type of Address Change Select all that apply (hold CTRL to select multiple)... Primary Physical Billing Mailing Alternate	Effective Date mm/dd/yyyy	Provider NPI
Provider First Name	Provider Middle Initial	Provider Last Name
Group Name	Group NPI	TIN (w/o dashes)*
Requester Name	Requester Phone	Requester Email
Comments/Notes		
Attach W-9 (PDF Only) Choose File No file chosen		

III. Additional Information Needed for Providers that are part of a Group:

For providers that are part of a group where the addresses are changing for the entire group, **please list 1 provider in the provider fields, and put a note stating applies to whole group.**

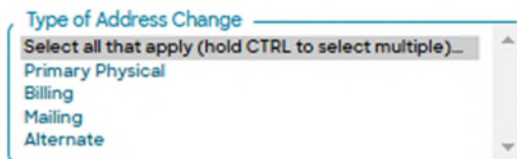
*****For primary and alternate address/location changes that apply to more than 1 provider but not the whole group – see page 5-6)**

Type of Address Change Select all that apply (hold CTRL to select multiple)... Primary Physical Billing Mailing Alternate	Effective Date mm/dd/yyyy	Provider NPI
Provider First Name	Provider Middle Initial	Provider Last Name
Group Name	Group NPI	TIN (w/o dashes)*
Requester Name	Requester Phone	Requester Email
Comments/Notes		
Attach W-9 (PDF Only) Choose File No file chosen		

Address Change How-To

IV. Organizational NPIs contracted at the facility level (Already enrolled facility NPIs under a contracted Tax ID)

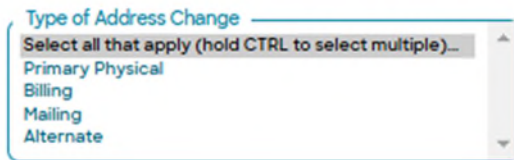
- 1) Select the type of address change (*more than one address type can be selected and submitted on the same request – once selected, the categories below will be highlighted BLUE*)



- a. **Billing and Mailing Changes**
 1. Please list old and new billing and/or mailing addresses.
- b. **Primary physical changes**
 1. Please list old and new primary physical address
- c. **Additional Address Adds Under the Same Contracted gNPI/TIN**
 1. Please list the address in the alternate section.
 2. If you need to add additional locations, you can list them in the comments section.
 3. Please put a note in the comments section to add the alternate location(s).
- d. **Additional Address Terms Under the Same Contracted gNPI/TIN**
 1. Please list the alternate location in the alternate section.
 2. If you have to term more than one alternate location, please put any additional locations in the comments section.
 3. Please put a note in the comments sections that the location(s) has termed.
- e. **Additional Address Changes (1 Location Replacing 1 Location that is Terminating)**
 1. Please list the old alternate address in the alternate section
 2. Put the new alternate address in the comments section
 3. Please put a note in the comments section that the old location has termed, and is being replaced with the new location.
- f. **Primary & Alternate Address Change (A primary address that is changing to the alternate, with a new primary address needing to be listed on file)**
 1. Please list the current primary in the old primary section.
 2. List the new primary in the new primary section.
 3. List the current/old primary that is also changing to the alternate in the alternate section.
 4. Put a note in the comments section that the old primary address needs to be listed as an alternate on the Organization/Facility profile.

V. **For providers contracted under individual or group Tax IDs:**

- 2) Select the type of address change (*more than one address type can be selected and submitted on the same request – once selected, the categories below will be highlighted BLUE*)



3) **Billing and Mailing Changes**

- a. Please list old and new billing and/or mailing addresses.
- b. Automatically applied to all providers with the group
 1. It is possible that a roster of active providers and their NPIs might be needed.

*****We can only list 1 billing and 1 mailing address per Tax ID in our system.**

4) **Primary Physical Changes**

- a. List the old and new primary physical addresses on the request form

*****All providers must have a primary address listed; If a primary address terms for an active provider, a new one must be added.**

- b. If the new primary address applies to the only provider under the TIN, list the provider in the provider section.
- c. If the new primary address applies to all providers in the group (and there is more than one provider with the group)
 1. Please put N/A in the provider section of the request form.
 2. Put the gNPI in the provider NPI field **AND** the gNPI field.
 3. Please put a note that the address change applies to all providers with the group.
- d. If the new primary address applies to some providers in the group, but not all providers
 1. Please list one provider in the provider section
 2. List any additional providers in the comments section
 3. Please put a note that the address applies to those providers

5) **Alternate Location Adds Only**

- a. Please list the address in the alternate section.
- b. If you need to add additional locations, you can list them in the comments section.
- c. Please put a note in the comments section to add the alternate location(s).

6) **Alternate Address Terms**

- a. Please list the alternate address in the alternate section.
- b. If you have to term more than one alternate location, please put any additional locations in the comments section.
- c. Please put a note in the comments sections that the location(s) has termed.

7) **Additional Address Changes (1 Location Replacing 1 Location that is Terming)**

- a. Please list the old alternate address in the alternate section
- b. Put the new alternate address in the comments section
- c. Please put a note in the comments section that the old location has termed, and is being replaced with the new location.

8) **Primary & Alternate Address (For providers that have a primary address that is changing to the alternate, and need a new primary address listed on their profile)**

- a. Please list the current primary in the old primary section.
- b. List the new primary in the new primary section.
- c. List the current/old primary that is also changing to the alternate in the alternate section.
- d. Put a note in the comments section that the old primary address needs to be listed as an alternate on the provider's profile.

*****If the old primary is listed in the old primary, but it is not notated or listed in the alternate section, the address will be termed for that provider. A new request will then be needed to add the address back on file.**

1. If this type of change only applies to 1 provider, please list in the provider section of the form.
2. If this type of change applies to 20 providers or less, please list the providers and NPIs in the comments section of the request form.
3. If this change applies to more than 20 providers, please email a roster of providers and provider NPIs to HPPROVSERVICES@BSWHealth.org
4. If this type of change applies to all providers with a group, please notate that in the comments section.

- VI. Additional Group NPIs/NPI2s (For providers who practice at multiple locations under a contracted TIN, and you wish to add a 2nd, or 3rd location that needs to be listed with a different gNPI/NPI2)**
- a. Fill out the request form as described in section V.5, but list the additional gNPI in the gNPI section.

***If the additional gNPI is for a FQHC/RHC, the FQHC/RHC must be enrolled/credentialed first before the providers can be added to the location/gNPI.

- VII. Submission Identifiers**
- a. Once a request is submitted, you will receive a long, alpha-numeric submission identifier.
 - b. This submission identifier is for your records.
 - c. If you do not receive a submission identifier, the request did not go through, and will need to be resubmitted.

Provider Change of Address

(Contracted Provider - Demographic Update Form)

Success!

Your form submission identifier is: **085adeb3-6f35-4889-bee6-95c99da3497f**

Thank you for submitting your address change request to Baylor Scott & White Health Plan. Please allow 30-45 days for processing and 30 days before checking on status.

- VIII. To check the status of an address change request:**
- a. Please allow 30 days before checking the status.
 - b. Please email: HPPROVSERVICES@BSWHealth.org
 - c. Please Include the TIN, NPI, provider Name/facility name and address