Provider Directory Real-time Updates

Group Provider User Guide



How to Use this Guide

This guide serves to help group providers navigate the Online Provider Directory real-time updates tool. The real-time updates tool allows providers to verify and update their online provider directory information. With your help, we can reduce frustration, confusion, and uncertainties experienced by patients, by keeping profile information current and limiting the amount of incorrect information.

To get started, you will need to register for a myPRES account, or know how you already registered for an account. This is important because permissions are based on registration type. The types are listed below:

- **Individual** An individual provider is a single person who practices medicine or one of the allied healthcare professions. This means you are not working as part of a group.
- **Group** A group is a cooperative practice of medicine as a group of physicians and/or allied healthcare professionals that share a common building, consulting rooms, labs, staff, equipment, etc.
- **Facility** A facility is a hospital, home health agency, skilled nursing facility, free-standing surgical center, etc. where inpatient care is rendered.

If you are unsure if you are an individual, group, or facility, please do not move forward with registration or using the real-time updates tool. Please reach out to your Provider Network Management relationship executive, or send an email to providerdemo@phs.org.

If you are certain you are registered as a group provider, please review the frequently asked questions (FAQs) at <u>www.phs.org/DirectoryUpdate</u>. After reading the FAQs, you can request myPRES access or login to an existing myPRES account, choose a delegate, and/or begin verifying and making updates to your online provider directory profile.

Provider Directory Update FAQs Website

The frequently asked questions website at <u>www.phs.org/directoryupdates</u> is a great resource to get started.

Providers | Contact Us | Update Provider Directory

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NEWS & COMMUNICATIONS
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UPDATE PROVIDER DIRECTORY



Chaplaincy Services

We provide ministry and emotional support for patients and their families and support for healthcare workers in times of crisis. Let us help.



Presbyterian Health Plan News & Updates

Find out about the newest staff and the latest technology, and all the other happenings at Presbyterian. Learn More ►

Update Provider Directory

You can now update your provider directory profile on the myPRES provider portal!

To help you navigate the new process, we have listed a few frequently asked questions below. If you need help getting started, please contact your Provider Network Management relationship team.

Contact Us>

If you are a behavioral health provider, please reach out to your Presbyterian behavioral health liaison at 800-424-6035 to learn more about updating your profile.

Where do I make updates?

Providers will make all updates and changes through the myPRES provider portal. To make updates, providers and provider offices must have a current myPRES account.

Log into myPRES >

What if I do not have a myPRES ID or account?

If you do not have a myPRES account, or if you have not accessed your myPRES account in the past year, you will need to register for a new one.

Register for myPRES .

Who in my office can make updates?

Provider offices will need to identify staff members as authorized delegates to make changes on behalf of the office through the portal.

How do I choose a delegate to make updates?

Offices must submit a request for access.

Submit Request >

Once I have access and permissions, how do I make updates?

When you log in to the myPRES provider portal, you will choose "Update Provider Directory" from the Menu of Service. You will then click on the section you would like to update. Updates may include, but are not limited to, demographic information, address, panel status, languages spoken, and hours of operation.

Choosing a Delegate

Groups will need to choose at least two delegates within the group to make any changes. To add delegates, providers will need to submit the request form at <u>https://phs.swoogo.com/delegate-access</u>.



A PRESBYTER	IAN
DELEGATE ACCESS REQUEST	
	2
Personal I	nformation Confirmation
Requestor's Information	
First Name *	
Last Name *	
Email Address *	
Daytime Phone *	• (201) 555-0123
National Provider Identifier	
Number (NPI) *	
myPRES ID *	
Acknowledgment *	I acknowledge that by submitting this form that I am an authorized user for this provider office and mvPRFS account
	Submit Request »

Once you receive an email verifying the delegate was added, log into myPRES and select, "Update Provider Demographic Information" from the myPRES Workforce Menu of Services. If the person who is chosen to be a delegate does not have a myPRES account, they will need to register for an account at <u>https://mypres.phs.org/Pages/provider-registration.aspx</u>.

A PRESBYTERIAN	Hi, LESLIE │ My Account ▶ │ Log Out ▶
myPRES Workforce	
MENU OF SERVICES	
Provider Services	
Behavioral Health - Magellan Portal 🕨	
Cultural Sensitivity Competencies	
myPRES Provider Portal >	
National Imaging Associates Provider Portal >	
Update Provider Demographic Information >	
▲ View Less	

This will open the dashboard below. Click on the green tabs to choose which sections of the profile to update.



Example of "Group Directory Address & Office Hours" tab

Click "Update" to view the address or office hours you need to update.

A PRESBYTERIAN			Hi, LESLIE	Log Out ►	Ø Provider / Employer / Employee Links ►
myPR	ES			4	
UPDATE DIRECTO Updating Directory Address & Office H Select the address that you want to upda ADD NEW ADDRESS	ORY ADDRES	SS & OFFICE	HOURS	5	
Address 1	Address 2	City	State	ZIP	Action
508 SAN PASQUALE AVE SW	STE 4	ALBUQUERQUE	NM	87104-113	36 Update >
BACK TO MENU Need help? Contact your assigned Rela	ationship Executive, or refer	rence the Presbyterian Pro	vider Network C	ontact Guide	×

Verify if the address is correct. If it is not, delete the address information in the fields and replace it with the correct one. Please note that all addresses will be verified by the United States Postal Service (USPS) for correctness. Therefore, please refrain from using punctuation in the address.

CORRECT: 508 SAN PASQULE AVE SW **INCORRECT:** 508 SAN PASQUALE AVE, S.W.

UPDATE DIRECTORY A	DDRESS & C	OFFICE HOURS
Updating Directory Address & Office Hours for	Taxonomy #	
The address listed below will automatically be valida please make any necessary changes to ensure you	ated against the U.S. Posta ur address aligns with the U	al Service system. If you receive an error message upon submission, JSPS.
Directory Address		
Address*	Telephone*	Extension
508 SAN PASQUALE AVE SW	505-815-3382	
Please add Suite, Building, Unit #, etc. on Address Line 2. Address Line 2	FAX	Extension
STE 4		
City*	→ "Required fields"	
ALBUQUERQUE]	
State* ZIP*		
New Mexico		
	_	

Verify if the office hours are correct. If not, choose the time from the dropdown, choose A.M. or P.M., or choose if the office is closed that day.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Office closed	Office closed	Office closed	Office closed	Office closed	Office closed	Office closed
Office Opens	Office Opens	Office Opens	Office Opens	Office Opens	Office Opens	Office Opens
7:30	7:00 💌	7:00 💌	7:00 💌	7:00 💌	Select 💌	Select 💌
A M.	AM.	A M.	A M.	AM.	AM.	AM.
P.M.	P.M.	P.M.	P.M.	P.M.	P.M.	P.M.
0.00	017 01	077 01	077 01	077 01	077 01	077 01
8:00 V	8:00	7:00 V	6:30 V	8:00 V	Select	Select
AM	AM	AM	AM	AM	AM	AM
PM.	PM.	PM.	PM.	PM.	PM.	PM.
CANCEL	SAVE <u>Remove</u>	this address				

Example of "Update Provider Panel Status & Spoken Languages*" tab

Input the National Provider Identifier (NPI) number or the name of the specific provider you need to update or verify.

A PRESBYTERIAN	Hi, GROUP	Log Out ▶	S Provider / Employer / Employee Links +
myPRES			
IDENTIFY PROVIDER Identify the provider whose panel status you want to update. Enter either the provider Provider NPI Number or Name	's NPI or Name, and then clic	s Search.	
CANCEL SEARCH Need help? Contact your assigned Relationship Executive, or reference the Presbyt	erian Provider Network Con	tact Guide ►	

Example of "Update Provider Panel Status & Spoken Languages*" tab

	Hi, T	TESTING GROUP │ Log Out ►	Provider / Employer / Em
my PRE	5		*
Note: You are updating this information on behalf of	NEL STATUS & S	POKEN LANG	UAGES
Provider Network	Spoken Lan	quages	
Provider network	Arabic	Greek	Polish
	Chinese	Hebrew	Portuguese
Panel Status	Dutch	Hindi	Punjabi
Accepting new patients	English	Hungarian	Russian
Patient maximum (total # of patients)	Farsi	Italian	Sign Language
99999	Filipino	Korean	Spanish
Patient gender accepted Both males and females	French Canadian	Navajo (Dine)	Urdu
Complex colu	German	Persian	Vietnamese
Females only			
Males only	If you need an additional la	nguage that is not listed here. or	ontact your assigned Relationsh

1. Provider Network

Providers will need to begin with this field as each network the provider is contracted with (e.g., Commercial, Medicaid, and/or Medicare) will need to be completed separately – even if the information is the same for all networks.

2. Spoken Language

The system will automatically default to English. If the provider speaks additional languages, click on the languages to insert checkmark.

3. Panel Status

You can indicate if the provider is accepting new patients under panel status and if they have age or gender restrictions (e.g., pediatrics, gynecology, etc.).

4. Save & Repeat

Choose "Save" and then repeat for the next network the provider is contracted with.

Example of "Group Physical Address" tab

Your physical address might be different than your directory address. Verify if the address is correct. If it is not, delete the address information in the fields and replace it with the correct one. Please note that all addresses will be verified by the United States Postal Service (USPS) for correctness. Therefore, please refrain from using punctuation in the address.

CORRECT: 508 SAN PASQULE AVE SW **INCORRECT:** 508 SAN PASQUALE AVE, S.W.

The address listed below				
make any necessary char	will automatically be validated ages to ensure your address	d against the U.S. Postal Se aligns with the USPS.	rvice system. If you recei	ive an error message upon submission, please
Physical Ac	ldress			
Address*		Telephone*	Extension	
9705 SAMIA ST NW		505-615-3382	34	
Please add Suite, Building, Un Address Line 2	it #, etc. on Address Line 2.	FAX	Extension	
Cit.4		Email Address		
ALBUQUERQUE				
State*	71D*	*Required fields		
New Mexico	87114-5999			
Note: If you need to change to Relationship Executive for ass	he State, contact your assigned istance.			

Example of "Mailing and Remittance Address*" tab

This tab will show both the mailing address and the remittance (billing) address. Please note: providers cannot update their remittance address via the real-time updates tool. Providers must contact their relationship executive/relations service associate team to make the appropriate changes.

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de de a		Million and and				- ANTERA
UPDATE MAILI	NG & RE	MITTANCE	ADD	RESS		
Updating Mailing & Remittan	ice Address for Ta	ixonomy #				
Select the address that you want	to update, or add a	new address.				
Address 1	Address 2	City	State	ZIP	Address Type	
						Action
9705 SAMIA ST NW		ALBUQUERQUE	NM	87114-5999	Mailing	Action Update >
9705 SAMIA ST NW 4817 SAN PEDRO DR NE		ALBUQUERQUE	NM NM	87114-5999 87113-0000	Mailing C	Action Update > Contact us *
9705 SAMIA ST NW 4817 SAN PEDRO DR NE * If you need to update your Remi	ttance address, cor	ALBUQUERQUE ALBUQUERQUE Itact your assigned Rela	NM NM tionship Exect	87114-5999 87113-0000 utive.	Mailing C Remittance	Action Update • Contact us *
9705 SAMIA ST NW 4817 SAN PEDRO DR NE * If you need to update your Remi	ittance address, cor	ALBUQUERQUE ALBUQUERQUE stact your assigned Rela	NM NM tionship Exect	87114-5999 87113-0000 utive.	Mailing C Remittance	Action Update • Contact us *

Update Mailing Address

Verify if the mailing address is correct. If it is not, delete the address information in the fields and replace it with the correct one, or choose "Same as Physical Address" if it is the same as your physical address. However, if choosing "Same as Physical Address" please make sure you have verified that the physical address is correct.

UPDATE MAILING ADDR	ESS		
Updating Mailing Address for Taxonomy #			
The address listed below will automatically be validated make any necessary changes to ensure your address	l against the U.S. Postal Se aligns with the USPS.	rvice system. If you receive an error message upon submission, please	
Mailing Address			
Same as Physical Address			
Address*	Telephone*	Extension	
9705 SAMIA ST NW	505-615-3382	34	
Please add Suite, Building, Unit #, etc. on Address Line 2. Address Line 2	FAX	Extension	
	*Required fields		
City*	hequired hered		
ALBUQUERQUE			
State* ZIP* New Mexico • 87114-5999			
Note: If you need to change the State, contact your assigned Relationship Executive for assistance.			
CANCEL			

Please note that all addresses will be verified by the United States Postal Service (USPS) for correctness. Therefore, please refrain from using punctuation in the address.

CORRECT: 9705 SAMIA ST NW INCORRECT: 9705 SAMIA ST, N.W.