



Provider Demographic Update User Guide

***Update Transaction
&
Summary Transaction***

Overview

Electronic Provider Demographic Update (EPRO Update) is BlueCross BlueShield's latest Electronic **Provider** support application. It's designed to streamline & enhance your Provider Customer Service experience – here's how:

- **EPRO Update** supplements our paper-based *Provider Demographic Change Form*
- You may now submit many office related updates, such as phone, fax & email online
- Many updates are sent, real-time, into our provider data files
- Other updates are pended for review & response by our Provider File Staff
- You may attach supporting electronic documentation to the updates
- Responses by our Staff are sent directly to your user account
- All inquiries, attachments & responses are saved for you on-line, search enabled!
- If you need to follow-up, all updates are assigned a unique ID in the system
- Reduces phone calls, scanning/printing, faxing, letters, postage & other office expenses

This User Guide shows you step-by-step how to submit and manage your updates with the following transactions, which will now appear in your menu:

- **Provider Demographic Update**
- **Provider Demographic Update Status**



[Claim Status](#)
[Eligibility And Benefits](#)
[Medicaid Eligibility](#)
[My Permissions](#)
[Provider Demographic Update](#)
[Provider Demographic Update Status](#)
[Provider Inquiry](#)
[Provider Inquiry Summary](#)
[Referral Inquiry](#)

Provider Update

1. Sign-on to HEALTHeNET
2. Begin by selecting **Provider Update** from the left-side menu.
3. The Provider Selection screen will appear.

HOME SCREEN

HEALTHeNET

[USER LOGIN](#) [SIGN-UP](#) [DISCLAIMER](#) [ICD-10 NEWS](#) [LINKS](#) [HOME](#)

Home
Friday, August 17, 2012 10:19:54 AM
Hello, Lisa 1PAR1-WNY

PCI HELP DESK
1-(877)-895-4724
HOURS OF OPERATION
7am-7pm M-F

[Home](#)
[Authorization Inquiry](#)
[Claim Status](#)
[Eligibility And Benefits](#)
[Medicaid Eligibility](#)
[My Permissions](#)
[Provider Demographic Update](#)
[Provider Demographic Update Status](#)
[Provider Inquiry](#)
[Provider Inquiry Summary](#)
[Referral Inquiry](#)
[Referral Request](#)
[Reports](#)
[Change password](#)
[Logout](#)

Announcements

08/14/2012
HealthNow maintenance
Please be advised that Healthnow transactions will be unavailable on Sunday, August 19th, 2012 from 6am to 8am due to

08/14/2012
Independent Health Maintenance
The Independent Health system will be unavailable on Saturday, August 18th 8pm through Sunday August 19th 7am due to

08/14/2012
Blueshield of Northeastern New York
Please be advised that Blueshield of Northeastern New York transactions will be unavailable on Sunday, August 19th, 2012 from 6am to 8am due to

08/14/2012
Blueshield of Northeastern New York maintenance
Please be advised that Blueshield of Northeastern New York transactions will be unavailable on Sunday, August 19th, 2012 from 6am to 8am due to

08/13/2012
WNYHealtheNet and WNYHealtheCommunity Maintenance
The WNYHealtheNet and WNYHealtheCommunity systems will be intermittently available between Saturday 8/18 6pm and Sunday 8/19 6pm due to

Select Provider Update to begin a new transaction.

SELECT A PROVIDER TO REVIEW

1. Select a **Payer** from the drop down list.
This Payer will receive the update requests.

At this time, the only Payers accepting this transaction are:
BlueCross BlueShield of Western New York
HealthNow New York
BlueShield of Northeastern New York

2. Select a **Provider** from the list.
Users are limited to working with only those providers that are in their security profile.
If you require access to a particular Provider, please contact PCI Help Desk.
3. Click the **Submit** button to confirm your *Payer* and *Provider* choices.

[USER LOGIN](#)

[SIGN-UP](#)

[DISCLAIMER](#)

[ICD-10 NEWS](#)

[LINKS](#)

[HOME](#)

Provider Demographics Update

Payer

BLUESHIELD OF NORTHEASTERN NEW YORK

Providers

Show 5 entries

Provider Name	Legacy ID	Tax ID	NPI	Address	City
ABARA, CHINEDU	000413667001	830485285	1023010212	1300 MASSACHUSETTS AVE	TROY
ABBASI, SADIA	000418247001	200052627	1740442698	2215 BURDETT AVE	TROY
ABBOTT JR, ALBERT	000413307003	141338471	1881666311	214 CORNELIA ST	PLATTSBURGH
ABBOTT, HERBERT	000491282001	141702697	1932248697	103 GREAT OAKS BOULEVARD	ALBANY
ABDELHAMID, AYMAN	000402708005	141803776	1669430674	67 PROSPECT AVE	HUDSON

Showing 1 to 5 of 54 entries

Submit

NAVIGATING THE UPDATE APPLICATION

Once you have selected a Provider, the screen will refresh itself.
Across the top of the application screen, you will see tabs for navigation.

Provider Information: This tab displays information regarding the Provider's person records.

Provider Office ID Numbers: The provider ID is displayed in the tab.

One or more of these tabs are displayed. Tabs appear based upon the number of Provider Office locations that are linked to the Provider's NPI.

For instance, in this example, Dr. Singh has four office locations, so there are four unique tabs, each with a unique Provider ID.

With your mouse, clicking on a tab will select it for viewing. In this example the Provider Information tab is selected, and it is highlighted in blue.

HEALTHeNET

USER LOGIN SIGN-UP DISCLAIMER LINKS HOME

Provider Demographic Update

Provider Information 000523527004 000523527005 000523527007 000500334004

Tax Id 030494988
NPI 1063410066
Provider Name **Sonjoy Singh, MD**
Email Address
Birth Date 08/24/1965
Ethnicity
Designation
Languages **English**
Hospital Affiliations
Recognition Program **WNY HealthNet Provider**
CAQH 11351399
State License 197421 (NY) Issued: 10/12/1994, Expires: 07/31/2012
DEA License BS4315431 Issued: 02/01/2004, Expires: 02/28/2013

Board Certification

Board	Specialty	Issue Date	Exp Date
American Board of Medical Spec	Family Practice	02/11/1989	02/01/2015

Medical School

School	Start Date	Graduation Date
Cambridge University	07/01/1985	12/01/1989

Edit this information

PCI HELP DESK
1-(877)-895-4724
HOURS OF OPERATION
7am-7pm M-F

[Home](#)
[Authorization Inquiry](#)
[Claim Status](#)
[Claim Status Admin](#)
[Eligibility And Benefits](#)
[My Permissions](#)
[Provider Demographic Update](#)
[Provider Demographic Update Status](#)
[Provider Inquiry](#)
[Referral Inquiry](#)
[Referral Request](#)
[Referral Request Admin](#)
[Change password](#)
[Logout](#)

EDITING THE PROVIDER INFORMATION

The Provider specific fields available for editing are:

Name First, Last, Title
Email Address
Birth Date
Ethnicity

Languages (Languages spoken in the Provider Office)
Hospital Affiliations (Hospitals at which the Provider has admitting rights)
Recognition Programs (NCQA, PCMH, etc...dependent upon Payer)

CAQH Number
State License Number, Issue & Expiry Dates
DEA License Number, Issue & Expiry Dates
Board Certifications, Specialty, Issue & Expiry Dates
Medical School, Name, Start & Graduation Dates

To begin editing, click the **"Edit This Information"** button at the bottom left of the screen.

[Provider Demographic Update](#)

[Provider Demographic Update](#)

[Status](#)

[Provider Inquiry](#)

[Referral Inquiry](#)

[Referral Request](#)

[Referral Request Admin](#)

[Change password](#)

[Logout](#)

DEA License BS4315431 Issued: 02/01/2004, Expires: 02/28/2013

Board Certification

Board	Specialty	Issue Date	Exp Date
American Board of Medical Spec	Family Practice	02/11/1989	02/01/2015

Medical School

School	Start Date	Graduation Date
Cambridge University	07/01/1985	12/01/1989

Edit this information

EDITING THE PROVIDER INFORMATION (Continued)

Once you've clicked the "Edit This Information" button, the screen will present you with the options for editing each field. Here are a few tips for editing the Provider information.

Fields that are Text Boxes are editable. For instance, to change the First Name, simply type your change over the existing information.

There are also drop-down menus for updating certain fields. Use your mouse to select the correct option from the drop down menu.

The final field type is a drop down menu with an "Add" button. To update these fields, choose the menu item that you would like to add by selecting it in the drop down menu, and then click the "Add" button.

Provider Demographic Update

Dixon-Gordon, Robert Dixon-Gordon Location 000914766002

NPI 1710075601

First Name **Text Box Field**

Last Name

Title **Drop-Down Menu Field**

Birth Date (mm/dd/yyyy)

Ethnicity

Languages English (x)
 Add Field

Hospital Affiliations

Hospital	Primary?
Rochester General Hospital (Primary) (x)	<input checked="" type="checkbox"/> <input type="button" value="Change Primary"/>
<input type="text" value="Please select..."/>	<input type="button" value="Add Hospital"/>

Provider Recognition Program

CAQH No.

State License State

Issue Date Expire Date

DEA License

Issue Date Expire Date

SUBMITTING OR SAVING UPDATED PROVIDER INFORMATION

	Board	Specialty	Issue Date	Exp Date
	American Board of Medical Spec (x)	Internal Medicine	01/01/1983	12/31/2099
Board Certification	<input type="text" value="Please select..."/>	<input type="text" value="Please select..."/>	<input type="text"/>	<input type="text"/>
	<input type="button" value="Add Certification"/>			

	School	Start Date	Graduation Date
Medical School	Tufts University	07/01/1976	06/30/1980
	<input type="button" value="Edit School"/>		

<input type="button" value="Create a draft from this provider"/>	<input type="button" value="Verify and Submit Provider Changes"/>
--	---

There are two buttons at the bottom of the Provider Information screen **during editing**.

Create a Draft From this Provider

By clicking this button, you will save your Provider updates in a draft mode. The changes are not sent to the payer. You may look up saved drafts using the “Demographic Summary” application, complete them, and submit them at a later date. This function allows a busy worker to save their work in this application for later completion.

Verify and Submit Provider Changes

Click this button if you feel satisfied that you have updated all of the Provider information successfully. The screen will change to a review screen, and ask if you are sure that you’d like to submit the changes. Please see the screen shot on the next page.

VERIFY and SUBMIT UPDATED PROVIDER INFORMATION

All of the information that you have changed will appear in a summarized screen. There are two buttons at the bottom of the screen:

Submit: By clicking this button, the verified updates are sent to the Payer for processing. Your transaction status will be update in the “Demographic Summary” application.

Please notice the “**Note**” field towards the bottom of the screen. Instructions to the payer may be typed into this note field.

Cancel: By clicking this button, the transaction is cancelled. No updates are sent to the Payer.

Provider Demographic Update

Verify Provider - 1710075601

NPI 1710075601
Provider Name Robert Dixon-Gordon, MD
Email Address
Birth Date 02/14/1954
Ethnicity
Languages English
Hospital Affiliations Rochester General Hospital(Primary)
Recognition Program
CAQH
State License 149340(NY) Issued: 03/12/1982, Expires: 01/31/2013
DEA License AD2114988 Issued: 06/01/2001, Expires: 06/30/2013

Board Certification

Board	Specialty	Issue Date	Exp Date
American Board of Medical Spec	Internal Medicine	01/01/1983	12/31/2099

Medical School

School	Start Date	Graduation Date
Tufts University	07/01/1976	06/30/1980

Note

Submit

Cancel

EDITING THE OFFICE LOCATION INFORMATION

The Provider specific fields available for editing are:

Primary, Billing, and Mailing Address
Street Address
City
State
Zip Code
Phone (Office)
Fax (Office)
Office Contact Email
Handicap Accesibility
Office Hours (Service Location only)
Physician Hours (Service Location only)

Provider Demographic Update

Gorczyca, John	Gorczyca Location 000916590002		
Tax Id	161598826		
Specialty	Orthopedic Surgery		
000916590002 (Primary) Address Information			
Address 1	601 Elmwood Avenue	Office Hours	
Address 2	Box 665	Sunday	
City	Rochester	Monday	8:00 am - 4:30 pm
State	NY	Tuesday	8:00 am - 4:30 pm
Zip Code	14642	Wednesday	8:00 am - 4:30 pm
Phone (Work)	(585) 275-5321	Thursday	8:00 am - 4:30 pm
Phone (Fax)	(585) 756-4727	Friday	8:00 am - 4:30 pm
Office Contact Email		Saturday	
Handicap Accessible	Y	Physician Hours	
		Sunday	
		Monday	8:00 am - 4:30 pm
		Tuesday	8:00 am - 4:30 pm
		Wednesday	8:00 am - 4:30 pm
		Thursday	8:00 am - 4:30 pm
		Friday	8:00 am - 4:30 pm
		Saturday	

Edit Location Information

To begin editing, click the **“Edit This Information”** button at the bottom of the screen. As before, the screen will change to allow editing of the fields. You may then **“Create a Draft from This Provider”** or **“Verify and Submit Provider Changes”**. The editing and submitting process is the same.

VIEW A DEMOGRAPHIC UPDATE STATUS

Updates may be viewed on the **Provider Demographic Update Status** screen. This tool helps you search for updates by selecting search options and filters. To use this screen:

1. Click on the **Provider Demographic Update Status** option on the left-hand menu
2. Select the **Payer Information, Provider Information & Date Range**
3. You may also filter your results by completing applicable **Filter Options** fields
4. **Submit!**

Provider Demographics Update Status Request

Provider Demographics Update Summary Request Header

Payer

BLUECROSS BLUESHIELD OF WESTERN NEW YORK

Providers

Show 5 entries

Search:

Provider Name	Legacy ID	Tax ID	NPI	Address	City	State	Zip Code	Taxonomy
DIXON-GORDON, ROBERT	000914766002	161588707	1710075601	2735 BUFFALO ROAD	ROCHESTER	NY	14624	
GORCZYCA, JOHN	000916590002	161598826	1700827425	601 ELMWOOD AVENUE	ROCHESTER	NY	14642	

Showing 1 to 2 of 2 entries

First Previous 1 Next Last

Summary Request Information

Start Date 06/21/2012 (mm/dd/yyyy)

End Date 08/20/2012 (mm/dd/yyyy)

User HNNYQA1 (Leave blank for all users.)

Inquiry Type All

Submit

COMPLETING A SAVED DRAFT

Locate the saved draft using the **Provider Demographic Update Status**.

Click on the appropriate option that appears to the right of the transaction information.

Edit: This option opens the transaction to the editing view. This is typically used if a transaction has been saved for later completion.

Submit: This option will open the transaction to the “verify and submit” stage. You may now choose to submit the transaction to the Payer.

Delete: Deletes all saved transaction information. No changes are sent to the Payer.

View: All completed transactions are saved for viewing.

Provider Demographic Update Status Summary

ID	User	Provider	Submitted / Saved	Status	Organization	
73	1PAR1-WNY	1023207586	Jan 31, 2012	Draft (Provider)	BLUECROSS BLUESHIELD OF WESTERN NEW YORK	Edit Submit Delete
100000000000025139	1PAR1-WNY	1023207586	Jun 4, 2012	Approved	BLUECROSS BLUESHIELD OF WESTERN NEW YORK	View
100000000000025347	1PAR1-WNY	1023207586	Jul 30, 2012	Approved	BLUECROSS BLUESHIELD OF WESTERN NEW YORK	View
100000000000025348	1PAR1-WNY	1023207586	Jul 30, 2012	Approved	BLUECROSS BLUESHIELD OF WESTERN NEW YORK	View