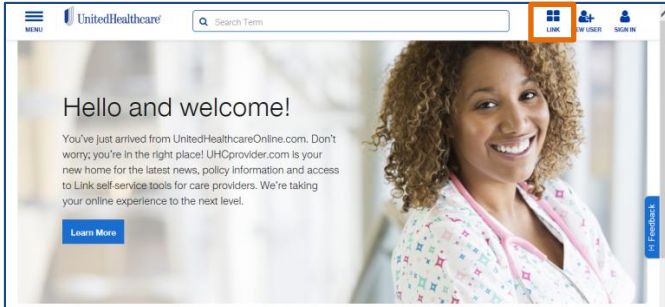


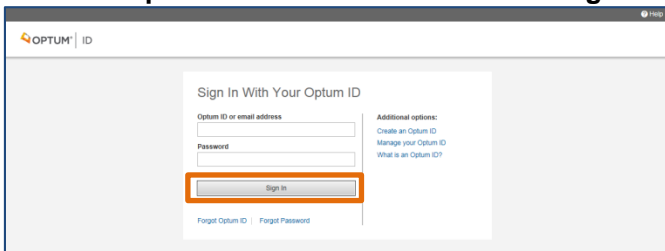
My Practice Profile, Roster Management allows you to upload and attest to delegated providers' demographic information (including items such as: address, phone, and fax numbers, email, and contact information). This Quick Reference covers My Practice Profile Roster Management.

Get Started

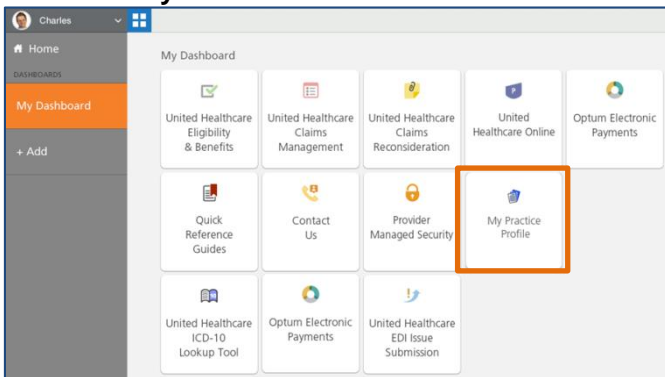
1. From UHCprovider.com, click **Link**



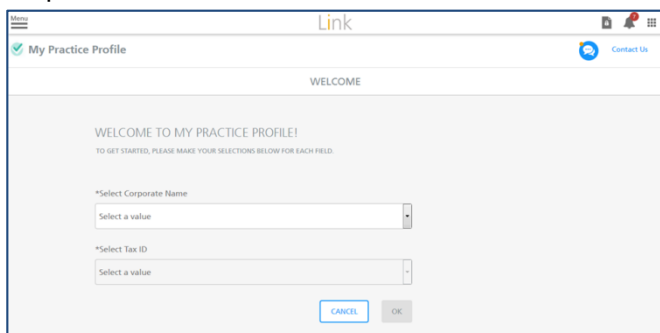
2. Enter **Optum ID** and **Password** then click **Sign In**



3. Select **My Practice Profile**

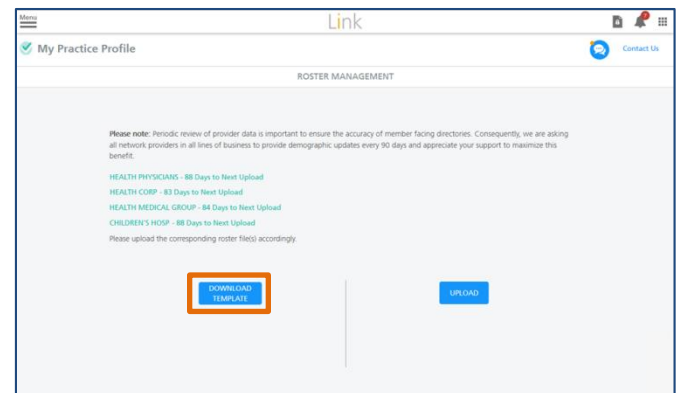


4. Choose your **Corporate Name** and **Tax ID** from the pull-down menus and click **OK**



Download Roster Template

1. Select **Download Template**



2. Enter your data in the spreadsheet

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	*Please refer to the instructions on the spreadsheet for more information on how to use the spreadsheet.	*For all providers, please refer to the instructions on the spreadsheet.	*For all providers, please refer to the instructions on the spreadsheet.	Provider's Identifying Information									
2	Change Type: To Remove (Please do not remove any provider information)	Effective Date of Change (MM/DD/YYYY)	Tax ID	Last Name	First Name	Middle Name	Nurse Title (If Nurse)	Degree	National Provider Identification Number (NPI)	Last Name	First Name	PHONE (LOCAL) (Please include area code)	WORK FAX NUMBER
3													
4													
5													
6													
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Note: If you wish to submit in your own format, please ensure the required elements, noted in red on the downloadable template, are included in your format.

3. Save the file to your own computer

Upload Completed Roster

1. Select **Upload** to attach your roster(s)

My Practice Profile

ROSTER MANAGEMENT

Please note: Periodic review of provider data is important to ensure the accuracy of member facing directories. Consequently, we are asking all network providers in all lines of business to provide demographic updates every 90 days and appreciate your support to maximize this benefit.

HEALTH PHYSICIANS - 88 Days to Next Upload
 HEALTH CORP - 83 Days to Next Upload
 HEALTH MEDICAL GROUP - 84 Days to Next Upload
 CHILDREN'S HOSP - 88 Days to Next Upload

Please upload the corresponding roster file(s) accordingly.

DOWNLOAD TEMPLATE | **UPLOAD**

2. Select a Roster Type from the pop-up

Roster Type

I am submitting:

A Full Roster
 Your entire delegated credentialing provider population including all required demographic data

A Partial Roster
 A subset of your delegated credentialing provider population including all required demographic data

Additions/Changes/Terminations
 A listing of the delegated credentialing provider population that have been newly added, had a demographic change or termination since your last submission

CANCEL | NEXT

NOTE: Full roster is the only option that will allow the user to attest after uploading.

3. Click **Add Attachment** to browse for your file

UPLOAD ROSTER

Select a delegate name, then click 'Add Attachment' to browse for your roster file(s).

CHOOSE DELEGATE NAME

SELECT A NAME | **Add Attachment** File Size Limit 100mb

SUBMITTED BY* | PHONE NUMBER*

CANCEL | CONTINUE

4. Add more Attachments, as desired
5. Complete **Submitted By** and **Phone Number**
6. Once you are finished, click **Continue**

UPLOAD ROSTER

Select a delegate name, then click 'Add Attachment' to browse for your roster file(s).

CHOOSE DELEGATE NAME

HEALTH PHYSICIANS | My Practice Profile ... 136 KB X

CHOOSE DELEGATE NAME

SELECT A NAME | Add Attachment File Size Limit 100mb

SUBMITTED BY* | PHONE NUMBER*

CANCEL | **CONTINUE**

Note: You must upload a separate file for each delegated entity for which you are authorized as the demographic submitter.

Attestation

1. Complete **Attested By**
2. Click **Attest**

Attestation

By uploading this file, I hereby attest to:

The completeness of all information uploaded, and that the uploaded file identifies all associated providers and group organizations. The accuracy of all uploaded information which includes:

(1) Office locations
 (2) Phone and fax
 (3) Provider names and primary specialties
 (4) Whether the Identified Providers are Accepting New Patients.

By clicking "Attest", I certify this information is correct.

ATTESTED BY:*

*Required

CANCEL | DO NOT ATTEST | **ATTEST**

NOTE: This attestation pop-up will only appear if you chose **Full Roster** type.

Confirmation

The confirmation screen shows your reference number, which you should save for your records

My Practice Profile

ROSTER MANAGEMENT

Thank you for your submission. Your updates have been sent for processing. Your request number is GL00000000001. Please call 1-866-842-3278 for further assistance.

In order to successfully process your request, please ensure all roster submissions contain all required fields as specified in the roster template that is available for download below.

HEALTH PHYSICIANS - 88 Days to Next Upload
 HEALTH CORP - 83 Days to Next Upload
 HEALTH MEDICAL GROUP - 84 Days to Next Upload
 CHILDREN'S HOSP - 88 Days to Next Upload

Please upload the corresponding roster file(s) accordingly.

DOWNLOAD TEMPLATE | UPLOAD

Additional **Help Resources** are available at the **Link Resource Library** and **UHC on Air**

My Dashboard

Link users are seriously fast.
 The average Link transaction can be completed in less than one minute compared to an average phone call of six and a half minutes or more.

1min. vs. 6min.

eligibilityLink

*Required
 *Confirm Payer Name (Insurance Company)/Payer ID:
 UnitedHealthcare - 87726 X

* Member ID | * Date of Birth
 M140000000 | MM/DD/YYYY

First Date of Service | Last Date of Service
 MM/DD/YYYY | MM/DD/YYYY

More Search Options | Search

My Practice Profile | claimsLink | Electronic Payments & Statements

UnitedHealthcare Online | **Link Resource Library** | Care Conductor

ICD 10 Lookup Tool | UMR | UHCprovider.com Policies, News Guides & More | referralLink Florida Community Plan | **UHC On Air**