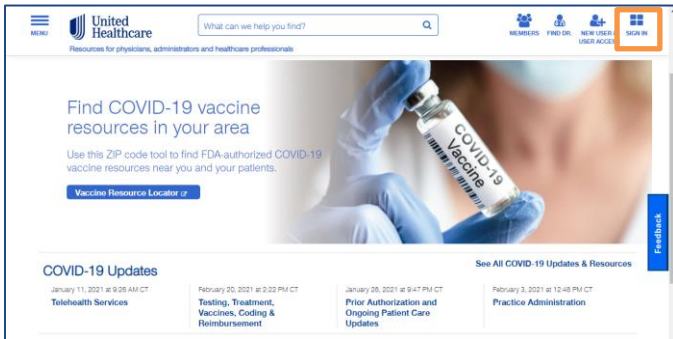
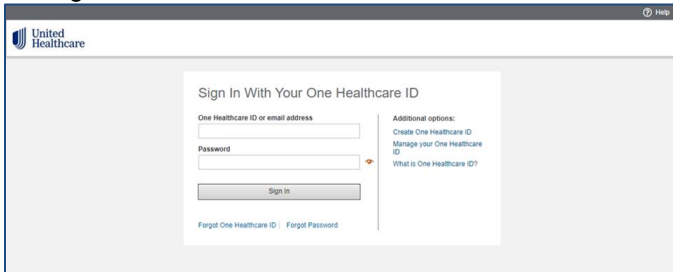


Getting Started

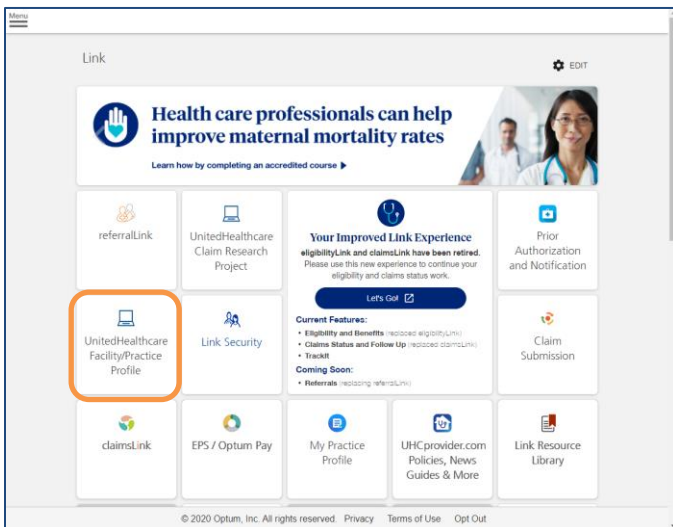
1. From UHCprovider.com, click **Sign In**



2. Enter your One Healthcare ID and Password and sign in



3. Select **UnitedHealthcare Facility/Practice Profile**



Facility/Practice Selection

1. Select the **Corporate Tax ID Owner**, **Physician/Provider Tax ID**, **Physician/Provider Name**, and **Service Address** from the drop-down menu. If there is only one selection for a drop-down menu, it will be pre-populated.
2. Click the **Continue** button.



View Current Information

1. Select the **View Current Information** tab

View Current Information

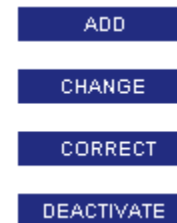
2. The current Facility/Practice Profile Data is view only
3. Click the **Search Again** button to select new criteria

Update Current Information

1. Select the **Update Current Information** tab

Update Current Information

2. Select one of the four options to complete the update



Update Current Information (continued)

Add Facility/Practice Data

1. Click the **Add** button.
2. Complete the **Add Practice Data** form. Required fields are identified by an asterisk*.
3. Click the **Continue** button.

Organization/Facility Data
*Organization/Facility Type: Select a Type Organization/Facility Name: MEDICAL CENTER
Contact Information
*Address Type: Select an Address Type
*Street: _____
*City: _____ *Should address print in directory? Yes No
*State: _____ *Zip: _____ *Should correspondence be sent to this address? Yes No
*Organization/Facility Phone: _____ ext. _____
*Organization/Facility Fax: _____ Organization/Facility Email: _____
Effective Date for Addition
*Effective Date: (mm/dd/yyyy) _____

4. Review the information; choose the **Edit** button if changes are needed or the **Submit** button if the information is correct.
5. Select **Yes** in the **Message Dialog** box to confirm the information entered complies with the physician/provider agreement.
6. A **Confirmation Page** will display.

Change Facility/Practice Data

1. Click the **Change** button.
2. **View** the current information.
3. Click the **Continue** button.
4. Complete the **Change Facility/Practice Data** form. Required fields are identified by an asterisk*.
5. Click the **Continue** button.
6. Review the information; choose the **Edit** button if changes are needed or the **Submit** button if the information is correct.
7. Select **Yes** in the **Message Dialog** box to confirm the information entered complies with the physician/provider agreement.
8. A **Confirmation Page** will display.

Correct Practice Data

1. Click the **Correct** button.
2. Complete the **Correct Facility/Practice Data** form. Required fields are identified by an asterisk*.
3. Click the **Continue** button.

Organization/Facility Data
*Organization/Facility Type: NURSING HOME *Organization/Facility Name: _____
Contact Information
Organization/Facility Address Payment/Billing Address
*Street: _____ *Street: _____
*City: _____ *City: _____
*State: _____ *State: _____ *Zip: _____ *Zip: _____
*Organization/Facility Phone: _____ ext. _____ *Phone: _____ ext. _____
*Organization/Facility Fax: _____ *Fax: _____
Organization/Facility Email: _____ *Care of/DBA Name: _____
*Should correspondence be sent to this address? Yes No *Should address print in directory? Yes No
Effective Date for Correction
*Effective Date: (mm/dd/yyyy) _____

4. Review the information; choose the **Edit** button if changes are needed or the **Submit** button if the information is correct.
5. Select **Yes** in the **Message Dialog** box to confirm the information entered complies with the physician/provider agreement.
6. A **Confirmation Page** will display.

Update Current Information (continued)

Deactivate Facility/Practice Data

1. Click the **Deactivate** button.
2. **View** the current information.
3. Complete the **Deactivate Facility/Practice Data** form. Required fields are identified by an asterisk*.
4. Click the **Continue** button.

Organization/Facility Data
Organization/Facility Type: HOSPITAL Organization/Facility Name: MEDICAL CENTER
Contact Information
Organization/Facility Address
Organization/Facility Phone Organization/Facility Fax Organization/Facility Email
Payment/Billing Address
*Does this payment/billing address need to remain active for other Organization/Facility Address? Yes No
Reason for Deactivation
*Reason for Deactivation: Select a Reason
Effective Date for Deactivation
*Effective Date: (mm/dd/yyyy) _____

5. Review the information; choose the **Edit** button if changes are needed or the **Submit** button if the information is correct.
6. Select **Yes** in the **Message Dialog** box to confirm the information entered complies with the physician/provider agreement.
7. A **Confirmation Page** will display.

View/Update NPI Information

Select the **View/Update NPI Information** tab.

View/Update NPI Information

Update NPI Information

1. Select the **Update NPI Information** radio button.
2. Select the radio button next to the NPI to be updated.
3. Click the **Continue** button.

NPI Information
NPI Number: _____ *Level Code: _____ Provider/Organization Name: _____
Taxonomy: _____ Effective Date: (mm/dd/yyyy) 01/09/2006
Tax ID: _____ Tax ID Type: T
License: _____ State: _____
Race of Service: _____
Department Name: _____
CONTINUE BACK TO NPI SUMMARY

4. Select the type of information to be updated from the **Level Code** drop down menu.
5. Enter updated **Taxonomy** information.
6. Enter the **Effective Date** for the current taxonomy information using the mm/dd/yyyy format.
7. Click the **Continue** button.
8. Enter the **Cancel Date** and **Cancel Reason** for the previous taxonomy information.
9. Review the information; choose the **Edit** button if changes are needed or the **Submit** button if the information is correct.
10. Select **Yes** in the **Message Dialog** box to confirm the information entered complies with the physician/provider agreement.
11. A **Confirmation Page** will display.

View/Update NPI Information (continued)

NOTE: Based on the Level Code selected, you may need to select the Tax ID, License, Place of Service or Department Name drop-down menu. If the entry is not listed, please contact the toll free telephone number listed.

Add a New Taxonomy to Existing NPI

1. Select the **Add a New Taxonomy to Existing NPI** radio button.
2. Select the radio button next to the NPI to be updated.
3. Click the **Continue** button.

The screenshot shows the 'NPI Information' form. At the top, it displays 'NPI Number:' and 'Effective Date: 10/14/2005'. Below this, there are five rows of input fields. Each row has a 'Taxonomy' field and an 'Effective Date:' field with a '(mm/dd/yyyy)' format hint and a small icon. At the bottom of the form is a button labeled 'ADD ANOTHER TAXONOMY CODE'.

4. Enter the **Taxonomy Information**.
5. Enter the **Effective Date** using a mm/dd/yyyy format.
6. Click the **Add Another Taxonomy Code** button to enter additional taxonomy codes.
7. Click the **Continue** button.
8. Review the information; choose the **Edit** button if changes are needed or the **Submit** button if the information is correct.
9. Select **Yes** in the **Message Dialog** box to confirm the information entered complies with the physician/provider agreement.
10. A **Confirmation Page** will display.

NOTE: If a NUCC Taxonomy Code is entered the corresponding effective date is required.

Add a New NPI

1. Select the **Add a New NPI** radio button.
2. Enter the **NPI Number**.
3. Select the type of information to be updated from the **Level Code** drop down menu
4. Enter the **Taxonomy** Information.
5. Enter the **Effective Date** in a mm/dd/yyyy format.
6. Click the **Add Another Taxonomy Code** button to enter additional taxonomy codes.

View/Update NPI Information (continued)

Add a New NPI (continued)

7. Click the **Continue** button.

The screenshot shows the 'Level Information' form. It contains the instruction 'Please enter your NUCC taxonomy codes below'. There are four rows of input fields. Each row has a 'Taxonomy' field and an 'Effective Date:' field with a '(mm/dd/yyyy)' format hint and a small icon. At the bottom of the form is a button labeled 'ADD ANOTHER TAXONOMY CODE'.

8. Review the information; choose the **Edit** button if changes are needed or the **Submit** button if the information is correct.
9. Select **Yes** in the **Message Dialog** box to confirm the information entered complies with the physician/provider agreement.
10. A **Confirmation Page** will display.

NOTE: Based on the Level Code selected, you may need to select the Tax ID, License, Place of Service or Department Name drop-down menu. If the entry is not listed, please contact the toll free telephone number listed.

Cancel an NPI

1. Select the **Cancel an NPI** radio button.
2. Select the checkbox next to the NPI row(s) to be canceled.
3. Enter the **Cancel Date** using a mm/dd/yyyy format.
4. Select the **Cancel Reason** from the drop down menu.
5. Review the information; choose the **Edit** button if changes are needed or the **Submit** button if the information is correct.

The screenshot shows a table with the following columns: NPI, Taxonomy, Level Code, Level Info, Effective Date, Cancel Date, and Cancel Reason. The table contains one row of data. Below the table is a button labeled 'ADD ANOTHER TAXONOMY CODE'.

6. Select **Yes** in the **Message Dialog** box to confirm the information entered complies with the physician/provider agreement.
7. A **Confirmation Page** will display.

Tax ID Updates

1. Select the **Tax ID Updates** tab.

Tax ID Updates

2. Adding a new Tax ID or making changes/updates to an existing Tax ID cannot be done online as it requires a copy of a W-9 to be submitted to your local Network Contact (see Related Links for a listing of Network Contacts).

Additional **Help Resources** are available at UHCprovider.com/portal