



To: PCPs and OB/GYNs
From: IEHP – Provider Relations
Date: April 9, 2019
Subject: **Provider Maintenance Request Form for Provider Changes**

In our continued efforts to maintain Provider records in our systems, we are implementing a **Provider Maintenance Request Form**. The intent of this form is to obtain all correct and necessary Provider changes for PCPs, OB/GYNs, and their Mid-Level Practitioners.

- **NOTE: All Providers contracted with an IPA must notify the IPA of all changes according to contractual and policy requirements. IPAs remain responsible for providing timely notification to IEHP of any Provider changes.**

The Provider Maintenance Request Form must be completed, signed, and submitted by each Provider who may need any changes. Examples of Provider changes include:

- Address Change (adding/terming a location or relocation)
- Provider Change (adding/terming a Provider)
- Affiliation Change (adding/terming an affiliation)
- TIN Change
- Phone, Fax, or Office Hours
- Change to Non-Participating Provider (no Member Assignment)

Along with completing the Provider Maintenance Request Form, additional documentation may be required:

- For W-9 changes, an updated W-9 form is required
- For any IPA changes, a new contract signature page and an updated W-9 form is required

Please be sure to review and sign the form prior to submission. The Provider Maintenance Request Form can be found on the Join Our Network page under the PCP and Specialists section of the IEHP website at: <https://www.iehp.org/en/providers/join-our-network>.

As a reminder, all communications sent by IEHP can also be found on our Provider portal at the following address: <https://www.iehp.org/en/providers/plan-updates>.

If you have any questions, please contact the IEHP Provider Relations Team at (909) 890-2054.

Enclosure: Provider Maintenance Request Form



PROVIDER MAINTENANCE REQUEST FORM
FOR PCP, OB/GYN, PCP MID-LEVELS & OB/GYN MID-LEVELS

PROVIDER INFORMATION

PROVIDER NAME: _____
NPI: _____ DATE OF SUBMISSION: _____

EFFECTIVE DATE OF CHANGES:

Maintenance Request (Check all that apply):			
<input type="checkbox"/>	ADDRESS (adding/termining a location or relocation)	<input type="checkbox"/>	TIN CHANGE
<input type="checkbox"/>	PROVIDER CHANGE (adding or terming a provider)	<input type="checkbox"/>	PHONE, FAX, OR OFFICE HOURS
<input type="checkbox"/>	AFFILIATION CHANGE (adding/termining an affiliation)	<input type="checkbox"/>	CHANGE TO NON-PARTICIPATING PROVIDER (no Member Assignment)

Maintenance Request Applies to the following:

Provider Type PCP OB/GYN PCP Mid-Levels OB/GYN Mid-Levels:

PLEASE SEE THE BELOW CHECKLISTS AND INCLUDE REQUIRED DOCUMENTATION FOR EACH APPLICABLE MAINTENANCE REQUEST.

PCP, OB/GYN, PCP Mid-Levels, and OB/GYN Mid-Levels:

- For W-9 changes, an updated W-9 form is required.
- For any IPA Changes, please attach new contract signature page and updated W-9 form.
- **NOTE: ALL PRACTITIONERS CONTRACTED WITH AN IPA MUST NOTIFY THE IPA OF ALL CHANGES.**

Location(s) to be added and/or relocating to address:

Location(s) to be termed:

New Phone: _____

New Fax: _____

New Hours: _____

