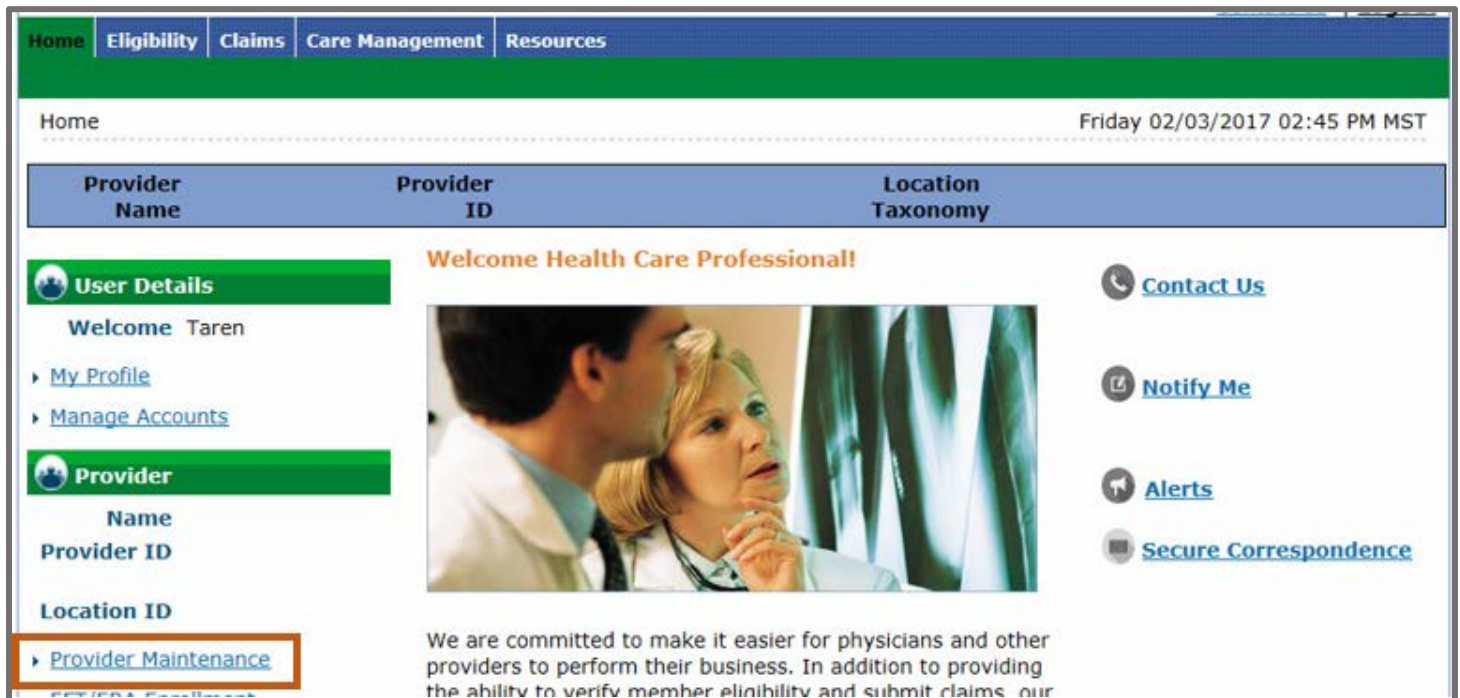


Provider Web Portal Quick Guide: Provider Maintenance – Update License

Provider Maintenance is where a provider will update their information, including license updates.

1. Login to Provider Web Portal

2. Click [Provider Maintenance](#)



Home Eligibility Claims Care Management Resources

Home Friday 02/03/2017 02:45 PM MST

Provider Name	Provider ID	Location Taxonomy
---------------	-------------	-------------------

User Details
Welcome Taren
[My Profile](#)
[Manage Accounts](#)

Provider
Name
Provider ID
Location ID
[Provider Maintenance](#)

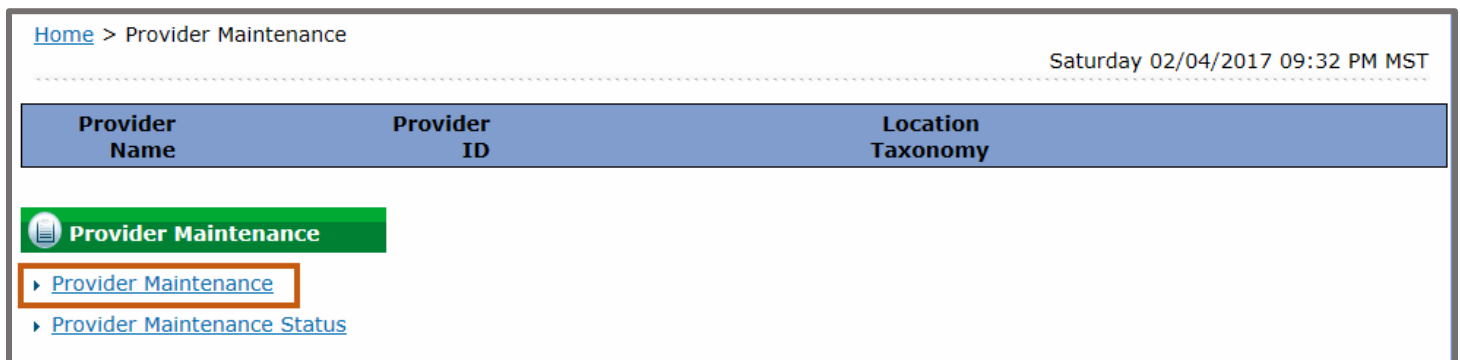
Welcome Health Care Professional!



[Contact Us](#)
[Notify Me](#)
[Alerts](#)
[Secure Correspondence](#)

We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and submit claims, our

3. Click [Provider Maintenance](#) again



Home > Provider Maintenance Saturday 02/04/2017 09:32 PM MST

Provider Name	Provider ID	Location Taxonomy
---------------	-------------	-------------------

Provider Maintenance
[Provider Maintenance](#)
[Provider Maintenance Status](#)

4. Click on the [Provider Identification Changes](#) page

Provider Maintenance: Instructions ?	
<p>Instructions</p> <p>Change of Ownership</p> <p>Specialty and Contact Information Changes</p> <p>Address Changes</p> <p>Provider Identification Changes</p> <p>Language Changes</p> <p>Other Information Changes</p> <p>Provider Affiliation Changes</p> <p>Network Participation Changes</p> <p>Disclosure Changes</p> <p>ACC Provider Opt-In Changes</p> <p>Attachments and Submit</p>	<p>Use these pages to submit any changes to your organizational information.</p> <p>Please select the link on the left to access the information you would like to update. After all the necessary changes are made you must submit the changes from the Attachments and Submit page.</p> <p>Important information:</p> <ul style="list-style-type: none"> After you have updated the necessary provider information, please visit the Manage Accounts page to review and update (if necessary) your delegate information. <p style="text-align: right;"> Continue Cancel </p>

On the "Provider Maintenance: Provider Identification" page, a new license can be added or an existing license displayed in the grid can be updated.

- New license: Enter data for all required fields in the "License" section. Press the "Add" button to add the record to the grid.
- Existing license: If a license is displayed in the grid, update the information as necessary and click "Save".
- Click "Go to Submit".

Provider Maintenance: Provider Identification
?

Instructions Change of Ownership Specialty and Contact Information Changes Address Changes Provider Identification Changes Language Changes Other Information Changes Provider Affiliation Changes Network Participation Changes Disclosure Changes ACC Provider Opt-In Changes Attachments and Submit	<p>You are initiating a change request. Complete the desired changes for fields in each section and click the 'Continue' button to make additional changes. Or click to 'Go to Submit' button to submit your changes.</p> <p>* Indicates a required field.</p>																																				
<div style="background-color: #0070C0; color: white; padding: 2px;">Education</div> <p>When adding or changing an education record, supporting documentation should be included as an attachment to this request.</p> <p>Fields marked required in this section are only required if any information is entered in this section.</p> <p>Click "+" to view or update the details in a row. Click "-" to collapse the row. To add a new row, enter all the required fields and click the "Add" button. Click "Remove" to remove the entire row.</p> <table border="1" style="width: 100%; border-collapse: collapse; background-color: #D9E1F2;"> <thead> <tr> <th style="width: 30%;">Degree</th> <th style="width: 30%;">School</th> <th style="width: 20%;">Year of Graduation</th> <th style="width: 20%;">Action</th> </tr> </thead> <tbody> <tr> <td colspan="4"> <input type="checkbox"/> Click to collapse. </td> </tr> <tr> <td>*Degree</td> <td>*School</td> <td>*Year of Graduation</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: center;"> <input type="button" value="Add"/> <input type="button" value="Reset"/> </td> </tr> </tbody> </table>	Degree	School	Year of Graduation	Action	<input type="checkbox"/> Click to collapse.				*Degree	*School	*Year of Graduation		<input type="button" value="Add"/> <input type="button" value="Reset"/>				<div style="background-color: #0070C0; color: white; padding: 2px;">License</div> <p>When adding or changing a license, a copy of the license is required as an attachment to this request.</p> <p>Fields marked required in this section are only required if any information is entered in this section.</p> <p>Click "+" to view or update the details in a row. Click "-" to collapse the row. To add a new row, enter all the required fields and click the "Add" button. Click "Remove" to remove the entire row.</p> <table border="1" style="width: 100%; border-collapse: collapse; background-color: #D9E1F2;"> <thead> <tr> <th style="width: 25%;">License #</th> <th style="width: 25%;">Effective Date</th> <th style="width: 20%;">End Date</th> <th style="width: 20%;">License State</th> <th style="width: 10%;">Action</th> </tr> </thead> <tbody> <tr> <td colspan="5"> <input type="checkbox"/> Click to collapse. </td> </tr> <tr> <td>*License #</td> <td>*Effective Date</td> <td>*End Date</td> <td>*License State</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: center;"> <input type="button" value="Add"/> <input type="button" value="Reset"/> </td> </tr> </tbody> </table>	License #	Effective Date	End Date	License State	Action	<input type="checkbox"/> Click to collapse.					*License #	*Effective Date	*End Date	*License State		<input type="button" value="Add"/> <input type="button" value="Reset"/>				
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<div style="background-color: #0070C0; color: white; padding: 2px;">CLIA Certification</div> <p>When adding or changing a CLIA record, a copy of the CLIA certificate is required as an attachment to this request.</p> <p>Fields marked required in this section are only required if any information is entered in this section.</p> <p>Click "+" to view or update the details in a row. Click "-" to collapse the row. To add a new row, enter all the required fields and click the "Add" button. Click "Remove" to remove the entire row.</p> <table border="1" style="width: 100%; border-collapse: collapse; background-color: #D9E1F2;"> <thead> <tr> <th style="width: 20%;">CLIA #</th> <th style="width: 20%;">Effective Date</th> <th style="width: 20%;">End Date</th> <th style="width: 30%;">CLIA Type</th> <th style="width: 10%;">Action</th> </tr> </thead> <tbody> <tr> <td colspan="5"> <input type="checkbox"/> Click to collapse. </td> </tr> <tr> <td>*CLIA #</td> <td>*Effective Date</td> <td>*End Date</td> <td>*CLIA Type</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: center;"> <input type="button" value="Add"/> <input type="button" value="Reset"/> </td> </tr> </tbody> </table>	CLIA #	Effective Date	End Date	CLIA Type	Action	<input type="checkbox"/> Click to collapse.					*CLIA #	*Effective Date	*End Date	*CLIA Type		<input type="button" value="Add"/> <input type="button" value="Reset"/>					<div style="display: flex; justify-content: flex-end; gap: 10px;"> <input type="button" value="Go to Submit"/> <input type="button" value="Continue"/> <input type="button" value="Cancel"/> </div>																
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<input type="button" value="Add"/> <input type="button" value="Reset"/>																																					

Clinical Laboratory Improvement Amendments (CLIA) Certification

A CLIA Certification can be added or changed through the "Provider Maintenance: Provider Identification" page. A copy of the CLIA certificate is required as an attachment in order to process the request.

When viewing an existing CLIA Certification on the "Provider Identification" page, do not be concerned if the "Effective Date" displayed does not match the "Effective Date" originally entered or the date of the most recent certification. DXC updated the "Effective Date" and "End Date" for all CLIA licenses in the Colorado interChange as of 8/10/2018. The Effective and End Dates for all CLIA licenses are as follows:

Effective Date: 1/1/1900

End Date: 12/31/2299

CLIA Certification

When adding or changing a CLIA record, a copy of the CLIA certificate is required as an attachment to this request.

Fields marked required in this section are only required if any information is entered in this section. Click "+" to view or update the details in a row. Click "-" to collapse the row. To add a new row, enter all the required fields and click the "Add" button. Click "Remove" to remove the entire row.

CLIA #	Effective Date	End Date	CLIA Type	Action
<input type="checkbox"/> Click to collapse.				
*CLIA # <input style="width: 100%;" type="text"/>	*Effective Date <input style="width: 100%;" type="text"/>	*End Date <input style="width: 100%;" type="text"/>	*CLIA Type <input style="width: 100%;" type="text"/>	
<input type="button" value="Add"/> <input type="button" value="Reset"/>				

When adding or changing a CLIA record, enter the "Effective Date" and "End Date" for all CLIA licenses as follows:

Effective Date: 1/1/1900

End Date: 12/31/2299

DXC and the Department are working on updating the Provider Web Portal so the effective dates will no longer be required and will be automatically populated.

When adding or changing a license, a copy of the license must be submitted on the "Provider Maintenance: Attachments and Submit" page. Attach a license under the "Attachments" section and enter data for all required fields. Press "Add" to add the attachment to the grid.

Under the "Submit" section, click the "I accept" checkbox and enter the name of the person reporting the change. Click "Submit". An auto-generated tracking number will be generated.

Provider Maintenance: Attachments and Submit
?

[Instructions](#)

[Change of Ownership](#)

[Specialty and Contact Information Changes](#)

[Address Changes](#)

[Provider Identification Changes](#)

[Language Changes](#)

[Other Information Changes](#)

[Provider Affiliation Changes](#)

[Network Participation Changes](#)

[Disclosure Changes](#)

[ACC Provider Opt-In Changes](#)

Attachments and Submit

*** Indicates a required field.**

Supporting Documentation

The following attachment action needs to be taken to complete the change request process. To submit attachments, please follow the instructions in the 'Attachments' panel below. Double-check that all required supporting documentation is included.

Attachments

To add an attachment, complete the required fields and click the **Add** button. Use the 'Other' selection to upload attachments not in the list.

Note: if you choose to "Upload" attachments by "File Transfer", a maximum of 5 MBs of information can be uploaded. The allowable file types are: bmp, doc, docx, gif, jpg, jpeg, pdf, ppt, tif, tiff, txt, xls, xlsx.

Click the **Remove** link to remove the entire row.

#	Transmission Method	File	Attachment Type	Action
<input type="checkbox"/> Click to collapse.				
	*Transmission Method <input type="text" value="FT-File Transfer"/>	*Upload File <input type="text" value="Browse..."/>	*Attachment Type <input type="text"/>	
<input type="button" value="Add"/> <input type="button" value="Cancel"/>				

Submit

Enter the required information below. Click Submit to send us your changes.

By checking this box, I declare, under penalty of perjury, that the information I have entered is true and correct.

***I accept** ←

***Name of the Person Reporting Change**

Date 03/26/2018

→

5. Retain the tracking number

[Print Preview](#)

Provider Maintenance: Tracking Information ?

Your change request has been submitted and assigned the following tracking number: **66605**

Please retain the tracking number for checking on the status of your change request. This change may require additional processes to verify data submitted. Use the Provider Maintenance Status page to check on the status of this change request.

A confirmation email has also been sent to the following contact person's email, associated with the provider: provider@provider.com.

6. Check the status of an update request

Click the "Provider Maintenance Status" link.

[Home](#) > Provider Maintenance Friday 02/03/2017 02:57 PM MST

Provider Name	Provider ID	Location Taxonomy
<div style="background-color: #4f81bd; color: white; padding: 5px; margin-bottom: 5px;"> 📄 Provider Maintenance </div> <ul style="list-style-type: none"> <li style="margin-bottom: 5px;">▶ Provider Maintenance <li style="margin-bottom: 5px; border: 2px solid orange; padding: 2px;">▶ Provider Maintenance Status 		

Enter the "Tracking Number" for the update request, and click "Search".

Provider Maintenance: Status [Back to Provider Maintenance](#) ?

Enter your assigned tracking number to verify the current status of your change request. For any further queries, please use Contact Us or Secure Correspondence.

* Indicates a required field.

***Tracking Number** x

[Search](#) [Cancel](#)

View the status details under the "Provider Maintenance – Summary" section.

***Tracking Number**

[Search](#) [Cancel](#)

Provider Maintenance - Summary

Below is the status of your provider change request.

Tracking Number 66605
Date Submitted 02/03/2017
Status Under Review
Status Date 02/03/2017

Need More Help?

Please visit the [Quick Guides and Webinars](#) web page to find all the Provider Web Portal Quick Guides:

Aid Code and Benefit Plan Acronyms

Adding and Updating TPL Information

Are You Billing from the Correct Account?

Copy, Adjust, or Void a Claim

Delegates

Delegate Access Definitions

Entering Third Party Liability

Provider Maintenance

Provider Maintenance – License Update

Pulling your 835 - Linking to your own TPID

Pulling your Remittance Advice (RA)

Reading your Remittance Advice (RA)

- Internal Control Number (ICN) Information Sheet
- Region Code Information Sheet

Submitting a Claim with Other Insurance or Medicare Crossover Information

Submitting an Institutional Claim

Submitting a Professional Claim

Validating a Trading Partner ID (TPID)

Verifying Member Eligibility and Co-Pay

- Managed Care Assignments
- Primary Care Provider
- Medicare Coverage
- Member Co-Pay Amounts

Updating your EFT Information

Updating your ERA Information

Viewing Prior Authorizations in the Portal

Web Portal Registration

Provider Web Portal – Frequently Asked Questions (FAQs)

Please visit the [Provider FAQ Central](#) web page and look under the Billing and Web Portal headings to see Provider Web Portal FAQs.

Provider Web Portal – Recorded Webinars

Click the links below to access the recorded webinars:

- [Session #1](#) Access the new Portal, Portal Registration, Log in, My Profile, Manage Accounts (including delegates)
- [Session #2](#) Provider Maintenance (including updates and affiliations), EFT/ERA Enrollment, Disenrollment
- [Session #3](#) Member Information and Eligibility Verification
- [Session #4](#) Remittance Advice (RA), Search Payment History, Search for Accounts Receivable Records, Make a Payment
- [Session #5](#) Notify Me, Alerts, Secure Correspondence
- [Session #6](#) Files Exchange, Resources
- [Session #7](#) Search & Submit CMS 1500, UB-04, Emergency Dental Claims, Prior Authorizations (Nursing Facility PETI PARs only)
- [Bridge](#) Bridge training for Community Centered Boards (CCBs) only