



## Introducing Provider DataPoint, Martin's Point's new smart, web-based provider data management tool

**Provider DataPoint** eliminates the need to fill out paper forms to update, add or terminate providers and locations from your practice. **Provider DataPoint** is designed to ask only for the information needed to complete your request, streamlining the process so that your change can be made as quickly as possible. It will also allow you to check on the status of your request.

Please review these instructions before starting to use **Provider DataPoint** to make sure you understand how it works. Click the header of each section to be taken directly to detailed instructions, including screenshots.

### [Update Practice Information](#)

Update your practice's phone number, name, physical, correspondence or billing address, Tax ID, or NPI.

### [Update Provider Information](#)

Update provider demographic information, including name, specialty and panel status.

### [Terminate a Practice Location](#)

Close an existing location. After closing the location, you will be able to terminate providers from the closed location.

### [Terminate a Provider or Provider Specialty](#)

Terminate a provider if he or she is leaving either a single location at your group, or is leaving the group entirely. Information about multi-specialty providers who will no longer practice one of their specialties should also be entered here.

### [Add a Practice Location](#)

Add a physical location to your already contracted group. After adding the location, you will be able to add providers to the new location.

### [Add a Credentialed Provider](#)

**Provider DataPoint** is designed to determine if your provider is already credentialed and, if not, only gather the information needed to complete your new provider's credentialing. Credentialing can take up to 90 days to complete. After adding your provider to their primary location, you will have the opportunity to add them to additional practice locations if needed.

### [Check the Status of a Request](#)

**Provider DataPoint** automatically confirms that your request has been received with an email that contains all the details of your request and a self-serve tracking number. Simply enter the tracking number supplied in your confirmation email and the status of your request will be displayed. **Provider DataPoint** also automatically alerts you when your request is complete.



# Practice Change Request

## Change an Existing Practice/Facility Record

<< Back      Submit >>

### Request Details

Effective Date

This is the date the change takes effect. Retrospective effective dates do not guarantee claim payment.

**I** = Required Information

Reason for Change

To efficiently process your request, please let us know the extent of the change.

### Current Practice/Facility Information

To ensure we update the correct record, please enter the information for the practice/facility location as it is currently on file with Martin's Point Health Care.

Practice/Facility Name

This information will determine which group is updated. Information entered below will replace current information on file.

Legal Name (if different)

Tax ID Number

Billing NPI

Physical Street

Physical City

Physical State

Physical Zip

Wheelchair access will default to checked. If your location is not accessible, please uncheck the box.

Wheelchair Accessible?

### Select the change(s) you'd like to make:

Check the applicable box(es) to expand and enter your information.

Name or Legal Name

Only select the sections where you need to make changes. Checking the box will open the section for required information input. If you are not making a change to a section, please do not check the box.

**I** = Required Information

New Practice/Facility Name

Use this section, if your practice name or legal name is or will be changing.

New Legal Name (if different)

**I** = Required Information

Physical Address

Use this section, if your physical address is or will be changing. This is the location that will show in our provider directory.

New Physical Street

New Physical City

New Physical State

New Physical Zip

Wheelchair Accessible?

Use this section if your correspondence address is or will be changing. This is the address we use for provider communications.

= Required Information

Correspondence Address

Prior Correspondence Street

Prior Correspondence City

Prior Correspondence State

Prior Correspondence Zip

New Correspondence Street

New Correspondence City

New Correspondence State

New Correspondence Zip

Use this section, if your billing address is or will be changing. This is the address we use for provider claims payments.

= Required Information

Billing Address

Prior Billing Street

Prior Billing City

Prior Billing State

Prior Billing Zip

New Billing Street

New Billing City

New Billing State

New Billing Zip

Changes in tax ID numbers or ownership may require an amendment or new participation agreement depending on the reason for the change. If this is a change in ownership, please contact a Martin's Point Health Care Network Representative at 1-800-348-9804

= Required Information

Billing NPI or Tax ID

Select One  Replace Existing Billing Information  Add Additional Billing Information

New Tax ID Number

New Billing NPI

Is this practice/facility under new ownership?

Changes in tax ID numbers or ownership may require an amendment or new participation agreement depending on the reason for the change. Please contact a Martin's Point Health Care Network Representative at 1-800-348-9804.

= Required Information

Phone, Fax, or Website

Phone

Use this section if your phone, fax or website will be changing. Phone and website will be shown in our provider directory.

Fax

Website

**Would you like to receive important network news and updates via email?**

**|** = Required Information

Yes

Email

This is the practice email address used to send important news and updates, including our quarterly newsletter.

**Submitter Information**

Submitter email will be used for all communication, including confirmation, completion and requests for more information.

Submitter First Name

Submitter Last Name

Submitter Title

Submitter Email

Submitter Phone

This information is specific to the submitted request and will serve as the contact point additional information, if needed.

**Submit >>**

By clicking the 'submit' button you are attesting that you are authorized to submit these changes on behalf of your practice. When the change is submitted, you will receive a confirmation email with a list of the requested changes submitted and a confirmation number that will allow you to track the progress of your request. If your change cannot be completed until its effective date, you will be notified via email. You will also be notified when your change request is completed.



# Provider Change Request

## Change an Existing Provider Record

<< Back      Submit >>

### Request Details

**|** = Required Information

Effective Date

This is the date the change takes effect. Retrospective effective dates do not guarantee claim payment.

Reason for Change

To efficiently process your request, please let us know the extent of the change.

### Provider's Practice Information

Practice/Facility Name

This is the physical location where the provider practices.

Physical Street

Legal Name (if different)

Physical City

Tax ID Number

Physical State

Billing NPI

Physical Zip

### Current Provider Information

To ensure we update the correct record, please enter the information for the provider as he/she is currently on file with Martin's Point Health Care.

Provider NPI

This is the provider's current information.

Provider First Name

Provider Middle Name

Provider Last Name

Provider Suffix

Provider Degree

### Specialty Information

Specialty

Accepting New Patients in this Specialty?  Yes  No

For each of the provider's specialties, indicate if the provider is or is not accepting new patients. For more than two specialties please submit additional provider change requests.

Second Specialty (if applicable)

--None--

If a second specialty is chosen, you will be prompted to let us know if the provider is accepting new patients in that specialty

### Provider Demographic Change

New Provider First Name

New Provider Middle Name

New Provider Last Name

New Provider Suffix

--None--

New Provider Degree

--None--

Gender

Female

Male

Languages Spoken

This is the information about the provider that is changing.

### Submitter Information

Submitter email will be used for all communication, including confirmation, completion and requests for more information.

Submitter First Name

Submitter Last Name

Submitter Title

Submitter Email

Submitter Phone

This information is specific to the submitted request and will serve as the contact point for additional information, if needed.

Submit >>

By clicking the 'submit' button you are attesting that you are authorized to submit these changes on behalf of your practice. When the change is submitted, you will receive a confirmation email with a list of the requested changes submitted and a confirmation number that will allow you to track the progress of your request. You will be notified via email when your request is complete or if your change cannot be completed until its effective date.



Terminating a practice will not automatically remove providers from the location. After submitting your practice termination, you must terminate each provider practicing at the location.

## Close a Practice/Facility Location

<< Back    Submit >>

### Request Details

**|** = Required Information

If you wish to terminate your agreement, please contact a Martin's Point Health Care Network Representative at 1-800-348-9804.

Effective Date

This is the date the change takes effect. Retrospective effective dates do not guarantee claim payment.

Reason for Closure

To efficiently process your request, please let us know the reason for closing the location.

### Closed Practice/Facility Information

This is the address and billing information for the practice location that will be closing.

Practice/Facility Name

Physical Street

Legal Name (if different)

Physical City

Tax ID Number

Physical State

Billing NPI

Physical Zip

### Submitter Information

Submitter email will be used for all communication, including confirmation, completion and requests for more information.

Submitter First Name

This information is specific to the submitted request and will serve as the contact point for additional information, if needed.

Submitter Last Name

Submitter Title

Submitter Email

Submitter Phone

After submitting your practice termination, you will have the opportunity to terminate providers at the location.

Submit >>

By clicking the 'submit' button you are attesting that you are authorized to submit these changes on behalf of your practice. When the change is submitted, you will receive a confirmation email with a list of the requested changes submitted and a confirmation number that will allow you to track the progress of your request. You will be notified via email when your request is complete or if your change cannot be completed until its effective date.



Terminating a practice will not automatically remove providers from the location. After submitting your practice termination, you must terminate each provider practicing at the location.

### Your Change Request Has Been Received

<b>Group Name</b>	General Cardiology Group	<b>Tracking Number</b>	CR0169
<b>Received</b>	5/24/2016 9:49 AM	<b>Status</b>	Received - Pending Review

Terminate Provider from this Location

Start a New Request

Click here to begin terminating providers from this location. Location information will carry over to the provider termination request.

Click here to begin a new request. Location and submitter information will carry over to the new request.





If this provider is practicing at a location that is being terminated, please submit the practice location termination first.

## Provider Leaving a Practice Location

<< Back

Submit >>

### Request Details

**|** = Required Information

Martin's Point Health Care requires at least 30 days notice before the provider's termination date.

This is the last day the provider will be at the practice. 30 days advance notice will allow members to enroll in Continuity of Care.

Last date the provider will be at practice

Provider is Terminating:

- A specific specialty but remaining at the practice location
- From this practice location only
- All locations associated with this Tax ID

Choose the first option if a multi-specialty provider will no longer practice one of their specialties, but will remain at their current locations. Choose the second option if a the provider is leaving one of the locations of a multi-location practice, but will continue to practice at any of the other locations. Choose the third option if the provider is leaving all locations, for example retiring or moving out of the area.

Reason for Termination

Other

Please select the reason the provider is terminating. Choose from resigned, relocated, retired, deceased or other.

If 'Other', please specify:

If other, tell us why the provider is leaving or what specialty the provider is terminating

### Provider's Practice Information

Practice/Facility Name

Legal Name (if different)

Tax ID Number

Billing NPI

This is the physical location that the provider will be leaving or where they will no longer be practicing their terminated specialty.

Physical Street

Physical City

Physical State

--None--

Physical Zip

### Terminating Provider Information

Provider NPI

Provider First Name

Provider Middle Name

Provider Last Name

Provider Suffix

--None--

Provider Degree

--None--

This is the information about the provider that is leaving the practice or terminating a specialty.

## Reassignment/Continuity

Was the provider a PCP?

Yes  No

In order to not disrupt patient care, please indicate the in-network PCP to whom existing patients are being transitioned if the terminating provider was a PCP.

Provider Reassignment

Please provide the name of the in-network provider to whom you are reassigning members. If there is no reassignment, please list N/A.

Will the provider offer Continuity of Care?

Yes  No

Martin's Point Health Care requires at least 30 days advance notice of provider termination to allow members in active treatment continued access to care for up to 90 days following the termination.

## Submitter Information

Submitter email will be used for all communication, including confirmation, completion and requests for more information.

Submitter First Name

Submitter Last Name

Submitter Title

Submitter Email

Submitter Phone

This information is specific to the submitted request and will serve as the contact point for additional information, if needed.

Submit >>

By clicking the 'submit' button you are attesting that you are authorized to submit these changes on behalf of your practice. When the change is submitted, you will receive a confirmation email with a list of the requested changes submitted and a confirmation number that will allow you to track the progress of your request. You will be notified via email when your request is complete or if your change cannot be completed until its effective date.



# Practice Addition Request

## Add an Additional Location

<< Back

Submit >>

### Request Details

**|** = Required Information

Effective Date

This is the date the change takes effect. Retrospective effective dates do not guarantee claim payment.

Reason for Change

To efficiently process your request, please let us know the extent of the change.

Is this practice/facility under new ownership?

If the practice is under new ownership, a new participation agreement may be needed. If this is the case, please contact a Martin's Point Health Care Network Representative at 1-800-348-9804.

### Existing Practice/Facility Information

This is the existing primary practice/facility location currently contracted with Martin's Point Health Care.

To ensure the new record is added to the correct contract, please enter the information for the primary practice/facility location on file with Martin's Point Health Care.

Practice/Facility Name

Physical Street

Legal Name (if different)

Physical City

Tax ID Number

Physical State

Billing NPI

Physical Zip

### New Location Information (as shown in our directory)

This is the physical address of the new location and will be shown in the provider directory.

New Practice/Facility Name

New Physical Street

New Legal Name (if different)

New Physical City

New Phone

New Physical State

New Fax

New Physical Zip

New Location Website

Wheelchair Accessible?

Wheelchair access will default to checked. If your location is not accessible, please uncheck the box.

### New Correspondence Address (for mailing letters, news, and other communications)

**Correspondence Address**

New Address  Same as Physical Address

New Correspondence Street

New Correspondence City

New Correspondence State

New Correspondence Zip

This is the address we use for provider communications. Use the radio button if it is the same as the physical address.

**New Billing Information**

Changes in Tax ID may require a new participation agreement depending on the reason for the change. Please contact a Martin's Point Health Care Network Representative at 1-800-348-9804 for specific information.

**Billing Numbers**

New Tax ID and NPI  Same as Above

New Tax ID Number

New Billing NPI

If your new location has a NPI/Tax ID that differs from the existing group as entered above, indicate it here. If the group has the same Tax ID but a different NPI, please re-enter the existing Tax ID with the new NPI.

**Billing Address**

New Address  Same as Physical Address  Same as Correspondence Address

New Billing Street

New Billing City

New Billing State

New Billing Zip

This is the address we use for provider claims payments. Use the radio button if it is same as either the physical address or the correspondence address.

**Would you like to receive important network news and updates via email?**

Yes

Email

This is the practice email address used to send important news and updates, including our quarterly newsletter.

**Submitter Information**

Submitter email will be used for all communication, including confirmation, completion and requests for more information.

Submitter First Name

Submitter Last Name

Submitter Title

Submitter Email

Submitter Phone

This information is specific to the submitted request and will serve as the contact point for additional information, if needed.

After submitting your practice addition, you will have the opportunity to add providers to this new location.

Submit >>

By clicking the 'submit' button you are attesting that you are authorized to submit these changes on behalf of your practice. When the change is submitted, you will receive a confirmation email with a list of the requested changes submitted and a confirmation number that will allow you to track the progress of your request. You will be notified via email when your request is complete or if your change cannot be completed until its effective date.



### Your Change Request Has Been Received

<b>Group Name</b>	General Cardiology Group	<b>Tracking Number</b>	CR0168
<b>Received</b>	5/24/2016 9:48 AM	<b>Status</b>	Received - Pending Review

[Add a Provider to this Location](#)

[Start a New Request](#)

Click here to begin adding providers to this location. Location information will carry over to the provider addition request.

Click here to begin a new request. Location and submitter information will carry over to the new request.

The options below will determine if this provider's specialty requires credentialing. If credentialing is required, certification and CAQH information is required. Our system will also determine if the provider is currently credentialed with Martin's Point Health Care.

### Add a Provider (or Specialty) at a Location

<< Start Over    Next >>

#### Provider Information

■ = Required Information

Provider NPI

Provider First Name

Provider Middle Name

Provider Last Name

Provider Suffix

Provider Degree

This is the provider that is new to your group

#### Specialty 1

■ = Required Information

Select a provider type to view the specialties that require credentialing in order to be shown in our provider directory. If the specialty is not listed below, credentialing is not required and advance information about the provider is not needed.

Please note that contracted providers who are not credentialed will be added to our system based on information submitted with claims.

Provider Type  Primary Care Provider: Provides primary care for a panel of patients.  Specialist: Provides specialty care and accepts referrals, including CNM.

Specialty

Accepting New Patients in this Specialty?  Yes  No

This information determines the type of provider you are adding. **Please note that if the specialty does not appear on the list, advance information about the provider is not required.**

This is the primary specialty the provider will be practicing. Location information will be gathered on the next page.

#### Specialty 2 (if applicable)

If the provider is accepting new patients in this specialty, they will appear in our Provider Directory.

Provider Type  Primary Care Provider: Provides primary care for a panel of patients.  Specialist: Provides specialty care and accepts referrals, including CNM.

Next >>

Clicking 'Next' will determine if the provider is already credentialed with Martin's Point Health Care. If not, credentialing information will be requested. You will be able to add the provider's location on the next screen.



# Provider Credentialing Request

## Add a Provider (or Specialty) at a Location

<< Back    Submit >>

### Provider Information

■ = Required Information

Provider First Name    Jack

Provider Last Name    Spratt

Provider Degree    DO

Provider NPI    1234567893

CAQH Number, gender and date of birth are required for the credentialing process.

CAQH Number

Gender  Female  Male

Date of Birth (mm/dd/yyyy)

### Practice Information

Practice/Facility Name

Legal Name (if different)

Tax ID Number

Billing NPI

Website

Provider's Start Date  [ 10/13/2016 ]

This is the provider's primary location. You will be able to add additional locations after submitting this provider's information.

Physical Street

Physical City

Physical State

Physical Zip

Phone

Wheelchair Accessible?

### Credentialing Application Details

Board Certification Status

- Currently Certified
- Pursuing Certification
- Exempt— Successfully completed residency program in specialty prior to January 1, 1996
- Not Applicable (Optometry, Chiropractic and Audiology Providers ONLY)

Certification information is required for the credentialing process. Board Certification numbers are required for some specialties

Board Name

Second Board Name (if applicable)

Enter information about multiple certifications here.



Additional Information

This information is specific to the submitted request and will serve as the contact point for additional information, if needed.

Approval letter will be sent to the address entered here.

**Submitter Information**

Submitter First Name

Submitter Last Name

Submitter Title

Submitter Email

Submitter Phone

Submitter Street

Submitter City

Submitter State

Submitter Zip

Credentialing approval letters will be sent to this address.

Submit >>

By clicking the 'submit' button you are attesting that you are authorized to submit this information on behalf of your practice. You will receive a confirmation email with a list of the information submitted and a confirmation number that will allow you to track the progress of your request.



# Provider Addition Request

## Add a Provider (or Specialty) at a Location

<< Back

Submit >>

### Provider Information

**|** = Required Information

Provider First Name

Provider Last Name

Provider Degree

Provider NPI

CAQH Number

Gender

Female

Male

Date of Birth (mm/dd/yyyy)

While optional, this information allows us to better identify the new provider.

### Practice Information

Practice/Facility Name

Legal Name (if different)

Tax ID Number

Billing NPI

Website

Provider's Start Date

Additional Information

Physical Street

Physical City

Physical State

-None-

Physical Zip

Phone

Wheelchair Accessible?

This is new provider's primary location. You will be able to add additional locations at the end of the process.

### Submitter Information

Submitter email will be used for all communication, including confirmation, completion and requests for more information.

Submitter First Name

Submitter Last Name

Submitter Title

Submitter Email

Submitter Phone

This information is specific to the submitted request and will serve as the contact point for additional information, if needed.

Submit >>

By clicking the 'submit' button you are attesting that you are authorized to submit this information on behalf of your practice. You will receive a confirmation email with a list of the information submitted and a confirmation number that will allow you to track the progress of your request.



### Your Change Request Has Been Received

Group Name    Digby Ear Emporium

Tracking Number    CR0172

Received    5/24/2016 9:54 AM

Status    Received - Pending Review

[Add this Provider to Another Location](#)

[Add Another Provider to this Location](#)

[Start a New Request](#)

Click here to add this provider to another location. Provider information will carry over to the location addition request.

Click here to add another provider to this location. Location information will carry over to the provider addition request.

Click here to begin a new request. Location and submitter information will carry over to the new request.



Martin's Point Health Care

# Check Request Status

## Enter Tracking Number

Tracking Number

Enter the tracking number from your confirmation email to check the status of your submitted request.

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Search >>



# Check Request Status

## Your Request Status

**Group Name** Digby Ear Emporium

**Tracking Number** CR0172

**Status** Received - Pending Review

**Received** 5/24/2016 9:54 AM

Your data change has been received and is pending review. Once reviewed, it will either be completed or you will be contacted if additional information is required.

The status of your request will appear here.

[Check Another Status](#)

[Start a New Request](#)

If you have submitted multiple change requests, click here to check another.

Click here to begin a new request.