

Provider Bulletin

Control Number:	090219
Date:	September 6, 2019
Subject:	Provider Demographic Information auto updated via ProviderSource application and re-attestation process
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Effective Date:	Immediately

First Choice Health (FCH) is excited to announce that effective immediately, we will be accepting Provider demographic updates daily through OneHealthPort's ProviderSource. See bullet #4 below for how to remove demographic information.

When providers attest via ProviderSource and indicate FCH, if any demographic updates are made, we will automatically receive and update your information (see grid on page 2 showing the fields auto updated). We believe this will provide us with the most up to date information regarding your office, and allow members to more easily locate you in our Provider Search. If you currently do not have an [application with ProviderSource](#), we encourage you to consider utilizing this process today!

IMPORTANT:

- We will update relevant information as entered on the application. Please ensure the data is spelled correctly, without punctuation (unless the name is hyphenated), and as you wish to display for members.
- This is required for all non-delegated WA practitioners. Practitioners in OR may also use this process immediately
- Other non-delegated practitioners wishing to utilize ProviderSource to streamline your credentialing process including updates may also use this process [beginning 10/06/19](#).
- If you wish to remove a Tax Identification Number(s) (TIN) and/or addresses these would still need to be made via the [online FCHA Provider Update Form](#).
- For all non-delegated practitioners utilizing OneHealthPort's ProviderSource, please be aware that effective November 1st, 2019, demographic changes on the attached grid that we receive via email and/or provider update form will be returned, indicating that they need to be updated and attested through ProviderSource. This allows for timelier processing of your information.

If you have any questions regarding the content of this bulletin, email ProviderRelations@fchn.com.

CATEGORY	UPDATED FIELD
BillingContact	BillingContactAddress
BirthInfo	Date
ClientSpecificNo	NPI
CredContact	CredContactAddress
CredContact	EmailAddress
CredContact	Fax
CredContact	FirstName
CredContact	LastName
CredContact	Phone
DEA	DEANumber
DEA	ExpirationDate
HospitalAffiliation	AppointmentDate
HospitalAffiliation	ExpirationDate
HospitalAffiliation	HospitalName
LanguageSpoken	Description
Medicare	MedicareNumber
OfficeManager	OfficeManagerAddress
OfficeManager	EmailAddress
OfficeManager	Fax
OfficeManager	FirstName
OfficeManager	LastName
OfficeManager	Phone
PracticeInfo	AcceptNewPatientFlag
PracticeInfo	AccessHandicap
PracticeInfo	ADAFlag
PracticeInfo	AgeMaximum
PracticeInfo	AgeMinimum
PracticeInfo	AppointmentPhone
PracticeInfo	AppointmentPhoneExt
PracticeInfo	GenderLimitation
PracticeInfo	MailingAddress
PracticeInfo	OfficeAddress
PracticeInfo	OfficeEmailAddress
PracticeInfo	OfficeFax
PracticeInfo	OfficePhone
PracticeInfo	OfficePhoneExt

CATEGORY	UPDATED FIELD
PracticeInfo	OrgNPI
PracticeInfo	TaxID
PROVIDER	EmailAddress
PROVIDER	FirstName
PROVIDER	Gender
PROVIDER	LastName
PROVIDER	MiddleName
PROVIDER	SSN
PROVIDER	Suffix
PROVIDER	UPIN
RegCertLicense	ExpirationDate
RegCertLicense	Number
Specialty	TaxonomyCode