

## Tips for Adding a New Provider to Participating Groups via MetroPlusHealth Provider Portal

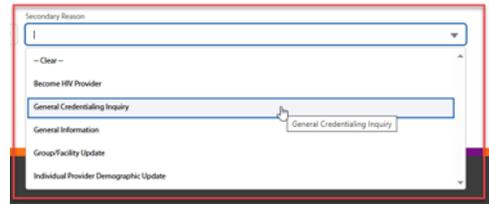
- 1 Log into the Provider Portal. Scroll down the page and click on **Update Provider Information** as shown in the screenshot on the right.



- 2 Click on the drop-down menu under **Primary Reason**, select **Credentialing**.



Under **Secondary Reason**, select **General Credentialing Inquiry**.



A fillable drop-down will populate as shown in the screenshot on the right.

- 3 Please follow these instructions to enter information for each field.

**Provider ID** – You will not be able to remove the ID. You may leave it be.

**Provider NPI** – Delete the existing NPI and input the NPI of the provider you want to add.

**Practice Name** – Input the group's name as it appears on the W9.

**Comments/Description** – You do not need to add a member number. You will need to input the following information for the provider you want to add:

- Provider's full name
- Provider's license

- State you want to add this new provider to your group (indicate the name)
- Add any other comments you want that pertain to Credentialing

**Tax ID** – Input the group's Tax ID.

**Specialty** – Input the specialty of the provider you want to add.

**Service Location** – Input the service addresses of the group that the new provider will be practicing at. If there is more than one, separate them by listing 1, 2, etc.

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Click **Attachments** at the bottom left of the page, as shown in the screenshot on the right:

A screenshot of a web form. At the top, there is a text input field with the label '\*Comment/Description (Member Number Required)'. Below this field, there is a button labeled '> Attachments'. A red arrow points from the left towards this button.

Forms can be found on the Resources tab of the Provider Portal. Upload the following items (all MetroPlusHealth forms must be completed before uploading):

- **Provider Information Form – For Non-Behavioral Health specialties**  
If more than three providers, complete Excel spreadsheet
- **Provider Information Form (BH) – For all Behavioral Health specialties**  
If more than three Behavioral Health Providers, complete Excel (BH) spreadsheet
- **Reimbursement Attestation Form –**  
Completed by the Behavioral Health Provider
- **Certificate of Professional Liability Insurance** – It needs to be at minimum of \$1million/\$3million and covers the provider while practicing with the group. Binders and declaration pages will not be accepted.
- **Provider Hours Form**
- **Admitting Privileges** – Review specialties on document labeled “Specialties that require privilege in par facility.” If specialty of the provider matches, include the current admitting/surgical privileges letter at a participating hospital or ambulatory surgery center. Nephrologist can provide current privileges with a participating dialysis center, in lieu of privileges with a participating hospital or ambulatory surgery center.
- **NP Attestation Form** – Only upload if the provider is a Nurse Practitioner
- **PA Supervision Form** – Only upload if the provider is a Physician Assistant. The supervising physician must be active and practice at the same location as the Physician Assistant.
- **ADA Attestation** – Complete the form for all service locations, so we can accurately inform patients about the site’s wheelchair access
- **W9**
- **OB Specialty Form** – Only upload if the provider is an obstetrician/gynecologist
- **Midwifery Collaborative** – Only upload if the provider is a midwife

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Click **Submit** at the bottom right of the page.

A screenshot of a web form. At the top, there are two dropdown menus: 'Primary Reason' (set to 'Credentialing') and 'Secondary Reason' (set to 'General Credentialing Inquiry'). Below these are several input fields: 'Provider ID', 'Provider NPI', 'Practice Name', 'Tax ID', 'Specialty', and 'Service Location (Address)'. At the bottom left, there is a text input field with the label '\*Comment/Description (Member Number Required)'. Below this field, there is a button labeled '> Attachments'. At the bottom right, there is a blue 'Submit' button. A red arrow points from the left towards this button.

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It will generate an **Inquiry Number** for you to keep as a record. Save this number, so you may follow up on it in the future.

If you have questions about the Provider Portal or need to request a login, please email [providerrelationsops@metroplus.org](mailto:providerrelationsops@metroplus.org). A representative will follow up with you to help set up your account.