

## Iowa quick guide: Provider demographic and termination updates

### How to update a provider record

Amerigroup Iowa, Inc. requires specific documentation in order to update a provider's record. One of the following is required:

- A request on provider group letterhead with the signature of the provider or an authorized representative
- An email from an authorized provider or authorized representative
- An Amerigroup Provider Demographic Change form

Once you have all of the required documentation, you can submit your request in one of the following ways:

- By emailing it to Provider Relations at [iowamedicaid@amerigroup.com](mailto:iowamedicaid@amerigroup.com)
- By faxing it to 1-855-832-7289
- Through the web portal at [providers.amerigroup.com/ia](https://providers.amerigroup.com/ia)

#### **For an address change**

Documentation should include:

- Name of provider or group and NPI number
- Tax ID number
- Old location, telephone and fax
- New location, telephone and fax
- Indicate if this is the primary location or an additional location (i.e., second, third, etc.)
- Effective date

#### **For a remit address change**

Documentation should include:

- Name of provider or group and NPI number
- Tax ID number
- Old location, telephone and fax
- New location, telephone and fax
- W-9 (if changing the tax information form 1099)
- Effective date

#### **For a correspondence address change**

Documentation should include:

- Name of provider or group and NPI number
- Tax ID number
- Old location, telephone and fax
- New location, telephone and fax
- Effective date

#### **For a group name change**

Documentation should include:

- Old name and NPI number with tax ID number (no change to tax ID)
- New name and NPI number
- Effective date
- W-9 with tax ID number (no change to tax ID) and new name (signed and dated)
- New Disclosure for Provider Entity form
  - The d/b/a name must be included on both the W-9 and disclosure

**Adding a new tax ID for a group entity that is currently participating in network and will continue to be reimbursed under the current old contracted rates upon effective date**

Documentation should include:

- Current entity name and NPI number
- W-9 of current tax ID number
- New entity name and NPI number
- W-9 of new tax ID number adding
- Requested effective date
- New Disclosure for Provider Entity form
  - Please note: This is a tax ID assignment and will require going through legal

**For an individual name change**

Documentation should include:

- Name of provider and NPI number
- Provider old name
- Provider new name
- Effective date
- New Disclosure for Provider Person form

**For a participating entity adding NPI (tax ID stays the same)\***

Documentation should include:

- Name of provider, new NPI number and new Medicaid number
- Tax ID number
- Effective date
- Entity application
- Disclosure for Provider Entity form

\*If this is for a group, a Disclosure for Provider Persons form will also be required.

**Reminders**

- Letterheads and emails should always include the provider name(s), tax ID number, NPI number and effective date
- If the request is for a tax ID change, the letter must include the handwritten signature (not printed) of an authorized representative
- The provider effective date should be the latter of 60 days from the clean receipt of notice to Amerigroup
- All disclosure forms must include the Medicaid ID number

**For a panel status – close panel change\***

Documentation should include:

- Name of provider and NPI number
- Tax ID number
- Whether auto assign should be off or on
- Whether new members should be yes or no
- Reason for closing patient panel

\*If reassigning members, please refer to termination process.

**For a patient age-range change**

Documentation should include:

- Name of provider and NPI number
- Tax ID number
- Age range of members (minimum and maximum) for accepting new patients

**For a participating entity terming NPI\***

Documentation should include:

- Name of provider and NPI number
- Tax ID number
- Effective date

\*If this is for a group, the termination process will be followed.

**For providers who are currently participating Amerigroup providers**

Please note: Credentialing follows the provider. Therefore, before a provider changes from one tax ID to another, credentialing status will always be researched.

**For a participating provider going to a nonparticipating group (network grid “closed” does not apply)**

The following is required:

1. Request on new group letterhead with effective date
2. If this is for a participating provider, proceed with adding the group after contracting
3. Indicate whether the provider is a PCP or specialist
4. The new contract
5. The rate sheet
6. Group application
7. W-9 form
8. Disclosure for Provider Person form
9. Disclosure for Provider Entity form
10. Provider Medicaid ID number
11. Entity Medicaid ID number
12. Request on letterhead or email from former practice manager or provider enrollment to term old tax ID with effective date
  - a. If this is for a PCP, please indicate whether members will be moved from the old tax ID to the new tax ID (add this) or the name of the transitional PCP

**For a participating provider going to a participating group**

The following is required:

1. Request on new group letterhead with effective date
2. Indicate whether the provider is a PCP or specialist
3. Disclosure for Provider Person form
4. W-9 form
5. Request on letterhead or email from former practice manager or provider enrollment to term old tax ID with effective date
6. If this is for a PCP, please indicate whether members will be moved from the old tax ID to the new tax ID

**For a participating provider leaving a group/going into solo practice**

The following is required:

1. Request on new practice letterhead with effective date
2. Indicate whether the provider is a PCP or specialist
3. The new contract
4. The rate sheet
5. W-9 form
6. Disclosure for Provider Person form
7. Disclosure for Provider Entity form\*
8. Request on letterhead or email from former practice manager or provider enrollment to term old tax ID with effective date
  - a. If this is for a PCP, please indicate whether members will be moved from the old tax ID to the new tax ID

\*This form is required if a group is set up with a different NPI number (must have Medicaid number as well).

**For a solo participating provider that becomes a group, incorporates and changes their tax ID**

The following is required:

1. Request on new group letterhead with effective date
2. Indicate whether the provider is a PCP or specialist
3. The new contract
4. The rate sheet
5. Group application
6. W-9 form
7. Disclosure for Provider Person form
8. Disclosure for Provider Entity form
9. Request on letterhead or email from former practice manager or provider enrollment to term old tax ID with effective date
  - a. If the group is adding additional providers, please follow the participating provider/participating group or nonparticipating provider/participating group procedures (whichever applies)
  - b. If this is for a PCP, request members move from the old tax ID to the new tax ID

**For a solo participating provider that becomes a group, incorporates and does NOT change their tax ID**

The following is required:\*

1. Request on new group letterhead with effective date
2. Indicate whether the provider is a PCP or specialist
3. Group application
4. W-9 form
5. Disclosure for Provider Person(s) in group form
6. Disclosure for Provider Entity form

\*If the new group has its own NPI number, a Medicaid ID number is required.

**For provider terminations, close panel and move members or changes from a PCP to a specialist**

Please note: In an effort to provide the best service to a practice and to our shared members, we recommend providers notify us\* with a minimum of 45 days prior to the effective date of any provider termination.

\*Documentation is required to be on letterhead or company email, dated and with the signature of an authorized representative in the provider's office who is responsible for the Amerigroup provider agreement.

**Reminders**

1. Letterheads and emails should always include the tax ID number, NPI number and effective date
2. If the request is for a tax ID change, the letter must include the handwritten signature (not printed) of an authorized representative
3. The provider effective date should be the latter of 60 days from the clean receipt of notice to Amerigroup
4. All disclosure forms must include Medicaid ID number

**For a panel status/PCP close panel requiring member transition**

Documentation should include:

- Name of the provider and the NPI number
- Tax ID number
- Whether auto assign should be off or on
- Whether new members should be yes or no
- Reason for closing the patient panel
- Effective date
- When applicable, the name of the transitional PCP within the same group that is now accepting members (Note: the provider must be a participating Amerigroup provider)

**For a provider termination**

Documentation should include:

- Name of the provider terminating from the group and the NPI number
- Group tax ID number
- Termination effective date
- Reason for termination (e.g., quit group, retired, moved out of state, deceased, etc.)
- When applicable, the name of the transitional PCP within the same group that is now accepting members (Note: the provider must be a participating Amerigroup provider)

**For a provider type change (from a PCP to a specialist OR a specialist to a PCP)**

Documentation should include:

- Name of the provider and the NPI number
- Tax ID number
- Effective date of change
- When applicable, the name of the transitional PCP within the same group that is now accepting members (Note: the provider must be a participating Amerigroup provider)

**For providers who are currently nonparticipating Amerigroup providers and:**

- Are a nonparticipating provider joining a nonparticipating group (must go through web portal)
- Are a nonparticipating provider **and** a solo practitioner (must go through web portal)

**For a nonparticipating tax ID being added to a participating tax ID (the current tax ID will continue to exist)**

The following is required:

1. Request on new group letterhead with effective date
2. W-9 form
3. Standard Provider Contract Amendment\*
4. New Disclosure for Provider Entity form
5. New Disclosure for Provider Person form (if applicable)

\*This is required to add the new tax ID to the current contract

**For a nonparticipating provider/participating group\***

The following is required:

1. Request on new group letterhead with effective date
2. Indicate whether the provider is a PCP or specialist
3. CAQH number
4. Disclosure for Provider Person form
5. Provider Medicaid ID number

\*The provider credentialing status will be researched. If needed, the provider or credentialing manager will be contacted.

**Reminders**

- Letterheads and emails should always include the tax ID number, NPI number and effective date.
- If the request is for a tax ID change, the letter must include the handwritten signature (not printed) of an authorized representative.
- The provider effective date should be the latter of 60 days from the clean receipt of notice to Amerigroup
- All disclosure forms must include the Medicaid ID number

**If you need further assistance, please contact Provider Services at 1-800-454-3730.**