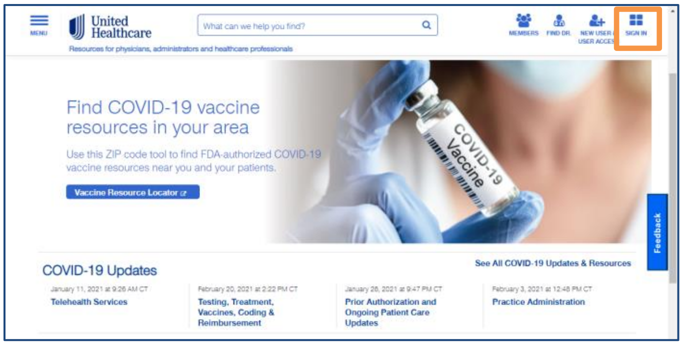
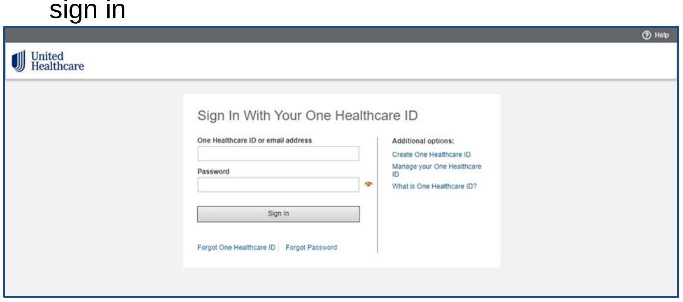
Facility/Practice Profile
Healthcare Professional Data
QUICK REFERENCE

Getting Started

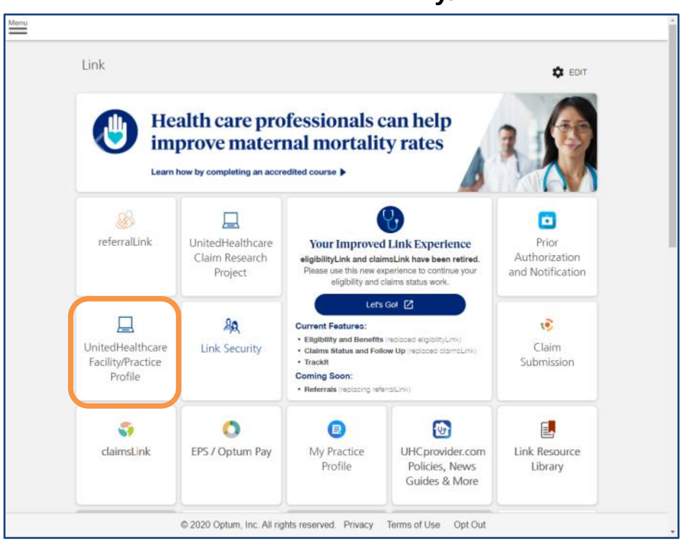
1. From **UHCprovider.com**, click **Sign In**



2. Enter your One Healthcare ID and Password and sign in



3. Select **UnitedHealthcare Facility/Practice Profile**



Facility/Practice Selection

1. Select the **Corporate Tax ID Owner**, **Physician/Provider Tax ID**, **Physician/Provider Name**, and **Service Address** from the drop-down menu. If there is only one selection for a drop-down menu, it will be pre-populated.
2. Click the **Continue** button.

View Current Information

1. Select the **View Current Information** tab

View Current Information

2. The current Facility/Practice Profile Data is view only
3. Click the **Search Again** button to select new criteria

Update Current Information

1. Select the **Update Current Information** tab

Update Current Information

2. Select one of the four options to complete the update

ADD

CHANGE

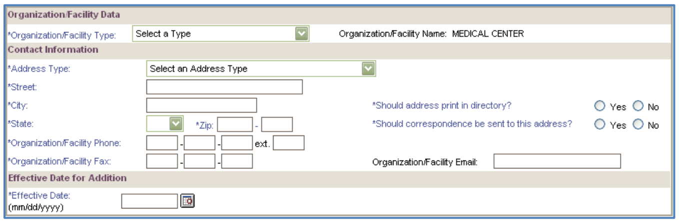
CORRECT

DEACTIVATE

Update Current Information (continued)

Add Facility/Practice Data

1. Click the **Add** button.
2. Complete the **Add Facility/Practice Data** form. Required fields are identified by an asterisk*.
3. Click the **Continue** button.



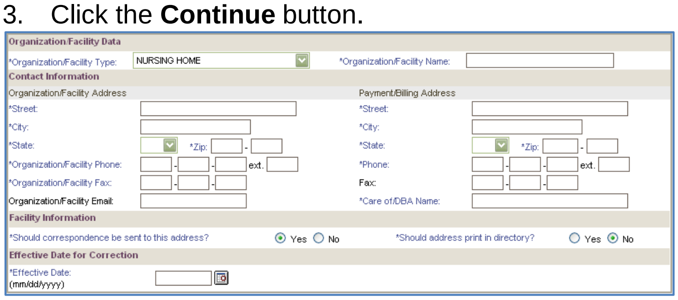
4. Review the information; choose the **Edit** button if changes are needed or the **Submit** button if the information is correct.
5. Select **Yes** in the **Message Dialog** box to confirm the information entered complies with the physician/provider agreement.
6. A **Confirmation Page** will display.

Change Facility/Practice Data

1. Click the **Change** button.
2. **View** the current information.
3. Click the **Continue** button.
4. Complete the **Change Facility/Practice Data** form. Required fields are identified by an asterisk*.
5. Click the **Continue** button.
6. Review the information; choose the **Edit** button if changes are needed or the **Submit** button if the information is correct.
7. Select **Yes** in the **Message Dialog** box to confirm the information entered complies with the physician/provider agreement.
8. A **Confirmation Page** will display.

Correct Facility/Practice Data

1. Click the **Correct** button.
2. Complete the **Correct Facility/Practice Data** form. Required fields are identified by an asterisk*.
3. Click the **Continue** button.

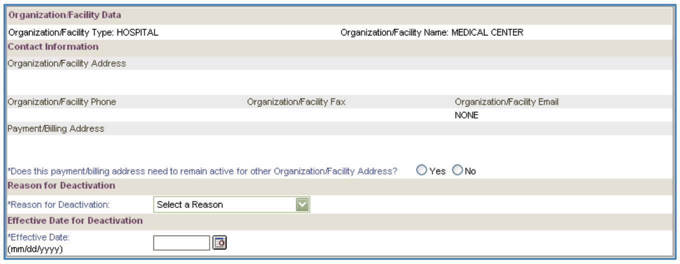


4. Review the information; choose the **Edit** button if changes are needed or the **Submit** button if the information is correct.
5. Select **Yes** in the **Message Dialog** box to confirm the information entered is compliant with the physician/provider agreement.
6. A **Confirmation Page** will display.

Update Current Information (continued)

Deactivate Facility/Practice Data

1. Click the **Deactivate** button.
2. **View** the current information.
3. Complete the **Deactivate Facility/Practice Data** form. Required fields are identified by an asterisk*.
4. Click the **Continue** button.



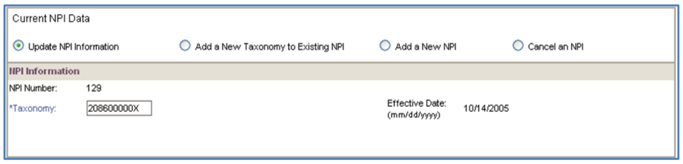
5. Review the information; choose the **Edit** button if changes are needed or the **Submit** button if the information is correct.
6. Select **Yes** in the **Message Dialog** box to confirm the information entered complies with the physician/provider agreement.
7. A **Confirmation Page** will display.

View/Update NPI Information

Select the **View/Update NPI Information** tab.

Update NPI Information

1. Select the **Update NPI Information** radio button.
2. Select the radio button next to the NPI to be updated.
3. Click the **Continue** button.

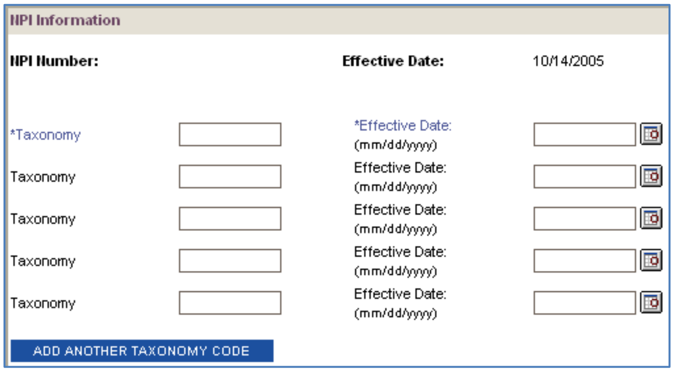


4. Enter updated **Taxonomy** information.
5. Click the **Continue** button.
6. Enter the **Effective Date** for the current taxonomy information using the mm/dd/yyyy format.
7. Enter the **Cancel Date** and **Cancel Reason** for the previous taxonomy information.
8. Click the **Continue** button.
9. Review the information; choose the **Edit** button if changes are needed or the **Submit** button if the information is correct.
10. Select **Yes** in the **Message Dialog** box to confirm the information entered complies with the physician/provider agreement.
11. A **Confirmation Page** will display.

View/Update NPI Information (continued)

Add a New Taxonomy to Existing NPI

1. Select the **Add a New Taxonomy to Existing NPI** radio button.
2. Select the radio button next to the NPI to be updated.
3. Click the **Continue** button.

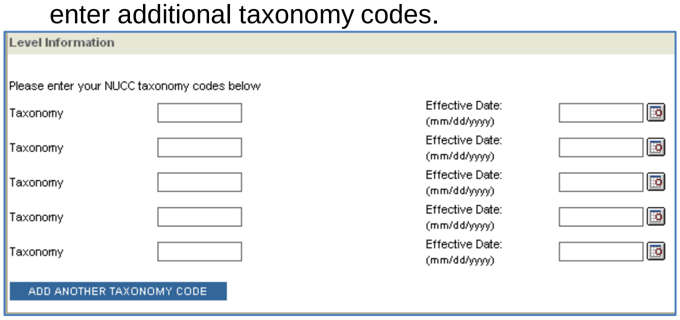


4. Enter the **Taxonomy Information**.
5. Enter the **Effective Date** using a mm/dd/yyyy format.
6. Click the **Add Another Taxonomy Code** button to enter additional taxonomy codes.
7. Click the **Continue** button.
8. Review the information; choose the **Edit** button if changes are needed or the **Submit** button if the information is correct.
9. Select **Yes** in the **Message Dialog** box to confirm the information entered complies with the physician/provider agreement.
10. A **Confirmation Page** will display.

NOTE: If a NUCC Taxonomy Code is entered the corresponding effective date is required.

Add a New NPI

1. Select the **Add a New NPI** radio button.
2. Enter the **NPI Number**.
3. Select the type of information to be updated from the **Level Code** drop down menu
4. Enter the **Taxonomy** Information.
5. Enter the **Effective Date** in a mm/dd/yyyy format.
6. Click the **Add Another Taxonomy Code** button to enter additional taxonomy codes.



7. Click the **Continue** button.
8. Review the information; choose the **Edit** button if changes are needed or the **Submit** button if the information is correct.

View/Update NPI Information (continued)

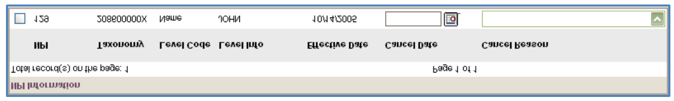
Add a New NPI (continued)

9. Select **Yes** in the **Message Dialog** box to confirm the information entered complies with the physician/provider agreement.
10. A **Confirmation Page** will display.

NOTE: If a NUCC Taxonomy Code is entered the corresponding effective date is required.

Cancel an NPI

1. Select the **Cancel an NPI** radio button.
2. Select the checkbox next to the NPI row(s) to be canceled.
3. Enter the **Cancel Date** using a mm/dd/yyyy format.
4. Select the **Cancel Reason** from the drop down menu.
5. Click the **Continue** button.



6. Review the information; choose the **Edit** button if changes are needed or the **Submit** button if the information is correct.
7. Select **Yes** in the **Message Dialog** box to confirm the information entered complies with the physician/provider agreement.
8. A **Confirmation Page** will display.

Tax ID Updates

1. Select the **Tax ID Updates** tab.

2. Adding a new Tax ID or making changes/updates to an existing Tax ID cannot be done online as it requires a copy of a W-9 to be submitted to your local Network Contact (see Related Links for a listing of Network Contacts).

Additional **Help Resources** are available at **UHCprovider.com/portal**