

## New Digital Version of Provider Information Update Form

**Effective Date:** Immediately

**Health Plans Affected:** Johns Hopkins Advantage MD, Johns Hopkins Employer Health Programs (EHP), Priority Partners, Johns Hopkins US Family Health Plan (USFHP)

**Type of Change:** Process

### Explanation of Change:

As part of JHHC's ongoing effort to streamline and make processes more efficient for providers, we announce a new digital version of the [Provider Information Update form](#).

Now providers can fill out and submit the [form](#) directly from the provider website. No need to print out and fax or scan and email to JHHC.

**Note:** If you are using a Social Security Number in place of a Tax ID, the completed update form must be faxed to 410-762-5302 to ensure identity protection. This e-fax number is monitored by the JHHC Credentialing team.

The PDF version of the Provider form is still available on the Provider website under "Forms," however the digital version is the preferred method for sending provider information updates to JHHC.



The screenshot shows the Johns Hopkins HealthCare LLC website interface. At the top, there is a yellow banner for "COVID-19 Updates". Below that is the Johns Hopkins Medicine logo and navigation links: "Find a Doctor", "Appointments", and "Login to MyChart". A search bar is also present. The main navigation menu includes "ABOUT", "HEALTH", "PATIENT CARE", "RESEARCH", and "SCHOOL OF MEDICINE". The page title is "Johns Hopkins HealthCare LLC". The breadcrumb trail is: Home > For Providers > Research > News & Publications > About JHHC > Careers. The left sidebar contains a menu with items like "Overview", "Coronavirus (COVID-19)", "Our Health Plans", "Health Services", "Health Programs for Members", "Resources & Guidelines", "Provider Education", "Manuals", "CareLink", "Communications Repository", and "Health Care Performance". The main content area is titled "Provider Information Update Form" and includes the following text: "Questions? Call Provider Relations at 1-888-895-4998", "Notification must be made at least thirty (30) days in advance of the change in writing or using this form.", "Complete this form with all current information. Upload completed form along with your W-9.", and a "PLEASE NOTE" section stating: "IF USING A SOCIAL SECURITY # IN PLACE OF A TAX ID, THIS COMPLETED UPDATE FORM MUST BE FAXED TO 410-762-5302 TO ENSURE IDENTITY PROTECTION." At the bottom, there is a progress indicator with three steps: 1. Practice & Provider Information, 2. Panel Status Change, and 3. Complete Form.