

## Reminder to Update Provider Demographic Information

**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:**

If there are any demographic changes for your practice or facility, you are required to notify the Johns Hopkins Provider Maintenance department 30 days prior to the change via:

- Your delegated roster
- If you do not have a delegated credentialing agreement, please use the Provider Information Update form, which can be submitted electronically online, or the pdf can be emailed or faxed.

Please also be sure to include any changes in panel status (accepting new patients or not) as we want to ensure we are reflecting correct access information for our members. In addition, please confirm email addresses as JHHC communicates provider notices via email.

- **Delegated Rosters:** Follow the established process for submitting notification of any provider changes and confirm if the provider is accepting new patients, or not.
- **Digital Submission of the Provider Information Update Form** (*preferred*): Submit the [Online Digital Provider Information Update Form\\*](#) directly from the provider website.
- **Email Submission:** Fill out the [Provider Information Update Form\\*\\*](#) and email it to [ProviderChanges@jhhc.com](mailto:ProviderChanges@jhhc.com). This mailbox is monitored daily to collect and process all provider changes.
- **Fax Submission:** Use this method **only** if you are using a Social Security Number in place of a Tax ID. Complete the [Provider Information Update Form\\*\\*](#) and fax to 410-762-5302 to ensure identity protection. **Do not send digitally or by email.**

\*This form is located on [jhhc.com](http://jhhc.com), under “For Providers” and then under the Forms section of the “Resources and Guidelines” page.

\*\*If the link to this PDF breaks, please visit our [Communication Repository](#).

**NOTE:** Please submit W-9 requests to [ProviderChanges@jhhc.com](mailto:ProviderChanges@jhhc.com).

Please call Provider Relations at 888-895-4998 with any questions about the provider changes reporting process.