

Great Lakes Health Connect values your partnership in building care-connected communities. Together we strive to improve health outcomes and healthcare value for patients, providers, and payers across Michigan and beyond. In achieving this goal, protecting patient health information must be a top priority. Therefore, keeping us well-informed of provider changes in your office is crucial to ensuring that the right information gets to the right place at the right time.

This document provides instructions on how to access and complete the on-line and Excel forms.

### Accessing the Provider Update Request Form

The direct link to the form on the GLHC website is: <http://gl-hc.org/provider-update-request-form/>.

The form may also be found by navigating to:

1. **Resources**
2. **Application User Guides**
3. **Provider Update Requests**

How many Providers need to be updated?

- **One - Three:** The requestor should complete the on-line form.
- **More than Three:** The requestor should download the excel version of the Provider Update Request Form.

### Completing the Online Provider Update Request Form

1. Enter the following required information for each field in the Provider Update Request Form:
  - 1) Name of Requestor
  - 2) Requestor's Job Title
  - 3) Requestor's Phone Number
  - 4) Requestor's Email Address
  - 5) Organization/Facility/Practice Full Name
  - 6) Organization Fax Number
  - 7) Organization/Facility/Practice Address
  - 8) Provider information:
    - a. Last Name
    - b. First Name
    - c. Middle Initial
    - d. Credentials
    - e. National Provider Identifier (NPI)
    - f. State License Number - *Make sure to include the actual State ID, not an internal ID*
    - g. EMR Provider Code - *This is the specific provider's code within your EMR*
    - h. Specialty(ies) - *List all board certified specialties for the provider*
    - i. Activation Date or the
    - j. De-Activate Date
2. Check off all applications that this will impact to assure that we alert all appropriate people.
3. To add another provider line, select the plus sign on the right side of the provider line.
4. You also can add any additional comments or notes about the provide update request(s).

5. When all information is entered into the form, click “Submit” at the bottom of the page.
6. Once submitted, the Requester will see the following message “*Thanks for contacting Great Lakes Health Connect! We will get in touch with you shortly about your Provider Update Request.*”

## Completing the Excel Provider Update Request Form

1. Download the Provider Update Request Form from the GLHC website.
2. Enter the appropriate information listed below:

### Section 1: Source Information

Enter the following required information:

- 1) Practice/Facility Name
- 2) Practice/Facility Address
- 3) Name of Requestor
- 4) Requestor’s Title
- 5) Requestor’s Phone Number
- 6) Requestor’s Email Address

### Section 2: Provider Information

Complete a separate row for each provider needing to be updated.

*Note: If the facility name and address is different for the added provider than what was entered above, make sure to add the specific facility name and address in columns A and B for each provider.*

Enter the following required information for each Provider:

- 1) Last Name
  - 2) First Name
  - 3) Middle Initial
  - 4) Credentials
  - 5) National Provider Identifier (NPI)
  - 6) State License Number - *Make sure to include the actual State ID, not an internal ID*
  - 7) EMR Provider Code - *This is the specific provider’s code within your EMR*
  - 8) Specialty(ies) - *List all board certified specialties for the provider*
  - 9) Activation Date or the
  - 10) De-Activate Date
3. When all information is entered into the form, save and name the file accordingly: **Provider Update Request\_Facility Name Here\_MMDDYYYY**
  4. Email the completed form to [Support@gl-hc.org](mailto:Support@gl-hc.org).
    - 1) Enter the following in the subject line of the email: **Provider Update Request Form for (the name of the Organization/Facility/Practice)**

### **Processing of the Provider Update Request Form**

- Requestors will receive an email from GLHC Support confirming that the request has been received and when the updates have been completed.
- Changes will be processed within 3 business days.
- GLHC will inform all applicable hospitals of provider changes.

If you have any questions, please contact GLHC at 844-454-2443.