



Facility provider maintenance

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Current functionality as of December 2024

- Update EFT information.
- Update remittance information.
- Terminate facility.
- Facility name change.
- Change primary address.
- Change remittance address.
- Change/add:
 - Billing address.
 - Correspondence address.
 - Medical records address.
 - IVR.
 - Alternate site addresses.
 - Contacts.
- View status of request.
- Provider attestation.



Close

Please select your Tax ID

Select one ▼

[Participating Provider First Tier, Downstream, and Related Entity \(FDR\) Annual Attestation Form](#)

Next

The provider will be identified at Availity® log in and the Tax ID drop down will populate based on the log in information.

Select the appropriate Tax ID for review and click *Next*. If multiple Tax IDs exist, select the Tax ID to be reviewed from the drop down and click *Next*.

- [Back to selection](#)
- [Update Electronic Funds Transfer](#)
- [Update Remittance Information](#)
- [View Request Status by Tax ID](#)
- [Update Network Info](#)
- [Mergers / Acquisitions](#)
- [Terminate Facility](#)

Facilities for Tax ID
Close

Requestor Information

Requestor Name

Requestor Email

Requestor Phone Number

Mr Provider

Mrprovider@provider.net

Requestor Title

Requestor Fax Number

Select a facility

Facility Name	Facility NPI	CBC Facility ID	Facility Type

After a TIN is selected, the main provider selection screen is displayed. To make any selections, first enter the requestor name, requestor email, and requestor phone number. Requestor title and requestor fax number are optional fields. Once the requestor information is entered, select a specific facility or go directly to update or submit any requests options by selecting the appropriate selection on the left side toolbar.

Notes:

- In the top right of each screen is the *Close* option. *Close* will exit the user completely from the tool.
- Required fields are denoted with an asterisk.

Electronic funds transfer

Back to selection

Update Electronic Funds Transfer

Update Remittance Information

View Request Status by Tax ID

Update Network Info

Mergers / Acquisitions

Terminate Facility

Facilities for Tax ID

Close

Requestor Information

Requestor Name

Requestor Email

Requestor Phone Number

Mr Provider

Mrprovider@provider.net

Requestor Title

Requestor Fax Number

Select a facility

Facility Name	Facility NPI	CBC Facility ID	Facility Type
---------------	--------------	-----------------	---------------

To Update Electronic Funds Transfer (EFT) information, once the requestor information is entered, select *Update Electronic Funds Transfer* selection from the left side toolbar.

Electronic Funds Transfer

Close

Facilities for Tax ID

(* indicates required fields)

*Effective Date for requested change

11/11/2024

*Routing Number

*Account Number

*Account Type

Savings

Checking

Search

*Bank Name

Select all

☐

Select	Facility Name	Facility NPI	CBC Facility ID	Facility Type	Routing Number	Account Number	EFT Status	Effective Date	Remittance Status
<input type="checkbox"/>									
<input type="checkbox"/>									
<input type="checkbox"/>									

Showing 1 to 3 of 3 entries

☐ Provider agrees to submit a new EFT authorization Form and give a thirty (30) day prior written notice to Capital Blue Cross of any changes in its depository information, ABA number, other payment instructions, or any changes in information on this form (such as a new provider contact person, etc.).

Update

Cancel

Current EFT settings are displayed along with a list of providers under the TIN. To change or add banking information, enter the effective date, bank routing number, account number, and account type. Select *Search*, if bank name is available, it will auto-populate otherwise it will be a freeform text box where data will need to be entered. Changes can be applied to individual providers or to all providers under the TIN by clicking *Select all*. The user must attest to the change by clicking the attestation box prior to selecting *Update*. Click *Update* to process the request and return to the main screen. Click *Cancel* to discard the request and return to the main menu.

Remittance

- Back to selection
- Update Electronic Funds Transfer
- Update Remittance Information
- View Request Status by Tax ID
- Update Network Info
- Mergers / Acquisitions
- Terminate Facility

Facilities for Tax ID

Close

Requestor Information

Requestor Name

Requestor Email

Requestor Phone Number

Mr Provider

Mrprovider@provider.net

Requestor Title

Requestor Fax Number

Select a facility

Facility Name	Facility NPI	CBC Facility ID	Facility Type
---------------	--------------	-----------------	---------------

To update remittance information, once the requestor information is entered, select *Update Remittance Information* selection from the left side toolbar.

Remittance

Close

Facilities for Tax ID

(* indicates required fields)

*Effective Date for requested change

11/11/2024

☐ Electronic Remittance

Select all

☐

Select	Facility Name	Facility NPI	CBC Facility ID	Facility Type	Effective Date	Remittance
<input type="checkbox"/>						Electronic Remittance and 835
<input type="checkbox"/>						Electronic Remittance and 835
<input type="checkbox"/>						Electronic Remittance and 835

Showing 1 to 3 of 3 entries

Update

Cancel

Current remittance settings are displayed for all providers under the TIN. To make a change, enter the change effective date and click *Electronic Remittance*. Changes can be applied by provider or to all providers under the TIN by clicking *Select all*. Click *Update* to process the request and return to the main screen. Click *Cancel* to discard the request and return to the main menu.

Terminate facility

[Back to selection](#)
[Update Electronic Funds Transfer](#)
[Update Remittance Information](#)
[View Request Status by Tax ID](#)
[Update Network Info](#)
[Mergers / Acquisitions](#)
[Terminate Facility](#)

Facilities for Tax IDClose

Requestor Information

Requestor NameRequestor EmailRequestor Phone Number

Mr ProviderMrprovider@provider.net

Requestor TitleRequestor Fax Number

Select a facility

Facility Name	Facility NPI	CBC Facility ID	Facility Type
---------------	--------------	-----------------	---------------

To terminate facility once the Requestor information is entered, select *Terminate Facility* selection from the left side toolbar.

Terminate Facility

Facilities for Tax ID

*Termination Effective Date

11/11/2024

*Termination reason

Select one

*Is this the result of an acquisition or merger?

Yes

No

Select all

Select	Facility Name	Facility NPI	CBC Facility ID	Facility Type
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

Showing 1 to 6 of 6 entries

Terminate

Cancel

To terminate a facility, enter the termination effective date and select a termination reason. The termination can be applied to an individual facility or to all facilities under the TIN by checking the select all box. Is this change the result of a TIN change, acquisition, or merger? If the answer is yes, click the existing group ID search. Search by NPI or search by name, then select *Search*, which will return provider results (images below). Click *Terminate*, to process the request and return to the main menu. Click *Cancel* to discard the request and return to the main menu.

*Is this the result of an acquisition or merger?

- ☒ Yes
☐ No

New Facility ID from search

New Facility Group Name from search

New Facility ID Search

If the Answer is yes for the question, 'Is this the result of an acquisition or merger?' new facility ID search option will be displayed and is required. Facility should be termed after the new facility is created. Select *New Facility ID Search* which will bring you to the existing provider search function.

Existing Provider Search

Search by NPI

Search by Name (do not use wild cards)

Search

- Trans id:

Back

Enter criteria for the new facility and click *Search*. *Back* will take you back to the termination screen allowing updates to the information provided.

Existing Provider Search

Search by NPI

Search by Name (do not use wild cards)

Search

Select	Provider ID	NPI	Provider Name
Select			

Select the correct new facility ID and click *Back* to go back to the terminate facility screen. Once the request is completed, click *Terminate*, to process the request and return to the main menu. Click *Cancel* to discard the request and return to the main menu.

Facilities by tax ID

[Back to selection](#)
[Update Electronic Funds Transfer](#)
[Update Remittance Information](#)
[View Request Status by Tax ID](#)
[Update Network Info](#)
[Mergers / Acquisitions](#)
[Terminate Facility](#)

Facilities for Tax ID

Close

Requestor Information

Requestor Name

Requestor Email

Requestor Phone Number

Mr Provider

Mrprovider@provider.net

Requestor Title

Requestor Fax Number

Select a facility

Facility Name	Facility NPI	CBC Facility ID	Facility Type

To access specific provider information such as tax information, facility name changes, addresses, contacts, and networks, click on a facility highlighted in blue, located under the name column.

10

Tax information

[Return to Main Selection](#)
[Tax / Facility Information](#)
[Facility Name Change](#)
[+ Facility Addresses](#)
[IVR Number](#)
[Additional Site Locations](#)
[Contacts](#)
[Networks](#)
[View Request Status](#)

Tax InfoClose

Tax ID	Tax Entity		
<input type="text"/>	<input type="text"/>		
Address Line 1		Address Line 2	
<input type="text"/>		<input type="text"/>	
City	State	Zip Code	County
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number	Ext	Fax Number	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Tax/facility information displays the selected facility tax information. The tax information screen is read-only. Any tax changes should be communicated through the facility provider engagement consultant. If you are unsure which provider entanglement consultant is assigned to your practice, this is available in the contacts section

Facility information

[Return to Main Selection](#)
[Tax / Facility Information](#)
[Facility Name Change](#)
[+ Facility Addresses](#)
[IVR Number](#)
[Additional Site Locations](#)
[Contacts](#)
[Networks](#)
[View Request Status](#)

Tax Info

Close

Tax ID

Tax Entity

Address Line 1

Address Line 2

City

State

Zip Code

County

Phone Number

Ext

Fax Number

Email

The facility information screen displays high-level provider information. Data points that the provider can change are NPI, and ANPI. To change the NPI, enter the new NPI and click *search NPPES for NPI*.

Facility Info

Facility Name

Facility Type

CBC ID

Taxonomy

NPPES NPI Search Value

NPPES Name

Search NPPES for NPI

Use for Primary NPI

Use for Additional NPI

*Primary NPI

Previous Primary NPI

What will be done with the previous Primary NPI?

☐ We will continue to submit claims

☐ Retain for claims runout

☐ Nothing, terminate immediately

Additional NPI	Status
No data available in table	

Showing 0 to 0 of 0 entries

- Trans id:

Update

Reset

If the NPI is found on NPPES, the NPPES name is returned. The provider can then decide to use the new NPI as the primary NPI or Additional NPI (ANPI). If primary is selected, choose one of the three options instructing how to handle the previous primary NPI. For we will continue to submit claims selection, the NPI would be retained as an Additional NPI (ANPI). Retain for claims runout would add previous NPI as an historical NPI (HNPI). Nothing, terminate immediately will delete the NPI from the record. The user can also make changes to their Additional NPIs (ANPIs) by changing the current ANPI status. Click *Update* to submit the change. *Reset* will discard any changes and return the screen to its original state. At any time, making another selection from the left navigation box will also discard changes.

Facility name change

- Return to Main Selection
- Tax / Facility Information
- Facility Name Change
- + Facility Addresses
- IVR Number
- Additional Site Locations
- Contacts
- Networks
- View Request Status

Tax Info

Close

Tax IDTax Entity

Address Line 1Address Line 2

CityStateZip CodeCounty

Phone NumberExtFax NumberEmail

Select *Facility Name Change*.

Facility Info

Facility NameFacility Type

CBC IDTaxonomy

Primary NPIPrevious Primary NPI

Additional NPI	Status
No data available in table	

Showing 0 to 0 of 0 entries

- Trans id:

Update

Cancel

Enter the updated DBA name under facility name. Click *Update* to submit the change. Click *Cancel* to return to the main screen without submitting any updates.

Primary address

Return to Main Selection

Tax / Facility Information

Facility Name Change

- Facility Addresses

Primary

Billing

Correspondence

Medical Records

Remittance

IVR Number

Additional Site Locations

Contacts

Networks

View Request Status

Tax Info

Close

Tax ID

Tax Entity

Address Line 1

Address Line 2

City

State

Zip Code

County

Phone Number

Ext

Fax Number

Email

Facility Info

Facility Name

Facility Type

CBC ID

Taxonomy

Select *Primary*, under facility addresses section.

Return to Main Selection

Tax / Facility Information

Facility Name Change

+ Facility Addresses

IVR Number

Additional Site Locations

Contacts

Networks

View Request Status

Primary Address

Close

(* indicates required fields)

*Address Line 1

Address Line 2

*City

*State

*Zip Code

*County

Zip Code Lookup

Standardize Address

Zip Code Lookup:

Enter the zip code above, leave city, state and county blank and click Zip Code Lookup. This will give you a list of all locations within the Zip Code.

Standardize Address:

Enter the Address information above and click Standardize Address. This will rearrange the address information to conform to USPS standards.

For addresses that contain building names or other site identifiers, please be sure identifiers are included on line 1 after standardizing the address.

Is this change the result of a TIN change, acquisition or merger?

Yes

No

Effective Date for requested change

11/11/2024

Effective date applies to address above.

*Phone Number

Ext

*Fax Number

Email

Web address

Handicapped Accessible?

Print In Directory?

Yes

No

Yes

No

14

Currently active primary address information is displayed. The primary address can be updated but not terminated. The change effective date defaults to the current date, can be updated. Users are required to answer the following question when making changes to an address: Is this change the result of a TIN change, acquisition, or merger? If the answer is yes, click the existing group ID search (images below). Search by NPI or search by name, then select search, which will return provider results. Select the match from the provider search function. Selecting the back button will return to the previous page.

Is this change the result of a TIN change, acquisition or merger?

Yes

No

Existing Group ID from search

Existing Group Name from search

Existing Group ID Search

Existing Provider Search

Search by NPI

Search by Name (do not use wild cards)

Search

- Trans id:

Back

Existing Provider Search

Search by NPI

Search by Name (do not use wild cards)

Search

Select	Provider ID	NPI	Provider Name
Select			
Select			
Select			
Select			
Select			
Select			
Select			
Select			
Select			
Select			

Showing 1 to 10 of 131 entries

Previous

1

2

3

4

5

...

14

Next

- Trans id:

Back

ZIP Code lookup

Zip Code Lookup

Locations within Zip Code

Select	City	County
<input type="checkbox"/>	Camp Hill Brm	Cumberland
<input type="checkbox"/>	Camp Hill	Cumberland
<input type="checkbox"/>	Shiremanstown	Cumberland

Showing 1 to 3 of 3 entries

[Use selected match](#) [Cancel](#)

In order to perform a ZIP Code lookup, address line one and the ZIP Code must be entered on the main screen. After *ZIP Code Lookup* is clicked, the above box is displayed. Select which city and county are correct by clicking *Select* next to the appropriate row. Click *Use selected match* to return to the address screen. Click *Cancel* to close the box, discard any selections, and return to the address screen.

Note: ZIP Code lookup is available on each of the address screens.

Standardize address

Standardize Address

Address Type:

Entered Address

Address Line 1

Address Line 2

City

State

Zip Code

Camp Hill

PA

17011

Potential Address Matches

Select	Address Line 1	Address Line 2	City	State	Zip Code
<input checked="" type="checkbox"/>					

Showing 1 to 1 of 1 entries

Use selected address

Cancel

Address standardization will align the entered address with USPS standards. If multiple addresses are found, multiple rows will appear. Select the desired address and click *Use selected address*. The standardize address box is closed, and the primary address screen is displayed.

Handicapped Accessible?

☒ Yes
☐ No

Print In Directory?

☒ Yes
☐ No

Services Performed at This Location

Available Services

ABA Services
Acute Care Hospital OP Site
Arthritis Treatment Center
BDC Transplant - Kidney
BDC Transplant - Ped BMT
BDC+ Transplant - Kidney
Behavioral Health Services
Blood Bank
Burn Care Unit
C&A Behavioral Health Services

Hours of Operation (0:00)

Clear office hours

Clone office hours

Sunday		▼		▼		▼		▼
Monday	08:00	am ▼	04:30	pm ▼		▼		▼
Tuesday	08:00	am ▼	04:30	pm ▼		▼		▼
Wednesday	08:00	am ▼	04:30	pm ▼		▼		▼
Thursday	08:00	am ▼	04:30	pm ▼		▼		▼
Friday	08:00	am ▼	04:30	pm ▼		▼		▼
Saturday		▼		▼		▼		▼

Update

Reset

Current services and office hours are displayed. Services can be added or removed by selecting a service from either the services performed at this location or available services box and using the center arrows to add or remove. Office hours can be entered by day or entered on Sunday; click *Clone office hours* to copy the same hours to all days. Click *Clear office hours* to delete all hours. Click *Update* to submit the request or *Reset* to discard any entries and return the screen to its original state.

Billing address

[Return to Main Selection](#)
[Tax / Facility Information](#)
[Facility Name Change](#)
[- Facility Addresses](#)
 [Primary](#)
 [Billing](#)
 [Correspondence](#)
 [Medical Records](#)
 [Remittance](#)
[IVR Number](#)
[Additional Site Locations](#)
[Contacts](#)
[Networks](#)
[View Request Status](#)

Tax InfoClose

Tax ID

Tax Entity

Address Line 1

Address Line 2

City

State

Zip Code

County

Phone Number

Ext

Fax Number

Email

Facility Info

Facility Name

Facility Type

CBC ID

Taxonomy

Select *Billing*, under Facility Addresses section.

[Return to Main Selection](#)
[Tax / Facility Information](#)
[Facility Name Change](#)
[+ Facility Addresses](#)
[IVR Number](#)
[Additional Site Locations](#)
[Contacts](#)
[Networks](#)
[View Request Status](#)

Billing AddressClose

Ephrata Community Hospital (* indicates required fields)

*Address Line 1

Address Line 2

*City

*State

*Zip Code

*County

Zip Code Lookup: Enter the zip code above, leave city, state and county blank and click Zip Code Lookup. This will give you a list of all locations within the Zip Code.

Standardize Address: Enter the Address information above and click Standardize Address. This will rearrange the address information to conform to USPS standards.

For addresses that contain building names or other site identifiers, please be sure identifiers are included on line 1 after standardizing the address.

Zip Code Lookup

Standardize Address

*Is this change the result of a TIN change, acquisition or merger?

☐ Yes

☐ No

*Effective Date for requested change

12/13/2021

Effective date applies to address above.

Phone Number

Ext

Fax Number

Email

Add

Reset

Currently active billing address information is displayed. The billing address can be updated, or a new address can be added if one does not exist. Standardization and Merger Acquisition question are required on all Address Updates or Adding New address. Click *Add* to add a new billing address. To update existing addresses, the *Update* option will be displayed and when clicked, submits the request. Click *Reset* to return the screen to its original state and discard any updates.

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Correspondence address

This address is used for mailing to the provider (letters, not checks).

- Return to Main Selection

Tax / Facility Information

Facility Name Change

- Facility Addresses

Primary

Billing

Correspondence

Medical Records

Remittance

IVR Number

Additional Site Locations

Contacts

Networks

View Request Status

Tax Info

Close

Tax ID

Tax Entity

Address Line 1

Address Line 2

City

State

Zip Code

County

Phone Number

Ext

Fax Number

Email

Facility Info

Facility Name

Facility Type

CBC ID

Taxonomy

Select *Correspondence*, under Facility Addresses section.

[Return to Main Selection](#)
[Tax / Facility Information](#)
[Facility Name Change](#)
[+ Facility Addresses](#)
[IVR Number](#)
[Additional Site Locations](#)
[Contacts](#)
[Networks](#)
[View Request Status](#)

Correspondence Address

Close

(* indicates required fields)

*Address Line 1

Address Line 2

*City

*State

*Zip Code

*County

PA

Zip Code Lookup

Standardize Address

Zip Code Lookup: Enter the zip code above, leave city, state and county blank and click Zip Code Lookup. This will give you a list of all locations within the Zip Code.

Standardize Address: Enter the Address information above and click Standardize Address. This will rearrange the address information to conform to USPS standards.

For addresses that contain building names or other site identifiers, please be sure identifiers are included on line 1 after standardizing the address.

*Is this change the result of a TIN change, acquisition or merger?

☐ Yes

☐ No

*Effective Date for requested change

12/13/2021

Effective date applies to address above.

Phone Number

Ext

Fax Number

Email

Update

Reset

Currently active correspondence address information is displayed. The correspondence address can be updated, or a new address can be added if one does not exist. Standardization and merger acquisition questions are required on all address updates or adding new address. Click *Update* to submit the request. If a correspondence address did not exist, an *Add* option is displayed. Enter the address and click *Add* to submit the request. Click *Reset* to return the screen to its original state and discard any updates.

Medical records address

This address is for the location and contact names of where the medical records are stored.

[Return to Main Selection](#)
[Tax / Facility Information](#)
[Facility Name Change](#)
[- Facility Addresses](#)
 [Primary](#)
 [Billing](#)
 [Correspondence](#)
 [Medical Records](#)
 [Remittance](#)
[IVR Number](#)
[Additional Site Locations](#)
[Contacts](#)
[Networks](#)
[View Request Status](#)

Tax Info Close

Tax ID	Tax Entity		
<input type="text"/>	<input type="text"/>		
Address Line 1		Address Line 2	
<input type="text"/>		<input type="text"/>	
City	State	Zip Code	County
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number	Ext	Fax Number	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Facility Info

Facility Name	Facility Type
<input type="text"/>	<input type="text"/>
CBC ID	Taxonomy
<input type="text"/>	<input type="text"/>

Select Medical Records, under Facility Addresses section.

[Return to Main Selection](#)
[Tax / Facility Information](#)
[Facility Name Change](#)
[+ Facility Addresses](#)
[IVR Number](#)
[Additional Site Locations](#)
[Contacts](#)
[Networks](#)
[View Request Status](#)

Medical Records Address Close

Ephrata Community Hospital (* indicates required fields)

*Address Line 1	Address Line 2		
<input type="text"/>	<input type="text"/>		
*City	*State	*Zip Code	*County
<input type="text"/>	PA <input type="text"/>	<input type="text"/>	<input type="text"/>

Zip Code Lookup: Enter the zip code above, leave city, state and county blank and click Zip Code Lookup. This will give you a list of all locations within the Zip Code.

Standardize Address: Enter the Address information above and click Standardize Address. This will rearrange the address information to conform to USPS standards.

For addresses that contain building names or other site identifiers, please be sure identifiers are included on line 1 after standardizing the address.

*Is this change the result of a TIN change, acquisition or merger?

☐ Yes
☐ No

*Effective Date for requested change
 Effective date applies to address above.

*Phone Number	Ext	Fax Number	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Medical Records Contact

*First Name

*Last Name

Middle Initial

Title

*Phone

Phone Ext

Fax

Update

Reset

Currently active medical records address information is displayed. The address can be updated, or a new address can be added if one does not exist. If an address did not exist, an add option is displayed. Standardization and merger acquisition questions are required on all address updates or adding new address. Click *Update* to submit the request. If a medical records address did not exist, an *Add* option is displayed. Enter the address and click *Add* to submit the request. Click *Reset* to return the screen to its original state and discard any updates.

This is used when information needs to be mailed to the provider regarding payments or tax documents.

Select Remittance Address, under Facility Addresses section.

Currently active remittance address information is displayed and can be updated but not terminated. Standardization and merger acquisition questions are required on all address updates or adding new address. Click *Update* to submit the request. Click *Reset* to return the screen to its original state and discard any updates.

Interactive Voice Response (IVR) numbers

This fax number is used by Capital Blue Cross clinical staff for all preauthorization.

All active Interactive Voice Response (IVR) numbers are displayed. To make a change to an existing number, click *View More*. To add a new IVR number, click *New IVR number*.

Once *View More* is clicked the update IVR number screen is displayed. On this screen, change the current location, fax, and enter the change effective date.

This screen can also be used to terminate the number. To terminate a number, a termination reason must be entered. Click *Update* to submit the change request, *Terminate* to terminate the current IVR number, or *Cancel* to discard the request and return to the main IVR screen.

Interactive Voice Response (IVR) Numbers

Close

There are no IVR numbers on file

New IVR number

IVR is a dedicated fax number for the **secure** faxing of any documents containing protected Personal Health Information.

When there are not any active IVR numbers, a blank screen with the option *new IVR number* is displayed. Click *New IVR number* to display the entry screen.

Add Interactive Voice Response (IVR) Number

(* indicates required fields)

* Location

* Fax

* Effective Date
for requested
change

02/22/2018

Add

Cancel

All fields are required to be completed. The requested effective date defaults to the current date but may be changed to a past or future date. Click *Add* to submit the request or *Cancel* to discard any entry and return to the main IVR number screen.

Additional site locations

[Return to Main Selection](#)
[Tax / Facility Information](#)
[Facility Name Change](#)
[+ Facility Addresses](#)
[IVR Number](#)
[Additional Site Locations](#)
[Contacts](#)
[Networks](#)
[View Request Status](#)

Additional Site Locations Close

Filter by City: All ▼
Filter by Zip Code: All ▼
Filter by County: All ▼
Apply Filter Clear Filter

Location	City	State	Zip	County	
					View More Export to Primary

Showing 1 to 1 of 1 entries

Previous 1 Next

New Additional Site

Additional site locations are displayed and can be filtered by city, ZIP Code, or county. Once the desired address is found, click *View More* to display the full address where it can be updated or terminated. Click *New Additional Site* to display a blank additional site location screen and enter address information.

[Return to Main Selection](#)
[Tax / Facility Information](#)
[Facility Name Change](#)
[+ Facility Addresses](#)
[IVR Number](#)
[Additional Site Locations](#)
[Contacts](#)
[Networks](#)
[View Request Status](#)

Additional Site Location

(* Indicates required fields)

*Address Line 1: 1135 Georgetown Rd
Address Line 2:

*City: Christiana
*State: PA
*Zip Code: 17509-9543
*County: Lancaster

Zip Code Lookup: Enter the zip code above, leave city, state and county blank and click Zip Code Lookup. This will give you a list of all locations within the Zip Code.

Standardize Address: Enter the Address information above and click Standardize Address. This will rearrange the address information to conform to USPS standards.

For addresses that contain building names or other site identifiers, please be sure identifiers are included on line 1 after standardizing the address.

Zip Code Lookup
Standardize Address

*Is this change the result of a TIN change, acquisition or merger?
☐ Yes
☐ No

*Effective Date for requested change

Web address:

Handicapped Accessible? ☒ Yes ☐ No
Print In Directory? ☒ Yes ☐ No

Services Performed at This Location
Acute Care Hospital OP Site

Available Services
ABA Services
Arthritis Treatment Center
BDC Transplant - Kidney
BDC Transplant - Kidney
BDC+ Transplant - Kidney
Behavioral Health Services
Blood Bank
Burn Care Unit
C&A Behavioral Health Services
C&A IP Psych

Additional site information is displayed. On this page, update existing information, change handicap and directory indicators, and add or remove services. The change effective date defaults to the current date but, can be updated. For the best experience, use the ZIP Code lookup to help with city and county combination. Standardize address is required for all addresses.

Hours of Operation (0:00)

Clear office hours

Clone office hours

Sunday	<input type="text"/>	<input type="text" value="v"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text"/>	<input type="text" value="v"/>
Monday	12:00	pm <input type="text" value="v"/>	4:00	pm <input type="text" value="v"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text"/>	<input type="text" value="v"/>
Tuesday	9:00	am <input type="text" value="v"/>	3:30	pm <input type="text" value="v"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text"/>	<input type="text" value="v"/>
Wednesday	9:00	am <input type="text" value="v"/>	3:30	pm <input type="text" value="v"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text"/>	<input type="text" value="v"/>
Thursday	9:00	am <input type="text" value="v"/>	3:30	pm <input type="text" value="v"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text"/>	<input type="text" value="v"/>
Friday	9:00	am <input type="text" value="v"/>	3:30	pm <input type="text" value="v"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text"/>	<input type="text" value="v"/>
Saturday	<input type="text"/>	<input type="text" value="v"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text"/>	<input type="text" value="v"/>

Update

Terminate

Cancel

Termination reason (If applicable, max 255 characters.)

Current office hours are displayed. Office hours can be entered by day or entered on Sunday. Click *Clone office hours*, to copy the same hours to all days or *Clear office hours* to delete all hours. Click *Update* to submit the request or *Terminate* to term the existing site as of the change effective date. A termination reason must be entered, or an error message will be received. Click *Cancel* to discard any entries and return to the main additional site location screen.

Facility contacts

Contact Name	Title	Role	Phone	Phone Ext	Fax
--------------	-------	------	-------	-----------	-----

Existing contact information is displayed. To update a contact, click the *Contact Name* highlighted in blue, under the Contact Name column. To add a new contact, click *New Contact*. All Contacts are updatable except the Provider Relations Consultant.

(* indicates required fields)
Please do not include title or salutation when entering either first or last name

* First Name

* Last Name

Middle Initial

* Title

* Role

* Phone

Phone Ext

Fax

Once new contact is clicked, the add contact screen is displayed. To add a contact, complete the required fields and click *Add*. And return to the main contact screen. The contact information is added immediately. Click *Cancel* to discard the entry and return to the main contact screen.

Update / Delete Contact

* indicates required fields)

Please do not include title or salutation when entering either first or last name

* First Name

* Last Name

Esh

Middle Initial

* Title

President

* Role

CEO

* Phone

Phone Ext

Fax

Update

Delete

Cancel

30

Contact information can be updated or deleted. To update, change the existing information. Changes are made immediately. Click *Update* to submit the request, *Delete* to remove the contact, or *Cancel* to discard changes and return to the main contact screen.

Networks

Return to Main Selection	Networks Clear				
Tax / Facility Information					
Facility Name Change					
+ Facility Addresses					
IVR Number					
Additional Site Locations					
Contacts					
Networks					
View Request Status					

Network	Effective Date	Term Date	Status	Print In Directory?
Tower Health PPO Tiered Network	01-01-2018		Participating	<input checked="" type="radio"/> Yes <input type="radio"/> No
CHIP HMO Network	07-01-2010		Participating	<input checked="" type="radio"/> Yes <input type="radio"/> No
KHP Commercial HMO Network	07-01-2005		Participating	<input checked="" type="radio"/> Yes <input type="radio"/> No
Medicare Advantage PPO Network	01-01-2008		Participating	<input type="radio"/> Yes <input checked="" type="radio"/> No
CareConnect Network	10-01-2013		Participating	<input checked="" type="radio"/> Yes <input type="radio"/> No
POS Network	07-17-2001		Participating	<input checked="" type="radio"/> Yes <input type="radio"/> No
PPO Network	04-01-2002		Participating	<input checked="" type="radio"/> Yes <input type="radio"/> No
Medicare Advantage HMO Network	01-01-2006		Participating	<input checked="" type="radio"/> Yes <input type="radio"/> No
Traditional/Indemnity Network	04-01-2002		Participating	<input checked="" type="radio"/> Yes <input type="radio"/> No
FEP Network	02-15-2019		Participating	<input checked="" type="radio"/> Yes <input type="radio"/> No
PPO Choice Select Tiered Network 2	07-01-2022		Participating	<input checked="" type="radio"/> Yes <input type="radio"/> No
Wellspring Health Medicare Advantage HMO Partnership	01-01-2022		Participating	<input checked="" type="radio"/> Yes <input type="radio"/> No
Wellspring Health Medicare Advantage PPO Partnership	01-01-2022		Participating	<input checked="" type="radio"/> Yes <input type="radio"/> No

Showing 1 to 14 of 14 entries

Product participation is displayed. All fields are read only and are informational only.

View request status

[Return to Main Selection](#)
[Tax / Facility Information](#)
[Facility Name Change](#)
[+ Facility Addresses](#)
[IVR Number](#)
[Additional Site Locations](#)
[Contacts](#)
[Networks](#)
[View Request Status](#)

View Request Status								Close	
Description	Date Submitted	Status	Requestor	Phone	Email Address	Completed Date	Tracking ID		
IVR Address	2018/02/22	Change Request Completed				2018/02/22			
NPI	2017/04/24	Change Request Completed				2017/04/24			

Showing 1 to 2 of 2 entries

Previous 1 Next

At any time, all submitted requests can be viewed. The view request status screen shows who submitted the request, the date submitted, a brief description of the request, and the status. The tracking ID is helpful if questions arise around the request. The user receives email notifications when a change is submitted, when a change is completed, or if the request is canceled internally. If the change is canceled, the email will include a description of why the request was canceled. All emails include a brief description of the change request including the provider's name and the change effective date.

Provider attestation

Complete required requestor information: requestor name, requestor email, and requestor phone number.

Please note, if you start the request and leave before finalizing, you may lose all the information that was entered.

Last Attested on date indicates the date that you last attested to your data.

Attestation Due indicates the date your next attestation is due.

Back to selection

Update Electronic Funds Transfer

Update Remittance Information

View Request Status by Tax ID

Update Network Info

Mergers / Acquisitions

Terminate Facility

Last Attested on: 12/09/2024

Attestation due: 03/09/2025

Update Attestations

Facilities for Tax ID

Close

Requestor Information

Effective January 1, 2022, the Consolidated Appropriations Act of 2021 (a Federal Mandate) requires Payors like Capital to establish a process to verify and update their provider directory database at least once every 90 days. **Providers must attest by the Due Date displayed on the screen or will be unable to submit modifications until the attestation is complete.**

Requestor Name

Requestor Email

Requestor Phone Number

Ms. Provider

MsProvider@Provider.net

717-999-9999

Requestor Title

Requestor Fax Number

Select a facility

Facility Name	Facility NPI	CBC Facility ID	Facility Type
1			

Showing 1 to 1 of 1 entries

Previous1Next

Trans id:

Select *Update Attestation* from the menu bar.

Attestation for Tax ID

Close

Attestor Information

Requestor Name

Requestor Email

Requestor Phone Number

Ms. Provider

MsProvider@Provider.net

717-999-9999

Requestor Title

Requestor Fax Number

Facility Name	Facility ID	Facility NPI	Reviewed and Approved
1			No

Showing 1 to 1 of 1 entries

Attestation Date

12/10/2024

Comments

System Comments

If you are attesting with changes, you are attesting that you will submit any additional changes within 3 business days

Approve Attestation

Approve Attestation With Changes

Return to Main Selection

Trans id: b7655b55-878a-45f4-a2a0-5c8ecdad5497-0007

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Once *Update Attestation* is selected, you will be brought to the screen above. Select hyperlink for facility name listed to begin reviewing the necessary data that must be attested to. Please note, there may be several facilities to review (facility includes all participating facilities associated with the Tax ID selected when logging into the application, which is also available at the top of the screen).

Attestation for Tax ID ☐Close

Facility Information

Provider ID	Provider Name	Provider Type	Taxonomy	Website
☐				

Showing 1 to 1 of 1 entries

Networks

Network	Effective Date	Term Date	Status	Participating?	Accepting New Patients?
High Performance EPO Network	01-01-2022		Participating	<input checked="" type="radio"/> Yes <input type="radio"/> No	Open to new patients
Good Shepherd PPO Shared Care Network	07-01-2017		Participating	<input checked="" type="radio"/> Yes <input type="radio"/> No	Open to new patients
Performance PPO Plus Network	08-01-2019		Participating	<input checked="" type="radio"/> Yes <input type="radio"/> No	Open to new patients
Valley Advantage EPO Health Network	01-01-2019		Participating	<input checked="" type="radio"/> Yes <input type="radio"/> No	Open to new patients
CHP HMO Network	07-01-2010		Participating	<input checked="" type="radio"/> Yes <input type="radio"/> No	Open to new patients
KHP Commercial HMO Network	07-01-2005		Participating	<input checked="" type="radio"/> Yes <input type="radio"/> No	Open to new patients
Medicare Advantage PPO Network	07-01-2017		Participating	<input checked="" type="radio"/> Yes <input type="radio"/> No	Open to new patients
CareConnect Network	10-01-2013		Participating	<input checked="" type="radio"/> Yes <input type="radio"/> No	Open to new patients
Valley Advantage EPO Health Network	05-01-2017		Participating	<input checked="" type="radio"/> Yes <input type="radio"/> No	Open to new patients
Valley Advantage EPO Health Network_LVSC	09-01-2017		Participating	<input checked="" type="radio"/> Yes <input type="radio"/> No	Open to new patients
POS Network	01-01-2002		Participating	<input checked="" type="radio"/> Yes <input type="radio"/> No	Open to new patients

Site Locations

Edit

Service Address	Line	City	State	Zip Code	Phone #	Fax #	Email	Telehealth	Directory Indicator	Primary / Alternate
☐	1	☐	☐	☐	☐	☐	☐	No	Yes	Primary

Office Hours:

Day	Open 1	Close 1	Open 2	Close 2
-----	--------	---------	--------	---------

Once you select the facility name, the above informational screens will appear which shows data for the selected facility including networks and site locations. This high-level information is display only, to make any changes to facility name, please select *Facility Name Change*.

The primary address will be displayed. To edit address or office hours, select *Edit*.

Primary Address

*Address Line 1	Address Line 2		
<input type="text"/>	<input type="text"/>		
*City	*State	*Zip Code	*County
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Zip Code Lookup: Enter the zip code above, leave city, state and county blank and click Zip Code Lookup. This will give you a list of all locations within the Zip Code.

Standardize Address: Enter the Address information above and click Standardize Address. This will rearrange the address information to conform to USPS standards.

For addresses that contain building names or other site identifiers, please be sure identifiers are included on line 1 after standardizing the address.

[Zip Code Lookup](#)

[Standardize Address](#)

*Is this change the result of a TIN change, acquisition or merger?

- ☐ Yes
☐ No

*Effective Date for requested change

Effective date applies to address above.

*Phone Number	Ext	*Fax Number	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Web address

Handicapped Accessible? Print In Directory?

- ☒ Yes
☐ No

- ☐ Yes
☐ No

Services Performed at This Location

Available Services

<

>

ABA Services
Acute Care Hospital OP Site
Arthritis Treatment Center
BDC Transplant - Kidney
BDC Transplant - Ped BMT
BDC+ Transplant - Kidney
Behavioral Health Services
Blood Bank
Burn Care Unit
C&A Behavioral Health Services

Hours of Operation (0:00)

[Clear office hours](#)

[Clone office hours](#)

Sunday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Monday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tuesday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wednesday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Thursday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Friday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Saturday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- Trans id: b7655b55-878a-45f4-a2a0-5c9ecdad5497-0009

[Update](#)

[Reset](#)

[Return to Attestation](#)

Selecting *Edit* from the previous screen; the above screens will display. Update the information that contained discrepancies and select *Update* to save and submit all necessary changes.

Please note, *Reset* will take the screen back to the original state and *Return to Attestation* will NOT submit any changes and will return the user back to the attestation screen.

If Changes are made, select *Update*. After the address information is updated and submitted, select *Return to Attestation* to go back to the facility information page to continue reviewing the attestation information.

Edit	Service Address Line 1	Line 2	City	State	Zip Code	Phone #	Fax #	Email	Telehealth No	Directory Indicator Yes	Primary / Alternate Alternate
----------------------	------------------------	--------	------	-------	----------	---------	-------	-------	------------------	-------------------------------	-------------------------------------

Office Hours:

Day	Open 1	Close 1	Open 2	Close 2
-----	--------	---------	--------	---------

The above screen is a display of the alternate address(es). If any updates are needed, select *Edit*.

[Submit Attestation](#)
[Cancel](#)

Trans id: -

Once all information has been reviewed and any necessary updates are submitted, select *Submit Attestation*, which will complete the check for the selected facility. If *Cancel* is selected, it will return the user back to the previous participating attestation listing without approving the review of the selected facility.

Attestation for Tax ID [?](#) Close

Attestor Information

Requestor Name

Requestor Email

Requestor Phone Number

Ms. Provider

MsProvider@Provider.net

717-999-9999

Requestor Title

Requestor Fax Number

Facility Name	Facility ID	Facility NPI	Reviewed and Approved

Showing 1 to 1 of 1 entries

Attestation Date

12/10/2024

Comments

System Comments

If you are attesting with changes, you are attesting that you will submit any additional changes within 3 business days

[Approve Attestation](#)
[Approve Attestation With Changes](#)
[Return to Main Selection](#)

Facility attestation reviewed and approved - Trans id: b7655b55-878a-4514-a2a0-5c8ecdad5497-0010

Once you select *Submit Attestation* for the facility reviewed, you will be returned to the Attestation screen to continue reviewing any additional participating facilities associated with the Tax ID selected. The facility that was just reviewed and approved, will be marked with a 'Yes' under the Reviewed and Approve column. Each facility listed must be reviewed by completing the steps above to review for accuracy and submit updates for any discrepancies. Please note, there may be several facilities to review.

Once all facilities listed have been reviewed, the column labeled Reviewed and Approved will contain 'Yes' listed next to each facility name. To submit the attestation, select *Approve Attestation* if all information is accurate or any necessary changes have been submitted or select *Approve Attestation with Changes* if changes are identified and cannot be submitted at this time.

Approve Attestation indicates all information is accurate and no further changes need to be made OR changes that needed to be made, have been made prior to approving the attestation.

Approve Attestation with Changes indicates that all facilities have been reviewed and changes need to be made but cannot be completed at this time. Detailed comments are required to indicate the necessary changes that will be submitted at a later date. Please note, you have three business days to make any necessary updates to the facility information before the account will not be able to make any other changes in the application. Notes provided are just an indicator of what you will be submitting within three days of the completed attestation task.


Return to Main Selection will remove any 'Review and Approved' records that have been reviewed and return you to the main screen, which will NOT submit the attestation request.

Attestation submitted - Trans id: 556de3df-1cdf-4b25-8930-450645e5d6e7-0022

Once you select *Approve Attestation* or *Approve Attestation with Changes*, the attestation request will be submitted and you will be returned to the main screen.

Attestation past due

[Back to selection](#)
[Update Electronic Funds Transfer](#)
[Update Remittance Information](#)
[View Request Status by Tax ID](#)
[Update Network Info](#)
[Mergers / Acquisitions](#)
[Terminate Facility](#)
Last Attested on:
01/01/2024
Attestation due:
03/31/2024
[Update Attestations](#)

Facilities for Tax ID 

Close

Requestor Information

Effective January 1, 2022, the Consolidated Appropriations Act of 2021 (a Federal Mandate) requires Payors like Capital to establish a process to verify and update their provider directory database at least once every 90 days. **Providers must attest by the Due Date displayed on the screen or will be unable to submit modifications until the attestation is complete.**

Requestor Name
Ms. Provider

Requestor Email
MsProvider@Provider.net

Requestor Phone Number
717-999-9999

Requestor Title

Requestor Fax Number

Select a facility

Facility Name	Facility NPI	CBC Facility ID	Facility Type

Showing 1 to 1 of 1 entries

Previous1Next

- Trans id: d5089a85-f64f-465a-a651-925f3f3c27fd-0005

If an attestation is not received within the 90 days from, the 'Last Attested on', text will appear in **red**, and functionality of the tool will not be available until the outstanding attestation is reviewed and submitted. Once the attestation is submitted, all functionalities will be available.

[CapitalBlueCross.com](https://www.CapitalBlueCross.com)

