



SUBJECT: Online Billing Provider Form

CODE:

TITLE: Provider Form Approvals

EFFECTIVE DATE: 02/20/04

Updated: 05/22/08

PURPOSE: The purpose of this policy is to establish a procedure for departmental notification of dictionary changes and to implement the approval process for additions, edits, or deactivations to the Billing Provider dictionary.

APPLICABILITY: Practice Administrators, Credentialing, CBO, IS&T

POLICY: It is the policy of UMDNJ-SOM IS & T Department to establish a paperless, online, change management process for all IDX dictionary updates. The following procedure should be followed for all updates to the Provider Dictionary (3).

PROCEDURE:

Department:

1. Download latest version of online form from the following link:
http://som.umdj.edu/departments/ist/depts_ist_ps.html and choose the link for Billing Provider.
2. Complete top portion of form marked 'Requestor'. Please complete all fields.
3. Enter a heat ticket through OSR- <http://iheat.umdj.edu/heatselfservice/default/en-us/>. You can enter the ticket number on the form in the top right corner. (If you do not have access to the Web, a ticket can always be called in to the help desk.)
4. If the request is for an edit to a current provider, please include either the number or the mnemonic for the provider.
5. Save the request form to the local hard drive on your PC. The following conventional naming format should be used- <FORMNAME_DIVISION_DATE>, for example Provider_Family_Med_121003.
6. Email the form to the Credentialing Department Monica Roig (roigmo@umdj.edu) Shannon Rutledge (rutledse@umdj.edu), and Joanne Jackson (jacksojm@umdj.edu) with a cc: to Jeff Steenson (steensja@umdj.edu) and the IDX Team. The email subject heading be the same format as the change form - <FORMNAME_NAME_DIVISION_DATE>, for example Provider_Smith_Family_Med_121003. **In the body of your email, please include the heat ticket number.** This email will only be accepted from the Department Administrator.

Credentialing:

1. Complete as much of the credentialing portion of form as possible.
2. Save the form to track what billing information is needed for each provider.
3. Additions can be done with the same form, just be sure to **highlight** the new information to make it identifiable.
4. Email form to IS & T at ISTC-PES@lists.umdj.edu with a cc: to Joanne Jackson (jacksojm@umdj.edu) and Jeff Steenson (steensja@umdj.edu) when approved by the credentialing department. The email subject heading be the same format as the change form - <FORMNAME_DIVISION_DATE>, for example Provider_Family_Med_121003.

- 5. If this is only an edit to add provider numbers, the CBO approval is not needed, send request directly to IST and send notification to Joanne Jackson and Lillian Kain-Beese with a cc to the original email.**

Central Billing Office:

1. Complete CBO portion of form.
2. Confirm that new Providers have been added to any reports and PCS workfiles that apply.
3. Email completed form to IS & T at ISTC-PES@lists.umdj.edu. The email subject heading be the same format as the change form - <FORMNAME_DIVISION_DATE>, for example Provider_Family_Med_121003.

IS & T

1. The information will be added to the IDX system within 5 business days after completed sign off is received.
2. The completion of the request will be emailed to the requestor, Business Office (if add) and IDX Team by the IS&T Analyst performing the work.

