



# Check Your Data

## How to use our Demographic Change Form to verify directory information



Federal law requires that certain [directory information be verified every 90 days](#), and that we remove you from our provider directory, [Provider Finder](#)<sup>®</sup>, if it isn't.

### Professional Providers

Professional providers **have several ways to verify their data** every 90 days:

- The best option for verifying data with BCBSNM is to utilize the link sent by BCBSNM via a valid email address on your data file. This link is sent 45 and 60 days after you last updated your data to remind you it is time to verify. The link connects you to a secure site that allows you to verify all data elements, including 'Accepting New Patients', a New Mexico State requirement for each location where you see patients. Failure to verify the 'Accepting New Patients' information at least every 90 days will result in the information not appearing in the directory and may result in more calls to your office from members trying to determine your status. If you have not received the link or would like to have it re-sent to you please contact your Provider Representative, information on the [Network Contact List](#) , to validate your service email and they can request the link be re-sent within the next 2 weeks.
- [Availity](#)<sup>®</sup> [Essentials](#)  Provider Data Management [feature](#), is a quick way to verify information with us and other insurers, however data element 'Accepting New Patients' cannot be verified using the tool at this time. If you choose to use Availity for data validation you will need to separately verify for 'Accepting New Patients', this can be done via either of the other tools.
- Our online [Demographic Change Form](#) , which can be found on the [Verify and Update Your Information page](#) on our Provider website is primarily used to make changes to your data in our system. However, the change form can also be used to verify your information is accurate, especially if you are wanting to verify 'Accepting New Patients' information only.

Follow the steps in this guide to verify your data using the Demographic Change Form. **Groups with multiple providers** must submit the form for each provider in the group per location, and it is recommended the Group select Individual Provider at the prompt outlined at #1 below. Use the Google Chrome browser for best results.

If you need to change your data:

- You **may continue to use the [Demographic Change Form](#)**  to update your data. When updating, complete all relevant and required fields on the form.
- Some data can be updated through the Availity [PDM feature](#) for professional providers only.
- If you update your information via the [Demographic Change Form](#) , **it will count as your 90-day verification.**

### Facilities and Ancillary Providers

The [Demographic Change Form](#)  is the only way for facilities and ancillary providers to verify and update data.

We won't accept demographic changes by email, phone or fax to enable us to meet the two-day directory update requirement defined by federal law.

# Instructions for Professional Providers, Facilities and Ancillary Providers

## To verify information using the Demographic Change Form

1. Fill in **required fields** on the first page to start the verification process.

Select **Individual Provider, Group/Clinic** or **Facility/Ancillary**, as appropriate and enter required information.

Note: when validating information only and NOT requesting a change to information all providers must attest at the individual level by location. If you are performing validation for a group of providers you will select Individual Provider to attest for each Individual provider by location and then will need to select Group/Clinic to attest to the Clinic information as a whole by location. Be aware that at the Group/Clinic or Facility/Ancillary level a W-9 will be required with the form.

- If submitting for an Individual Provider, select **Type 1 NPI**.
- If submitting for Group/Clinic or Facility/Ancillary, select **Type 2 NPI**.
- Remember to always include an Email Address that can be used to outreach to the provider office for data verification and other business matters.

Select **Next** when complete.

### Change Existing Demographic Information

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**Identification Information**  
*\* Indicates required field*

\* Type of Provider  Individual Provider  Locum Tenens  Group/Clinic  Facility/Ancillary

**Submitter Information**

\* First Name: \_\_\_\_\_

\* Last Name: \_\_\_\_\_

\* Telephone Number: Ext: \_\_\_\_\_  
Numeric digits only; Numeric digits only;

\* Job Title/Position: \_\_\_\_\_

\* Email Address: \_\_\_\_\_  
you@example.com

**Provider Information**

\* Name of Provider/Group: \_\_\_\_\_

\* Tax ID Number: \_\_\_\_\_

Rendering NPI: \_\_\_\_\_

\* Billing NPI Number: \_\_\_\_\_

\* Type  Type 1 (Individual)  Type 2 (Group)

**Next**

2. Select **Name, Office Physical Address** and **Other Provider Updates** to see the information that must be verified. Fill in **required fields** on the first page to start the verification process.

Select **Individual Provider, Group/Clinic** or **Facility/Ancillary**, as appropriate and enter required information.

- If submitting for an Individual Provider, select **Type 1 NPI**.
- If submitting for Group/Clinic or Facility/Ancillary, select **Type 2 NPI**.

Select **Next** when complete.

3. **Verify name.**

### Change Existing Demographic Information

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**Type of Change**

Name  
 NPI/Tax  
 Office Physical Address  
 Billing Address  
 Credentialing Address  
 Administrative Address  
 Other Provider Updates

**Back** **Next**

For verification only, no updates and all current data is correct, all fields can be left blank unless required EXCEPT comments field should be updated to read: "No changes, verification only" or similar.

If field is required or if requesting a correction to existing information:

Individual Providers: Fill in the **Current Name** fields.

Remember that a W-9 will be required for all changes and for any attestation of a Group/Clinic or Facility/Ancillary.

If requesting a change, also fill in the New Name fields on the right hand column.

Group/Clinic or Facility/Ancillary: Fill in **Current Practice Name**.

For **Effective Date of Change**:

When **verifying data**, fill in **today's date**.

When **changing data**, fill in **date of change**.

Select **Next** when complete.

## Change Existing Demographic Information

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### Name Change

*\* Indicates required field*

Attach signed and dated W-9 for name change. If you have multiple titles please list additional titles in the below comments box.

<p><b>Current Name</b></p> <div style="border: 1px solid #0070C0; border-radius: 10px; padding: 5px;"><p>First Name: <b>Individual Provider</b></p><p>Middle Name</p><p>Last Name:</p><p>Suffix: <span style="float: right;">▼</span></p></div> <p>Current Title:</p>	<p><b>New Name</b></p> <p>First Name:</p> <p>Middle Name:</p> <p>Last Name:</p> <p>Suffix: <span style="float: right;">▼</span></p> <p>New Title:</p>
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<p>Current Practice Name: <b>Group/Clinic/Facility/Ancillary</b></p>	<p>New Practice Name:</p>
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**Additional Information**

Comments:

**\* Effective Date of Change:**

**Attach Documentation:**

Note: combined file sizes cannot exceed 25MB. File formats accepted: .bmp, .doc, .docx, .gif, .jpeg, .jpg, .zip, .pdf, .png, .txt, .xls, .xlsx. User can select only up to 5 total files per request type.

Combined file size = 0.0 MB

Choose File No file chosen

+ Add another file

Back

Next

#### 4. Verify office physical address.

For verification only, no updates and all current data is correct, all fields can be left blank unless required EXCEPT comments field should be updated to read: "No changes, verification only" or similar.

If field is required or if requesting a correction to existing information:

Fill in the office **Address, City, State, ZIP code, Telephone Number** and **Email**.

For **Effective Date of Change**:

When **verifying data**, fill in **today's date**.

When **changing data**, fill in **date of change**.

### Change Existing Demographic Information

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#### Office Physical Address/Telephone/Fax/Email/Hours of Operation Change

*\* Indicates required field*

Complete a separate form for each office physical address change request. This information is utilized for the member directories. A P.O. Box address will not be accepted as an official physical address. If your primary address change involves moving to a different county, this could impact your claims payment.

#### Current Office Physical Address

Address Line 1:  
\_\_\_\_\_

Address Line 2:  
\_\_\_\_\_

City:  
\_\_\_\_\_

State:  Zip Code:

Telephone Number:  Ext:   
Numeric digits only. Numeric digits only.

Email:  
you@example.com

#### New Office Physical Address

Address Line 1:  
\_\_\_\_\_

Address Line 2:  
\_\_\_\_\_

City:  
\_\_\_\_\_

State:  Zip Code:

Telephone Number:  Ext:   
Numeric digits only. Numeric digits only.

Email:  
you@example.com

Fax Number:  
Numeric digits only. For example: 1234567890

Fax Number:  
Numeric digits only. For example: 1234567890

#### Additional Information

Comments:

**\* Effective Date of Change:**

**Attach Documentation:**  
Note: combined file sizes cannot exceed 25MB. File formats accepted: .bmp, .doc, .docx, .gif, .jpeg, .jpg, .zip, .pdf, .png, .txt, .xls, .xlsx. User can select only up to 5 total files per request type.

Combined file size = 0.0 MB  
 No file chosen  
 Add another file

Select **Next** when complete.

### 5. Verify specialty and submit form.

For verification only, no updates and all current data including *ACCEPTING NEW PATIENTS* (as shown in the Provider Directory) is correct, all fields can be left blank unless required EXCEPT comments field should be updated to read: "All data correct including Accepting New Patients setting in Directory, No changes, verification only" or similar.

If field is required or if requesting a correction to existing information:

Under **Other Provider Updates**, fill in **Specialty**. It is the only data in this section that must be verified.

If you are submitting a correction to your Accepting New Patients setting in the directory, please add the updated information in your comments field notes.

If verifying information, fill in today's date for **Effective Date of Change**.

### Change Existing Demographic Information

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#### Other Provider Updates

\* Indicates required field

<h5>Current Information</h5> <p>Hospital Privilege (list all): _____</p> <p>Ambulatory Surgery Center Privileges (list all): _____</p> <p>License Number: _____</p> <p>Specialty: <input style="border: 2px solid #007bff; border-radius: 5px;" type="text"/></p> <p>Subspecialty: _____</p> <p>Specialty Effective Date: _____ </p> <p>Specialty Certification Date: _____ </p> <p>Board Certified:      <input type="radio"/> Yes    <input type="radio"/> No</p> <p>Provide Lactation Services:    <input type="radio"/> Yes    <input type="radio"/> No</p> <h5>Medication Assisted Treatment</h5> <p>Is Medication Assisted Treatment for Opioid Use Disorders provided at this location? <input type="radio"/> Yes    <input type="radio"/> No</p> <h5>Additional Information</h5> <p>Comments: <div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div></p>	<h5>New Information</h5> <p>Hospital Privilege (list all): _____</p> <p>Ambulatory Surgery Center Privileges (list all): _____</p> <p>License Number: _____</p> <p>Specialty: _____</p> <p>Subspecialty: _____</p> <p>Specialty Effective Date: _____ </p> <p>Specialty Certification Date: _____ </p> <p>Board Certified:      <input type="radio"/> Yes    <input type="radio"/> No</p> <p>Provide Lactation Services:    <input type="radio"/> Yes    <input type="radio"/> No</p> <p>Date Of Birth: _____ </p> <p>Languages (spoken or written): _____</p>
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\* Effective Date of Change:

Attach Documentation:  
Note: combined file sizes cannot exceed 25MB. File formats accepted: .bmp, .doc, .docx, .gif, .jpeg, .jpg, .zip, .pdf, .png, .txt, .xls, .xlsx. User can select only up to 5 total files per request type.

**Combined file size = 0.0 MB**

No file chosen

Add another file

\*  Provider/ Group has reviewed the information listed on the BCBSNM provider finder for accuracy and is hereby attesting that all the einformation is accurate.



By clicking this link, you will go to a new website/app ("site"). This new site may be offered by a vendor or an independent third party. The site may also contain non-Medicare related information. In addition, some sites may require you to agree to their terms of use and privacy policy.

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