

TEMPLATE OVERVIEW

It is a requirement that all Facility providers send an updated roster on a monthly basis and an entire completed roster twice a year. Instructions listed below will assist in filling out the form accurately so no rosters will be rejected back to the Facility for further information.

For questions regarding the roster/delegate template, please contact your Provider Relations Representative in your area.

HELPFUL INSTRUCTIONS

1. Facilities will begin by identifying if the provider that is being placed on either roster is an "add", "change" or "term" (*this includes for recredentialing as well*) .
 - **Add:** Add new provider or add a location to an existing provider.
 - **Change:** Changing of an existing provider information, to include provider location that would not otherwise constitute an amendment (e.g. remove a location from an existing provider; update provider demographics/Medicaid/etc).
 - **Term:** Any practitioner/provider that is no longer with the Facility.
2. Enter the effective date of the add, change or term
3. All fields are to be filled out. If field does not apply, enter N/A. If any information is missing/not entered, then spreadsheet will be sent back for clarification.
4. If Practitioner/Provider has multiple locations, please indicate each location on a separate line.
5. Make sure to indicate the entire middle name if practitioner has one. Middle initial will only be accepted for states other than Texas (Texas requires FULL middle name).