

**Subject: Provider/Practice Change Requirements**

**Action Required:** Providers with any practice changes are required to follow instructions below depending on your ACO product participation.

If you have any changes in your practice, please complete this checklist 30 days prior to any changes. Any change to your practice, including but not limited to:

- Demographic changes (i.e., change in phone number or address)
- Addition of a new provider
- Removal of a provider
- Changes to your practice or a provider's TIN

**All ACO Providers and ACO Credentialing:**

If you have a new provider joining your practice, please notify your assigned Practice Outreach Manager (POM).

-North of SR52 - Stacy Pevney at [pevney.stacy@scrippshealth.org](mailto:pevney.stacy@scrippshealth.org) or 858-537-7910

-South of SR52 - Eydie Strouse at [strouse.eydie@scrippshealth.org](mailto:strouse.eydie@scrippshealth.org) or 619-279-9868

You will be asked to complete the ACO Credentialing Application Request Form and send back to your respective POM. Upon submission of the form, you will then receive a link directly from Centralized Credentialing Services for further instruction to complete the credentialing packet. *Please note, the credentialing process typically takes 90 days once the completed credentialing packet is received.*

**Qualcomm Premier Network Providers:** If you have recent practice changes, please follow the steps below. A friendly reminder UHC requires attestation every 120 days.

- Go to [UHCprovider.com](http://UHCprovider.com) and click **Sign In** at the top right corner to access the UnitedHealthcare Provider Portal
- Sign in to the **One Healthcare ID** page using your existing ID and password
- On your dashboard, go to **Practice Management** and open **My Practice Profile**

If your demographic information does not appear for your practice, you can:

- Go to <https://www.uhcprovider.com/content/dam/provider/docs/public/resources/link/Demographic-Change-Request-From.pdf> to access the Care Provider Demographic Information Form and email to [hpdemo@uhc.com](mailto:hpdemo@uhc.com)
- Call 877-842-3210 and say, "health care professional services," then "demographic changes"

**Medicare Shared Savings Providers:**

- Submit any changes to The Provider Enrollment, Chain and Ownership System (PECOS) the electronic Medicare enrollment system at <https://pecos.cms.hhs.gov> For additional information on PECOS: <https://pecos.cms.hhs.gov/pecos/help-main/faq.jsp>

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