

# Patient 1<sup>st</sup> Update Form

This form is for physicians that are currently enrolled in the Patient 1<sup>st</sup> program and would like to update their provider panel. (Note: a disenrollment form is required to close the provider's Medicaid file. This form only refers to Patient 1<sup>st</sup> updates.)

**Mid-Level Extender Requirements:**

- The physician must be the mid-level extender's collaborating physician.
- The extender must be currently enrolled with the same practice and at the same locations as the physician.
- A mid-level extender can only be counted once towards any caseload maximum.
- A physician is limited up to four (4) Mid-Level Extenders.

Physician Name \_\_\_\_\_ NPI: \_\_\_\_\_ MCD \_\_\_\_\_

Hours per week worked at this location \_\_\_\_\_

Add mid-level extender \_\_\_\_\_ Remove mid-level extender provider \_\_\_\_\_

Name	NPI Number	Medicaid ID Number	Hours worked per week	Indicate if CRNP or PA

**Caseload:** increase caseload amount \_\_\_\_\_ decrease caseload amount \_\_\_\_\_  
 (See Chapter 39.2 of the provider manual for allowed maximums and guidelines.)

Add panel hold \_\_\_\_\_ Remove panel hold \_\_\_\_\_

Change age criteria \_\_\_\_\_

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PMP Signature \_\_\_\_\_

Date \_\_\_\_\_

**This form can be submitted in two ways by accessing the Medicaid Interactive secure web portal and selecting Trade Files/Forms to send an Enrollment Updates request:**

- Upload document directly to the Medicaid Interactive Web Portal and/or
- Fax to (334) 215-7416 with barcode cover sheet that is provided in the Interactive Web Portal at the end of the Enrollment Updates request