

# Notice of Practice/Practitioner Changes

## Medicaid

One of the many benefits to the Highmark Health Options West Virginia member is improved access to medical care through Highmark Health Options (HHO) contracted provider network. HHO strives to provide the most accurate and up-to-date information in our provider directory to allow our members unhindered access to network providers.

**To ensure our members have up to date and accurate information about HHO network providers, it is imperative that providers notify HHO of any of the following:**

- Address changes
- Phone and fax number changes
- Changes of hours of operation
- Primary care practice (PCP) panel status changes (open, closed, and existing only)
- Practitioner participation status (additions and terminations)
- Mergers and acquisitions

Providers who experience such changes must provide HHO a written notice at least 60 days in advance of the change by completing the below HHO Practice/Provider Change Request Form or practices/practitioners may submit notice on your practice letterhead.

**Please submit change requests via fax or mail.**

Fax: **1-855-451-6680**

**Note:** FQHC/RHC providers should submit their changes to **FQHC\_RHC\_RosterUpdates@highmark.com**.

Mail: Attention: Credentialing Department

Highmark Health Options WV

PO Box 2500

Parkersburg, WV 26102

PCPs and specialty care providers must submit claims under the individual national provider identification number (NPI) and tax identification number (TIN) to comply with encounter data reporting. Claims will be rejected up front if the individual provider number is not included. The only exception to this requirement applies to UB-04 charges for providers services when a remittance advice is issued to a hospital facility.

BMS billing guidelines state all providers must submit a taxonomy code on every claim. The submitted taxonomy must be associated with the specialty with which the provider has been credentialed. In instances where the provider's NPI is associated with more than one Highmark contracted specialty, the provider taxonomy code correlating to the services rendered should be submitted on the claim.

## Thank you for your cooperation!

The Provider Information Management Department

# Provider Change Form

Attention: Credentialing Department  
 Highmark Health Options WV  
 PO Box 2500  
 Parkersburg, WV 26102

If you are already contracted with Highmark Health Options West Virginia, please completely fill out this form to request any updates. Fax this form with supporting documentation (W9, etc.) to **1-855-451-6680**.

**Note:** FQHC/RHC providers should submit their changes to **FQHC\_RHC\_RosterUpdates@highmark.com**.

- Any location that has a new NPI and/or TIN must go through the credentialing process and requires a credentialing application form.
- Any acquisition or merger that has a change in any one of the identification numbers: TIN, group NPI, or Medicaid number will be required to go through the Contracting (TIN change), and/or Credentialing (TIN, group NPI, Medicaid ID) processes. Please contact your HHO representative.

Date:	Group Name:	Phone:
Contact Name:	Title:	Email:
Billing NPI Number:	Tax ID:	Line of Business:

## What Type of Add or Change?

Please carefully review the options below and provide a description in the notes box. Depending on which option is chosen, additional documentation may be required.

Update a Current Location	Provider Updates	Practice and Billing Updates
<p>Update current location (e.g., phone number, office hours, etc.).</p> <p>Close current location.</p> <p>Add location (must be existing NPI, Medicaid numbers, otherwise must use a credentialing form).</p> <p><b>If above are selected, please fill out only Section 1.</b></p>	<p>Add a provider from location(s).</p> <p>Remove a provider from location(s).</p> <p><b>For above, fill out only Section 1 and 2.</b></p> <p>Term provider from all locations.</p> <p>If yes, term date:</p> <p>&amp; NPI:</p> <p><b>For above, no additional sections are needed.</b></p>	<p>Billing address update.</p> <p>Contact info (e.g., email/number of credentialing manager).</p> <p>Acquisition or merger, group name change, or related.</p> <p><b>If above are selected, please fill out only Section 3.</b></p>

**Other Change** Please fill in the notes box below.

**Notes:** Please fill in this description box to describe any change (e.g., office is moving from 123 Main St. to 245 Broad St. effective 1/1/25).

Character limit: 410. If you need additional space, please include supplemental documentation with your submission.

# Provider Change Form cont.

Section 1 - Location Info		Effective Date of Change/Close Date:						
If any of these are selected, please fill below.		Update location		Close location		Add location		
Address with suite number:		City:		State abbr.:	ZIP:		County:	
Phone number (no dashes):				Fax number (no dashes):				
Please list the patient scheduling hours for listed office if adding a location or updating the hours.		Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:	Sunday:
Medicaid group/location numbers:					Panel status:			
Does this location provide telehealth services?					Panel limit:			
Is this location wheelchair accessible?					Age limits:			
Language interpretation services at this location.								
Interpreters available?		Options:		English	Spanish	Sign	Others:	

# Provider Change Form cont.

<b>Section 2 - Provider</b>					List the provider(s) and their corresponding information to add or remove from location(s).				
<b>Add/Remove:</b>									
First Name			M.I.	Last Name and Suffix			DOB		
Gender		Ethnicity			Race				
Degree	Specialty		NPI		Medicaid Number		License Number		
<b>Add/Remove:</b>									
First Name			M.I.	Last Name and Suffix			DOB		
Gender		Ethnicity			Race				
Degree	Specialty		NPI		Medicaid Number		License Number		
<b>Add/Remove:</b>									
First Name			M.I.	Last Name and Suffix			DOB		
Gender		Ethnicity			Race				
Degree	Specialty		NPI		Medicaid Number		License Number		
<b>Add/Remove:</b>									
First Name			M.I.	Last Name and Suffix			DOB		
Gender		Ethnicity			Race				
Degree	Specialty		NPI		Medicaid Number		License Number		
<b>Add/Remove:</b>									
First Name			M.I.	Last Name and Suffix			DOB		
Gender		Ethnicity			Race				
Degree	Specialty		NPI		Medicaid Number		License Number		

# Provider Change Form cont.

<b>Add/Remove:</b>					
First Name		M.I.	Last Name and Suffix		DOB
Gender		Ethnicity		Race	
Degree	Specialty		NPI	Medicaid Number	License Number
<b>Add/Remove:</b>					
First Name		M.I.	Last Name and Suffix		DOB
Gender		Ethnicity		Race	
Degree	Specialty		NPI	Medicaid Number	License Number
<b>Add/Remove:</b>					
First Name		M.I.	Last Name and Suffix		DOB
Gender		Ethnicity		Race	
Degree	Specialty		NPI	Medicaid Number	License Number
<b>Add/Remove:</b>					
First Name		M.I.	Last Name and Suffix		DOB
Gender		Ethnicity		Race	
Degree	Specialty		NPI	Medicaid Number	License Number
<b>Add/Remove:</b>					
First Name		M.I.	Last Name and Suffix		DOB
Gender		Ethnicity		Race	
Degree	Specialty		NPI	Medicaid Number	License Number

# Provider Change Form cont.

## Section 3 - Practice and Billing Updates

For any acquisitions, mergers, name changes, TIN changes, or billing changes, please fill in the below section. Please include any details of acquisition or merger on page 1 in the notes section.

<p>Does the change add or change TIN?</p> <p>If yes, what's the new TIN:</p> <p>Previous TIN:</p> <p>Effective date:</p> <p><b>If there is a TIN change, must include the W9.</b></p>	<p><b>Contact Updates</b></p>
<p>Any change to billing NPI?</p>	<p>Contact type (choose one or type in your own):</p> <p>Contact name:</p> <p>Contact email:</p> <p>Contact phone number:</p>
<p>Any change to billing address?</p> <p>Address:</p> <p>City:</p> <p>State:</p> <p>ZIP:</p> <p>County:</p>	
<p>Does the change impact the group name we should list in the directory?</p> <p>If yes, new group name:</p>	

Highmark Health Options West Virginia's mission is to care for the whole person in all communities where the need is greatest. We understand that in order to help improve the quality of life for our members, we must first take into account their cultural and linguistic differences. HHO has assembled resources and tools to aid you and office staff in providing care that is sensitive to the differences of our diverse patient population. Learn more today at [WV.HighmarkHealthOptions.com](http://WV.HighmarkHealthOptions.com).

Highmark Health Options is an independent licensee of the Blue Cross Blue Shield Association, an association of independent Blue Cross Blue Shield Plans.