



Notice of Practice/ Practitioner Changes

FQHC/RHC Providers

Medicaid and Medicare

One of the many benefits to the Highmark Wholecare member is improved access to medical care through Highmark Wholecare's contracted provider network. Highmark Wholecare 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 Highmark Wholecare's network providers, it is imperative that providers notify Highmark Wholecare of any of the following:

- Address Changes;
- Phone & Fax number changes;
- Changes of hours of operation;
- Primary Care Practice (PCP) panel status changes (Open, Closed & Existing Only);
- Practitioner participation status (additions & terminations) and;
- Mergers and acquisitions.

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

Please submit change requests via email:

FQHC/RHC providers should submit their changes to Roster_Updates@highmarkwholecare.com

As a reminder, the PA Department of Human Services (DHS) requires all providers to have current Master Provider Index (MPI). It is critical that providers revalidate their information on a regular basis. If providers do not enroll/revalidate their information with DHS, no payments will be made.

Thank you for your cooperation!

The Provider Information Management Department

4/23/2024

This information is issued on behalf of Highmark Wholecare, coverage by Gateway Health Plan, which is an independent licensee of the Blue Cross Blue Shield Association. Highmark Wholecare serves a Medicaid plan to Blue Shield members in 13 counties in central Pennsylvania, as well as, to Blue Cross Blue Shield members in 14 counties in western Pennsylvania. Highmark Wholecare serves Medicare Dual Special Needs plans (D-SNP) to Blue Shield members in 17 counties in northeastern Pennsylvania, 13 counties in central Pennsylvania, 5 counties in southeastern Pennsylvania, and to Blue Cross Blue Shield members in 27 counties in western Pennsylvania.

FQHC-RHC Provider Change Form

If you are already contracted with Highmark Wholecare, please completely fill out this form to request any updates. Email this form with supporting documentation (W9, etc.) to Roster_Updates@highmarkwholecare.com and copy your Highmark Wholecare Representative.

☞ 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, Medicaid and Medicare #s** will be required to go through the Contracting (Tin Change), and/or Credentialing (TIN, Group NPI, Medicare/Medicaid Id) processes. Please contact your Highmark Wholecare Representative.

Date	Group Name	Practice State
Contact Name	Phone	Email
Billing NPI #	Tax-ID	Line of Business:

What Type of Add or Change?	Please carefully review the options below and provider a description in the note box. Depending on which option is chosen, <u>additional documentation may be required.</u>	
<u>Update A Current Location</u> Update current location <i>e.g. phone #, office hours, etc</i> Close current location Add location <i>(must be existing NPI, Medicare #s, Medicaid #s, otherwise must use a credentialing form)</i> If above are selected, please fill out only Section 1	<u>Provider Updates</u> Add a Provider from location(s) Remove a Provider from location(s) For above, fill out only Section 1 & 2 Term Provider from all location <i>If yes, term date:</i> <i>& NPI:</i> For above, no additional sections is needed	<u>Practice and Billing Updates</u> Billing Address Update Contact Info <i>e.g email/# of credentialing manager</i> Acquisition or Merger, Group name change, or related If above are selected, please fill out only Section 3
<u>Other Change</u> <i>If other please fill in the notes box below</i>		
Notes: <i>Please fill in this description box to describe any change (i.e. office is moving from 123 Main St to 245 Broad St effective 1/1/23</i> <i>Character limit: 410. If you need additional space, please include supplemental documentation with your submission.</i>		

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	
Below is required:							
Address with Suite #		City	State abbr.	Zip	County	Phone # <i>no dashes</i>	Fax # <i>no dashes</i>
Please list the patient scheduling hours for list office if adding a location or updating the hours		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday Sunday
Medicare #		Medicaid Group/ Location #s			Panel Status		
Does this location provide telehealth services:		Panel Limit					
Is this location wheelchair accessible:		Age Limits					
Language Interpretation Services at this Location					Languages Interpreted		
Interpreters Available?		Options:		English	Spanish	Sign	Other(s)

Section 2 - Provider

Add/Remove	First Name	M.I	Last Name & Suffix	DOB	Gender	Ethnicity	Degree	Specialty	NPI	SSN	Medicare #	Medicaid #	License #

Section 3 - Practice, and Billing Updates

<u>For any acquisitions, mergers, name changes, TIN changes, or billing changes please fill in the below section</u> <i>Please include any details of acquisition or merger on page 1 in the Note section</i>		<u>Contact Updates</u>
Does the change add or change TAX-IDs? <i>if yes, whats the new TIN: &</i> <i>previous TIN:</i> <i>& effective date:</i> <i>If there is a TIN change , must include the w9</i>	Any change to billing NPI? <i>if yes, a new NPI requires billing, please contact your contractor for an FQHC credentialing application</i> Any change to billing address? Address City State: Zip County:	Contact Type: <i>Choose contact type or type in your own</i> Contact Name: Contact Email: Contact #:
Does the change impact the group name we should list in the directory? <i>if yes, new group name</i>		

Highmark Wholecare'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. Highmark Wholecare has assembled resources and tools to aid you and office staff in providing care that is sensitive to the differences of your diverse patient population. Learn more today at <https://highmarkwholecare.com/Provider/Provider-Resources/Cultural-Toolkit>