



Notice of Practice/ Practitioner Changes

Medicaid

One of the many benefits to the Highmark Health Options WV (HHO WV) member is improved access to medical care through HHO WV's contracted provider network. HHO WV 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 WV network providers, it is imperative that providers notify HHO WV 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.

Providers who experience such changes must provide HHO WV a written notice at least 60 days in advance of the change by completing the **below** HHO WV 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

***FQHC/RHC providers should submit their changes to FQHC_RHC_RosterUpdates@highmark.com.**

**Mail: Attention: Provider Information Management
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

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

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

Date	Group Name	Phone
Contact Name	Title	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>		
<p><u>Update A Current Location</u></p> <p>Update current location <i>e.g. phone #, office hours, etc</i></p> <p>Close current location</p> <p>Add location <i>(must be existing NPI, Medicaid #s, otherwise must use a credentialing form)</i></p> <p>If above are selected, please fill out only Section 1</p>	<p><u>Provider Updates</u></p> <p>Add a Provider from location(s)</p> <p>Remove a Provider from location(s)</p> <p>For above, fill out only Section 1 & 2</p> <p>Term Provider from all location</p> <p><i>If yes, term date:</i> <i>& NPI:</i></p> <p>For above, no additional sections is needed</p>	<p><u>Practice and Billing Updates</u></p> <p>Billing Address Update</p> <p>Contact Info <i>e.g. email/# of credentialing manager</i></p> <p>Acquisition or Merger, Group name change, or related</p> <p>If above are selected, please fill out only Section 3</p>
<p><u>Other Change</u> <i>If other please fill in the notes box below</i></p>		
<p>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></p> <p style="text-align: right;"><i>Character limit: 410. If you need additional space, please include supplemental documentation with your submission.</i></p>		

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				
<i>Below is required:</i>								
Address with Suite #		City	State abbr.	Zip	County	Phone # <i>no dashes</i>	Fax # <i>no dashes</i>	
<i>Please list the patient scheduling hours for list office if adding a location or updating the hours</i>		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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	Medicaid #	License #

Section 3 - Practice, and Billing Updates

<p><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></p>		<p><u>Contact Updates</u></p>
<p>Does the change add or change TAX-IDs?</p> <p><i>if yes, whats the new TIN: &</i></p> <p><i>previous TIN:</i></p> <p><i>& effective date:</i></p> <p><i>If there is a TIN change , must include the w9</i></p>	<p>Any change to billing NPI?</p>	<p>Contact Type:</p> <p><i>Choose contact type or type in your own</i></p>
<p>Does the change impact the group name we should list in the directory?</p> <p><i>if yes, new group name</i></p>	<p>Any change to billing address?</p> <p>Address</p> <p>City State:</p> <p>Zip County:</p>	<p>Contact Name:</p> <p>Contact Email:</p> <p>Contact #:</p>

Highmark Health Options WV'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 Health Options 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 <https://wv.highmarkhealthoptions.com>