

SPECIAL eBULLETIN

JULY 29, 2015

ATTN: FEDERALLY QUALIFIED HEALTH CENTERS AND RURAL HEALTHCARE CENTERS **REMINDER: HIGHMARK WEST VIRGINIA** **NETWORK CREDENTIALING REQUIREMENTS**

Federally Qualified Health Centers (FQHCs) and Rural Healthcare Centers (RHCs) who wish to participate in Highmark West Virginia's commercial lines of business, Medicare Advantage PPO and West Virginia Family Health (WVFH) Medicaid must satisfy initial credentialing requirements to become network providers. They must also maintain compliance with Highmark's recredentialing standards (as they may be amended from time to time).

INITIATING THE CREDENTIALING PROCESS

To initiate the credentialing process, please enter information into the Council for Affordable Healthcare (CAQH) database. You may also complete the State of West Virginia Uniform Credentialing Form, which is available at www.wvinsurance.gov. Highmark West Virginia is able to accept uniform credentialing applications from other states (e.g., Ohio, Maryland) if that is the primary location of the practice.

In addition to the credentialing information, a Request for Assignment Account form is required and can be located in the Provider Forms (professional forms) section located online at www.highmarkbcbswv.com. From the home page, select *Provider Resource Center* under Helpful links. Then, go to *Provider Forms>Professional Forms>Request for Assignment Account*.

All initial credentialing applications must be returned to Highmark's Provider Information Management area at the address below:

Highmark Provider Information Management

P.O. Box 898842

Camp Hill, PA 17001

Telephone: 1-866-763-3224

Fax: 1-866-507-6567

A second ancillary provider application is no longer required in order to participate in Highmark Blue Cross Blue Shield West Virginia's various provider networks.

Continued



614 Market Street • Parkersburg, WV 26102

Highmark Blue Cross Blue Shield West Virginia is an independent licensee of the Blue Cross and Blue Shield Association.

EXISTING CREDENTIALLED AND CONTRACTED PROVIDERS

- FQHCs and RHCs who are currently credentialed and contracted with Highmark West Virginia and are adding additional locations will be required to complete a *Request for Assignment Account* form available on the Highmark West Virginia Provider Resource Center. Go to *Provider Forms>Professional Forms>Request for Assignment Account*.

CLAIM SUBMISSION

- When submitting claims for Medicare Advantage members, please follow the Centers for Medicare and Medicaid Services (CMS) billing guidelines and report all services electronically using the UB04 format and 02/12 CMS-1500 claim forms as appropriate.
- For WVFH Medicaid members, please refer to the billing guidelines in the Provider Manual, available at www.wvfh.com/providers.
- For members in a commercial Highmark West Virginia plan, please report all services electronically using the 02/12 CMS-1500 claim form.

In order to ensure claims are processed accurately it is important we have a current Cost Report that is filed with your fiscal intermediary.

Please submit this report to:

Highmark Blue Cross Blue Shield West Virginia

200 Tracy Way

Charleston WV, 25311

Attention: Christopher Luckett, Provider Contracting and Reimbursement.

Thank you for your continued support to Highmark West Virginia and WVFH members. If you have any questions regarding this information, please contact your Highmark West Virginia Provider Relations Representative.