

Notice of Practice/Practitioner Changes

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. We strive 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 network providers, it is imperative that providers notify Highmark Wholecare 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 Highmark Wholecare a written notice at least 60 days in advance of the change by completing the below Highmark Wholecare 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 **Roster_Updates@highmarkwholecare.com**.

Mail: Delivery Code: WC-PDM

Provider Data Management

Highmark Wholecare

PO Box 535191

Pittsburgh, PA 15253-5191

As a reminder, the PA Department of Human Services (DHS) requires all providers to have a 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



Health benefits or health benefit administration may be provided by or through Highmark Wholecare, coverage by Gateway Health Plan, an independent licensee of the Blue Cross Blue Shield Association ("Highmark Wholecare").

Highmark Wholecare – Provider Change Form Last Revised: 04/10/2025

Provider Change Form

Delivery Code: WC-PDM
Provider Data Management
Highmark Wholecare
PO Box 535191
Pittsburgh, PA 15253-5191

If you are already contracted with Highmark Wholecare, 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 **Roster_Updates@highmarkwholecare.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 and Medicare numbers will be required to go through the Contracting (TIN change), and/or Credentialing (TIN, group NPI, Medicaid/Medicare ID) processes. Please contact your Highmark Wholecare 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/Medicare numbers, otherwise must use a credentialing form).</p> <p>If above are selected, please fill out only Section 1.</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 and 2.</p> <p>Term provider from all locations.</p> <p>If yes, term date:</p> <p>& NPI:</p> <p>For above, no additional sections are needed.</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>If above are selected, please fill out only Section 3.</p>	
Other Change Please fill in the notes box below.					
<p>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).</p> <p>Character limit: 410. If you need additional space, please include supplemental documentation with your submission.</p>					

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:
Medicaid group/location numbers:					Panel status:		
Medicare group/location numbers:					Panel limit:		
Does this location provide telehealth services?					Age limits:		
Is this location wheelchair accessible?							
Language interpretation services at this location.							
Interpreters available?		Options:		English	Spanish	Sign	Others:

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

Section 2 continues on the next page

Provider Change Form cont.

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

Section 2 continues on the next page

Provider Change Form cont.

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

Does the change add or change TIN?

If yes, what's the new TIN:

Previous TIN:

Effective date:

If there is a TIN change, must include the W9.

Any change to billing NPI?

Any change to billing address?

Address:

City:

State:

ZIP:

County:

Does the change impact the group name we should list in the directory?

If yes, new group name:

Contact Updates

Contact type (choose one or type in your own):

Contact name:

Contact email:

Contact phone number:

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 our diverse patient population. Learn more today at wholecare.highmarkprc.com.

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