

Provider Information Management Change Effective March 1, 2025

As of **March 1, 2025**, Highmark Health Options (HHO) and Highmark Health Options Duals (HHO Duals) (HMO SNP) D-SNP providers will be required to use a new [Provider Change Form](#) for *all* information changes that are effective on and after March 1. The new form will be available at [highmarkhealthoptions.com/provider > Forms and Reference Material](https://highmarkhealthoptions.com/provider).

Changes Before March 1, 2025

For any practice/provider changes that occurred **before March 1, 2025**, you **must** submit the change using **both** the current [Practice/Practitioner Change Form](#) **OR** [Facility/Ancillary Change Form](#) **and** the new [Provider Change Form](#).

Types of Changes Requiring Notification

As a reminder, Highmark requires 60 days' notice for the following changes:

- Address change
- Phone/fax number changes
- Change in hours of operation
- Primary Care Practice (PCP) panel status changes: (Open, Closed & Existing Only)
- Practitioner participation status (additions & terminations)
- Mergers and acquisitions

Submission Methods

The new Provider Change Form can be submitted to us the following ways:

- **Fax:** 1-855-451-6680
- **Email:** DEChange@highmarkhealthoptions.com
- **Mail:**
 - Delivery Code: WC-PDM Provider Data Management
Highmark Health Options/Highmark Health Options Duals
PO Box 890033
Camp Hill, PA 17089-0033
- **Alternatively:** You may submit notice on your practice letterhead, including all relevant details.

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

Highmark BCBSD Inc. d/b/a Highmark Blue Cross Blue Shield is an independent licensee of the Blue Cross Blue Shield Association. Highmark Health Options Duals is offered by Highmark Blue Cross Blue Shield. Highmark BCBSD Inc. d/b/a Highmark Blue Cross Blue Shield offers HMO plans with a Medicare Contract. Enrollment in these plans depends on contract renewal.

All references to "Highmark" in this document are references to the Highmark company that is providing the member's health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.



Compliance with 21st Century Cures Act

In compliance with the 21st Century Cures Act, all providers must be registered with the Delaware Medical Assistance Program (DMAP). Failure to enroll/revalidate with DMAP will result in the non-payment of claims.

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