# PROVIDER UPDATE AND CHANGE FORM

CHORUS COMMUNITY HEALTH PLANS

This form should be used when changing a Marketplace contracted practitioner or provider name, location, phone or fax number, billing or email address, and office hours. Please email or mail to CCHP.

- Email to: cchp-providerupdates@chorushealthplans.org
- Mail to: CCHP Provider Relations
  P.O. Box 1997, MS 6280
  Milwaukee, WI 53201-1997

Effective date of change: _____ Type of change: _____

## SECTION 1: OLD INFORMATION (Note: Changes for practitioners and/or providers through a group must be submitted by the group.)

| NAME OF ORGANIZATION (INCLUDE LEGAL NAME DOING BUSINESS AS) | FEDERAL TAX ID NUMBER | GROUP NPI 2<br>INDIVIDUAL NPI | |
|---|---|---|---|
| **PHYSICAL ADDRESS** | | | |
| STREET ADDRESS | CITY | STATE | ZIP |
| PHONE NUMBER | FAX NUMBER | | |
| **MAILING ADDRESS** | | | |
| STREET ADDRESS | CITY | STATE | ZIP |
| PHONE NUMBER | FAX NUMBER | | |
| **BILLING ADDRESS** | | | |
| ADDRESS | CITY | STATE | ZIP |
| PHONE NUMBER | FAX NUMBER | | |

## SECTION 2: NEW INFORMATION (Only complete all the fields of item that has changed.)

| NAME OF ORGANIZATION (INCLUDE LEGAL NAME DOING BUSINESS AS) | FEDERAL TAX ID NUMBER (TIN) | GROUP NPI 2<br>INDIVIDUAL NPI | |
|---|---|---|---|
| **PHYSICAL ADDRESS** **UNCHANGED** | | | |
| STREET ADDRESS | CITY | STATE | ZIP |
| PHONE NUMBER | FAX NUMBER | | |
| **MAILING ADDRESS** **UNCHANGED** (ONLY COMPLETE IF YOU'RE NOT ABLE TO ACCEPT MAIL AT YOUR PHYSICAL ADDRESS) | | | |
| STREET ADDRESS | CITY | STATE | ZIP |
| PHONE NUMBER | FAX NUMBER | | |
| **BILLING ADDRESS** **UNCHANGED** | | | |
| ADDRESS | CITY | STATE | ZIP |
| PHONE NUMBER | FAX NUMBER | | |

## SECTION 3: PERSON COMPLETING FORM

| NAME OF ORGANIZATION YOU REPRESENT | TITLE | | |
|---|---|---|---|
| STREET ADDRESS | CITY | STATE | ZIP |
| PHONE NUMBER | EMAIL ADDRESS | | |

## SECTION 4: ROSTER OF PRACTITIONERS / PROVIDERS PRACTICING WITH GROUP (IF NEED MORE ROOM, ATTACH SEPARATE ROSTER SHEET)

| FULL NAME | ACCEPTING NEW PATIENTS? | FULL NAME | ACCEPTING NEW PATIENTS? |
|---|---|---|---|
| | ☐ YES ☐ NO | | ☐ YES ☐ NO |
| | ☐ YES ☐ NO | | ☐ YES ☐ NO |
| | ☐ YES ☐ NO | | ☐ YES ☐ NO |

IN ADDITION TO ENGLISH, WHAT LANGUAGES DO YOU SPEAK IN YOUR OFFICE? ☐ SPANISH ☐ HMONG ☐ OTHER: _____

## SECTION 5: HOURS OF OPERATION (EXAMPLE: 8 a.m.)

| | MONDAY OPEN | MONDAY CLOSE | TUESDAY OPEN | TUESDAY CLOSE | WEDNESDAY OPEN | WEDNESDAY CLOSE | THURSDAY OPEN | THURSDAY CLOSE | FRIDAY OPEN | FRIDAY CLOSE | SATURDAY OPEN | SATURDAY CLOSE | SUNDAY OPEN | SUNDAY CLOSE |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| REGULAR | | | | | | | | | | | | | | |
| URGENT CARE | | | | | | | | | | | | | | |

## SECTION 6: FEDERAL TAX ID NUMBER (TIN) CHANGES

Changes in a tax ID number or name require you to submit a W-9 form or IRS letter (SS4 or 147C). Please attach to this form and email to: cchp-contracting@chw.org. (To email, file size not to exceed 4MB & types accepted: .doc; .docx; .rtf; .xls; .pdf.)

**Did you attach supporting documents?** ☐ YES ☐ NO

## SECTION 7: BEHAVIORAL HEALTH PROVIDER INFORMATION

If you're a Behavioral Health provider, please answer the following questions:

1. **Do you provide home visits?** ☐ YES ☐ NO
2. **Are you able to schedule a patient visit within seven days of discharge from an inpatient facility?** ☐ YES ☐ NO
3. **Do you provide day treatment?** ☐ YES ☐ NO

## SECTION 8: EMAIL ADDRESS CHANGE

| ORGANIZATION NAME(S) ASSOCIATED WITH THIS EMAIL ADDRESS | |
|---|---|
| OLD EMAIL ADDRESS | NEW EMAIL ADDRESS |

**COMMENTS:**

## Interpreter Services

Chorus Community Health Plans (CCHP) complies with all applicable civil rights laws and does not discriminate on the basis of race, color, national origin, sex, age, disability, or other legally protected status, in its administration of the plan, including enrollment and benefit determinations.

If someone you're helping has questions about CCHP, they have the right to get help or information in their language at no cost.

- To talk to an interpreter, call **1-844-201-4672.**
- If you or the CCHP member is hearing impaired, call **1-844-531-4856.**

**SPANISH:** Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de CCHP tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-201-4672.

**HMONG:** Yog koj, los yog tej tus neeg uas koj pab ntawd, muaj lus nug txog CCHP, koj muaj cai kom lawv muab cov ntshiab lus qhia uas tau muab sau ua koj hom lus pub dawb rau koj. Yog koj xav nrog ib tug neeg txhais lus tham, hu rau 1-844-201-4672.

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