PROVIDER UPDATE / CHANGE FORM

This form should be used when changing a 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@chw.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 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 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?
FULL NAME	☐ YES ☐ NO	FULL NAME	☐ YES ☐ NO
FULL NAME	☐ YES ☐ NO	FULL NAME	☐ YES ☐ NO
FULL NAME	☐ YES ☐ NO	FULL NAME	☐ YES ☐ NO
ARE ALL PRACTITIONERS IN GROUP STATE OF WISCONSIN MEDICAID CERTIFIED?	☐ YES ☐ NO	IS ANYONE IN YOUR PRACTICE UNABLE TO BILL WISCONSIN MEDICAID DUE TO BEING INVESTIGATED?	☐ 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 / CLOSE	TUESDAY OPEN / CLOSE	WEDNESDAY OPEN / CLOSE	THURSDAY OPEN / CLOSE	FRIDAY OPEN / CLOSE	SATURDAY OPEN / CLOSE	SUNDAY OPEN / CLOSE
REGULAR	REGULAR	REGULAR	REGULAR	REGULAR	REGULAR	REGULAR
URGENT CARE	URGENT CARE	URGENT CARE	URGENT CARE	URGENT CARE	URGENT CARE	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

Children's Community Health Plan (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.

- On-site interpreter services are provided to CCHP members through Language Source.
- Telephonic interpreter services are provided to CCHP members through Pacific Interpreters. Please call a Provider Relations Representative to request this service at **1-844-229-2775**
- For sign language services, call a CCHP Member Advocate at **1-877-900-2247.**

Language Source

- Phone: (414) 607-8766
- Fax: (414) 607-8767
- Pager: (414) 201-0014
- Email: schedule@langsource.com
- TTY users, call: 711

PO Box 1997, MS 6280
Milwaukee, WI 53201-1997

childrenscommunityhealthplan.org

Children's Community Health Plan is an HMO for BadgerCare Plus eligible children and adults living in Brown, Calumet, Kenosha, Milwaukee, Outagamie, Ozaukee, Racine, Sheboygan, Walworth, Washington, Waukesha, Waupaca, and Winnebago counties. A member of Children's Hospital and Health System.
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