



Questions? Please contact your EDI solutions reseller for help with EDI enrollment forms
02/22/2022 (IE)
<http://www.highmark.com/edi-wv/>

**Highmark Gateway – West Virginia
 BCBS West Virginia (54828) and
 Highmark Senior Solutions WV (Medicare Adv.) (15459)
 Enrollment Instructions – Claims**

- ✓ **BEFORE enrolling, you MUST have a Practice Insight EDI customer account # with billing provider record added.** Please contact your EDI solutions reseller to confirm your EDI account setup.

**Go to HIGHMARK website to complete EDI enrollment.
 See below for detailed instructions.**

CLAIMS (837) Provider Enrollment- NEW or CHANGE OF SERVICE

1. GO TO: <https://www.highmark.com/edi-wv/index.shtml>
2. SELECT > **Update Trading Partners**, SELECT> **Provider Changes**
 Complete the online form, “**Provider Changes**”.
 See table below to determine what to enter for Trading Partner Number and Trading Partner Name.
 For ERA, select ‘**No.**’
 See **EXAMPLE** of completed online “*Provider Changes*” form on a following page.

REFER to the information in this table to determine Trading Partner Number when completing the online forms.

Payer/Line of Business	Trading Partner Number	Trading Partner Name
PROFESSIONAL		
BCBS West Virginia – Prof (54828)	515034	Practice Insight
WV Mcr Adv Highmark Senior Solutions – Prof (15459)	520189	Practice Insight
INSTITUTIONAL		
BCBS West Virginia – Inst (54828)	514993	Practice Insight
WV Mcr Adv Highmark Senior Solutions – Inst (15459)	520186	Practice Insight

Submit the payer enrollment record indicating the online enrollment has been completed with the payer.
 LOGON to EDInsight-Enrollment Manager
 ADD or SELECT payer enrollment record.
 CLICK [**SUBMIT Enrollment**] to submit and ENTER Note saying... *Online enrollment was completed with the payer on MM/DD/YYYY.*

ALLOW 1-2 WEEKS FOR PROCESSING

If it has been over 14 days since request was submitted and you have not yet received confirmation of enrollment, contact Highmark EDI Services at 1-800-344-5514.



Provider Changes

Request Type*

Please select what type of request this application is to be completed for.

- Add Provider
 Delete Provider

Requester Information

Your Name*:

Your Title*:

Your Company*:

Your Telephone Number*: - - Extension:

Your Email Address*:

Trading Partner Information

Trading Partner Number*:

Trading Partner Name*:

Provider Information*

Please be advised that updating era for this NPI number will result in a change for all associated providers regardless of where they are currently receiving remittance.

Please fill in the appropriate provider related fields and click the 'Add Provider' button to record the provider.

NPI	Provider Name	ERA?	
<input type="text" value="1234556799"/>	<input type="text" value="ABC ENT"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="button" value="Add Provider"/>

Please Note: Due to data privacy requirements, ERA recipient adds/changes must be confirmed with the provider office prior to setup. Failure to provide contact information may result in a delay or denial of your request.

Provider Office Billing Contact Name*:

Provider Office Contact Phone Number*: - -

Extension:

Provider Office Contact Email*:

Additional Comments

Please use this space for additional description or instruction.

CONTINUE

DECLINE AND EXIT