

Chorus Community Health Plans

Provider Orientation
Medicaid BadgerCare Plus Plan

Presented by: CCHP Provider Relations Team



About Chorus Community Health Plans

- Affiliation with Children's Wisconsin
- A local HMO health plan for both individual and families, children and adults.
- Care4Kids program offering healthcare to kids placed outside of the home.
- Provides coverage for over 132,000 members with a high-quality provider network in 41 Wisconsin counties.
- Administrative Service Agreement with Dean Health Plan for provider customer service and claims.



Service areas



- **SOUTHEAST**

- Kenosha, Milwaukee, Ozaukee, Racine, Walworth, Washington and Waukesha

- **SOUTH CENTRAL**

- Columbia, Dane, Dodge, Green, Jefferson, and Rock

- **SOUTHWEST**

- Crawford, Grant, Iowa, Lafayette, Richland, Sauk, and Vernon

- **EAST CENTRAL**

- Brown, Calumet, Fon du Lac, Kewaunee, Manitowoc, Outagamie, Sheboygan, and Winnebago

- **CENTRAL**

- Adams, Green Lake, Juneau, Marquette, Portage, Shawano, Waupaca, and Waushara

- **WEST CENTRAL**

- Eau Claire

- **NORTHEAST**

- Door, Marinette, Menominee, and Oconto

Service area-Care4Kids



- Kenosha
- Milwaukee
- Ozaukee
- Racine
- Washington
- Waukesha

Prior Authorizations & Inpatient Notifications

- Providers are responsible for obtaining prior authorizations prior to services.
- Inpatient admissions require notification within 24 hours of admission.
- No retro authorizations.
- Requests are submitted online through our provider portal.
- Clinical documentations should be submitted through GuidingCareAuth Portal within 24 hours.
- Prior Authorization list is available online [Prior Authorization List](#).

For Questions or assistance, please
contact our Clinical Services Department
at call 414-266-4155

Provider Portals

Guiding Care Prior Authorization Portal



This portal is used to submit Prior Authorizations for CCHP and Together with CCHP.

BadgerCare Plus Claims Look-up Tool



This CCHP portal is to view how claims were processed and submit appeals.

BadgerCare Plus Claims Submission Tool



This CCHP portal is used to submit claims manually.

BadgerCare Plus Claims Confirmation Tool



This CCHP portal is to confirm your claim was received via paper or electronically.

Individual and Family Plan Tool



This portal gives you access to the Together with CCHP Portals

Claims

- All claims must have the providers NPI and Taxonomy codes listed on claims.
- If Taxonomy codes listed on claim is different then what is registered with the State of Wisconsin (ForwardHealth), your claim will reject.
- Please review our [CCHP NPI and Taxonomy Billing Requirement Guide](#) and [Taxonomy Quick Reference Guide](#) for any questions.

Electronically

CCHP
EDI Payer ID# 39113

Paper Claims

CCHP
P.O. Box 56099
Madison, WI 53705

Manually

Key in claims
through our SDS
Clearing House
Portal and submit
electronically.

HCFA Claim Forms

HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA OTHER
(Medicare) (Medicaid) (ID#/DCDF) (Member ID#) (ID#) (BLK/LNG) (ID#)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE (MM DD YY) SEX (M F)

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED (Self Spouse Child Other)

7. INSURED'S ADDRESS (No., Street)

8. RESERVED FOR NUCC USE

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:
a. EMPLOYMENT? (Current or Previous) YES NO
b. AUTO ACCIDENT? YES NO PLACE (State)
c. OTHER ACCIDENT? YES NO

11. INSURED'S POLICY GROUP OR FECA NUMBER
a. INSURED'S DATE OF BIRTH (MM DD YY) SEX (M F)
b. OTHER CLAIM ID (Designated by NUCC)
c. INSURANCE PLAN NAME OR PROGRAM NAME

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP) (MM DD YY) QUAL.
15. OTHER DATE (MM DD YY)
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION (FROM TO) (MM DD YY)

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE
17a. NAME
17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM TO) (MM DD YY)
20. OUTSIDE LAB? YES NO \$ CHARGES

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E)) ICD 9th
A. L. C. D.
E. F. G. H.
I. J. K.

22. RESUBMISSION CODE ORIGINAL REF. NO.
23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE (From To) (MM DD YY MM DD YY)	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (CPT/HCPCS) (Explain Unusual Circumstances) MODIFIER	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OF LABS	H. ICD 9th PER	I. ID. CLY	J. RENDERING PROVIDER ID. #
1									NPI
2									NPI
3									NPI
4									NPI
5									NPI
6									NPI

25. FEDERAL TAX I.D. NUMBER SSN EIN
26. PATIENT'S ACCOUNT NO.
27. ACCEPT ASSIGNMENT? (For gov. use only) YES NO
28. TOTAL CHARGE \$
29. AMOUNT PAID \$
30. Blvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)
32. SERVICE FACILITY LOCATION INFORMATION
33. BILLING PROVIDER INFO & PH # ()

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE CR061653 APPROVED OMB-0938-1197 FORM 1500 (02-12)

Billing Providers must have a valid NPI & Taxonomy code on file with ForwardHealth (State Medicaid).

24 I- Must have a "ZZ" or "PXC" qualifier.

Box 24 J (shaded)-This box should have the rendering providers Taxonomy number.

24 J-This box should have the rendering providers NPI number.

Box 33a- This box should have the billing providers NPI Number.

Box 33b- This box should have the billing providers Taxonomy code.



Claim Payments

- Payments made within 30 days on clean claim.
- No faxed claims accepted.
- Electronic Funds Transfer (EFT)
- Electronic Remittance Advice (ERA)
- For additional information regarding EFT and ERAs: <https://chorushealthplans.org/providers/provider-resources/electronic-transactions>

Corrected Claims

To allow our claims system to read and acknowledge corrected claims, please follow these instructions in our [CCHP Corrected Claim Submittal Guide](#)

Claim Questions

Contact Information	CCHP
Provider Services(Dean Health Plan) <i>Providers calling to check benefits, eligibility, or claims issues.</i>	Phone: 1-800-482-8010 Hours: Monday-Friday 8:00 am to 5:00 pm CST
Provider Relations (CCHP) <i>Complex claim issues & appeals</i>	Email: cchpproviderrelations@chorushealthplans.org

Provider Claim Appeals

Please call Provider Services prior to submitting an appeal to first check if we can research and resolve your claim issues.

Filing a Claims Appeal

Submit an appeal and supporting documentation electronically on the provider claims portal.

Member Grievances

CCHP members can file a grievance regarding their services with CCHP or their health care provider that is not related to benefits by calling a CCHP member advocate at 1-877-900-2247 or write to us at:

Chorus Community Health Plans
Attn: Complaint/Appeal Department
P.O. Box 1997, MS6280
Milwaukee, WI 53201-1997

CCHP members can file a grievance with BadgerCare Plus to the following address:

BadgerCare Plus
Managed Care Ombuds
P.O. Box 6470
Madison, WI 53716-0470
1-800-760-0001

State of WI HMO Ombuds Program

The state has designated individuals who provide neutral, confidential, and informational assistance and can help CCHP members with any questions or problems. The Ombuds can help CCHP members solve problems or complaints by calling 1-800-760-0001.

Member Appeals

CCHP members have the right to appeal any benefit issues they feel were wrongly denied. Members must first appeal to CCHP. The request for an appeal must be made no more than 60 days after a notice of services being denied, limited, reduced, delayed or stopped.

If CCHP members need help writing a request for an appeal, please call a CCHP Member Advocate at 1-877-900-2247 or the BadgerCare Plus and Medicaid SSI Ombuds at 1-800-760-0001, or the HMO Enrollment Specialist at 1-800-291-2002.

- If a member disagrees with the CCHP appeal decision, they can request a fair hearing with the Wisconsin Division of Hearing and Appeals. The request must be made no more than 90 days after CCHP makes a decision about the appeal.
- If a member wants a fair hearing they can send a written request to:
Department of Administration
Division of Hearings and Appeals
P.O. Box 7875
Madison, WI 53707-7875
- If a member needs help writing a request for a fair hearing, call either the BadgerCare Plus and Medicaid SSI Ombuds at 1-800-760-0001 or the HMO Enrollment Specialist at 1-800-291-2002.

Provider Updates

Provider demographic changes can be made by using the [Provider Update & Change Form](#) and emailing it to our Provider Data Management team here: cchp-providerupdates@chorushealthplans.org

Other Examples

Tax Id Change

Address Changes

Practitioner Name Changes

Clinic Name Changes

Health Management Programs

CCHP offers outreach and educational programs to support their members and encourage a healthy lifestyle.



Asthma



Behavioral Health



Diabetes



**Prenatal and
Newborn Care**



**Wellness and
Prevention**



Rewards

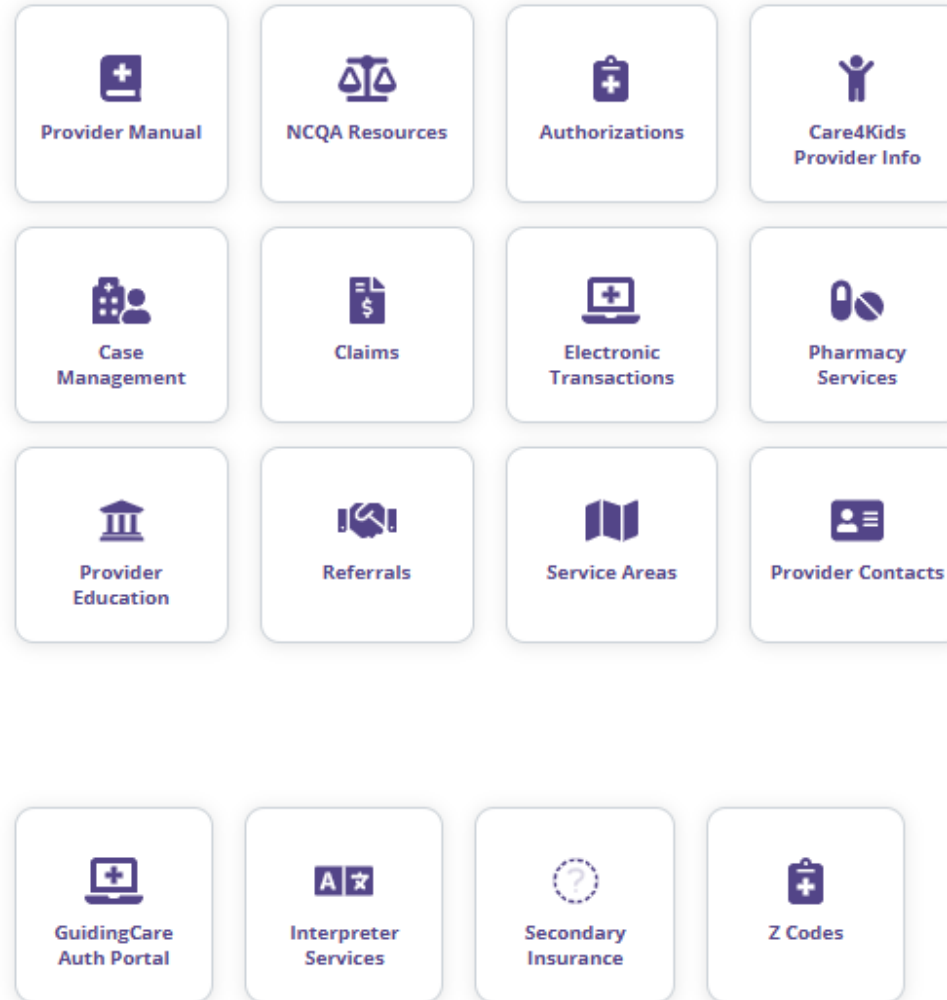


**Transitional Care
Program**

If members would like help managing any concerns related to their health, please call 414-266-3173 to reach the Health Management team.

- Please complete a referral form on our website.
- This form can be faxed to 414-266-1715

CCHP Website Provider Resources



BadgerCare Plus Reference Guide

chorushealthplans.org	Contact Information
Guiding Care Portal Questions	cchp-portalreg@chorushealthplans.org
Claims Address	Chorus Community Health Plans P.O. Box 56099 Madison, WI 53705 EDI# 39113
Credentialing	Email: cchp-credentialing@chorushealthplans.org
Customer Service <i>Providers calling to check benefits, eligibility, or claim issues.</i>	Phone: 1-800-482-8010 Hours: Monday-Friday 8:00 am to 5:00 pm CST
Health Management	Phone: 1-414-266-3173 Email: cchp-dm@chorushealthplans.org
Pharmacy Benefit Questions	www.forwardhealth.wi.gov
Prior Authorizations & Notifications	Phone: 1-414-266-4155
Provider Appeals	Appeal Status: dschneider2@chorushealthplans.org
Provider Contracting	Email: cchp-contracting@chorushealthplans.org
Provider Demographic Updates	Email: cchp-providerupdates@chorushealthplans.org
Provider Relations Department	Email: cchpproviderrelations@chorushealthplans.org

