



# Broker Guide





# We are Together with CCHP

## **Meet Children’s Community Health Plan (CCHP)**

Children’s Community Health Plan (CCHP) is a Wisconsin-based health plan that has offered affordably priced health insurance to individuals and families in our community for more than 10 years. We have more than 129,000 members through our Medicaid (BadgerCare) plan, and are pleased to expand health insurance coverage in southeast Wisconsin with our newest health plan – Together with CCHP.

## **Award-winning customer service**

Our dedication to our members shines through with award-winning customer service and health plan options priced for affordability. We are proud to be affiliated with Children’s Hospital of Wisconsin, but want you to know – Together with CCHP offers coverage to adults, too.

## **A broad network**

Together with CCHP offers its members access to high-quality health care from a broad network of providers in Kenosha, Milwaukee, Ozaukee, Racine, Washington and Waukesha counties.

## **Our customers. Our community.**

We know our customers’ community, because it’s our community too. From programs like Healthy Mom, Healthy Baby and health management, to supporting local events and charities, our outreach efforts go beyond our members.

## **Meeting your customers’ needs**

We’re right here when you need us, and we’ll work with you to find the plan that fits the needs of your customers.



# Our Staff

## Erin Kelly

*Director of Sales*



Erin is a licensed agent with more than 15 years of experience in the health insurance industry. Erin has spent her entire career with provider-owned health plans in the sales and service fields. Her expertise includes commercial sales, strategic account management and business development. She is focused on establishing Together with CCHP as the preferred Individual and Family Plan in Wisconsin

## Stacie Adler

*Account Executive*



Stacie is a licensed sales agent with more than six years in the health insurance industry. Her expertise includes account management and the sales of individual, family and small group plans. She is focused on building relationships in the community to grow membership with the Together with CCHP product.



**Zach Eckdahl**  
*Sales Advisor*



**Krystine Jacobs**  
*Sales Advisor*



**Andrew Capelle**  
*Sales Advisor*

# Broker Support

Email: [CCHP-BrokerSupport@chw.org](mailto:CCHP-BrokerSupport@chw.org) | Phone: **1-844-459-6648** | Fax: **(414) 266-1611**

<b>Director of Sales</b>	Erin Kelly	(414) 266-2747	ekelly@chw.org
<b>Account Executive</b>	Stacie Adler	(414) 266-3331	sadler@chw.org
<b>Sales Advisor</b>	Zach Eckdahl	(414) 266-4069	zeckdahl@chw.org
<b>Sales Advisor</b>	Krystine Jacobs	(414) 266-4489	kjacobs@chw.org
<b>Sales Advisor</b>	Andrew Capelle	(414) 266-4068	acapelle@chw.org

# Broker Resources

<p><b>Together with CCHP Broker Portal</b></p> <p>To access the Broker Portal, you need a Web browser (IE 8 and above) and a computer with an Internet connection. Following are the supported browsers: Mozilla FireFox, Chrome, Safari, and Internet Explorer (version eight or higher).</p>	<p><a href="http://togetherCCHP.org/Brokers">togetherCCHP.org/Brokers</a></p>
<p><b>Correspondance address</b></p> <p>For routine and express deliveries</p>	<p>Together with CCHP Attn.: Sales P.O. Box 1997, MS 6280 Milwaukee, WI 53201-1997</p>
<p><b>Customer Service for members</b></p> <p>Hours: Monday through Friday, 8:00 a.m. to 6:00 p.m., Saturdays, 8:00 a.m. to 2:00 p.m.</p>	<p>Phone: 1-844-201-4672 Fax: 1-844-201-4673</p>
<p><b>Ordering printed materials and forms</b></p> <p>Printed sales literature, forms, applications and other items for use in the sale of Together with CCHP products are available from your usual supply channel. All forms referenced in this guide can be found on the Broker Portal.</p>	<p><a href="http://togetherCCHP.org/Brokers">togetherCCHP.org/Brokers</a></p>
<p><b>Commissions</b></p>	<p>Contact your General Agent</p>
<p><b>Broker appointment and contract support</b></p>	<p>Email: <a href="mailto:CCHP-BrokerSupport@chw.org">CCHP-BrokerSupport@chw.org</a></p>





# Becoming Appointed

Together with CCHP has joined with four General Agencies to offer you access to sell our plans. General Agencies appointed with Together with CCHP include:

- **Broker Resources**

- Bob Dalla Santa
- Phone: (414) 766-9470
- Email: Bob@brokerresources.com

- **Cyganiak Planning**

- Monica Davis
- Phone: (262) 783-6161
- Email: mdavis@cyganiakplanning.com

- **Milwaukee Brokerage Employee Benefits**

- Lorenzo Draghicchio
- Phone: (414) 961-4900
- Fax: (414) 961-2411
- Email: Lorenzo@milwaukeebrokerage.com

- **Transition Health Benefits**

- Todd Catlin
- Phone: (262) 439-4560
- Email: todd@thbwi.com

## Licensing/application requirements

Together with CCHP believes in forging long-lasting relationships with our broker partners. To become licensed to sell our Together with CCHP products, you first need to complete one of our Agent Appointment forms and supply your General Agent with the following:

- Copy of your Individual Marketplace Certificate of Completion
- Copy of your Error & Omissions Certificate of Liability Insurance
- Copy of your Wisconsin Health Insurance License
- Signature page of your Broker Associate Agreement

For additional questions on becoming appointed with CCHP, please contact our Broker Support team at CCHP-BrokerSupport@chw.org.

## Commissions

All commissions are paid directly to the General Agent. Please start with your General Agent for any questions on commissions.

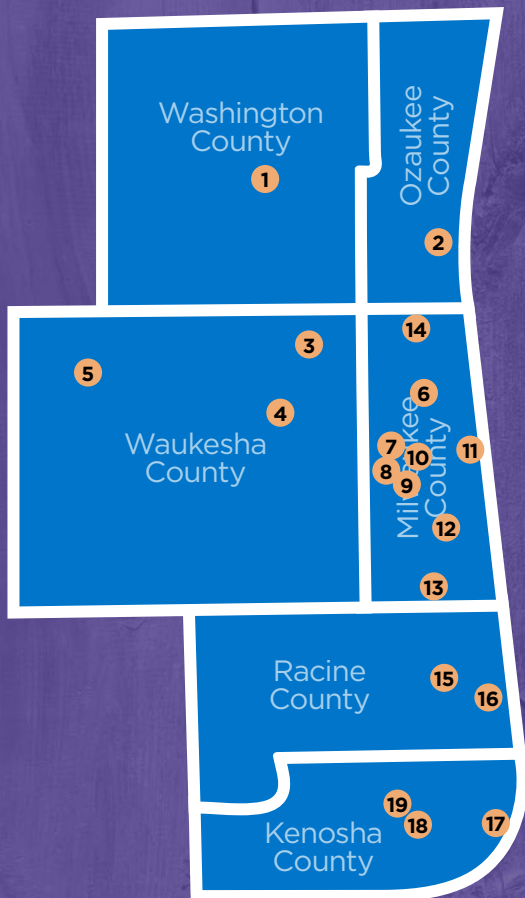
# Service Area

## The provider network you want in the service area your customers need.

Together with CCHP's six-county service area includes Kenosha, Milwaukee, Ozaukee, Racine, Washington and Waukesha counties. Your customers will also find access to a broad network of high-quality providers from the major health systems including:

- Children's Hospital of Wisconsin
- Columbia St. Mary's
- Froedtert Hospital
- Medical College of Wisconsin
- United Hospital System
- Wheaton Franciscan
- Rogers Memorial Hospital

Our six-county service area also includes in-network specialists, pharmacists and chiropractors. Don't see a provider listed here? Go to our website at [togetherCCHP.org](http://togetherCCHP.org) and search our Provider Directory to see if they are in our network.



## Network hospitals in our service area include:

### WASHINGTON COUNTY

- 1 St. Joseph's Hospital, West Bend

### OZAUKEE COUNTY

- 2 Columbia St. Mary's Hospital - Ozaukee

### WAUKESHA COUNTY

- 3 Community Memorial Hospital
- 4 Wheaton Franciscan - Elmbrook Memorial
- 5 Rogers Memorial Hospital

### MILWAUKEE COUNTY

- 6 Wheaton Franciscan - St. Joseph Campus
- 7 Children's Hospital of Wisconsin
- 8 Froedtert Memorial Lutheran Hospital
- 9 Rogers Memorial Hospital - West Allis
- 10 Medical College of Wisconsin
- 11 Columbia St. Mary's
- 12 Wheaton Franciscan Healthcare - St. Francis
- 13 Wheaton Franciscan Healthcare - Franklin
- 14 Rogers Memorial Hospital - Brown Deer

### RACINE COUNTY

- 15 Wheaton Franciscan Healthcare - All Saints (Spring Street Campus)
- 16 Wheaton Franciscan Healthcare - All Saints (Wisconsin Avenue Campus)

### KENOSHA COUNTY

- 17 United Hospital System - Kenosha Medical Center Campus
- 18 United Hospital System - St. Catherine's Medical Center Campus
- 19 Rogers Memorial Hospital





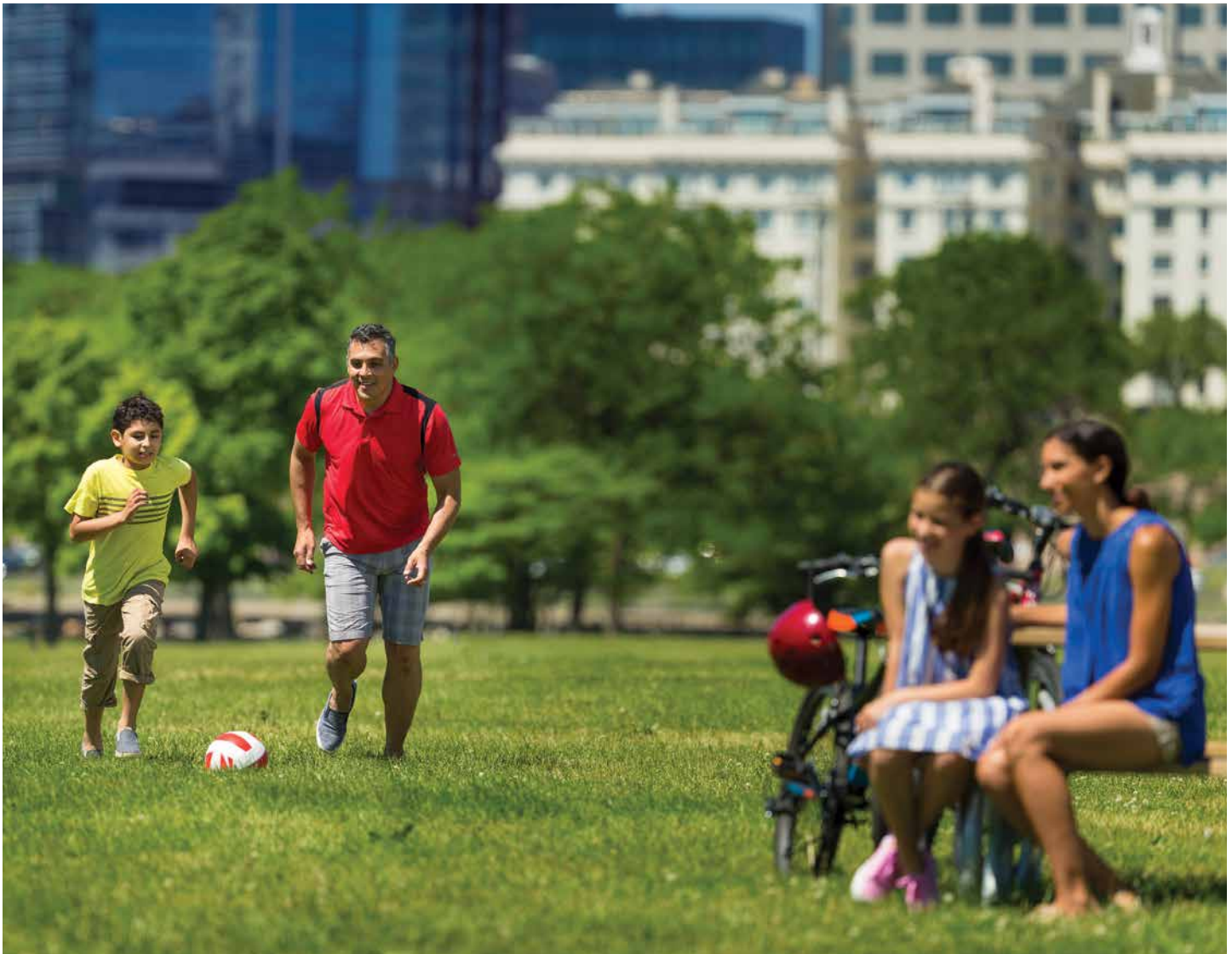
# Together with CCHP Plans

## Affordable Care Act compliant

Together with CCHP plans are all Affordable Care Act (ACA) compliant, meaning they conform to the Healthcare Reform regulations, and are available to purchase on the Marketplace or directly with Children's Community Health Plan. Each plan option covers the ACA's essential health benefits without annual or lifetime coverage maximums, and is guaranteed issue during Open Enrollment and with a Qualifying Life Event.

## Plan options

Together with CCHP offers catastrophic, bronze, silver and gold plans, which can be purchased on or off the Marketplace. Together with CCHP also offers multiple cost-share reduction plans that are available based on the customer's income. Limited- and zero-cost sharing plans are also available for customers who are members of the federally recognized tribes of Alaska Native Claims Settlement Act Corporation Shareholders.



# Service and Programs

## CCHP on Call

Together with CCHP offers our members a no-cost nurseline called CCHP on Call. Members can call a registered nurse for free, 24 hours a day, 7 days a week. There's no extra cost for this service, and the nurse may be able to answer questions, triage symptoms and provide care recommendations or determine if an MD consultation is more appropriate. Members can reach CCHP on Call at 1-877-257-5861.

## 24/7 MD consultations

Together with CCHP members also have access to medical doctor (MD) consultations over the phone through our nurse triage service. Once the nurse determines an MD consultation is more appropriate for a member's needs, the nurse will connect the member with a doctor. Depending on the member's needs and circumstances, the doctor may be able to diagnose the condition, provide at home treatment recommendations and send a prescription (if appropriate) to a local participating pharmacy for a variety of conditions, such as:

- Colds and flu
- Pink eye
- Sore throat
- Bronchitis
- Sinus or ear infections
- Nausea and vomiting
- Urinary tract infections

## Health management programs

Together with CCHP's local, personalized health management programs focus on members with chronic health problems or members who need extra help with their specific health care needs. Our specially trained clinical staff work with the member and the member's doctors to create a plan that fits their needs.

Together with CCHP health management programs include:

- **Case management** — For members who are diagnosed with an illness or complex health condition, our case managers will work with the member to help them learn how to best manage their condition.
- **Disease management** — For members who need help managing their asthma or depression. Case managers are available to support members and help them learn about their condition and how to best manage and improve it.

## Incentives for Members

Together with CCHP members who enroll during the 2018 plan year are eligible to receive an enrollment incentive.

### Eligibility guidelines:

#### 1. Annual physical

The covered contract holder and covered spouse are eligible for an incentive of \$20 if they receive their annual physical from an in-network provider during the 2018 calendar year.

#### 2. CCHP Connect Member Portal

The covered contract holder is eligible for an incentive of \$20 if they register within in 90 days of their effective date.

#### 3. Health Risk Assessment

The covered contract holder is eligible for an incentive of \$20 if they complete the voluntary online health assessment within CCHP Connect.



# Eligibility Guidelines

## Eligibility for a Together with CCHP plan

Together with CCHP recognizes an eligible dependent as the contract holder's legal spouse, child, grandchild or the child or grandchild of the contract holder's spouse.

### The term child includes any of the following:

- A natural child
- A stepchild or a child for whom legal guardianship has been awarded to the contract holder or contract holder's spouse
- A legally adopted child
- A child placed for adoption with the contract holder
- A child for whom health care coverage is required through a Qualified Medical Child Support Order or other court or administrative order
- The term grandchild means a child of a covered dependent child until the covered dependent who is the parent turns age 18 years of age.

## Dependent eligibility

- A child listed above must be under age 26 at the time of enrollment.
- A child who meets the requirements set forth above ceases to be eligible as a dependent on the last day of the month in which the child turns age 26, except for a child who is, and continues to be, both incapable of self-sustaining employment by reason of mental or physical incapacity and chiefly dependent on the contract holder for support and maintenance.
- A dependent will also include an unmarried child age 26 or older who meets the following criteria:
  - The child is unable to hold a self-sustaining job due to intellectual disability or physical handicap
  - The child is chiefly dependent on the contract holder for support and maintenance
  - The child's incapacity existed before he or she reached age 26
  - The contract holder's family coverage remains in force under this contract.
- A dependent also includes an adult child who meets all of the following: The child is a full-time student, regardless of age, attending an accredited vocational, technical or adult education school, or an accredited college or university; or the child was under age 27 and called to federal active duty in the National Guard or in a reserve component of the U.S. Armed Forces while attending, on a full-time basis, an institution of higher education.

## Child(ren) only policies

Together with CCHP follows the Affordable Care Act requirements to allow children under the age of 19 to enroll in a plan without a parent or guardian.

## Residency requirements

To be eligible for a Together with CCHP plan, the member must be a Wisconsin resident and reside in Together with CCHP's service area. A permanent address must be provided. A P.O. Box will not count toward a residency address; however, it can be used as a mailing address.

## Marketplace eligibility requirements

To enroll for coverage with a Together with CCHP plan, the applicant must also meet the requirements for being a qualified individual under the Health Insurance Marketplace, including but not limited to each of the following:

- Contract holder is a citizen or national of the United States or a non-citizen who is lawfully present in the United States.
- Contract holder is reasonably expected to be a citizen or national of the United States or a noncitizen who is lawfully present in the United States for the entire period for which enrollment is sought.
- Contract holder is not incarcerated (other than incarceration pending disposition of charges).

## Social Security number requirement

Social Security numbers are required for all applicants for coverage. If any applicant is not able to provide a Social Security number at application time, a written explanation or acceptable immigration documentation should be included with that application.

## Tobacco Users

A tobacco surcharge is added to any tobacco users age 40 and older that are applying for coverage on a Together with CCHP plan.







# Navigating the Broker Portal

## 1 Getting started

Start by logging into our Broker Portal. If this is your first time logging in, your username is the email address you provided and the password is Pass@word1.

## 2 Accessing your account

From the login screen, the system will navigate you to your broker landing page. From here, you have the ability to access the following under Account on the left side menu:

- Access a list of your clients by clicking on Contacts
- Access a saved quote by clicking on Quotes
- Access a saved application by clicking on Applications
- Access a completed application by clicking on Policies

## 3 Getting a quote

To obtain a quote, click on the Get Quote button located on the right-hand side of the screen.

- Fill in required details:
  - All applicant's gender, date of birth, and tobacco usage
  - ZIP code
  - Enrolling for coverage during Open Enrollment or with a Qualifying Life Event
  - Requested effective date
- To verify if the member should apply for coverage directly with Together with CCHP or through the Marketplace, enter in the household income and family size information.
- Select the Get Quote button at the bottom of the screen.
- This will bring you to the plan selection page.
  - You can choose up to three plans to compare at a time
  - You can choose to save the quote, email the PDF to the client, save the PDF, or download the PDF.

## Completing the client's application

To complete an application with the client, select the plan the client wishes to apply for.

- Click on Enroll.
- Register an account for the client.
  - Fill in the client's first name, last name, email address, password and security question.
  - You can also select to complete a paper application if the client chooses to not provide an email address.
  - Click Submit to create the account and move to the Quote Search page.
- In your Broker Portal, click on my quotes, and then click view/edit for the client for whom a quote is to be provided. This will direct you to the Quote Details page.
- Click the Launch Application button on the bottom to be directed to the Applicant Profile page.
- The Applicant Profile page collects the personal information of the applicant. This includes the applicant's home address, mailing address, contact information, eligibility, and current/previous health care coverage questionnaire.
- Click next to proceed to the next step.
- At the additional information page, you have the ability to upload documents, i.e. proof of a Qualifying Life Event, and save the documents to the application.
- Once the application is complete, the applicant will need to log in to their account to e-sign the application.
- Once the applicant e-signs for the application, they will need to make a payment to effectuate their coverage.
- Members applying directly with Together with CCHP will need to make a binder payment via credit card or bank account to effectuate their coverage
  - Member applying on the Marketplace can make their binder payment via credit card, bank account or by mailing in a check.
- The application will only be considered complete when the e-signature has been completed and the binder payment has been made.

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For additional questions on obtaining a quote and navigating your Broker Portal, please contact our Broker Support team at [CCHP-BrokerSupport@chw.org](mailto:CCHP-BrokerSupport@chw.org).



# Together with CCHP Enrollment

The Annual Open Enrollment Period will run  
**November 1 - December 15, 2017**  
with coverage **effective January 1, 2018.**

## Completing an application

To submit an application online, you can go through our online quoting system at [togetherCCHP.org](http://togetherCCHP.org) or on the Marketplace.

To submit a paper application, you can mail, fax or email it to enrollment:

- Mail: Together with CCHP  
P.O. Box 1997, MS 6280  
Milwaukee, WI 53201-1997
- Fax: (414) 266-1611
- Email: [CCHP-MemberSales@chw.org](mailto:CCHP-MemberSales@chw.org)

## What to include with the application

The following information must be included in an application:

- Full name of all applicants
- Full date of birth for all applicants
- Gender of all applicants
- Physical mailing address
- Email address, if available
- Social Security numbers for all applicants
- Premium payment information for the binder payment, as well as ongoing premium payments

## Not-taken Policy/Right to Review Policy

Applicants enrolling for coverage shall be provided a 10-day period from receipt of the contract to examine and return the contract and have the premium refunded. If medical services were received during the 10-day period, and the applicant returns the contract to receive a refund of the premium paid, the applicant must pay for such services.

## Coordination of Benefits

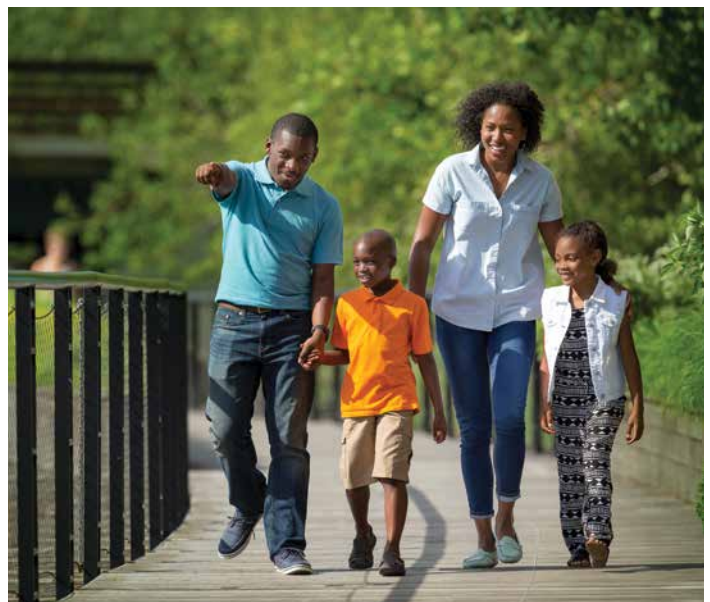
Benefits under Together with CCHP's contract will be coordinated with benefits under any other policy or plan that provides benefits or services for medical, pharmacy, or dental care or treatment to an eligible covered person. Any such policy or plan is called the Primary Plan. For specific coordination of benefits questions, please contact Customer Service at 1-844-201-4672.

## Annual Open Enrollment Period

The Annual Open Enrollment Period is the time frame when members may enroll themselves and eligible dependents, as determined by the Health Insurance Marketplace.

## Effective Dates

- If the applicant selects coverage during the Annual Open Enrollment Period from November 1 - December 15, the effective date of coverage will be January 1 of the following year.





# Special Enrollment Periods

A Special Enrollment Period is defined as a time outside the Annual Open Enrollment Period when you can sign up for health insurance.

## A 60-day Special Enrollment Period

An applicant and eligible dependents may enroll during a 60-day Special Enrollment Period. To do so, the applicant must complete and sign an application for coverage and pay any required premium during the period.

The applicant's effective date of coverage will be determined based on the following:

- If the Special Enrollment Period is for birth, adoption, placement for adoption or placement in foster care, the effective date of coverage will be the date of birth, adoption, placement for adoption or placement in foster care.
- In the case of a newborn, including the newborn of a qualified dependent child, the applicant's newborn is covered from the moment of birth.
- If the applicant is required to pay additional premium to provide coverage for the newborn, then the applicant must notify Together with CCHP and pay the required premium within 60 days of birth in order to continue coverage for the newborn beyond the initial 60-day period.
- If the applicant does not notify Together with CCHP and pay the additional premium for the newborn within 60 days of birth, the applicant may still obtain coverage for the newborn on or before his/her first birthday by completing an application and paying any past-due premium.
- If there is no additional premium for the newborn, Together with CCHP requests that the applicant notify Together with CCHP of the birth of the applicant's newborn.
- If the Special Enrollment Period is for marriage or loss of minimum essential coverage, the effective date of coverage will be the first day of the month following the date of marriage or loss of minimum essential coverage.
- If the Special Enrollment Period is for any other reason, the effective date of coverage will be as follows:

Date Applicant Selects Plan	Effective Date
Days 1-15 of month	First day of following month*
Days 16-last day of month	First day of the second following month*

\* The Health Insurance Marketplace may designate an earlier effective date of coverage in certain circumstances.

- For example:
  - If the applicant selects coverage on March 9, the applicant's effective date will be April 1.
  - If the applicant selects coverage on March 20, the applicant's effective date will be May 1.
  - A contract holder must have coverage in effect for a dependent's coverage to become effective.

## Federally recognized tribe applicants

Members of federally recognized tribes and Alaska Native Claims Settlement Act (ANCSA) Corporation shareholders can enroll in coverage any time of year. There's no limited enrollment period for these individuals, and they can change plans up to once a month.

# Premium Payment Options

## Qualifying Life Events (QLEs)

A change in an applicant's situation, such as getting married, having a baby or losing health coverage, can make an applicant eligible for a Special Enrollment Period. A Special Enrollment Period allows the applicant to enroll in health insurance outside the Annual Open Enrollment Period.

### Qualifying Life Events include, but are not limited to:

- Loss of health coverage
  - Losing existing health coverage, including job based, individual, and student plans
  - Losing eligibility for Medicare, Medicaid or CHIP
  - Turning age 26 and losing coverage through a parent's plan
- Changes in household
  - Getting married or divorced
  - Having a baby or adopting a child
  - Death in the family
- Changes in residence
  - Moving to a different ZIP code or county
  - A student moving to or from the place they attend school
  - A seasonal worker moving to or from the place they both live and work
  - Moving to or from a shelter or other transitional housing
- Other Qualifying Events
  - Changes in income that affect the coverage the contract holder qualifies for
  - Gaining membership in a federally recognized tribe or status as an Alaska Native Claims Settlement Act (ANCSA) Corporation shareholder
  - Becoming a U.S. citizen
  - Leaving incarceration (jail or prison)
  - AmeriCorps members starting or ending their service

For a full list of eligible QLEs, please go online at [healthcare.gov](http://healthcare.gov).

## Premium payment options

Members have payment options to keep their coverage. Members can pay their premium monthly by the following options:

- Log in to CCHP Connect at [togetherCCHP.org](http://togetherCCHP.org)
- Pay by credit or debit card
- Pay from a checking or savings accounts
- Set up recurring payments (with Customer Service)
- Mail a check or money order to:  
Together with CCHP  
Attn.: P.O. Box 360190  
Pittsburgh, PA 15251-6190
- To pay over the phone, call Customer Service at 1-844-201-4672. Members can pay by credit, checking or savings account, or debit card.

## Due date and grace periods

The due date of the member's premium is indicated on their billing statement, which will arrive monthly. In order to keep the member's coverage in effect, premium must be paid by the end of the applicable grace period after the premium due date.

- If CCHP does not receive the member's premium payment, their contract will terminate on the day immediately following the last day of the applicable grace period.
- Except for the member's first premium, any premium not paid to CCHP by the due date is in default.

## Grace period

There is a grace period beginning with the first day of the payment period during which the contract holder fails to pay the premium. The grace period is 30 days from the due date for non-subsidized members.

Subsidized members receiving an advanced premium tax credit from the federal government will have a three-month grace period (90 days).

Members are required to pay the full three months of past due premium by the end of their 90 day grace period to maintain active coverage with Together with CCHP.

**If the contract holder is receiving an advanced premium tax credit from the federal government, CCHP reserves the right to pend payment of all applicable claims that occur in the second and third month of the grace period.**



# Changes to an existing plan

Type of change	On Marketplace Plan	Off Marketplace plan
<b>Demographic</b> Changing phone number, email, address	Please contact the Marketplace at 1-800-318-2596 or log on to your Marketplace account at healthcare.gov to process the change.	Please contact Customer Service at 1-844-201-4672 or complete the Member Change Form and fax to 1-844-201-4673 or email it to: CCHP-MemberSales@chw.org.
<b>Adding a dependent</b>	<ul style="list-style-type: none"> <li>Adding a dependent can only be done during Open Enrollment or with a Qualifying Life Event.</li> <li>To add a dependent to the plan, please contact the Marketplace at 1-800-318-2596 or have the member log in to their Marketplace account at healthcare.gov to process the change.</li> </ul>	<ul style="list-style-type: none"> <li>Adding a dependent can only be done during Open Enrollment or with a Qualifying Life Event.</li> <li>To add a dependent to the plan, a full application must be completed, and faxed to 1-844-201-4673 or emailed to CCHP-MemberSales@chw.org</li> </ul>
<b>Removing a dependent</b>	To remove a dependent from the plan, please contact the Marketplace at 1-800-318-2596 or have the member log in to their Marketplace account at healthcare.gov to process the change.	To remove a dependent from a plan, a Member Change Form and application must be completed and faxed to 1-844-201-4673 or emailed to CCHP-MemberSales@chw.org.
<b>Benefit changes</b>	<ul style="list-style-type: none"> <li>Benefit changes can only be done during Open Enrollment or with a Qualifying Life Event.</li> <li>To make a benefit change to the plan, please contact the Marketplace at 1-800-318-2596 or have the member log in to their Marketplace account at healthcare.gov to process the change.</li> </ul>	<ul style="list-style-type: none"> <li>Benefit changes can only be done during Open Enrollment or with a Qualifying Life Event.</li> <li>To make a benefit change to the plan, a full application must be completed and submitted through the Broker Portal, or faxed to 1-844-201-4673 or emailed to: CCHP-MemberSales@chw.org.</li> </ul>
<b>Removal of tobacco rating</b>	To make a change to your tobacco status, please contact the Marketplace at 1-800-318-2596 or have the member log in to their Marketplace account at healthcare.gov to process the change.	<ul style="list-style-type: none"> <li>The member must certify they used tobacco products fewer than four times per week for six months.</li> <li>They will need to complete and submit a Tobacco Usage Affidavit form (available in the Broker Portal) for the tobacco surcharge to be removed the following month.</li> </ul>
<b>Dependent aging off of plan</b> (Transfer of coverage)	To remove a dependent child that is now ineligible due to age and transfer coverage to a new plan, please contact the Marketplace at 1-800-318-2596 or process the change through the member's Marketplace account at healthcare.gov.	To remove a dependent child that is now ineligible due to age and wants to transfer coverage to a new plan, an application must be completed through the Broker Portal, or faxed to 1-844-201-4673 or emailed to: CCHP-MemberSales@chw.org.



# Appeals and Prior Authorizations

## Complaints and appeals

Members have the right to complain about services offered through Children's Community Health Plan or the practitioners and providers in our network, or any other issue. They also have the right to file an appeal when they are unhappy with a decision that has been made by CCHP. At any time during the course of the complaint and appeal process, the member may choose to designate an Authorized Representative to participate in the complaint and appeal process on their behalf.

## What to do if a member has a complaint?

The member may contact Customer Service at 1-844-201-4672. Customer Service representatives are available during regular business hours, Monday through Friday. After CCHP receives their complaint, we will notify them of our decision within 30 days.

## How to file an appeal

The member or the member's authorized representative can file an appeal within 180 days of CCHP's decision concerning any matter.

To file a formal appeal, the member or the member's authorized representative should write down their concerns and mail their written appeal (in any form), along with copies of any supporting documents to CCHP. The member may submit their written appeal to:

Children's Community Health Plan  
P.O. Box 1997, MS 6280  
Milwaukee, WI 53201-1997

We will send the member a letter within five business days notifying them that the appeal was received. Depending on the type of appeal, either our appeals committee or specialist will review the appeal, investigate and provide the member with a decision within 30 calendar days of receiving the appeal.

Notification will include when the resolution may be expected and why additional time is needed. The total time for resolution will be no more than 45 days from the date the appeal was received. CCHP also offers an expedited appeals procedure for appeals that require immediate action. See the plan's Evidence of Coverage for more details.

## What if the member disagrees with the decision?

The member may try to resolve their problem by taking the steps outlined above in the complaint and appeal process. They may also contact the Office of the Commissioner of Insurance, a state agency which enforces Wisconsin's insurance laws, and file a complaint. The member can contact the Office of the Commissioner of Insurance by writing to:

Office of the Commissioner of Insurance  
Complaints Department  
P.O. Box 7873  
Madison, WI 53707-7873

The member can call 1-800-236-8517 or email [complaints@ociwi.state.us](mailto:complaints@ociwi.state.us) and request a complaint form.

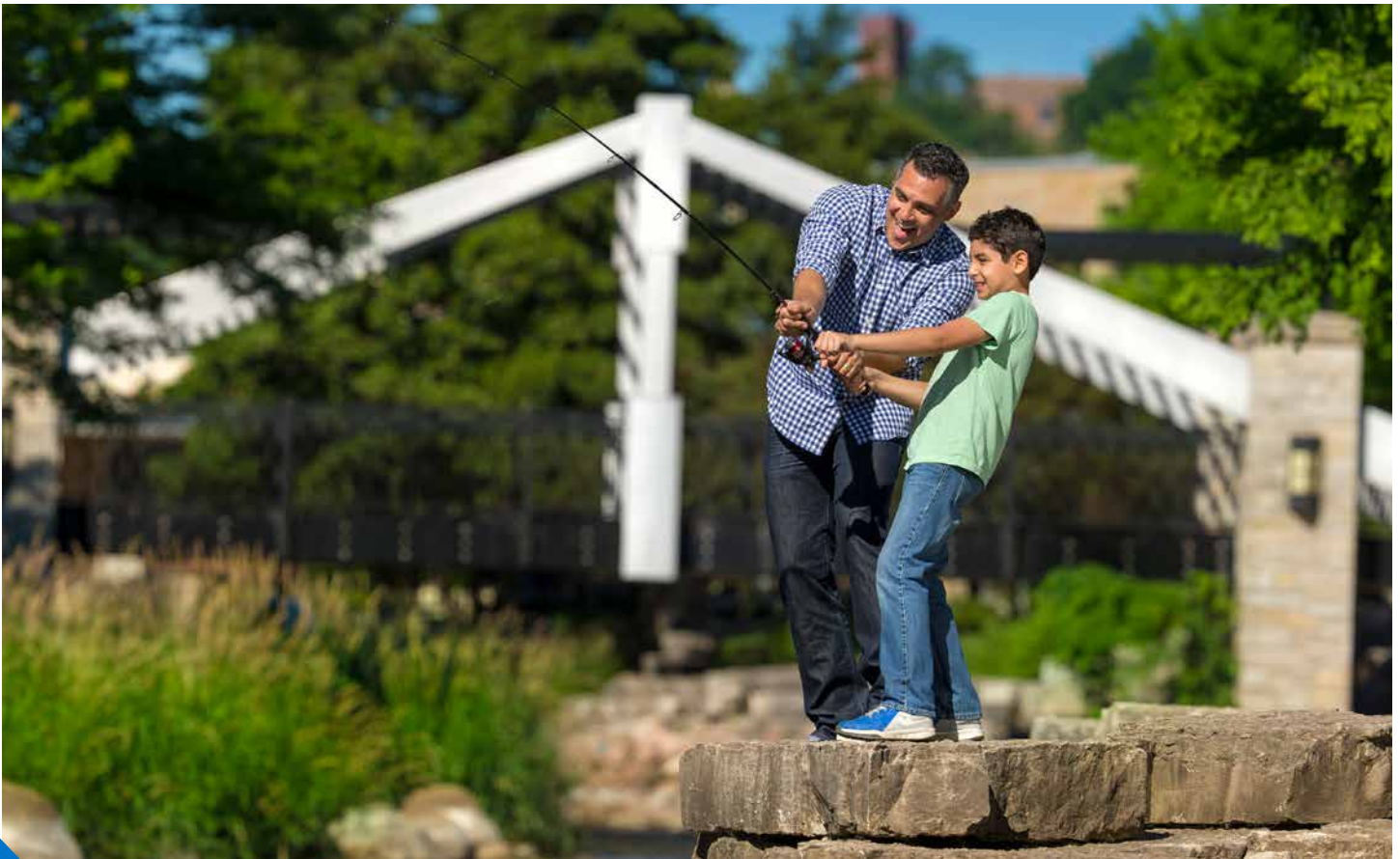
## External Review Program

When we have denied an appeal, the member may have the right to have our decision reviewed by an independent review organization external to CCHP. The member may file a written request for an external review within four months after the date of receipt of the notice of adverse benefit determination or final internal adverse benefit determination. To request an external review, they can call toll-free 1-888-866-6205 to request an external review request form. Fax this form to: 1-888-866-6190, or mail the external review request form to:

Maximus Federal Services  
3750 Monroe Ave., Suite 705  
Pittsford, NY 14534

## Prior Authorization process

A Prior Authorization is a process performed to determine whether the requested treatment or service is medically necessary, that such treatment or service will be obtained in the appropriate setting, and/or will be a covered service. Please see the plan's Evidence of Coverage for specific coverage questions or call Customer Service at 1-844-201-4672.



## Forms

### Forms brokers need the most

Please see below for links to the most often requested and other forms mentioned in this Broker Guide:

- Member Change Form/Application
- Agent Appointment Checklist
- Agent Appointment Form
- Broker Associate Agreement

### Health Insurance Portability and Accountability Act (HIPAA) privacy

As a business associate of Children's Community Health Plan (CCHP) and as a representative working on behalf of each applicant, it is your responsibility to protect the confidential information you collect. HIPAA privacy and security regulations require that you, as a business associate, have the physical, administrative, and technical safeguards in place to protect this information.

Please refer to the Together with CCHP Privacy Policy online at [togetherCCHP.org](http://togetherCCHP.org) to understand how protected information is handled at Together with Children's Community Health Plan and how policyholders can exercise their individual rights under HIPAA.

Together with Children's Community Health Plan complies with Federal civil rights laws. We do not discriminate based on race, color, national origin, age, disability or sex. Si no habla inglés, se programarán servicios de idiomas en forma gratuita. Llame al (844) 201-4672 (TTY: 1-844-531-4856). Yog hais tias koj tsis txawj hais lus Askiv, peb yuav teem sij hawm muab kev pab txhais lus pub dawb rau koj. Hu rau (844) 201-4672 (TTY: 1-844-531-4856).

