Notify CHP in writing of the following events:

- Any changes in practice ownership, name, address, phone or federal tax ID numbers
- Adding a new practitioner — in order to treat a Medicaid/BadgerCare Plus patient, you must be a certified Medicaid provider
- Provider / practitioner must notify CCHP of a loss or suspension of your license to practice
- Bankruptcy or insolvency
- Any suspension, exclusion, debarment or other sanction from a state or federally funded healthcare program
- Any indictment, arrest or conviction of a felony or any criminal charge related to your practice
- Material changes, cancellation or termination of liability insurance
- When a provider is no longer available to provide care to CCHP members

Send written notification of any of the above events to:
CCHP Provider Relations
P.O. Box 1997, MS 6280
Milwaukee, WI 53201-1997

Providers not accepting new patients
Practitioners closing their panels to new patients must submit a written notice to CCHP Provider Relations that they are not accepting new patients.

Providers with locum tenens
Notify us in advance when locum tenens will be providing services. Locum tenens must have Medicaid certification.

Arranging substitute coverage
When a physician is out of the office and another facility or location covers his/her practice, CCHP requests:
- Notification to include the duration of coverage, name and location of the covering facility or practitioner
- The covering practitioner must be a CCHP provider and have completed the CCHP credentialing process

Prior authorizations
- Prior authorizations are required for certain CCHP covered services. Please refer to the Prior Authorization list on our website.
- For in-network providers, prior authorizations should be submitted using the CCHP CareWebQI authorization request tool, which can be accessed through our Provider Portal.

Referrals
- In-network specialists: CCHP does not require written referrals for its members to any in-network provider.
- Out-of-network: Providers must fully complete our Authorization Request form and fax to 414-266-4726.
  - CCHP notifies provider of the approval or denial
  - For referral status, call 800-482-8010

Member notification of physician departure from our network
When a provider leaves the CCHP network:
- The provider / practitioner is required to notify CCHP as outlined in the CCHP Provider Agreement.
- At least 30 days prior to the effective date of termination, CCHP will send members a letter notifying them of the change, provided CCHP was notified timely of the change.

Advance directives
The federal Patient Self-Determination Act (PSDA) gives individuals the legal right to make decisions about their medical care in advance of an incapacitating illness or injury through an advance directive.

Physicians and providers, including home health agencies, skilled nursing facilities and hospices, must provide patients with written information on state laws about a patient’s right to accept or refuse treatment, and the provider’s own policies regarding advance directives. As a CCHP network provider, you must:
- Inform patients about their right to have an advance directive
- Document in the patient’s medical record any results of a discussion on advance directives. If a patient has or completes an advance directive, their patient file should include a copy of the advance directive.
- If you are unable to implement the member’s advance directive due to an objection of conscience, you must inform the member
- The member should contact CCHP Customer Service to select a new primary care provider
- As a primary care provider, you should contact CCHP Customer Service Center if you’re not able to be the member’s primary care provider because of a conscientious objection to an advance directive
What providers need to know about Provider Responsibilities

**Transition of patient care following termination of provider / practitioner participation**
For any reason, if a CCHP provider terminates, the provider must participate in the transition of the patient to ensure timely and effective care. This may include providing service(s) for a reasonable time, at the contracted rate.

**No-show policy**
- A provider cannot bill a CCHP member for a no-show appointment.
- If a member doesn’t show up for a scheduled appointment and does not notify the provider in advance of the cancellation, the provider should contact a CCHP Member Advocate at 877-900-2247.
- A CCHP Member Advocate must be contacted if a pattern has developed for missed appointments by a member; or a provider plans on terminating a patient’s care.
- A CCHP Member Advocate will counsel Medicaid/BadgerCare Plus members regarding the importance of keeping appointments.
- Letters regarding termination of patient care must be sent, along with our Missed Appointment Notification form to the CCHP Member Advocate prior to notifying the member.
- Mail termination of patient care letter and Missed Appointment Notification form to:
  
  Children’s Community Health Plan  
  Attn.: Member Advocate  
  P.O. Box 1997, MS6280  
  Milwaukee, WI 53201-1997

**Medical records**
As a contracted provider with CCHP, we expect that you have policies to address the following:
- Maintain a single, permanent medical record for each patient that is available at each visit.
- Protect patient records from destruction, tampering, loss or unauthorized use.
- Maintain medical records in accordance with state and federal regulations.
- Maintain patient signature of consent for treatment/screening.

**General documentation guidelines**
CCHP expects you to follow these commonly accepted guidelines for medical record information and documentation:
- Date all entries, and identify the author
- Make entries legible
- On a problem list site-significant illnesses and medical conditions, include dates of onset and resolution
- Make notes on medication allergies and adverse reactions. Also note if the patient has no known allergies or adverse reactions.
- Make it easy to identify the medical history, and include serious illnesses, injuries and operations for patients seen three or more times

**Document these items in the patient medical record:**
- Alcohol use, tobacco habits and substance abuse for patients age 11 and older, including cessation counseling
- Immunization record
- Family and social history
- Preventive screenings and services
- Blood pressure, height, and weight

**Document demographic information in the patient medical record with:**
- Patient name and/or member ID number on every page
- Gender
- Age or date of birth
- Address
- Marital status
- Occupational history
- Home and work phone numbers
- Name and phone number of emergency contact
- Name of spouse or relative
- Health insurance information

**Document patient hospitalization in the patient medical record with:**
- History and physical
- Consultation notes
- Operative notes
- Discharge summary
- Other appropriate clinical information

**Document patient encounters in the patient medical record with:**
- Patient’s complaint or reason for the visit
- Physical assessment
- Unresolved problems from previous visit(s)
- Diagnosis and treatment plans consistent with your findings
- Growth chart for pediatric patients
- Development assessment for pediatric patients
- Patient education, counseling or coordination of care with other providers
- Date of return visit or other follow-up care
- Review by the primary care provider [initialed] on consultation, lab, imaging, special studies, outpatient and inpatient records
- Consultation and abnormal studies including follow-up plans
- Discharge note for any procedure performed in the provider’s office
- Reasons for referrals documented