



# Provider Toolkit



## Table of Contents

<b>Overview of Benefits</b>	
Healthy Mom, Healthy Baby	2
<b>Care4Kids</b>	
Care4Kids Benefits	3
HealthCheck	4
Claims Submission	4
30-Day Exam Guidelines	5
<b>Frequently Asked Questions</b>	
Requesting Prior Authorization Online	7
Payment for Well-Child Checks	7
Developmental Screen	8
<b>Contacts</b>	
Provider Relations Team Contact Information	9
<b>Provider Website</b>	
Registering for the Portal	11
Registering for Additional Users	11
<b>Helpful Links</b>	12
<b>Provider Responsibilities</b>	
When to Notify CCHP	13
Transition of Patient Care	14
Documenting Patient Encounters	15
<b>Member Responsibilities</b>	16
<b>Claims</b>	
Filing Claims using CMS 1500 Health Insurance Claim Form	17
Filing Claims using the UB-04 Claim Form	17
Verifying your Taxonomy	18
Epayment Claims	19
<b>Provider Directory Updates</b>	20
<b>Access Standards</b>	21
<b>Education Patient Handouts</b>	22

# INTRODUCTION

## ABOUT US

We offer our members access to the highest quality health care and services with the combined resources of Children's Hospital of Wisconsin, Children's Community Services, Children's specialty and primary clinics, as well as our community partners.

Children's Community Health Plan (CCHP) is an HMO for BadgerCare Plus eligible children and childless adults living in Brown, Calumet, Door, Fond du Lac, Forest, Kewaunee, Lincoln, Manitowoc, Marinette, Oconto, Oneida, Outagamie, Rock, Shawano, Sheboygan, Vilas, Waupaca, Waushara, Winnebago, Green Lake, Jefferson, Kenosha, Milwaukee, Ozaukee, Racine, Walworth, Washington and Waukesha.

## THANK YOU FOR CHOOSING CCHP

Thank you for choosing to participate in the provider network of CCHP. We are committed to partnering with you and your staff to improve the health of our members.

## DEAR PROVIDER:

This tool kit includes valuable information about important contacts, policies, and services to help you conduct business with us as efficiently as possible.

Provider resources are available on our website at [childrenscommunityhealthplan.org](http://childrenscommunityhealthplan.org). You can also download the [CCHP Provider Manual](#), which is a comprehensive reference source for the information you and your staff need to submit claims; review benefits coverage and prior authorization requirements, as well as other plan components.

We are pleased you have chosen to participate in the CCHP provider network. Our team consists of dedicated provider relationship management specialists who strive to offer an exceptional provider experience by conducting one-on-one provider orientations and providing general support for a variety of issues. Our goal is to ensure our members have access to the quality healthcare services they need in the most cost-effective setting.

If you have any questions about your participation with CCHP or would like an extra printed copy of this tool kit, please contact CCHP Provider Relations at 844-229-2775.

# OVERVIEW OF BENEFITS

## OVERVIEW OF BENEFITS: CCHP

Children's Community Health Plan is a member of the Association for Community Affiliated Plans (ACAP), which is a national trade association representing more than 59 nonprofit safety-net health plans in 26 states. ACAP's mission is to represent and strengthen nonprofit, safety-net health plans as they work in their communities to improve the health and well-being of vulnerable populations.

## BENEFITS

CCHP is responsible for providing all medically necessary covered services under BadgerCare Plus. Some services may require a doctor's order, a prior authorization, or a copayment.

Services include:

- Member Advocates
- Dental
- Disposable medical supplies
- Durable medical equipment
- Emergency room services
- Health screenings for children — HealthCheck screenings and other services for individuals under the age of 21
- Hearing services
- Home health
- Inpatient hospital
- Mental health and substance abuse treatment
- Nursing home
- Outpatient hospital other than emergency room
- Physical therapy, occupational therapy and speech-language pathology
- Physician, anesthesia, X-ray and laboratory
- Podiatry
- Prescription drugs — the state of Wisconsin provides and administers prescription drug benefits, not CCHP
- Reproductive health
- Transportation – ambulance, specialized medical vehicle, common carrier
- Vision

CCHP wants its members to receive the right care at the right time, in the right place. To help make this happen, we offer outreach and education programs to support the providers in our network.

Some of our programs and services include:

- Asthma outreach
- Behavioral health guidelines
- Care4Kids — out-of-home care
- Diabetes outreach
- Emergency room guidelines
- Lead testing outreach
- Prenatal Care Coordination, including newborn welcome packets
- Primary care provider assistance
- Tobacco cessation

For more information about CCHP's programs and services, call our Customer Service Center at 800-482-8010.

## HEALTHY MOM, HEALTHY BABY PROGRAM

CCHP's Healthy Mom, Healthy Baby program helps pregnant women get the support and services they need to have a healthy pregnancy and baby. Participants receive services in her home or over the phone from social workers or nurses who are specially trained in maternal/infant health. Other services include high-risk pregnancy services and breastfeeding support by Certified Lactation Consultants. For more information about this program, call CCHP at 414-337-BABY.

We would also be happy to come to your office to discuss our various programs and CCHP incentives for each notification of pregnancy we receive. To download the Notification of Pregnancy form, go to our [Provider Forms](#) page.

# CARE4KIDS PROGRAM

Care4Kids is a Medicaid benefit that provides comprehensive healthcare to children in out-of-home care that reflects the unique health needs of these children.

To strengthen the quality, access, and timeliness of care, Care4Kids creates a "medical home" for each child entering care. This "medical home" is not a physical place, but rather a philosophy that children in out-of-home care deserve coordinated and comprehensive health care that addresses their unique needs.

Care4Kids not only provides children with primary care physicians who are trained in needs of children in out-of-home care, but also offers a team of professionals who coordinate care for the child. This team works together to ensure children entering out-of-home care receive timely, individualized, and developmentally appropriate care. Facilitated by the CCHP-Care4Kids Healthcare Coordination team, the comprehensive team of community stakeholders includes:

- County caseworkers
- Child Welfare
- Healthcare professionals
- Out-of-home care providers
- The child's family

## CHILD ADVOCACY CENTERS AND CENTERS OF EXCELLENCE

Centers of Excellence provide a coordinated care delivery system. Center of Excellence providers partner and share information with all parties involved in a child's care and participates in a team process to enhance communication and coordination of care. The Center of Excellence medical providers are specially trained in caring for children in the foster care system that have been victims of trauma, abuse and/or neglect.

The listing of Centers of Excellence and guideline for the 30-day exam is available on the Care4Kids website at [childrencommunityhealthplan.org](http://childrencommunityhealthplan.org).

## BENEFITS

Care4Kids provides all medically necessary covered services. Some services may require a doctor's order or a prior authorization. Copayments do not apply to Care4Kids enrollees. Children receive an out-of-home care health screen within two business days of entering care, preferably at a Child Advocacy Center or Child Protection Center. They also receive a comprehensive initial health assessment within 30 days of enrolling, preferably at an identified Center of Excellence.

Covered services include:

- Dental
- Disposable medical supplies
- Durable medical equipment
- Health screenings for children — full coverage of HealthCheck screenings and other services for individuals under the age of 21
- Hearing services
- Home health
- Inpatient hospital
- Mental health and substance abuse treatment
- Nursing home
- Outpatient hospital other than emergency room
- Physical therapy, occupational therapy, and speech-language pathology
- Reproductive health
- Transportation
  - Ambulance specialized medical vehicle — Full coverage of emergency and nonemergency transportation to and from a certified provider for a covered service
  - Common carrier transportation — is arranged through a contracted provider through the state of Wisconsin, not Care4Kids
- Vision

## PROVIDER NETWORK AND SERVICES OFFERED

Care4Kids members may see any provider in the CCHP Provider Network. If a member wants to see an out-of-network provider, they will need prior authorization for the services. Please refer to the CCHP website for more information on services that require notification and prior authorizations.

- Pharmacy services

Care4Kids enrollees can get their prescription filled at any pharmacy that is a provider for BadgerCare Plus. Members need to show the child's ForwardHealth ID card to the pharmacist when a prescription is filled. Pharmacy benefits are covered by the state of Wisconsin, not Care4Kids. You can call Wisconsin ForwardHealth Member Services at 1-800-362-3002 for help filling a prescription.

- Dental services

Care4Kids provides all covered dental services when provided by an in-network dental provider. As members, children have the right to a routine dental appointment within 90 days after a formal request. See the online CCHP Provider Directory or call Dental Customer Service at 877-389-9870 for the names of our dentists.

- Transportation

Bus, taxi, special medical vehicle and other common carrier transportation is handled through the State of Wisconsin Department of Health Services transportation manager, not Care4Kids. Please have the Care4Kids member call 1-866-907-1493 if they need a ride.

## HEALTHCHECK

HealthCheck is a preventive health checkup program for members younger than age 21. The HealthCheck program covers complete health checkups. These checkups are very important for children's health. It's important to note the frequency of HealthChecks for children and teens in foster care are more often than children enrolled in BadgerCare Plus.

The HealthCheck program has three purposes:

1. To find and treat health problems early
2. To let you know about the special health services children can receive
3. To make your child eligible for some health care not otherwise covered

The HealthCheck program covers the care for any health problems found during the checkup, including medical care, eye care and dental care.

### The HealthCheck checkup

Children age 1 and older will be referred to a dentist, and will receive help in choosing one. Members should ask the primary care provider when they should have his/her next HealthCheck exam or call the Health Care Coordinator at 855-371-8104. The HealthCheck schedule:

- o Birth to 1 year old: 9 times per year
- o 1 to 2 years old: 4 times per year
- o Then every six months from age 2 and after

## CARE4KIDS CLAIMS SUBMISSIONS

Care4Kids claims are processed the same way CCHP claims are processed. CCHP requests providers allow 45 days to pass from the date of the submission before calling to check the status of a claim. Any claims questions should be directed to CCHP at 800-482-8010.

Claims for children or teens enrolled in Care4Kids should be submitted to:

Care4Kids – Children's Community Health Plan  
P.O. Box 56099  
Madison, WI 53705

The explanation of payments for Care4Kids members will have the Children's Community Health Plan logo along with the Care4Kids logo. Any questions regarding claims payments can be directed to CCHP at 800-482-8010.

## GUIDELINES FOR THE CARE4KIDS 30-DAY EXAM

### Components of exam

- MD/NP will review the information that was sent by the health care coordinator
- MD/NP reviews initial draft of the comprehensive health care plan (CHCP)
- MD performs exam, suggested components include: history, well-child components, social screening, behavior assessment/mental health screen, allergies, physical exam — injury surveillance and skin exam, dental screen, immunizations, labs, age appropriate interview
- Discussion on medical home decision
- Discussion about hand off (if necessary) and next steps

### Documentation

- MD/NP will document all findings in Epic® or other electronic system as appropriate
- MD/NP will fill out medical note (template developed by Foster Care Medical Home Provider Implementation team)
- MD/NP will write referrals as necessary
- MD/NP will document on specific quality indicators
- MD/NP will highlight information that needs to be added to the comprehensive healthcare plan

### Information sharing

Medical notes and the comprehensive healthcare plan will be sent to the healthcare coordinator and other providers as necessary. Please fax this information to 414-431-6064 as soon as possible after the comprehensive exam and each subsequent appointment.

# FREQUENTLY ASKED QUESTIONS

## Q1: Is there a provider manual from CCHP or should we refer to ForwardHealth's?

A1: Yes, CCHP provides its network providers with a [Provider Manual](#) as a resource for important information about BadgerCare Plus policies and procedures. The manual is available online and is updated biannually or as needed, and contains topics such as:

- Member eligibility
- Prior authorizations
- Quality management
- Provider responsibilities
- Responsibilities of specialists
- Care4Kids
- Credentialing
- Provider appeals process
- Member ID card
- Utilization management
- Encounter reporting requirements
- Responsibilities of the PCP
- HealthCheck guidelines
- Quality improvement
- Member grievance process

## Q2: What services do you have available online?

A2: We offer a Provider website at [childrenscommunityhealthplan.org](http://childrenscommunityhealthplan.org), where you'll find the following items:

- [Provider Manual](#)
- [Provider Directory](#)
- [Prior Authorization list](#)
- [Newsletters](#)
- [Patient education](#)

## Q3: What is the main Provider Relations phone number?

A3: CCHP Provider Relations Representatives can be reached at 1-844-229-2775.

## Q4: How do I file a claim?

A4: You may file claims electronically through a vendor of your choosing.

- The CCHP EDI Payer number is 39113
- While electronic claim submissions are encouraged, you also have the option to file paper claims. File paper claims to:  
Children's Community Health Plan  
P.O. Box 56099  
Madison, WI 53705

## Q5: How do I appeal a claim determination?

A5: Please use the CCHP Appeal/Corrected Claim form to file your appeal. This form is available on the [Provider Forms](#) page of our website. Using this form ensures CCHP receives all the needed information and could help avoid delays in processing your appeal. Please mail completed form to:

Children's Community Health Plan  
P.O. Box 56099  
Madison, WI 53705

## Q6: Is my CCHP Provider Relations Representative the right person to call with claims issues?

A6: No. Your Provider Relations Representative doesn't have access to the claims system and is unable to push a claim back for correction. For help with claim issues, please call our Customer Service Center at 1-800-482-8010.

# FREQUENTLY ASKED QUESTIONS

## **Q7: How do I request a prior authorization?**

A7: CCHP prior authorization requests are processed online through the CCHP Provider Portal.

- First, designate a portal site administrator for your organization
- Next, your site administrator will need to call our Provider Portal administrator(414-266-5747) for a registration code in order to complete portal registration
- Please see the "Provider Portal Registration" section of this Kit for more detailed instructions on getting into the CCHP Provider Portal, including how to register additional users
- Once you're registered, you can submit your authorization requests through CareWeb Qi Authorization Tool. A list of services that require a prior authorization is available online at [childrenscommunityhealthplan.org](http://childrenscommunityhealthplan.org)

## **Q8: How do I update my practice information?**

A8: To update or make changes to your practice information, please download the Provider Demographic Update/Change form, which is available on our [Forms page](#) of the Provider website. Next, email the completed form to [cchp-providerupdates@chw.org](mailto:cchp-providerupdates@chw.org).

## **Q9: What is the need for NPI and taxonomy codes on my claims?**

A9: These codes are used by the State of Wisconsin ForwardHealth program to validate providers are registered as Medicaid providers. If a provider is not registered with the state, CCHP cannot pay the claims. It's important that you bill with the same numbers that are registered. If you have a group NPI (NPI2), it also needs to be registered for encounter reporting. Any disparity in this information can cause your claims to reject without payment.

## **Q10: Do you have a policy regarding financial incentives?**

A10: CCHP wants its members to get the best possible care when they need it most. To ensure this, we use a prior authorization process, which is part of our Utilization Management (UM) program. UM decision-making is based only on appropriateness of care and service, and existence of coverage. CCHP does not specifically reward practitioners or other individuals for issuing denials of coverage. Financial incentives for UM decision makers do not encourage decisions that result in underutilization. For more information about our prior authorization process, go to our Provider website at [childrenscommunityhealthplan.org](http://childrenscommunityhealthplan.org).

## **Q11: What identification card will CCHP members carry?**

A11: CCHP members should carry a ForwardHealth ID card with them every time they receive care. If a CCHP member loses their ID card, they need to call Wisconsin ForwardHealth Member Services at 800-362-3002 for a replacement.

## **Q12: Do I need to use a modifier 32 when I bill for a well-child exam?**

A12: No. Please DO NOT use a modifier when billing for well-child checks in Care4Kids.

## **Q13. I am scheduled to see a Care4Kids member for a 30-day comprehensive initial health assessment. How do I code this exam?**

A13: For Care4Kids members, you should code that examination as a well-child check, or a health check.

- New patient: 99381 to 99384
- Established patient: 99391 to 99394
- Sick child: 99211 to 99215

## **Q14. Children in foster care receive well-child visits at increased frequency. Will I get paid for a well-child check at this increased frequency?**

A14: Yes. The increased frequency is based upon the following American Academy of Pediatrics best practice guidelines:

- Every month for the first 6 months of age
- Every three months between ages 6 months and 2 years
- Twice per year after age 2

## **Q15: If a Care4Kids member had a well-child check two months ago and I am seeing this member again today for a 30-day comprehensive examination, will I get paid?**

A15: Yes. Even if the child had a well-child check just before coming into custody, the state requires that the child have a comprehensive health examination within 30 days of placement. This exam should be billed as a well-child exam and it will be paid.

# FREQUENTLY ASKED QUESTIONS

**Q16: Can I get paid for conducting a developmental screen using a standardized tool (e.g., Ages and Stages Questionnaire, Modified Checklist for Autism in Toddlers, etc.) for a child enrolled in Care4Kids?**

A16: Yes. Please code the screen using the 96110. You can associate the code with billing diagnosis Z13.89: "Screening for unspecified mental disorder and developmental handicap." Examples of valid tools include, but are not limited to: MCHAT; ASQ:3; PEDS; and CBCL.

**Q17: Can I get paid for conducting a mental health screen using a standardized tool (e.g., Ages and Stages Questionnaire-Social Emotional; Pediatric Symptom Checklist 17; etc.) for a child enrolled in Care4Kids?**

A17: Yes. Please code the screen using the 96110. You can associate the code with billing diagnosis Z13.89: "Screening for unspecified mental disorder and developmental handicap" Examples of valid tools include, but are not limited to: PSC-35, and ASQ:SE.

# CONTACT US

## CCHP PROVIDER RELATIONS TEAM

Provider Relations Manager	Dawn Rady	drady@chw.org
Senior Provider Relations Representative	Diana Schneider	dschneider2@chw.org
Provider Relations Representative (A-L)	Christina Sandoval	csandoval@chw.org
Provider Relations Representative (M-Z)	Tina Powell	tpowell@chw.org
Provider Relations Representative	Stacey Martinez	smartinez@chw.org
Provider Contracting Specialist	Sue Gorecki	sgorecki@chw.org
Provider Network Specialist	Blia Lor	blor@chw.org
Provider Network Specialist	Kamesha Hall	khall@chw.org
Provider Communications Specialist	Christie Green	cgreen@chw.org

## FREQUENT PROVIDER CONTACTS

<b>CCHP Provider Relations Representatives</b> <i>To inquire about billing, contracting or other provider services. For claims-related questions, please call the CCHP Customer Service Center.</i>	1-844-229-2775
<b>CCHP Customer Service Center</b>	1-800-482-8010
<b>CCHP Clinical Services Department</b> <i>To inquire about an authorization or how to submit a request</i>	414-266-5707 or 1-877-227-1142
<b>Electronic Claims Submission</b> <i>Note: CCHP currently has an Administrative Services Agreement with Dean Health Plan for customer service and claims. For claims issues, please contact our Customer Service Center at 1-800-482-8010</i>	EDI Payer Number: 39113 Paper claims submission address: Children's Community Health Plan P.O. Box 56099 Madison, WI 53705
<b>Electronic Funds Transfer (EFT) Remits</b> <i>Change Healthcare through Dean Health Plan manages EFT services. If you aren't receiving your EFT remit, please call Change Healthcare.</i>	1-866-506-2830, option 1
<b>ForwardHealth Provider Services Call Center</b> <i>To inquire on member eligibility and benefits.</i>	1-800-947-9627
<b>ForwardHealth Member Services</b> <i>To request a replacement card.</i>	1-800-362-3002
<b>HMO Enrollment Specialist</b> <i>To change HMO.</i>	1-800-291-2002
<b>Interpreter Services</b> <ul style="list-style-type: none"> <li>On-site interpreter services are provided to CCHP members through Language Source.</li> <li>Telephonic interpreter services are provided to CCHP members through Pacific Interpreters. Please call a CCHP Provider Relations Representative to request this service.</li> <li>For sign language services, call a CCHP Member Advocate</li> </ul>	Phone: 414-607-8766 Fax: 414-607-8767 Pager: 414-201-0014 Email: schedule@langsource.com Wisconsin VRS: 1-800-947-3529 (or 711)

# CONTACT US

<p><b>Member Advocate</b></p> <p><i>Help members find in-network providers, schedule appointments, resolve member billing issues and review eligibility in the BadgerCare Plus program.</i></p>	1-877-900-2247
<p><b>CCHP on Call Nurseline</b></p> <p><i>Nurses are on duty 24 hours a day, seven days a week to help answer healthcare questions.</i></p>	1-877-257-5861
<p><b>Prior Authorization/Notification of Admissions</b></p> <p><i>Prior authorizations should be submitted online through the CCHP Provider Portal. Note: You must register before gaining access to the portal. For questions or problems with an electronic authorization request submission, call CCHP Clinical Services department at 414-266-5707 or 877-227-1142.</i></p>	childrenscommunityhealthplan.org
<p><b>Provider Portal Registration</b></p>	414-266-5747
<p><b>Utilization Review Department</b></p>	414-266-5707 or 1-877-227-1142
<p><b>Pharmacy Services</b></p> <p><i>CCHP members receive covered drugs, disposable medical supplies (supplied by pharmacies), and certain over-the-counter items from the state through fee-for-service Medicaid. Covered medications and prior authorization restrictions are available on the state's pharmacy website.</i></p>	www.forwardhealth.wi.gov
<p><b>Routine Dental Services</b></p> <p><i>Routine covered dental services (teeth cleanings, fluoride, fillings) are managed by Dental Professionals of Wisconsin to CCHP members who reside in Milwaukee, Kenosha, Ozaukee, Racine, Washington, and Waukesha counties. For CCHP members living in other counties, dental services are covered by the state of Wisconsin. Members can see a dentist that accepts their ForwardHealth card.</i></p>	414-389-9870
<p><b>Transportation Services</b></p> <p><i>Bus, taxi, special medical vehicle and other common carrier transportation is handled through the State of Wisconsin Department of Health Services transportation manager.</i></p>	1-866-907-1493

Thank you again for choosing to join our provider network. Registering with CCHP's Provider Portal is the key to accessing all of our services on our website.

## HERE'S HOW IT WORKS.

### Preregistration instructions

If you're a new network provider or haven't registered for the [CCHP Provider Portal](#) yet, please refer to the following instructions before you try to sign-on.

### Choose a site administrator

Your organization must first designate a site administrator for the CCHP Provider Portal. You will need to use the CCHP Provider Portal in order to access other CCHP portals for services, such as prior authorizations, claim look-ups and claim confirmations. Each facility may have two site administrators. You may choose to have one site administrator for all the portals, or your site administrator may assign users. The first person to register for an organization is considered the site administrator.

### Obtain a registration code

First, site administrators will need to call our portal administrator to request a registration code at 414-266-5747, and CCHP emails a registration code and instructions on how to complete portal registration.

Network providers must submit their notifications, clinical, and requests through the CCHP Provider Portal. To register additional users, site administrators will need to complete their registration first, and then individual users can follow the administrator's steps for email verification and login.

## TO COMPLETE ONLINE REGISTRATION

Once the site administrator gets the registration code, they will need to complete their CCHP Provider Portal registration using the following steps.

1. Go to our Provider Web page to complete an [online registration form](#). Site administrators will need their facility's tax ID number and registration code.
2. Confirm the online registration form was submitted. Site administrators should receive a confirmation email.
3. Verify the email address. Site administrators should receive an email to verify the email address they provided — they should click on the link in that email.
4. Next, site administrators will receive an "Email Verification Completed" email from CCHP.
5. Site administrators will receive another email from CCHP with their user login information and password.

## REGISTERING ADDITIONAL USERS

Once the site administrator has registered for the CCHP Provider Portal, there are two options for registering additional users. There are Portal User's Guides available online under Provider Resources.

1. For site administrators registering extra individual users:
  - Go to the online registration form at [childrenscommunityhealthplan.org](http://childrenscommunityhealthplan.org)
  - Complete the fields with individual user's information
  - Enter the organization's tax ID number
  - Enter the registration code
  - Go to the drop-down menu "What type of user are you registering?" and select "A general user"
2. For individual users to register:
  - Go to the online registration form at [childrenscommunityhealthplan.org](http://childrenscommunityhealthplan.org)
  - Complete the fields with individual user's information
  - Enter the organization's tax ID number
  - Enter the registration code provided to the organization's site administrator
  - Go to the drop-down menu "What type of user are you registering?" and select "A general user"

## HELPFUL LINKS, TOOLS, AND GUIDES YOU'LL FIND ON OUR WEBSITE:

- [CCHP Provider Manual](#)
- [CCHP Provider Portal](#) (which includes access to our CareWebQI Authorization Tool, BadgerCare Plus Claims Look-up Tool, BadgerCare Plus Claims Submission Tool, BadgerCare Plus Claims Confirmation Tool, and Together with CCHP Tool. You'll also find the following user guides)
  - [CCHP Auto Authorization User Guide](#) – Takes you through the steps in submitting an online prior authorization.
  - [CCHP Claims Look-up User Guide](#) – Walks you through looking up claims in our claims portal.
- [Provider Directory](#)
- [Provider Forms](#)
- Corrected Claim Submittal Guide
- Clinical and patient forms
- Referral for case or disease management forms
- EDI Set up forms
- Setup form with 276/277 Companion Guide
- Provider Demographic Update/Change form
- [Provider Newsletters](#) – Be sure to complete the opt-in form if you would like to receive the newsletters and other CCHP updates by email.
- Guidelines and policies
  - Immunization guidelines
  - Diabetes and asthma guidelines
  - Restraint policy
- [Provider Resources](#)
- [Prior Authorization list and codes](#)

# PROVIDER RESPONSIBILITIES

CCHP offers the support, resources, and education providers need to ensure they are in compliance with our policies as well as the state's policies. The provider is responsible to follow these policies. For questions about these policies, please contact your Provider Relations Representative at 844-229-2775.

## WHEN TO NOTIFY CCHP

Notify CCHP in writing of the following events:

- Any changes in practice ownership, name, address, phone or federal tax ID numbers
- Adding a new physician – in order to treat a Medicaid/BadgerCare Plus patient, you must be a certified Medicaid provider
- 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 in 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 WITH LOCUM TENENS

Providers with locum tenens have the following responsibilities:

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

## 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 (available on our website on the [Provider Forms](#) page) and fax to 414-266-4726. CCHP will notify the provider of the approval or denial. For referral status, call 1-800-482-8010

## PRIOR AUTHORIZATIONS

Prior authorizations are required for some CCHP covered services. Please refer to the [Prior Authorization](#) list on our website. For network providers, prior authorizations should be submitted using the CCHP CareWebQI authorization request tool, which can be accessed through our Provider Portal at [childrenscommunityhealthplan.org](http://childrenscommunityhealthplan.org)

## PROVIDERS NOT ACCEPTING NEW PATIENTS

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

## 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

## NO-SHOW POLICY

A provider cannot bill a CCHP member for a no-show appointment. If a member does not 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 1-877-900-2247

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 (available on our website), to the

# PROVIDER RESPONSIBILITIES

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.: CCHP Member Advocate  
P.O. Box 1997, MS6280  
Milwaukee, WI 53201-1997

## MEMBER NOTIFICATION OF PHYSICIAN DEPARTURE FROM THE CCHP NETWORK

The provider 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.

## TRANSITION OF PATIENT CARE

Transition of patient care following termination of provider 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

## 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 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 the CCHP Customer Service Center to select a new primary care provider
- As a primary care provider, you should contact the 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

## 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 condition, 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

# PROVIDER RESPONSIBILITIES

## Document these items

- 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

## To document demographic information

The patient medical record should include:

- 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

## To document patient hospitalization

The patient medical record should include:

- History and physical
- Consultation notes
- Operative notes
- Discharge summary
- Other appropriate clinical information

## To document patient encounters:

The patient medical record should include:

- 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

# MEMBER RESPONSIBILITIES

To promote effective health care, CCHP makes clear its expectations for the rights and responsibilities of its members, to foster cooperation among members, practitioners and CCHP.

## **CCHP MEMBERS HAVE THE RIGHT TO:**

- Ask for an interpreter and have one provided during any BadgerCare Plus covered service
- Receive healthcare services as provided for by federal and state laws. All covered services must be available and accessible to members. When medically appropriate, services must be available 24 hours a day, seven days a week.
- Receive information about treatment options including the right to request a second opinion regardless of the cost or benefit coverage
- Participate with practitioners in making decisions about their health care regardless of the cost or benefit coverage
- Be treated with dignity and respect. Members have a right to privacy regarding their health.
- Be free from any form of restraint or seclusion used as a means of force, control, ease or reprisal
- Receive information about CCHP, its services, practitioners and providers and member rights and responsibilities
- Voice complaints or appeals with CCHP or the care it provides
- Make recommendations regarding CCHP members' rights and responsibilities policy
- A candid discussion of appropriate or medically necessary treatment options for your condition, regardless of cost or benefit coverage

## **CCHP MEMBERS HAVE THE RESPONSIBILITY TO:**

- Understand their health problems and participate in developing treatment goals
- Tell providers or CCHP what they need to know to treat you ;j Follow the treatment plan and instructions agreed upon with their provider

## FILING CLAIMS USING THE CMS 1500 HEALTH INSURANCE CLAIM FORM

CCHP currently has an administrative services agreement with Dean Health Plan for customer service and claims.

- We will only accept the CMS 1500 Health Insurance Claim Form, version February 2012 (02/12)
- If you submit a claim with the August 2005 (08/05) version of the CMS 1500 Health Insurance Claim Form, your claim will be rejected
- ID Qualifiers tips:
  - Use ID Qualifier "ZZ" when submitting a paper claim
  - Use ID Qualifier "PXC" when submitting an EDI claim

Providers may access more information and requirements for this form at [cms.gov](https://www.cms.gov) or contact a CCHP Provider Relations Representative at 1-844-229-2775.

## FILING CLAIMS USING THE UB-04 (CMS 1450) CLAIM FORM

The Centers for Medicare & Medicaid Services (CMS) and the National Uniform Billing Committee have approved the UB-04 (CMS-1450) form for facility and ancillary paper billing.

The UB-04 form accommodates the National Provider Identifier (NPI) and ICD-10 coding. CCHP follows ForwardHealth requirements and guidelines for completing this form. You can find the ForwardHealth UB-04 requirements on their website at [forwardhealth.wi.gov](https://forwardhealth.wi.gov), You'll have the option to choose instructions/requirements for the program and service area appropriate for your needs.

If you have questions regarding the UB-04 claim form, please call the ForwardHealth Provider Services Call Center at 1-800-947-9627.

## TOP CLAIMS QUESTIONS

To help you get your claims processed as quickly as possible, our provider relations team offers some answers to the top five claims submission questions they get asked the most.

- **Q1: Does CCHP require the prior authorization number if services require a prior authorization?**  
A1: Yes. Please enter the authorization number in box 23 of the CMS Health Insurance Claim Form (02/12).
- **Q2: How do I submit a claim with an "unlisted" code?**  
A2: When you submit a claim with an unlisted code, please attach the medical records that explain the unlisted code on the claim. You will also need to list the description of service in the following fields:
  - Field SV202-7: Source 8371
  - Field SV101-7: Source 837P
  - Field 19: Source 1500
  - Field 80: Source UB-04
- **Q3: What are CCHP's NPI number and taxonomy code requirements?**  
A3: All claims must have the providers' NPI numbers and taxonomy codes on their claims. Please see "Verifying your taxonomy" on next page for more information.
- **Q4: How do I submit a corrected claim?**  
A4: For more accurate processing and to allow our system to read and acknowledge the corrected claim number, it must be written in the appropriate box of an HCFA or UB form. Go to our website of more details and a user's guide.
- **Q5: How much time do I have to file an appeal?**  
A5: This information is listed in your contract under Article "Provider Appeals and Dispute Resolution."

## VERIFYING YOUR TAXONOMY

If the taxonomy on your claim is different than what is registered with the state, your claim will reject. To help avoid this, go to the ForwardHealth Provider Portal to verify the taxonomy the state has for you for billing matches what you have entered on your claim form.

### Logging in:

Once you log on to the ForwardHealth Provider Portal, you should see the information at the top that says you are logged in with NPI 0000000000, taxonomy 111N00000X, and Zip code 00000-0000. Next, in the right Home Page menu, scroll down and select "Check Enrollment."

### Provider Search

For individual information search, use the provider's individual NPI or Medicaid ID number. For a group information search, use the group's NPI or Medicaid ID number.

### Search Results

A list will populate for each provider in group, including: NPI, Provider ID, Base ID, Financial Payer, Provider Name, Type, Specialty, Address, and Taxonomy. *If results don't populate, please call ForwardHealth Provider Services for assistance at 1-800-947-9627.*

## CLAIMS CONFIRMATION PORTAL

CCHP provides confirmation on all new claim submissions for network providers. For every claim received by CCHP, whether it is filed on paper or through Electronic Claims Transmission (ECT), a receipt confirmation is generated and available to the provider of service.

### Benefits of Claims Confirmation Portal

Providers who have access to the Claims Confirmation Portal can:

- Confirm all their claims were received by CCHP and were entered into the claims processing system, whether submitted on paper or electronically
- Receive an electronic report of rejected claims through this portal

### Printed confirmations

Providers who don't have access to the Claims

Confirmation Portal, receive:

- A printed letter listing the specific claim that didn't pass the initial editing process, as well as an associated rejection reason
- A printed copy of the claim

### Resubmitting a claim

For each claim that doesn't pass the initial editing process:

- There's an associated rejection reason that shows why the claim didn't pass
- Based on the rejection reason, providers will need to make any necessary changes and resubmit the claim
- Beginning with the date CCHP receives the claim, CCHP requires providers make any necessary changes and resubmit the claim within the allotted time frame agreed upon in their contract

### Registering for the Claims Confirmation Portal

Before a provider can access the Claims Confirmation Portal:

- A CCHP Provider Relations Representative will need to verify the provider is an in-network provider
- Once verified, the Provider Relations Representative emails the provider instructions for registering

To register, please contact your Provider Relations Representative at 1-844-229-2775.

## EPAYMENT CLAIMS

Change Healthcare through Dean Health Plan (DHP) manages providers' electronic payments (ePayments) from various payers. Change Healthcare replaces paper-based claims payments with electronic funds transfer (EFT) payments that are directly deposited into the provider's bank account. CCHP requires providers who use EFTs to complete an Electronic Data Interchange (EDI) Setup form, which is available on our website. Providers can visit [changehealthcare.com](http://changehealthcare.com) for more information about Change Healthcare. For EFT remit questions, please call Change Healthcare at 866-506-2830, option 1.

### Q1. How do providers initially enroll for the EFT program?

A1. Providers have two options to initiate enrollment:

- Enroll online at [changehealthcare.com](http://changehealthcare.com) — Recommended for larger provider organizations with more than one tax ID, NPI or bank account.
- Submit the Change Healthcare Enrollment and Authorization form— Recommended for small provider organizations with a single tax ID, NPI, and bank account.

### Q2. How can providers enroll online?

A2. Providers can simply complete Change Healthcare Enrollment and Authorization form online. After the information is verified, Change Healthcare emails a Welcome Kit to the provider with account information and instructions for completing enrollment, including setting payer preferences and adding bank accounts.

### Q3. If providers use a billing service, clearinghouse or other entity to submit their claims and collect the receivables, can they still enroll with Change Healthcare?

A3. Yes. Providers can enroll with Change Healthcare while continuing to use a billing service, clearinghouse or other entity to submit their claims and collect the receivables.

### Q4. Do providers have to complete a separate EFT agreement for all health plan payers?

A4. By enrolling with Change Healthcare, providers have the opportunity to select from the entire list of enrolled payers without having to enroll multiple times. Some payers may require additional information to switch from paper to electronic claim payments.

### Q5. Are providers charged any service fees for enrolling with or using Change Healthcare?

A5. No.

### Q6. Can Change Healthcare support payment distribution to multiple bank accounts under the same provider tax ID?

A6. Yes, though this varies by payer. Change Healthcare can support payment distribution to multiple bank accounts under the same provider tax ID for claim payments issued by payers who support this format.

### Q7. Will providers continue to receive paper remittance statements once enrollment with Change Healthcare is complete?

A7. By enrolling with Change Healthcare, the provider is authorizing electronic deposit instead of a live check and paper remittance. Upon successful enrollment, there is a payer defined transitional period during which EFTs will be deposited into the desired account(s) while delivery of the paper remittances is continued. DHP will continue to produce a live check for three payments. At the end of this transitional period, the delivery of printed remittance advices will end. Providers can temporarily change paper cut-off preferences by contacting Change Healthcare Enrollment Support by phone at 866-506-2830 or by email at [EFTEnrollment@emdeon.com](mailto:EFTEnrollment@emdeon.com).

### Q8. How can the provider confirm their Change Healthcare enrollment was completed?

A8. A small deposit is processed to the provider's account to verify the provider's bank routing and account numbers. Upon confirmation of the deposit amount:

- If the provider is an existing Payment Manager user, Change Healthcare will enable their services under the assigned account.
- If they are a new Payment Manager user, they will receive a username and password for their new account. Please allow 5 to 10 business days to verify provider bank accounts and ensure all the security measures have been taken.

### Q9. Once the enrollment form is emailed or completed online, how long until the provider receives an EFT payment?

A9. Providers can expect to receive their first EFT payment approximately 10 to 15 business days after completing Change Healthcare ePayment enrollment.

# PROVIDER DIRECTORY UPDATES

CCHP provides a [Provider Directory](#) to ensure our members are receiving the most current information about their providers so they can receive the best possible care for their healthcare needs.

## CMS REQUIREMENTS

CCCHP has updated its Provider Portal and provides online resources, such as the Provider Directory and a fillable Provider Demographic Update/ Change form.

The Provider Demographic Update/Change form allows providers to update their information as it changes. This will help ensure the accuracy of directory information including, but not limited to:

- Hours of operation
- Provider roster
- Panel status
- Address
- Phone number
- Anything that could affect network status

## REVIEWING YOUR INFORMATION OFTEN

Please review your information in our Provider Directory regularly. If any of your information has changed or is not listed accurately, please make the appropriate changes by downloading the CCHP Provider Demographic Update/Change form. This form is available on the Provider Forms page at [childrenscommunityhealthplan.org](http://childrenscommunityhealthplan.org).

Once you have completed the form, please email it to: [cchp-providerupdates@chw.org](mailto:cchp-providerupdates@chw.org).

For questions or if you need assistance completing the online Provider Demographic Update/Change form, please contact your Provider Relations Representative at 1-844-229-2775 or by email at [cchp-providerupdates@chw.org](mailto:cchp-providerupdates@chw.org).

# ACCESS STANDARDS

To maintain the best possible care for our members, we have established standards — ensuring our members have continuous access to quality healthcare services.

**TO MAINTAIN QUALITY STANDARDS FOR OUR PROVIDERS, WE PROMISE:**

- Our network providers' hours of operation do not discriminate against BadgerCare Plus Standard or Benchmark members
- Interpretation services if a provider does not speak the member's language

**CCHP DEFINES PRIMARY CARE PROVIDERS AS:**

- Advanced Practice Nurse Practitioners
- Family Nurse Practitioners
- Family Practitioners
- General Practitioners
- Internists
- Nurse Practitioners
- OB/Gynecologists
- Pediatric Nurse Practitioners
- Pediatricians
- Physician Assistants
- RNs

The list below is the time limits with the providers in CCHP's network for scheduling medical, behavioral, and dental appointments.

STANDARDS	SCHEDULED APPOINTMENT TIME FRAME
Emergency Care	For a life-threatening situation, members are instructed to go to the nearest emergency room or call 911 for immediate medical attention
Urgent Care Clinic or Urgent Care Walk-in Clinic	Member is to call PCP's office first to see if PCP is available. Medical attention same day, no appointment needed.
Non-urgent Sick	Visit Medical attention within two calendar days of member's notification
Routine Primary Care Routine / Well-baby Visits	Visit within 30 calendar days of member's request
Preventive Care / Routine Physical Exam	Visit within 30 calendar days of member's request
High-risk Prenatal Visit Appointment	Visit within two weeks of member's request or within three weeks if the member's request is with a certain doctor
After-hours Access Standards — 24-Hour Accessibility	All network providers must be available, either directly or through coverage arrangements 24 hours a day, 7 days a week, 365 days a year
Primary Care Office	Wait Time Members with scheduled appointments should be seen within 30 minutes of their check-in time
Behavioral Health Initial Appointment	No longer than 30 days for members discharged from an inpatient mental health stay
Behavioral Health Urgent Care	Visit within 48 hours of member's request
Behavioral Health Routine Appointment	Visit within 10 days of member's request
Routine Dental Care Appointment (such as teeth cleaning and cavity fillings)	Visit within 90 days of member's request
Emergency Dental Care Appointment (severe pain, swelling or bleeding)	Visit within 24 hours of member's request

## Did you know complimentary patient handouts are available for CCHP network providers?

A well-informed patient is a healthier one. Participating providers in the CCHP network have access to printed educational handouts at no extra charge. Shipping is free too! Network providers can choose from flyers, brochures, daily care logs, and more on topics such as:

- Asthma
- Diabetes care
- Eating well
- CCHP Health Mom, Healthy Baby prenatal care coordination program
- Children home alone
- School-related stress

## How to order

If you would like to learn more about what's available or to order your handouts, please call our Senior Community Relations Specialist, Caitlin Vicini at 414-266-6157 or by email at [cvicini@chw.org](mailto:cvicini@chw.org).