



Medicaid BadgerCare Plus Provider Toolkit

This tool kit serves as a resource guide for our Medicaid BadgerCare Plus providers to include information regarding our services, claims support, and important contact information. Additional provider resources are also available on our website at chorushealthplans.org.

Our provider manual will serve as a more comprehensive resource to include information regarding provider responsibilities, access standards, claims, benefits, prior authorization requirements, credentialing, and other plan components.

ABOUT CCHP

Chorus Community Health Plans (CCHP), an affiliate of Children's Wisconsin, is an HMO dedicated to providing access to the highest quality healthcare and services to our members living in Wisconsin with the combined resources of Children's Wisconsin, Children's Community Services, Children's Specialty and Primary Clinics, as well as our community partners.

Chorus Community Health Plans (CCHP) is an HMO for Badger Care Plus that serves families, children, and childless adults living in 28 counties throughout Wisconsin.



Brown, Calumet, Dodge, 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 counties.

PROGRAMS AND SERVICES

CCHP is responsible for providing all medically necessary covered services under Badger Care Plus. Some services may require a doctor's orders, a prior authorization, or a copayment. Please refer to the Provider Manual for a complete list of included services.

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. Our health management programs include:

- Asthma Resources
- Diabetes Resources
- Lead Testing Outreach
- Prenatal Care Coordination
- Tobacco cessation
- Nutrition Resources
- Behavior Health Resources
- Interpreter Services

For more information about our programs, call our Customer Service Center at 800-482-8010. We also offer a variety of handouts at no extra charge. Providers can choose from flyers, brochures, daily care logs and more.

Care4Kids

Care4Kids is a Medicaid benefit that provides comprehensive healthcare to children in out-of-home care that addresses the unique health needs of these children. Children receive care from primary care physicians who are trained in needs of children who are placed out of home as well as a team of professionals who coordinate care for each child. The team consists of caseworkers, child welfare, healthcare professionals, out-of-home care providers, and the child's family. Please see our provider manual for specific information on benefits and claims billing/reimbursement for this program.



Kenosha, Milwaukee, Ozaukee, Racine,
Washington, and Waukesha Counties

PROVIDER DEMOGRAPHIC UPDATES

CCHP provides a Provider Directory to our members to make sure they are receiving the most current information about their providers. Please review your information in our Provider Directory on a regular basis to help ensure the accuracy of the directory information. This can include:

- Hours of Operation
- Provider Roster



- Panel Status
- Address
- Phone Number
- Information that could affect network status

If any of your information has changed or listed in error, please make the appropriate changes by completing our [Provider Update Change Form](#). This form can be returned to our Provider Network Specialists at: cchp-providerupdates@chorushealthplans.org.

CCHP PROVIDER PORTALS

Accessing all of CCHP's Provider Portals is the key to utilizing our services. Our provider portals offer services such as submission of prior authorizations and a variety of claims related tasks.

- CareWebQI Authorization Tool
- BadgerCare Plus Claims Look-up Tool
- BadgerCare Plus Claims Submission Tool
- BadgerCare Plus Claims Confirmation Tool

CareWebQI Authorization Tool

CCHP requires all network providers to submit their prior authorizations and notifications online through the CareWebQI Authorization Tool portal. Prior authorizations must be obtained prior to services rendered. CCHP does not approve retro authorizations. You can include any clinical or supporting documentation through the portal. Our website provides helpful user guides on how to submit prior authorizations for specific services and provides a list of services that require prior authorizations. Click [here](#) for more information. View registration guide [here](#).

BadgerCare Plus Claims Look-up Tool

The Claims Look-Up Tool is used to check the status of your claims and your appeals. You can also check eligibility and view Remittance Advice (RA) & Explanation of Benefits (EOB's). View Registration Guide [here](#) and User Guide [here](#).

BadgerCare Plus Claims Submission Tool

The Claims Submission Portal is used when you need to manually enter in claims. This is needed if you are not able to send in a paper claim or do not have an electronic vendor to submit your claims electronically. View User Guide [here](#).



BadgerCare Plus Claims Confirmation Tool

Before a provider can access the Claims Confirmation Portal, providers need to email the Provider Relations Representatives at:

cchpproviderrelations@chorushealthplans.org.

You will need to provide the following information:

- Provider/Clinic Name and complete address
- Tax ID Number
- NPI Number
- Name and email address of requester

Once this information is received you will receive a separate email from our EDI team with your log in instructions. Our Provider Relations team will then send you the User Guide with instructions on how to use the portal. View User Guide [here](#).

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

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.

Providers who do not have access to the Claims Confirmation Portal will:

- Receive a printed letter listing the specific claim that didn't pass the initial editing process along with a reason explaining the rejection.
- A printed copy of the claim.

Depending on the rejection code, providers will need to make any necessary changes and resubmit the claim within the allotted time frame agreed upon in their contract.

CLAIMS FILING

CCHP currently has an administrative services agreement with Dean Health Plan for customer service and claims. To help you get your claims processed as efficiently and quickly as possible, here are a few tips when submitting your claims.



- CCHP requires a prior authorization number if services require a prior authorization. Please enter this authorization number in box 23 of the CMS 1500 Claim Form.
- When you submit a claim with an unlisted code, please attach the medical records explaining this 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
- All claims must have your providers NPI number and taxonomy codes on their claims. Please review the CCHP NPI and Taxonomy Billing Guide: [Taxonomy Billing Requirement Guide](#) & [Taxonomy Tip Sheet](#).
- To submit a corrected claim, please make sure to enter "Corrected Claim" in the appropriate box on a CMS 1500 or UB claim form. For further instructions, please see our [Corrected Claim Submittal Guide](#).
- You may file claims electronically through a vendor of your choice.
 - The CCHP EDI Payer number is 39113
 - Paper claims claim be mailed to:

*Chorus Community Health Plan
P.O. Box 56099
Madison, WI 53705*

- Please use the CCHP Appeal form to file your appeal. Please review your contract for timely filing of claims appeals. CCHP encourages all in network providers to submit your appeals through the *BadgerCare Plus Claims Look-Up Tool* to avoid any delays. Alternatively you can also mail to:

*Chorus Community Health Plans
Attn: Appeals Department
P.O. Box 56099
Madison, WI 53705*

- Our provider relations representatives do not have access to the claims system and are unable to push a claim back for correction. Please call our Customer Services Center at **1-800-482-8010** for any claims issues.



ELECTRONIC CLAIM PAYMENTS (ePayments)

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 Change Health Care [here](#) for more information on how to enroll. For EFT remit questions, please call Change Healthcare at 866-506-2830, option 1. Please review our FAQ's below on how to enroll and utilize ePayments.

How do providers initially enroll for the EFT program?

Providers have two options to initiate enrollment:

1. Enroll online at changehealthcare.com — recommended for larger provider organizations with more than one TIN#, NPI, or bank account.
2. Submit the Change Healthcare Enrollment and Authorization form— Recommended for small provider organizations with a single TIN#, NPI#, and bank account.

Q. How can providers enroll online?

A. Providers can simply complete Change Healthcare Enrollment and Authorization forms online. After the information is verified, Change Healthcare emails a Welcome Kit to the provider with account information and instructions for completing enrollment as well as how to set their payer preferences and adding bank accounts.

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

A. 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.

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

A. 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.

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

A. No, there are no service fees.



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

A. Yes, although 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.

Q. 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 an 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.

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

A. 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 and you are an existing Payment Management user, Change Management will enable their services under the assigned account. If you are a new Payment Manager user, you will receive a username and password for your new account. Please allow 5 to 10 business day to verify bank accounts and ensure all security measures have been taken.

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

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



CHORUS
COMMUNITY HEALTH PLANS
CONTACT INFORMATION

CareWeb QI Authorization Portal	414-266-4522 cchp-portalreg@chorushealthplans.org
Claims Address	Chorus Community Health Plans P.O. Box 56099 Madison, WI 53705 EDI# 39113
Credentialing	Phone: 844-229-2776 Fax: 414-266-5797 cchp-credentialing@chorushealthplans.org
Customer Service <i>Eligibility, Benefits, & General Claim Questions</i>	800-482-8010
Dental Services	414-389-9870
Health Management	414-266-3173
Interpreter Services	414-607-8766
Pharmacy	forwardhealth.wi.gov
Prior Authorizations	414-266-4155
Provider Appeals	CCHP Attn: Appeals Department P.O. Box 56099 Madison, WI 53201 <i>Appeal Status:</i> dschneider2@chorushealthplans.org
Provider Contracting	cchp-contracting@chorushealthplans.org
Provider Demographic Updates	cchp-providerupdates@chorushealthplans.org
Provider Relations Representatives	cchpproviderrelations@chorushealthplans.org