



Chorus Community Health Plans Provider Overview Reference Guide

Wisconsin Medicaid Program

BadgerCare Plus Plan

About Us

Chorus Community Health Plans (CCHP)

CCHP is an affiliate of Children's Wisconsin



CCHP participates in Care4Kids where children in out-of-home care deserve coordinated comprehensive healthcare that addresses their unique needs



CCHP is a local HMO health plan providing coverage to over 110,000 Medicaid Members in 68 Wisconsin counties

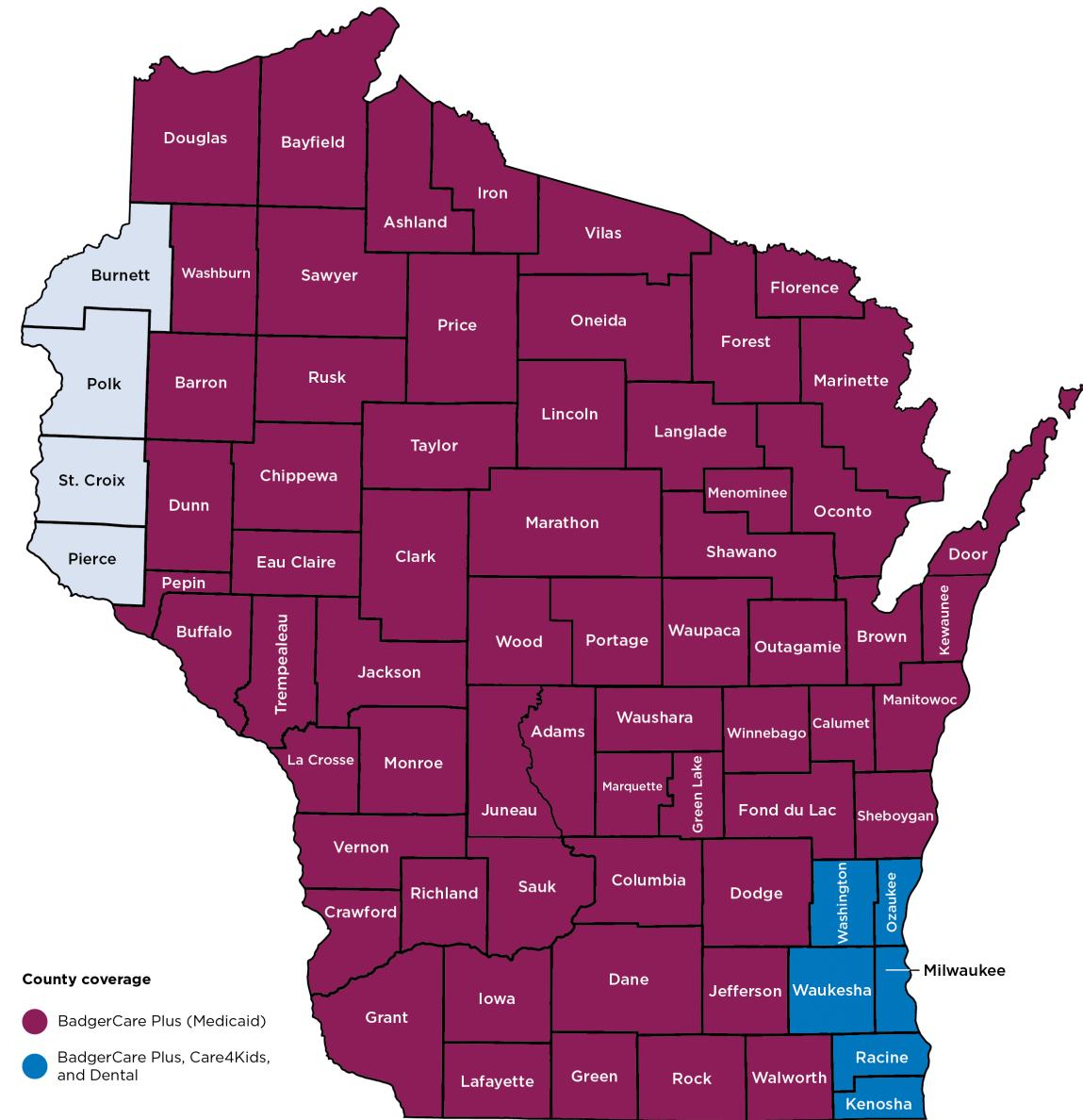
CCHP is committed to our providers, members, and communities we serve



Service Areas

CCHP's service area includes 68 of the 72 counties in Wisconsin

The Care4Kids program as well as dental services are offered in six southeastern Wisconsin counties



Coverage, Authorizations & Inpatient Admissions

The GuidingCare Provider Authorization Portal is used to submit and/or access authorizations

Providers are responsible for obtaining prior authorizations prior to services rendered

Retro authorizations will not be processed

Clinical documentation to be submitted within 24 hours

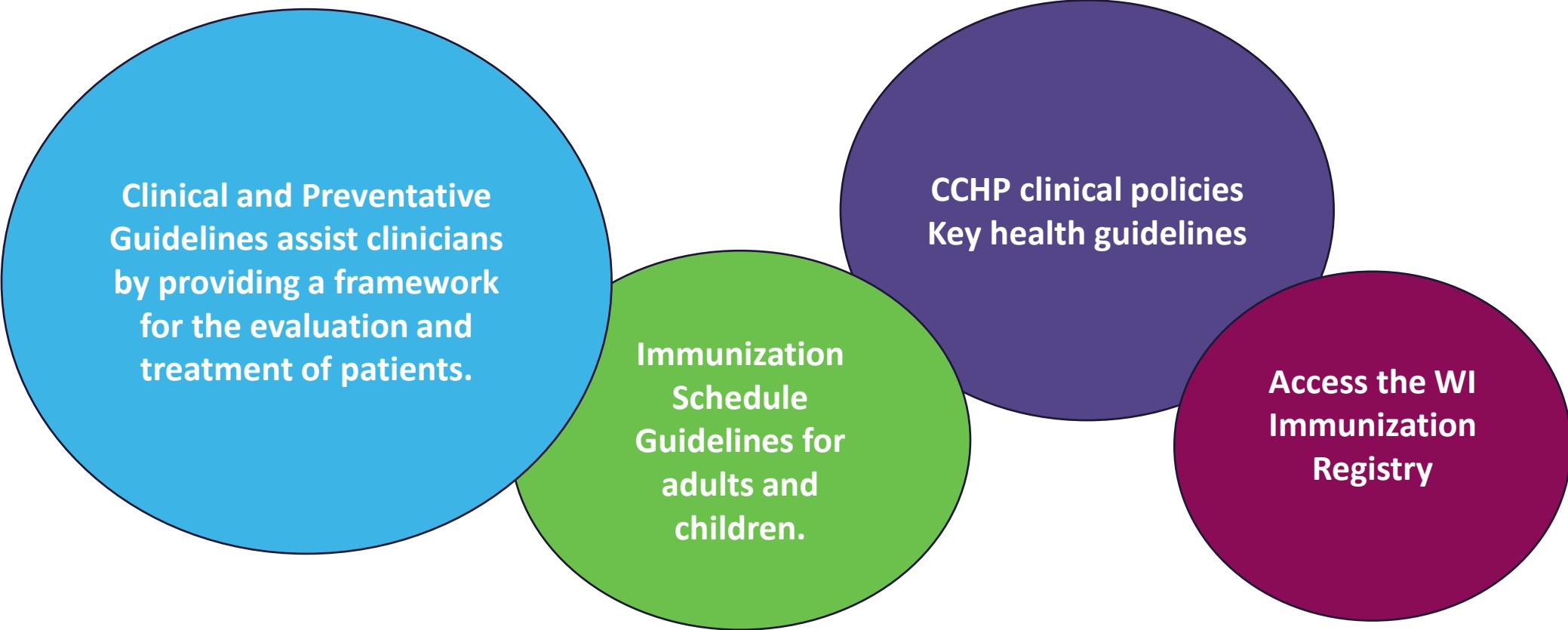
Inpatient admissions require notification within three (3) business days of admission

Access the BadgerCare Plus Prior Authorization List for service limitations, frequency limits or exclusions.

Request access to the GuidingCare Authorization Portal.

For questions or assistance, contact Clinical Services at 877-227-1142, option 2.

Clinical & Preventative Guidelines



Clinical and Preventative Guidelines assist clinicians by providing a framework for the evaluation and treatment of patients.

Immunization Schedule Guidelines for adults and children.

CCHP clinical policies
Key health guidelines

Access the WI Immunization Registry

Claims & Claim Payment

CLAIMS SUBMISSION

Payer name	Chorus Community Health Plans (WI Medicaid)
Payer ID	29123
Claims mailing address	Chorus Community Health Plans PO Box 359 Menasha, WI 54952-0359
Provider customer service	877-458-1289
Submit claims electronically	SmartData Stream (SDS) Clearinghouse Portal

CCHP partners with Network Health to provide third-party administrator services for claims and customer service administration

Claim Payment - Electronic Funds Transfer (EFT)

[Find more details on our website](#)

ECHO Health, Inc.	888-834-3511 www.providerpayments.com
Zelis	877-828-8770

CCHP Provider Portal

CCHP PROVIDER PORTAL login.chorushealthplans.org

Each user will need to set up their own account*

[CCHP Provider Portal Registration Instructions document](#)

[VIDEO – CCHP Provider Portal tutorial](#)

Features:

Claims & claims status

Provider appeals /disputes

Member eligibility & benefits

Personalized dashboard

Explanation of payment (remit)

In-portal messaging with provider customer service

CCHP provider resource website links

FAQ and more

**If you already have an account on the Network Health Provider Portal, you do not need to set up a new account. Use those same credentials to login to the [CCHP Provider Portal](#).*

Log In

Log in with your email and password to access your account.

Log In

Login

Password

Remember me

Log In

[Create an Account](#)

[Forgot Password](#)

Need Help?
Call our local provider customer service team at
877-458-1289

 **CHORUS**
COMMUNITY HEALTH PLANS

 Contrast

For portal assistance call 877-458-1289

HCFA Claim Forms

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

PICA

1. MEDICARE MEDICAID TRICARE CHAMPA GROUP FECA OTHER
(Medicare) (Medicaid) (TRICARE) (CHAMPA) (Group ID#) (FECA BOX LUNG ID#) (Other ID#)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) 3. PATIENT'S BIRTH DATE 4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street) 6. PATIENT'S RELATIONSHIP TO INSURED
Self Spouse Child Other

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

CITY STATE ZIP CODE TELEPHONE (Include Area Code) ()

8. RESERVED FOR NUCC USE CITY STATE ZIP CODE TELEPHONE (Include Area Code) ()

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) 10. IS PATIENT'S CONDITION RELATED TO:

a. EMPLOYMENT? (Current or Previous) YES NO
b. AUTO ACCIDENT? YES NO PLACE (State)
c. OTHER ACCIDENT? YES NO

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

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO # yes, complete items 9, 9a, and 9d.

11. INSURED'S POLICY GROUP OR FECA NUMBER

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

SIGNED DATE

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

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

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? \$ CHARGES YES NO

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

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE To B. PLACE OF SERVICE C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER
From MM DD YY To MM DD YY PLACE OF SERVICE EMG CPT/HCPCS MODIFIER DIAGNOSIS POINTER
F. \$ CHARGES G. DAYS PER UNIT H. SPOT PAY RPT. I. ID. NO. J. RENDERING PROVIDER ID. #
1 NPI
2 NPI
3 NPI
4 NPI
5 NPI
6 NPI

25. FEDERAL TAX I.D. NUMBER SSN EIN 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? YES NO
28. TOTAL CHARGE \$ 29. AMOUNT PAID \$ 30. Rcvd for NUCC USE \$

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

SIGNED DATE a. NPI b. NPI c. NPI d. NPI

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

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

[Review the Taxonomy Billing and Quick Reference Guide](#)

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

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

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

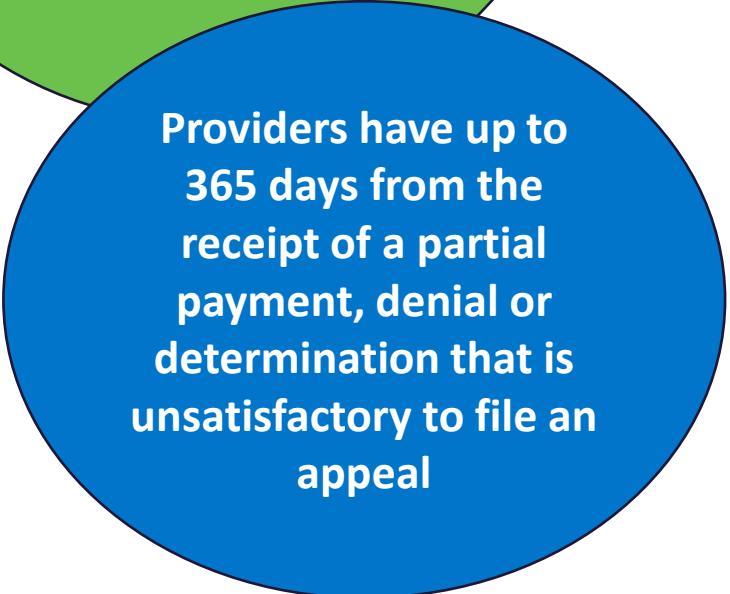
Box 33a- This box should have the billing providers NPI Number.

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

Provider Claim Appeal/Dispute



Prior to submitting an appeal, contact Provider Customer Service to research and resolve your claim issue. 877-458-1289



Providers have up to 365 days from the receipt of a partial payment, denial or determination that is unsatisfactory to file an appeal

HOW TO SUBMIT AN APPEAL

Login to the [CCHP Provider Portal](#)

Select the **Claims** tab in the navigation menu then select **Claim Dispute/Medical Record Form**

Enter the claim number into the **Claim ID** box and select the **Search** button

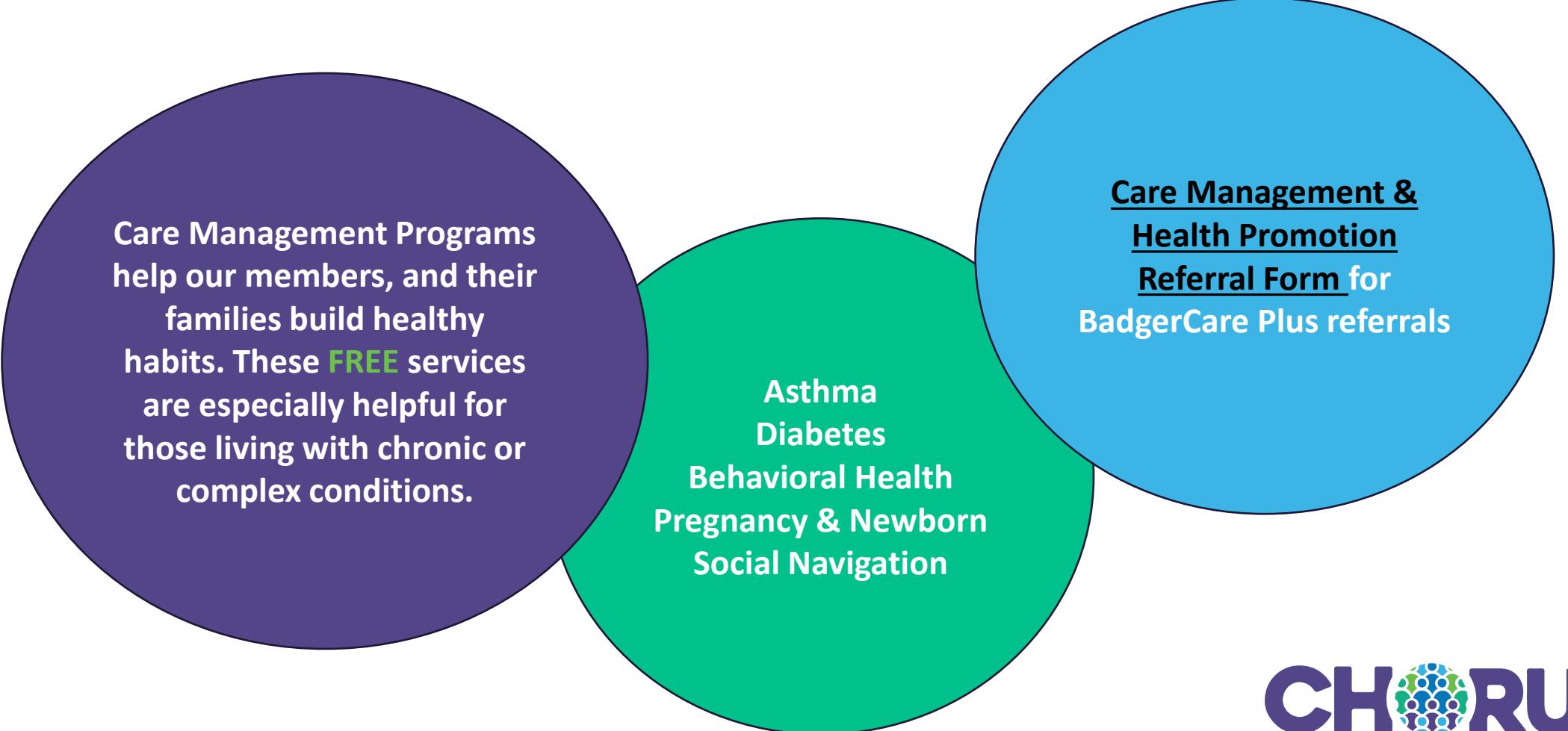
Select **Proceed to Step2-Add Detail**

Add required information

Select **Submit Dispute**

For detailed step-by-step instructions, view the [CCHP Provider Claim/Dispute Process Guide](#).

Care Management for Members



Care Management Programs help our members, and their families build healthy habits. These **FREE** services are especially helpful for those living with chronic or complex conditions.

Asthma
Diabetes
Behavioral Health
Pregnancy & Newborn
Social Navigation

Care Management &
Health Promotion
Referral Form for
BadgerCare Plus referrals

Member Appeals

CCHP MEMBERS HAVE A RIGHT TO FILE A GRIEVANCE, REQUEST AND APPEAL AND/OR FAIR HEARING

Member appeals can be requested by a member or an authorized representative, legal decision-maker or a provider. Access the [form](#) that authorizes a representative & releases protected health information.

A fair hearing can be requested within 90 days of receipt of CCHP's written decision about the appeal.

CCHP members can request a fair hearing in writing to:

Department of Administration
Division of Hearings and Appeals
PO Box 7875
Madison, WI 53707-7875

For assistance in writing a request for a fair hearing contact an [ombuds for BadgerCare Plus](#) at 800-760-0001.

CCHP members should contact a CCHP Member Advocate with questions or to request assistance with a grievance, appeal or fair hearing. 877-900-2247.

For additional details about member grievances, appeals and fair hearings, refer to the [BadgerCare Plus Member Handbook](#).

Member ID Cards



chorushealthplans.org

BadgerCare Plus

Effective Date: 1/1/2026

Member #: 0000000000

Member Name

Front of ID card

Back of ID card

CCHP MEMBER SERVICES: 800-482-8010 (TTY 711)
Monday-Friday from 8 a.m. to 5 p.m., Se habla español

Vision: Herslof 414-462-2500, outside of Milwaukee 1-800-822-7228

Dental: Kenosha, Milwaukee, Ozaukee, Racine, Washington, and Waukesha counties call Dental Professionals of Wisconsin 1-877-389-9870, all other counties Forward Health Member Services 1-800-362-3002

Prior Authorization: 877-227-1142, Option 2
Hospital admission requires notification within 48 hours.

Pharmacy: Forward Health Member Services 1-800-362-3002

Claims Submissions

Chorus Community Health Plans

PO Box 359

Menasha, WI 54952

To submit claims electronically, use Payer ID: 29123

**NEW in 2026,
CCHP will provide ID
cards to all
BadgerCare Plus
members**

**Care4Kids
program
members will
NOT receive ID
cards**

**Infants and new
members will have
an approx. 90-day
grace period before
receiving their
cards.**

Member Contacts & Resources

ForwardHealth Member Services	800-362-3002	
CCHP Member Services	800-482-8010	Chorus Community Health Plans PO Box 36 Menasha, WI 54952-0359
CCHP Member Advocate	877-900-2247	Chorus Community Health Plans Member Complaints/Appeals Dept. PO Box 1997 Milwaukee, WI 53201-1997
Herslof Vision	414-462-2500 – <i>use in '414' area code</i> 800-822-7228 – <i>use outside '414' area code</i>	
Dental Professionals of WI (DPoW)	877-389-9870	
<u>Ombuds for BadgerCare Plus</u>	800-760-0001	

[CCHP Member Resources webpage](#)

[About Care4Kids Program](#)

[BadgerCare Plus Member Handbook](#)

[CCHP Member Wellness Portal](#)

Provider Contacts & Resources

Medicaid Provider Manual	Provider Resources webpage	Interpreter Services
Care Management	Provider Education	Provider Newsletter & Communications

THANK YOU

QUESTIONS

