



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 customizes services to meet the unique needs of our individual adult, children and family members & help empower them to take charge of their health and wellness

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

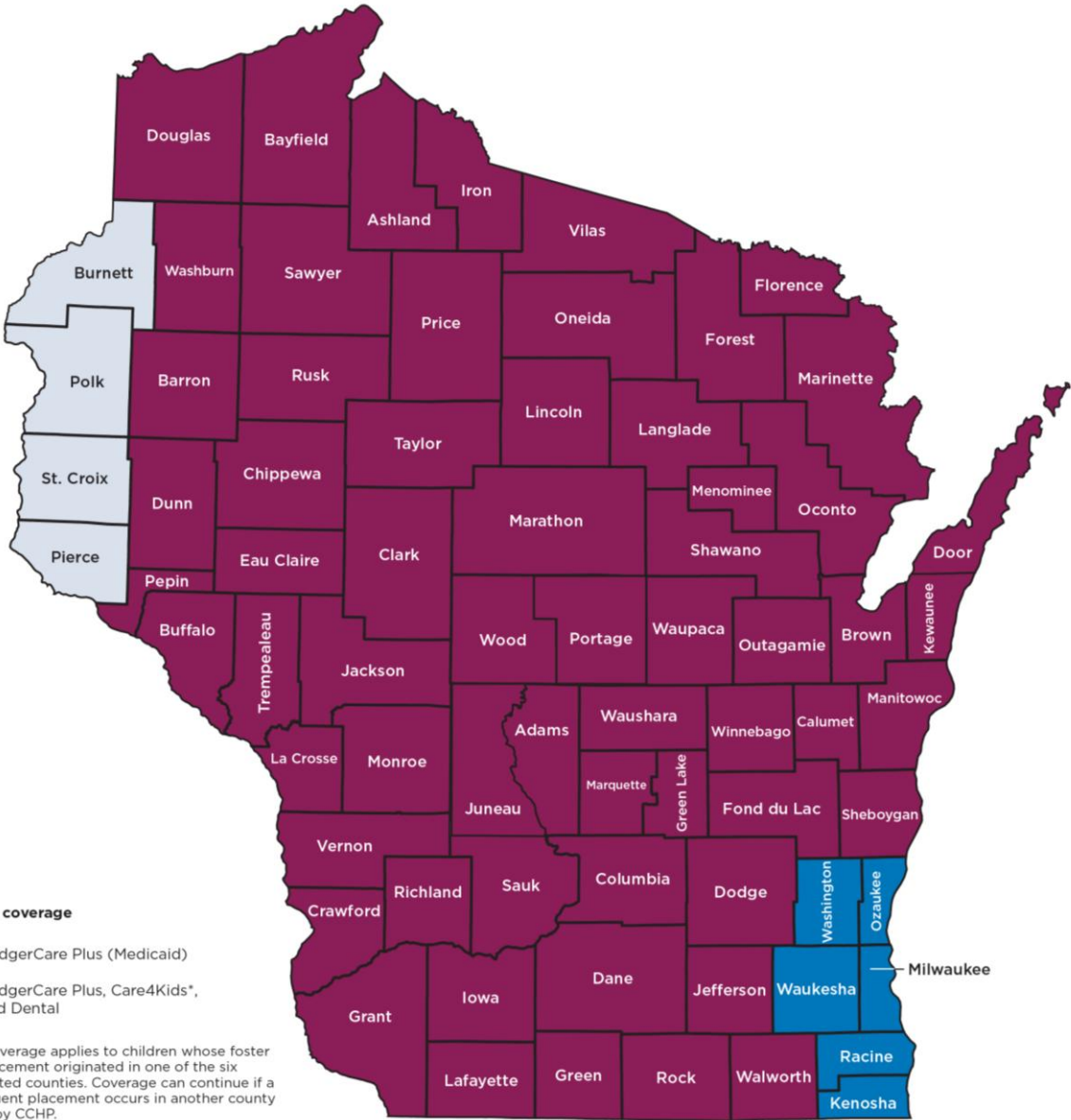
CCHP is committed to our providers, members, and communities we serve



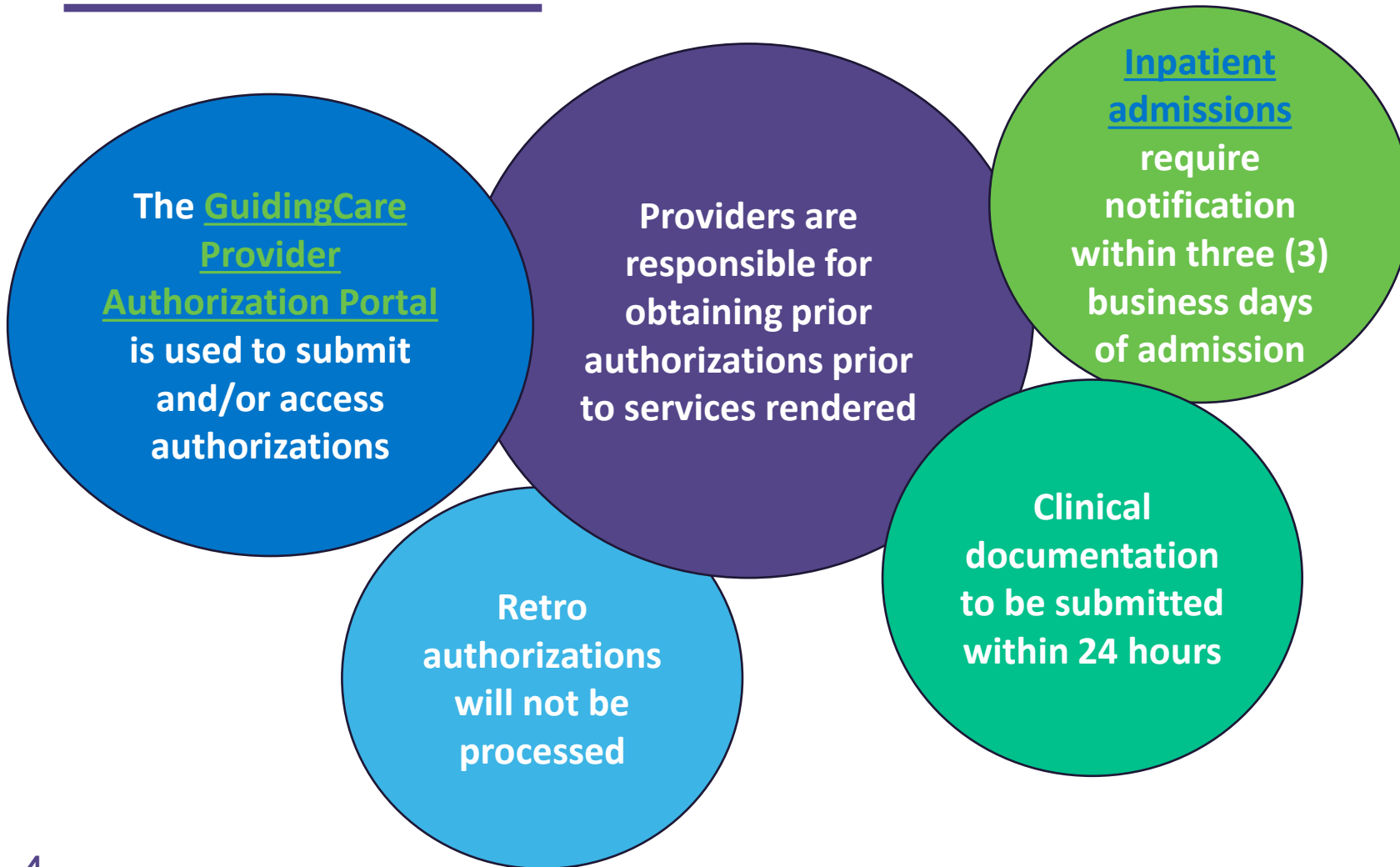
Service Areas

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

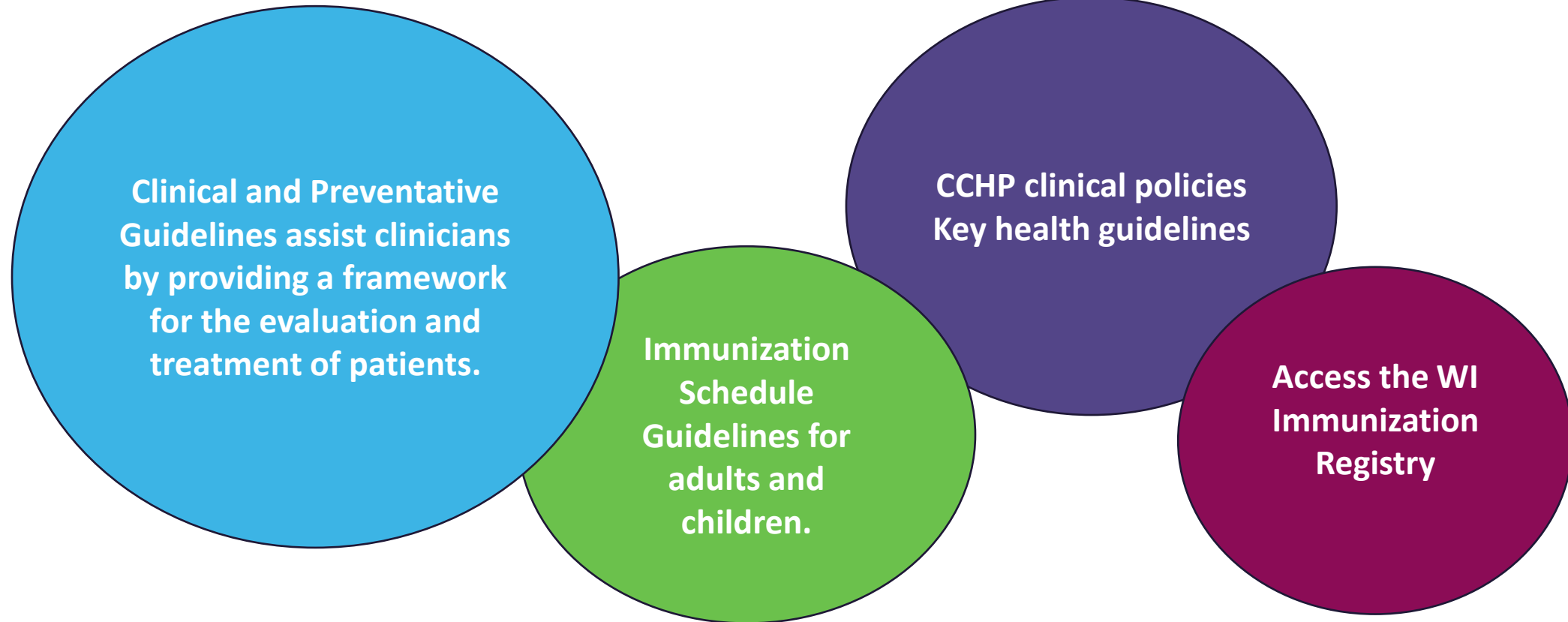


Access the [BadgerCare Plus Prior Authorization List](#) for service limitations, frequency limits or exclusions.

[Request access](#) to the GuidingCare Authorization Portal.

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

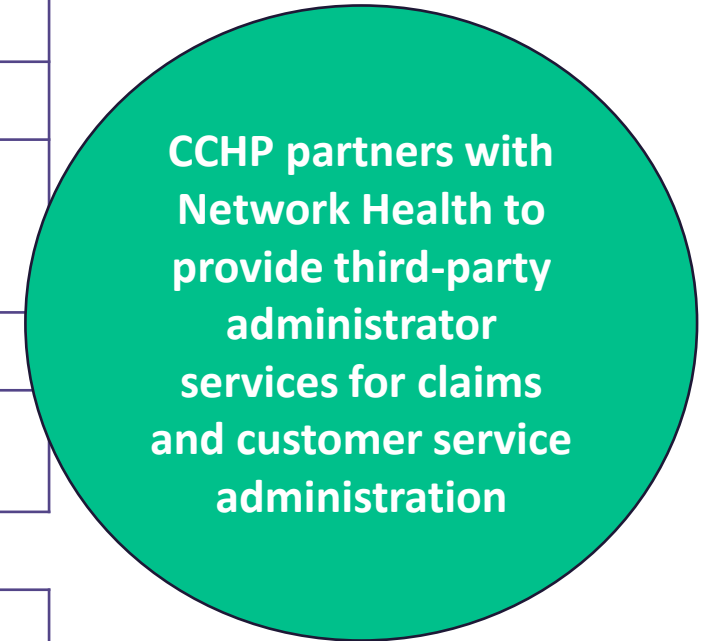
Clinical & Preventative Guidelines



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



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

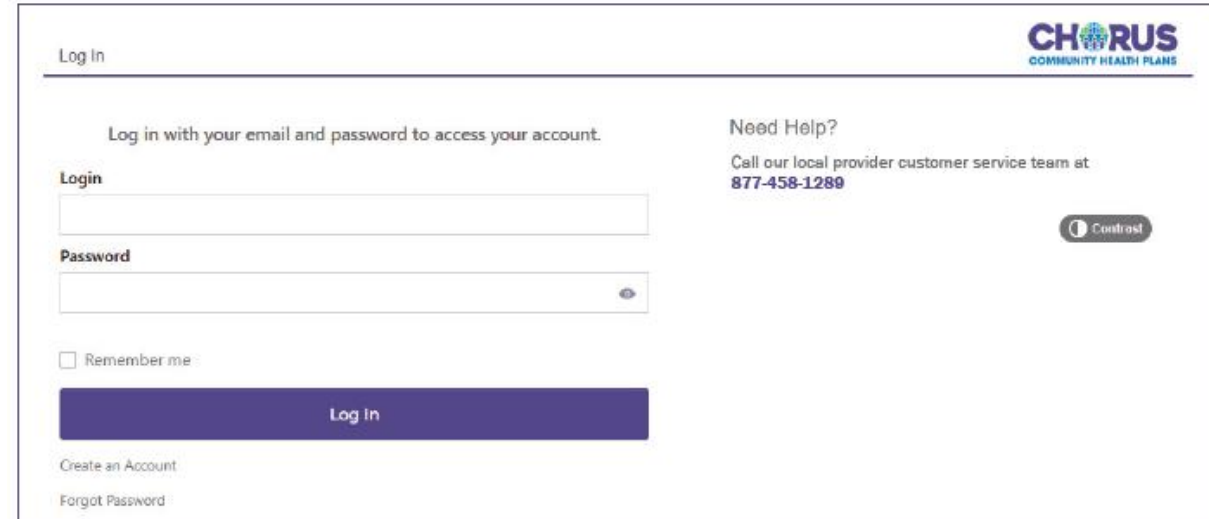
Each user will need to set up their own account*
[CCHP Provider Portal Registration Instructions document](#)

[VIDEO – CCHP Provider Portal tutorial](#)

Features:

- Claims & claims status
- Provider appeals /disputes
- Member eligibility & benefits
- Personalized dashboard
- Explanation of payment (remits)
- 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](#).*



The screenshot shows the login page for the CCHP Provider Portal. At the top right is the CHORUS COMMUNITY HEALTH PLANS logo. The page title is "Log In". Below the title, it says "Log in with your email and password to access your account." To the right, there is a "Need Help?" section with the text "Call our local provider customer service team at 877-458-1289" and a "Contrast" button. The login form includes a "Login" label above an email input field, a "Password" label above a password input field with an eye icon, and a "Remember me" checkbox. A large purple "Log In" button is centered below the fields. At the bottom, there are links for "Create an Account" and "Forgot Password".

For portal assistance call 877-458-1289

Roster Required for Medicaid Billing

- To ensure alignment with Wisconsin Medicaid requirements, we must collect and maintain current provider rosters.
 - Submit an up-to-date provider roster for your organization.
 - Rosters must include all rendering providers associated with your billing NPI.
- Timely submission of provider rosters is necessary to support continued claims processing and compliance with Medicaid requirements.
 - Delays or missing information may impact our ability to process claims.

New rosters, changes and terms can be submitted using the [Provider Roster Template](#) and completing the appropriate tab.

Completed templates can be submitted via email to CCHP Provider Updates at cchp-providerupdates@chorushealthplans.org.

HCFA Claim Forms

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.

The image shows the HCFA Health Insurance Claim Form (Form 1500). The form is divided into several sections: Carrier and Insured Information, Patient and Insured Information, Physician or Supplier Information, and Billing Information. It includes fields for patient name, address, birth date, insurance type, and provider details. A QR code is located in the top left corner. The form is titled "HEALTH INSURANCE CLAIM FORM" and is approved by the National Uniform Claim Committee (NUCC). The form is divided into several sections: Carrier and Insured Information, Patient and Insured Information, Physician or Supplier Information, and Billing Information. It includes fields for patient name, address, birth date, insurance type, and provider details. A QR code is located in the top left corner. The form is titled "HEALTH INSURANCE CLAIM FORM" and is approved by the National Uniform Claim Committee (NUCC).

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:

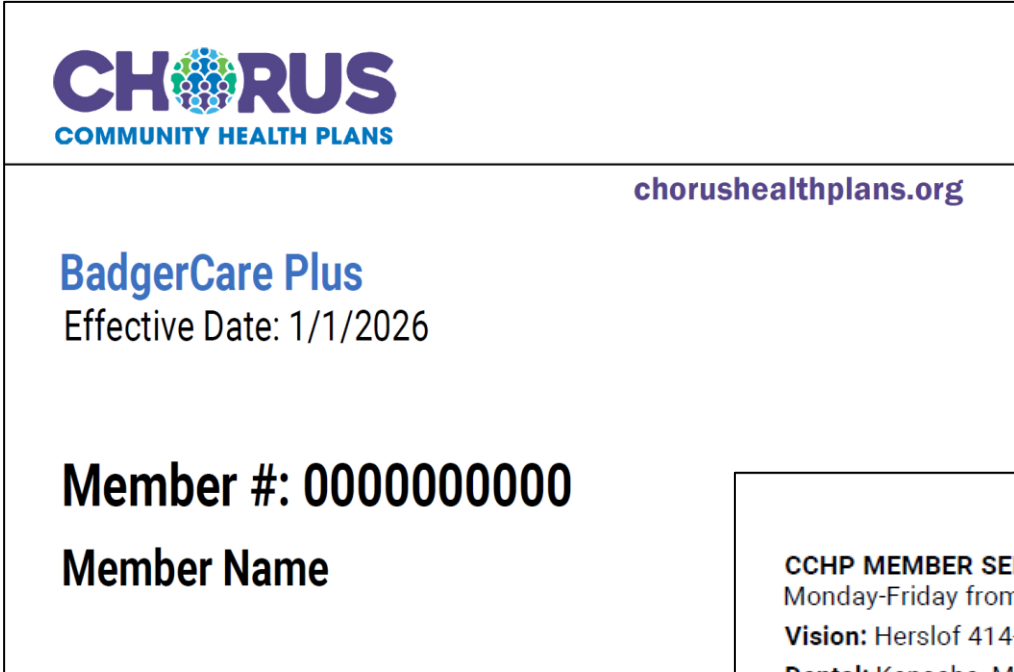
Department of Administration
Division of Hearings and Appeals
PO Box 7875
Madison, WI 53707-7875

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



CHORUS
COMMUNITY HEALTH PLANS

chorushealthplans.org

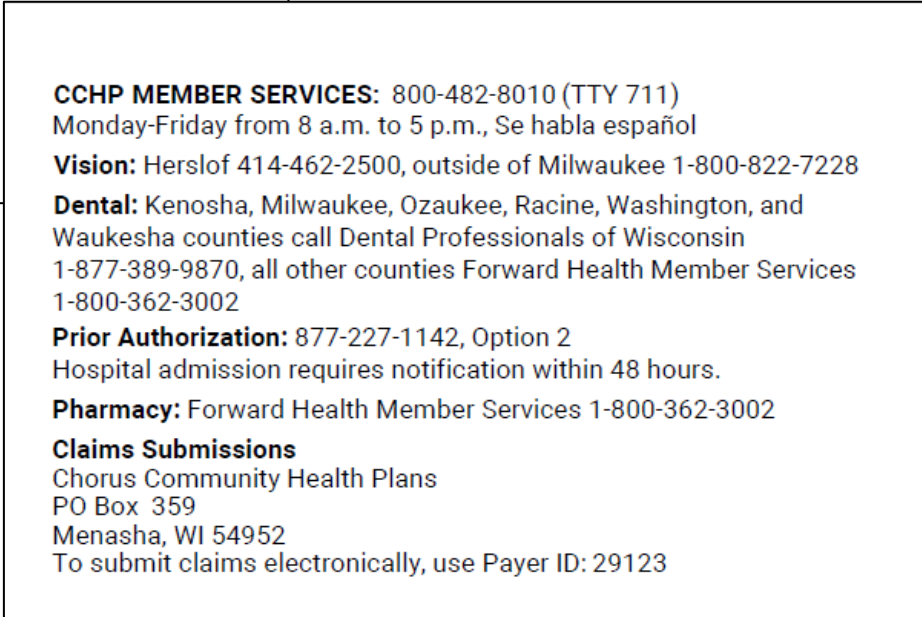
BadgerCare Plus
Effective Date: 1/1/2026

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	
Ombuds for BadgerCare Plus	800-760-0001	

CCHP Member Resources webpage	About Care4Kids Program	BadgerCare Plus Member Handbook
CCHP Member Wellness Portal		

Provider Contacts & Resources

Provider Customer Service Serves as a single point of contact for all provider inquiries on eligibility, benefits, claims, appeals, and provider portal.	877-458-1289
Provider Contracting Manages provider agreements and reimbursement structures. Contact for contract negotiations, terms, and participation requests.	CCHP-contracting@chorushealthplans.org
Provider Data Management Ensures the accuracy of provider information. Contact for changes or updates with provider, demographics, Tax ID, or other practice information.	CCHP-ProviderUpdates@chorushealthplans.org Provider Update & Change Form Provider Roster Template
Credentialing Oversees the verification of provider qualifications. Contact for application requirements, documentation, and credentialing status.	CCHP-Credentialing@chorushealthplans.org 844-229-2776 Fax: 414-266-5797
Provider Relations Serves as a liaison for providers. Contact for education, resources, and support in resolving issues.	CCHPProviderRelations@chorushealthplans.org
GuidingCare Authorization Portal (login)	cchp-portalreg@chorushealthplans.org
Utilization Management (UM)	414-266-4155

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

THANK YOU

QUESTIONS

