



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

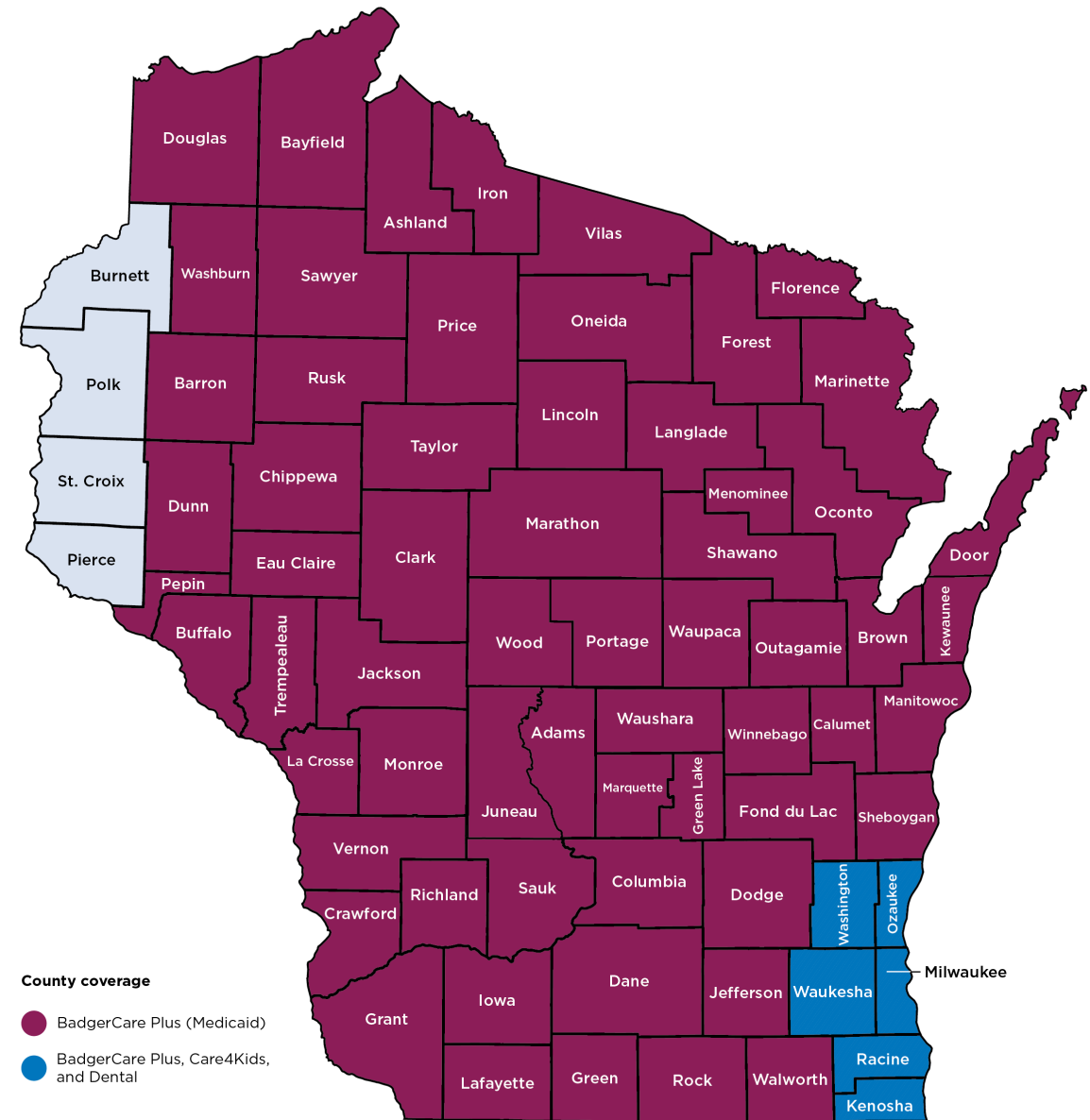
CCHP is
committed to our
providers,
members, and
communities we
serve



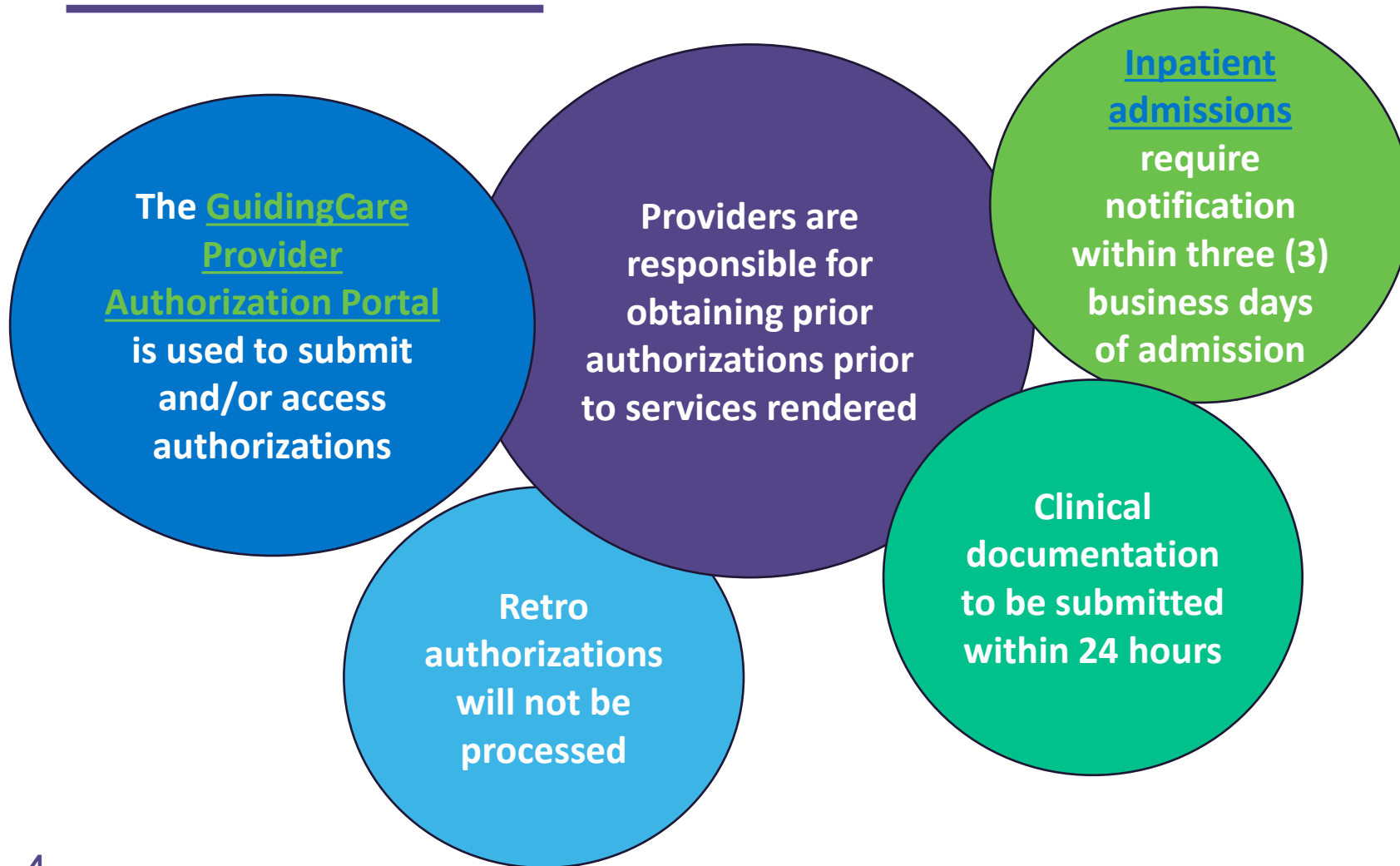
Service Areas

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

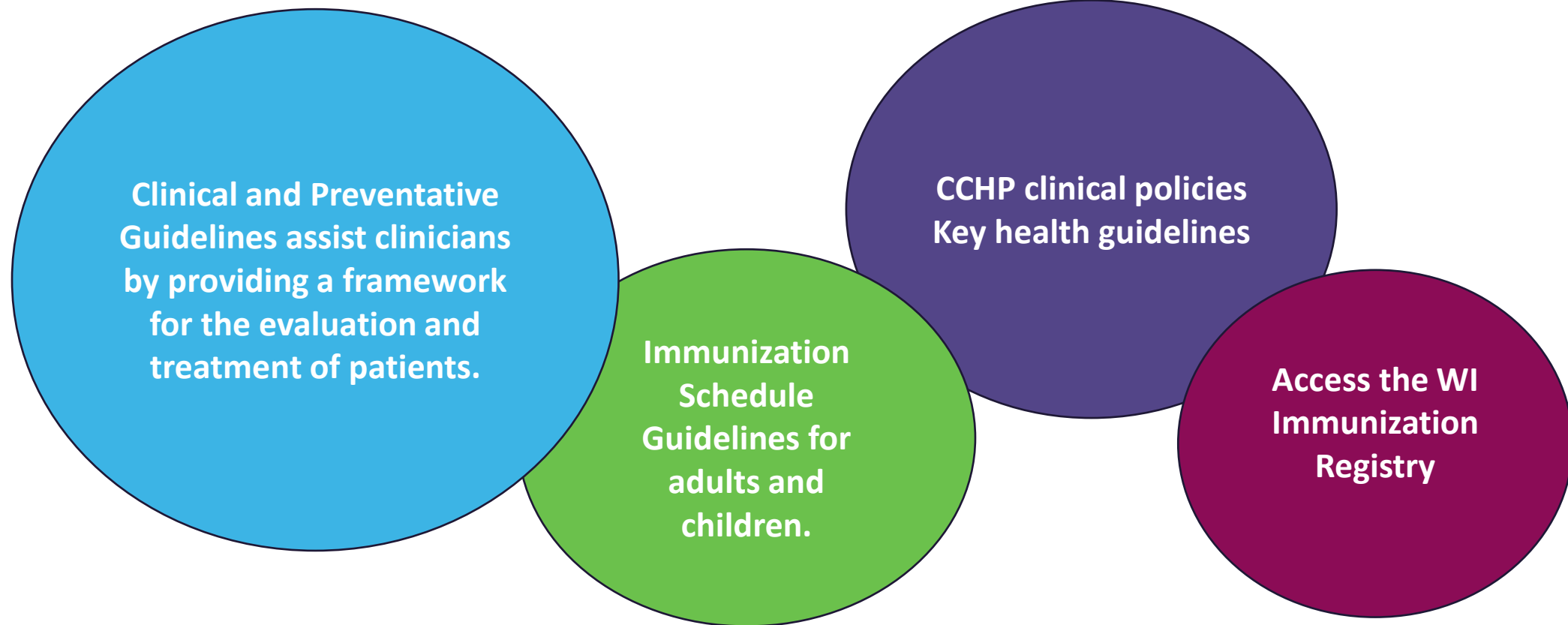


Access the BadgerCare Plus Prior Authorization List for service limitations, frequency limits or exclusions.

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

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

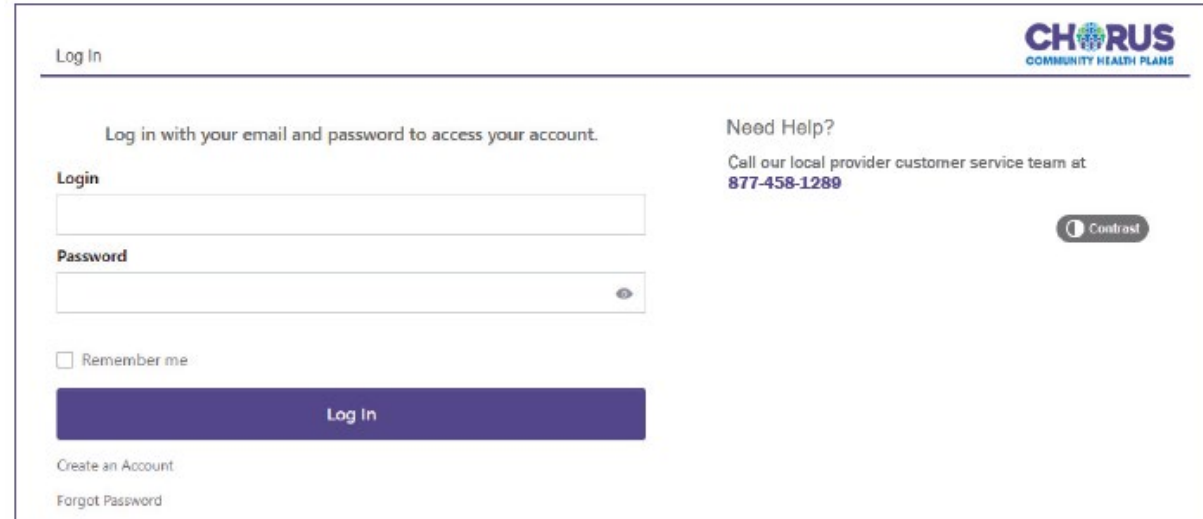
Each user will need to set up their own account*
[CCHP Provider Portal Registration Instructions document](#)

[VIDEO – CCHP Provider Portal tutorial](#)

Features:

- Claims & claims status
- Provider appeals /disputes
- Member eligibility & benefits
- Personalized dashboard
- Explanation of payment (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 interface for the CCHP Provider Portal. At the top right is the CHORUS COMMUNITY HEALTH PLANS logo. The main heading is "Log In". Below it, a message says "Log in with your email and password to access your account." To the right, under "Need Help?", it says "Call our local provider customer service team at 877-458-1289". There is a "Login" label above an email input field, and a "Password" label above a password input field with an eye icon for toggling visibility. Below the password field is a "Remember me" checkbox. A large purple "Log In" button is centered below the input fields. At the bottom, there are links for "Create an Account" and "Forgot Password". A "Contrast" button is visible on the right side of the page.

For portal assistance call 877-458-1289

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.

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	
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
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

