

2025 Broker Guide



CHORUS
COMMUNITY HEALTH PLANS

Chorus Community Health Plans

Meet Chorus Community Health Plans (CCHP)

Chorus Community Health Plans (CCHP) is committed to improving the health and well-being of the members and communities that we serve. CCHP offers a variety of health insurance plans and services for adults, children and families at different ages and stages of life. We serve approximately 140,000 members throughout Wisconsin through our various products. At the center of everything we do is a commitment to our members, providers and community partners that is grounded in integrity, compassion and kindness.

A broad network

CCHP's individual and family plans are available on and off the Exchange/Marketplace and offer members access to high-quality health care from a broad network of providers in 15 counties, including Brown, Calumet, Door, Kenosha, Kewaunee, Manitowoc, Milwaukee, Oconto, Outagamie, Ozaukee, Racine, Sheboygan, Washington, Waukesha and Winnebago counties.

Meeting your customers' needs

We believe health insurance has the power to change lives. This belief drives our passion for expanding access to health care, advancing health equity and building stronger communities where our members live, learn, work and play. We recognize many different factors impact health. That's why we work together with members, community partners and health care providers to reduce health disparities and design services aimed at improving the health outcomes of our members.



Our staff

Director of Product Development and Sales



Danielle Cotere

Manager of Sales and Business Development



Krystine Jacobs

Sales and Business Development Specialists



Andrew Capelle



Beth Schumacher

Broker support

Email: CCHP-BrokerSupport@chorushealthplans.org | Phone: (844) 459-6648 | Fax: (414) 266-1611

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Broker resources

<p>Chorus Community Health Plans Broker Portal To access the Broker Portal, chorushealthplans.jet-insure.com, you need a Web browser and a computer with an Internet connection.</p>
<p>Correspondence address for routine and express deliveries Chorus Community Health Plans Attn: Sales P.O. Box 1997 Milwaukee, WI 53201-1997</p>
<p>Customer Service for members Hours: Monday through Friday, 8 a.m. to 6 p.m., Saturdays, 8 a.m. to 2 p.m. Phone: (844) 201-4672 Fax: (844) 201-4673</p>
<p>Ordering printed materials and forms Printed sales materials, forms and applications are available on our website, chorushealthplans.org/for-brokers/broker-forms, or by request through CCHP-BrokerSupport@chorushealthplans.org.</p>
<p>Commissions Contact your General Agent.</p>
<p>Broker appointment and contract support Email: CCHP-BrokerSupport@chorushealthplans.org</p>

Becoming appointed

Chorus Community Health Plans (CCHP) partners with four General Agencies to offer you access to sell our plans. General Agencies appointed with CCHP include:

- **Broker Resources**

(also works with out-of-state brokers)

Alayna Obluck

Phone: (414) 766-9470 Ext. 1

(800) 472-9002 Ext. 1

Email: Alayna@brokerresources.com

- **Cyganiak Planning**

Monica Davis

Phone: (262) 783-6161

Email: mdavis@cyganiakplanning.com

- **Milwaukee Brokerage Employee Benefits**

Lorenzo Draghicchio

Phone: (414) 961-4900

Fax: (414) 961-2411

Email: Lorenzo@milwaukeebrokerage.com

- **Transition Health Benefits**

(also works with out-of-state brokers)

Todd Catlin

Phone: (262) 439-4560

Email: Todd@thbwi.com

Commissions

All commissions are paid directly to the General Agent. Please start with your General Agent for any questions on commissions.

Getting started

CCHP believes in forging long-lasting relationships with our broker partners. Below you will find the steps to follow when becoming appointed to sell our CCHP products.

1. Choose a General Agent to work with from the list at left.
2. Complete our online appointment application found here: **chorushealthplans.org/for-brokers/become-appointed**
3. Upload the required documents to your application.
 - Copy of your Individual Marketplace Certificate of Completion
 - Copy of your Errors & Omissions Certificate of Liability Insurance
 - Copy of your Wisconsin Health Insurance License
 - Copy of your signed Business Associate Agreement, which can be found on our website under Brokers.
4. Contact your General Agent to discuss their commission schedule, and fill out necessary payment forms.
5. Create your Broker Portal Account: Once your application is approved, you will receive an email with instructions on how to create your account and log in.
6. Watch your email for important Welcome Training materials to acclimate yourself to our plans.

For additional questions on becoming appointed with CCHP, please reach out to Broker Support at **CCHP-BrokerSupport@chorushealthplans.org**.



Quality health care close to home

Our service area includes in-network primary care physicians, specialists, chiropractors and many local pharmacies. Making it easier to find care close to home.



A provider search tool for your member's needs

It is important that you and your members verify that their provider is a part of the Chorus Community Health Plans network. Please visit our website at chorushealthplans.org/find-a-doc and search our Provider Directory to see all current in-network providers.

Network hospitals in our NORTHEAST WISCONSIN service area include:

BROWN COUNTY

- Bellin Hospital
- Bellin Psychiatric Center
- HSHS St. Mary's Hospital - Green Bay
- HSHS St. Vincent Children's Hospital - Green Bay
- HSHS St. Vincent Hospital - Green Bay

CALUMET COUNTY

- Ascension Calumet Hospital

DOOR COUNTY

- Door County Medical Center

MANITOWOC COUNTY

- Froedtert Holy Family Memorial Hospital

OCONTO COUNTY

- Bellin Health Oconto Hospital
- HSHS St. Clare Memorial Hospital - Oconto Falls

OUTAGAMIE COUNTY

- Ascension NE Wisconsin - St. Elizabeth Campus

SHEBOYGAN COUNTY

- HSHS St. Nicholas Hospital - Sheboygan

WINNEBAGO COUNTY

- Ascension NE Wisconsin - Mercy Campus
- Children's Wisconsin Fox Valley Hospital

Network hospitals in our SOUTHEAST WISCONSIN service area include:

KENOSHA COUNTY

- Froedtert South
- Froedtert Pleasant Prairie Hospital
- Rogers Behavioral Health

MILWAUKEE COUNTY

- Ascension Columbia St. Mary's Hospital
- Ascension SE Wisconsin Hospital - Franklin Campus
- Ascension SE Wisconsin Hospital - Greenfield Campus
- Ascension SE Wisconsin Hospital - St. Joseph Campus
- Ascension St. Francis Hospital
- Children's Wisconsin - Milwaukee Hospital
- Froedtert Hospital & the Medical College of Wisconsin
- Froedtert Community Hospital - Oak Creek
- Midwest Orthopedic Specialty Hospital - Franklin
- Orthopaedic Hospital of Wisconsin - Glendale
- Ascension Sacred Heart Rehabilitation Hospital
- Select Specialty Hospital
- Rogers Behavioral Health - Brown Deer
- Rogers Behavioral Health - West Allis

OZAUKEE COUNTY

- Ascension Columbia St. Mary's Hospital - Ozaukee Campus
- Ascension Sacred Heart Rehabilitation Hospital
- Froedtert Community Hospital - Mequon

RACINE COUNTY

- Ascension All Saints Hospital - Spring Street Campus
- Ascension All Saints Hospital - Wisconsin Avenue Campus
- Lakeview Specialty Hospital and Rehab

WASHINGTON COUNTY

- Froedtert West Bend Hospital

WAUKESHA COUNTY

- Ascension SE Wisconsin Hospital - Elmbrook Campus
- Ascension SE Wisconsin Hospital - Menomonee Falls Campus
- Ascension SE Wisconsin Hospital - Waukesha Campus
- Froedtert Menomonee Falls Hospital
- Froedtert Community Hospital - Pewaukee
- ProHealth Oconomowoc Memorial Hospital
- ProHealth Rehabilitation Hospital of Wisconsin
- ProHealth Waukesha Memorial Hospital
- Rehabilitation Hospital of Wisconsin
- Rogers Behavioral Health

Don't see a provider listed? Visit our website chorushealthplans.org or call us at **(844) 459-6648** to make sure they are in our network.



More about Chorus Community Health Plans

Affordable Care Act compliant

Chorus Community Health Plans are all Affordable Care Act (ACA) compliant, meaning they conform to the Healthcare Reform regulations, and are available to purchase on the Exchange or directly with Chorus Community Health Plans. Each plan option covers the ACA's essential health benefits without annual or lifetime coverage maximums, and is guaranteed issue during Open Enrollment and with a Qualifying Life Event.

High star-rated plan options

CCHP offers catastrophic, bronze, silver and gold plans, which can be purchased on or off the Exchange. CCHP also offers multiple cost-share reduction plans that are available based on the customer's income. Limited- and zero-cost sharing plans are also available for customers who are members of the federally recognized tribes or Alaska Native Claims Settlement Act Corporation Shareholders. All CCHP plan options have a high star rating on healthcare.gov, which typically means they offer better quality of care, comprehensive member benefits and programs, and reflect overall member satisfaction.



Chorus Community Health Plans Dental

Members living in Southeast Wisconsin will also be able to purchase CCHP dental coverage. CCHP dental has both On- and Off-Exchange plans in Kenosha, Milwaukee, Ozaukee, Racine, Washington and Waukesha counties. Our plans cover routine, basic and major services and are available to the whole family. More information at chorushealthplans.org/chorusdental.



More value for your members

Treatment Cost Calculator

CCHP's Treatment Cost Calculator allows members to receive an estimate of costs of certain health care services upfront. Each estimate is personalized based on your benefits, deductible, provider and location. This gives members the ability to research and plan for their health care.

Case management programs

CCHP's local, personalized case management programs focus on members with chronic health problems or members who need extra help with their specific health care needs. Our specially trained clinical staff work with the member and the member's doctors to create a plan that fits their needs.

Foodsmart

Foodsmart is a free nutrition program for members to help make eating well affordable and simple. As part of the program, members have free one-on-one phone or video calls with a registered dietitian to see how to save money on groceries, meet health goals and create a personalized meal plan. Members also have access to an app with thousands of recipes, an easy weekly meal planning tool and online grocery ordering and delivery.

Freepira

Freepira is a no-cost medication-free program for members with panic disorder or PTSD (post-traumatic stress disorder). The program teaches the member to control their breathing and other tactics to reduce the severity and duration of panic attacks.

Healthy Mom, Healthy Baby

A program designed to keep mothers and their babies healthy by offering services to help educate and assist members during and after their pregnancy.



Incentives for members

CCHP members enrolled during the 2025 plan year are eligible for various member incentives by completing simple wellness tasks.

Eligibility guidelines:

1 Annual physical

The covered contract holder and covered spouse are eligible for an incentive of \$50 if they receive their annual physical from an in-network provider during the 2025 calendar year.

2 Health Risk Assessment

The covered contract holder is eligible for an incentive of \$50 if they complete the voluntary online health assessment within their wellness portal.

Members are also eligible for additional incentives through specific programs, including up to \$125 through the Diabetes Incentive Program, \$90 through the Healthy Mom, Healthy Baby incentive program and \$50 through the Foodsmart program.

Eligibility Guidelines

Residency requirements

To be eligible for a CCHP plan, the member must be a Wisconsin resident and reside in CCHP's service area. A permanent address must be provided. A P.O. Box will not count toward a residency address; however, it can be used as a mailing address.

Eligible dependents attending college outside of the service area may be covered by their parents' plan as long as their parents meet the residency requirements.

Members who live or work outside of the service area for part of the plan year will be considered a Wisconsin resident if they reside in the State of Wisconsin for at least half the year and file taxes in the State of Wisconsin.

Marketplace eligibility requirements

To enroll for coverage with a CCHP plan, the applicant must also meet the requirements for being a qualified individual under the Health Insurance Marketplace®, including, but not limited to, each of the following:

- Contract holder is a citizen or national of the United States or a noncitizen who is lawfully present in the United States.
- Contract holder is reasonably expected to be a citizen or national of the United States or a noncitizen who is lawfully present in the United States for the entire period for which enrollment is sought.
- Contract holder is not incarcerated (other than incarceration pending disposition of charges).

Social Security number requirement

Social Security numbers are required for all applicants for coverage. If any applicant is not able to provide a Social Security number at application time, a written explanation or acceptable immigration documentation should be included with that application.

Tobacco users

A tobacco surcharge is added to any tobacco users age 40 and older that are applying for coverage on a CCHP health plan.

Dependent eligibility

CCHP recognizes an eligible dependent as the contract holder's legal spouse, child, grandchild or the child or grandchild of the contract holder's spouse.

The term child includes any of the following:

- A natural child
- A stepchild or a child for whom legal guardianship has been awarded to the contract holder or contract holder's spouse
- A legally adopted child
- A child placed for adoption with the contract holder
- A child for whom health care coverage is required through a Qualified Medical Child Support Order or other court or administrative order
- The term grandchild means a child of a covered dependent child until the covered dependent who is the parent turns 18 years of age.
- A child listed above must be under age 26 at the time of enrollment.
- A child who meets the requirements set forth above ceases to be eligible as a dependent on the last day of the year in which the child turns age 26.
- A dependent will also include an unmarried child age 26 or older who meets the following criteria:
 - The child is unable to hold a self-sustaining job due to intellectual disability or physical handicap.
 - The child is chiefly dependent on the contract holder for support and maintenance.
 - The child's incapacity existed before he or she reached age 26.
 - The contract holder's family coverage remains in force under this contract.
- A dependent also includes an adult child who meets all of the following criteria: The child is a full-time student, regardless of age, attending an accredited vocational, technical or adult education school, or an accredited college or university; or the child was under age 27 and called to federal active duty in the National Guard or in a reserve component of the U.S. Armed Forces while attending, on a full-time basis, an institution of higher education.

Child(ren) only policies

CCHP follows the Affordable Care Act requirements to allow children under the age of 19 to enroll in a plan without a parent or guardian.

Navigating the Broker Portal

1

Getting started

Start by logging into our Broker Portal. If this is your first time logging in, your username is the email address you provided and the password is Pass@word1.

2

Accessing your account

From the login screen, the system will navigate you to your broker landing page. From here, you have the ability to access your book of business, including submitted health and dental applications and enrolled member policies.

Or navigate to My Shortcuts to:

- Access a list of your clients by clicking on Contacts.
- Access a saved quote by clicking on My Quotes.
- Access a saved application by clicking on My Applications.
- Access your effectuated members by clicking on My Policies.

3

Quoting an Off-Exchange Plan

To obtain a quote, locate the Get Quote button located at the top of the home page. Here you will be able to quote both our Health and Dental plan options.

Select the plan type you want to get a quote for. (When selecting Health Plan, you will have the option to add a Dental Plan within the same quote, once you select Enroll).

- Fill in the required details.
 - All applicants' gender, date of birth and tobacco usage
 - ZIP code
 - Enrolling for coverage during Open Enrollment or with a Qualifying Life Event
 - Select the effective date.

If they do not want to purchase a plan through the Exchange or do not qualify, leave the income section blank.

- Select the Get Quote button to proceed to the Plan Options page.
 - You can choose up to three plans to compare at a time.
 - You can choose to save the quote, email the quote, and download the quote and plan details to a PDF.
 - If ready to enroll, click the Enroll in This Plan button next to the desired plan.



4

Completing the client's application

- Register an account for the client.
 - Fill in the client's first name, last name, email address, password and security question. (For existing clients, click on the Existing Contact tab, and fill in the necessary information to look up the client's account and start a new application.)
- Once you have created the account, you will be directed to the application. [Portions of the application will be pre-filled with the account information you just submitted.]
 - The Applicant Profile page collects the personal information of the applicant. This includes the applicant's home address, mailing address, contact information, eligibility and current/previous health care coverage questionnaire.
 - Answer all required eligibility questions.
 - At the Additional Information page, you have the ability to upload documents, for example, proof of a Qualifying Life Event, and save the documents to the application.
 - Once the application is complete, you may e-sign on behalf of your applicant (if present) or send the application to the applicant's email to e-sign themselves.
 - Once the application is finished, you will be provided the option to make a payment to effectuate coverage. Binder payments are required prior to the effective date and can be made at the time of application, via credit card or bank account.
 - If a member selected a Dental Plan with their health application, you will be directed to a separate dental application after submitting the health application.
 - A pre-filled dental application will display after submitting the health application's binder payment.
 - A separate binder payment will be collected for any applicable dental application.
 - The application will only be considered complete when the e-signature has been completed and the binder payment has been made.

Enhanced Direct Enrollment

(On-Exchange Quotes and Application submission)

We are an Enhanced Direct Enrollment (EDE) platform. This means you have the ability to quote and submit Marketplace applications without a double redirect to and from the Marketplace. For more information and to enable EDE in your Broker Portal, reach out to the Broker Support team at CCHP-BrokerSupport@chorushealthplans.org.

For additional questions on obtaining a quote and navigating your Broker Portal, please contact our Broker Support team at [**CCHP-BrokerSupport@chorushealthplans.org**](mailto:CCHP-BrokerSupport@chorushealthplans.org).

Chorus Community Health Plans Enrollment

The Annual Open Enrollment Period will run

November 1, 2024 – January 15, 2025.

Enroll by **December 15, 2024**, for coverage **effective January 1, 2025.**

Completing an application

To submit an application online, you can go through our online quoting system at **chorushealthplans.org** or on the Marketplace.

To submit a paper application, you can mail, fax or email it to:

- Mail: Chorus Community Health Plans
P.O. Box 1997
Milwaukee, WI 53201-1997
- Fax: (414) 266-1611
- Email: CCHP-MemberSales@chorushealthplans.org

What to include with the application

The following information must be included in an application:

- Full name of all applicants
- Full date of birth for all applicants
- Gender of all applicants
- Physical mailing address
- Email address, if available
- Social Security numbers for all applicants
- Premium payment information for the binder payment, as well as ongoing premium payments

Not-taken Policy/Right to Review Policy

Applicants enrolling for coverage shall be provided a 10-day period from receipt of the contract to examine and return the contract and have the premium refunded. If medical services were received during the 10-day period, and the applicant returns the contract to receive a refund of the premium paid, the applicant must pay for such services. Requests for termination of On-Exchange plans must be made at the Marketplace.

Coordination of benefits

CCHP's contract will be coordinated with benefits under any other policy or plan that provides benefits or services for medical, pharmacy, or dental care or treatment to an eligible covered person. Any such

policy or plan is called the Primary Plan. For specific coordination of benefits questions, please contact Customer Service at (844) 201-4672.

Annual Open Enrollment Period

The Annual Open Enrollment Period is the time frame when members may enroll themselves and eligible dependents, as determined by the Health Insurance Marketplace®. For 2025, the OE period is November 1, 2024 – January 15, 2025.

Effective Dates

- If an applicant selects coverage from November 1 – December 15, the effective date of coverage will be January 1, 2025. If the applicant applies between December 16 and January 15, the effective date of coverage will be February 1, 2025.

What to expect once the application is approved

After an application is approved, members will begin receiving the following documents via mail:

- Confirmation of Enrollment Letter, confirming important details regarding their enrollment
- ID cards for each member. It is important to note, ID cards for brand-new members will not be mailed until the binder payment is received.
- First month's premium invoice
- Welcome Packet, including helpful documents to ensure members get the most out of their CCHP plan

We ask that members review these documents closely for any errors, and contact us to correct promptly.

Special Enrollment Periods

A Special Enrollment Period is defined as a time outside the Annual Open Enrollment Period when you can sign up for health insurance.

60-day Special Enrollment Period

An applicant and eligible dependents may enroll during a 60-day Special Enrollment Period. To do so, the applicant must complete and sign an application for coverage and pay any required premium during the period.

The applicant's effective date of coverage will be determined based on the following:

- If the Special Enrollment Period is for birth, adoption, placement for adoption or placement in foster care, the effective date of coverage will typically be the date of birth, adoption, placement for adoption or placement in foster care.
- In the case of a newborn, including the newborn of a qualified dependent child, the applicant's newborn is covered from the moment of birth, after receipt of a claim for the birth.
- If the applicant is required to pay an additional premium to provide coverage for the newborn, then the applicant must notify CCHP and pay the required premium within 60 days of birth in order to continue coverage for the newborn beyond the initial 60-day period.
- If the applicant does not notify CCHP and pay the additional premium for the newborn within 60 days of birth, the applicant may still obtain coverage for the newborn on or before his/her first birthday by completing an application and paying any past-due premium.
- If there is no additional premium for the newborn, CCHP requests that the applicant notify CCHP of the birth of the applicant's newborn.
- If the Special Enrollment Period is for marriage or loss of minimum essential coverage, the effective date of coverage will typically be the first day of the month following the date of marriage or loss of minimum essential coverage.

If the Special Enrollment Period is for any other reason, the effective date of coverage will be determined based on when a plan is picked and is typically the 1st of the following month after a plan is picked. The Marketplace may designate an earlier effective date of coverage in certain circumstances.

Federally recognized tribe applicants

Members of federally recognized tribes and Alaska Native Claims Settlement Act (ANCSA) Corporation shareholders can enroll in coverage any time of year. There's no limited enrollment period for these individuals, and they can change plans up to once a month.

QLEs

Qualifying Life Events (QLEs)

A change in an applicant's situation, such as getting married, having a baby or losing health coverage, can make an applicant eligible for a Special Enrollment Period. A Special Enrollment Period allows the applicant to enroll in health insurance outside the Annual Open Enrollment Period. **CCHP follows the CMS rules and regulations regarding QLEs and SEPs for both On- and Off-Exchange applications.**

Qualifying Life Events include, but are not limited to:

- Loss of health coverage
 - Losing existing health coverage, including job-based, individual and student plans
 - Losing eligibility for Medicare, Medicaid or CHIP (Previous Medicaid members may be eligible for a longer SEP window due to the Medicaid unwinding)
 - Turning age 26 and losing coverage through a parent's plan
- Changes in household
 - Getting married or divorced
 - Having a baby or adopting a child
 - Death in the family
- Changes in residence
 - Moving to a different ZIP code or county
 - A student moving to or from the place they attend school
 - A seasonal worker moving to or from the place they both live and work
 - Moving to or from a shelter or other transitional housing
- Other Qualifying Life Events
 - Changes in income that affect the coverage the contract holder qualifies for
 - Gaining membership in a federally recognized tribe or status as an Alaska Native Claims Settlement Act (ANCSA) Corporation shareholder
 - Becoming a U.S. citizen
 - Leaving incarceration (jail or prison)
 - AmeriCorps members starting or ending their service

For full list of eligible QLEs, please visit healthcare.gov.



Premium payment options

Premium payment options

Members have payment options to keep their coverage. Members can pay their premium monthly by the following options:

- Pay Binder Payment at the time of application.
- Register and log in to their member portal (CCHP Connect) at **chorushealthplans.org** once they have their Member ID number.
- Pay by credit or debit card.
- Pay from a checking or savings account.
- Set up recurring payments with Customer Service (844) 201-4672.
- Mail a check or money order to:
Chorus Community Health Plans
Attn: P.O. Box 360190
Pittsburgh, PA 15251-6190
- To pay over the phone, call Customer Service at (844) 201-4672. Members can pay by credit card, checking or savings account, or debit card.

Due date and grace periods

The due date of the member's premium is indicated on their billing statement, which will arrive monthly. In order to keep the member's coverage in effect, the premium must be paid by the end of the applicable grace period after the premium due date.

- If CCHP does not receive the member's premium payment, their contract will terminate on the day immediately following the last day of the applicable grace period.

Grace period

There is a grace period beginning with the first day of the payment period during which the contract holder fails to pay the premium. The grace period is 30 days from the due date for Off-Exchange and On-Exchange unsubsidized members. Subsidized members receiving an advanced premium tax credit will have a three-month grace period (90 days). Members are required to pay the full three months of past-due premium by the end of their 90-day grace period to maintain active coverage with CCHP.

If the contract holder is receiving an advanced premium tax credit from the federal government, CCHP reserves the right to pend payment of all applicable claims that occur in the second and third month of the grace period.

**There is no grace period for unpaid binder payments when effectuating coverage.*

Reinstatements

Reinstatement requests for Off-Exchange members will be reviewed by CCHP upon receipt of request. On-Exchange members should request reinstatement of coverage through the Marketplace directly. CCHP follows internal policies and procedures while reviewing reinstatement requests. **It is important to note, termination due to non-payment of premium is not a qualifying reason for reinstatement of coverage.**



Changes to an existing plan

Type of change	On-Exchange plan	Off-Exchange plan
Demographic Changing phone number, email, address	Please contact the Marketplace at (800) 318-2596 or log in to your Marketplace account at healthcare.gov to process the change.	Please contact the Sales Team at (844) 459-6648. You can also email the request to CCHP-MemberSales@chorushealthplans.org.
Adding a dependent	<ul style="list-style-type: none"> Adding a dependent can only be done during Open Enrollment or with a Qualifying Life Event. To add a dependent to the plan, please contact the Marketplace at (800) 318-2596 or have the member log in to their Marketplace account at healthcare.gov to process the change. 	<ul style="list-style-type: none"> Adding a dependent can only be done during Open Enrollment or with a Qualifying Life Event. To add a dependent to the plan, a full application must be completed and faxed to (414) 266-1611 or emailed to CCHP-MemberSales@chorushealthplans.org.
Removing a dependent	To remove a dependent from the plan, please contact the Marketplace at (800) 318-2596 or have the member log in to their Marketplace account at healthcare.gov to process the change.	To remove a dependent from a plan, a written request must be faxed to (414) 266-1611 or emailed to CCHP-MemberSales@chorushealthplans.org.
Benefit changes	<ul style="list-style-type: none"> Benefit changes can only be done during Open Enrollment or with a Qualifying Life Event. To make a benefit change to the plan, please contact the Marketplace at (800) 318-2596 or have the member log in to their Marketplace account at healthcare.gov to process the change. 	<ul style="list-style-type: none"> Benefit changes can only be done during Open Enrollment or with a Qualifying Life Event. To make a benefit change to the plan, a full application must be completed and submitted through the Broker Portal or faxed to (414) 266-1611 or emailed to CCHP-MemberSales@chorushealthplans.org.
Removal of tobacco rating	To make a change to your tobacco status, please contact the Marketplace at (800) 318-2596 or have the member log in to their Marketplace account at healthcare.gov to process the change. <i>Note: This change can only be made during the annual open enrollment or if the member experiences a Qualifying Life Event/Special Enrollment Period.</i>	To make this change, a full application must be completed and submitted through the Broker Portal or faxed to (414) 266-1611 or emailed to CCHP-MemberSales@chorushealthplans.org. <i>Note: This change can only be made during the annual open enrollment or if the member experiences a Qualifying Life Event/Special Enrollment Period.</i>
Dependent aging off of plan (Transfer of coverage)	To remove a dependent child who is now ineligible due to age and transfer coverage to a new plan, please contact the Marketplace at (800) 318-2596 or process the change through the member's Marketplace account at healthcare.gov .	To remove a dependent child who is now ineligible due to age and wants to transfer coverage to a new plan, an application must be completed through the Broker Portal or faxed to (414) 266-1611 or emailed to CCHP-MemberSales@chorushealthplans.org. <i>Note: This change can only be made during the annual open enrollment or if the member experiences a Qualifying Life Event/Special Enrollment Period.</i>

Appeals and Prior Authorizations

Complaints and appeals

Members have the right to complain about services offered through Chorus Community Health Plans or the practitioners and providers in our network, or any other issue. They also have the right to file an appeal when they are unhappy with a decision that has been made by CCHP. At any time during the course of the complaint and appeal process, the member may choose to designate an authorized representative to participate in the complaint and appeal process on their behalf.

What if a member has a complaint?

The member may contact Customer Service at (844) 201-4672. Customer Service representatives are available during regular business hours, Monday through Friday. After CCHP receives their complaint, we will notify them of our decision within 30 days.

How to file an appeal

The member or the member's authorized representative can file an appeal within 180 days of CCHP's decision concerning any matter.

To file a formal appeal, the member or member's authorized representative should write down their concerns and email or mail their written appeal (in any form), along with copies of any supporting documents to CCHP. The member may submit their written appeal via mail or email to:

- Mail: Chorus Community Health Plans
P.O. Box 1997
Milwaukee, WI 53201-1997
- Email: CCHP-Appeals@chorushealthplans.org

We will respond to the member within five business days notifying them that the appeal was received. Depending on the type of appeal, either our appeals committee or specialist will review the appeal, investigate and provide the member with a decision within 30 calendar days of receiving the appeal.

Notification will include when the resolution may be expected and why additional time is needed. The total time for resolution will be no more than 45 days from the date the appeal was received. CCHP also offers an expedited appeals procedure for appeals that require immediate action. See the plan's Evidence of Coverage for more details.

What if the member disagrees with the decision?

The member may try to resolve their problem by taking the steps outlined above in the complaint and appeal process. They may also contact the Office of the Commissioner of Insurance, a state agency which enforces Wisconsin's insurance laws, and file a complaint. The member can contact the Office of the Commissioner of Insurance by writing to:

Office of the Commissioner of Insurance
Complaints Department
P.O. Box 7873
Madison, WI 53707-7873

The member can call (800) 236-8517 or email complaints@ociwi.state.us and request a complaint form.

External Review Program

When we have denied an appeal, the member may have the right to have our decision reviewed by an independent review organization external to CCHP. The member may file a written request for an external review within four months after the date of receipt of the notice of adverse benefit determination or final internal adverse benefit determination. To request an external review, they can call toll-free (888) 866-6205 to request an external review request form. Fax this form to (888) 866-6190, email the form to FERP@maximus.com, or mail to:

Maximus Federal Services
3750 Monroe Ave., Suite 705
Pittsford, NY 14534

**CCHP Dental members do not have access to the external review program.*

Prior Authorization process

A Prior Authorization is a process performed to determine whether the requested treatment or service is medically necessary, that such treatment or service will be obtained in the appropriate setting, and/or will be a covered service. Please see the plan's Evidence of Coverage for specific coverage questions or call Customer Service at (844) 201-4672.



Forms

Forms brokers need the most

Please visit our website at chorushealthplans.org/for-brokers/broker-forms for the most often requested forms mentioned in this Broker Guide.

- Health and dental enrollment forms
- Business associate agreement
- Agent of record (AOR) change form
- Autopay form
- Off-Exchange cancellation form

Health Insurance Portability and Accountability Act (HIPAA) privacy

As a business associate of Chorus Community Health Plans (CCHP) and as a representative working on behalf of each applicant, it is your responsibility to protect the confidential information you collect. HIPAA privacy and security regulations require that you, as a business associate, have the physical, administrative and technical safeguards in place to protect this information.

Please refer to the CCHP Privacy Policy online at chorushealthplans.org to understand how protected information is handled at Chorus Community Health Plans and how policyholders can exercise their individual rights under HIPAA.



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