



2022 Broker Guide

Children's Community Health Plan is now



We are 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 service. CCHP offers a variety of health insurance plans and services for adults and children at different ages and stages of life. We serve over 170,000 members in northeast and southeast 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 14 counties including Brown, Calumet, Door, Kenosha, Kewaunee, Manitowoc, Milwaukee, Oconto, Outagamie, Ozaukee, Racine, 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



Danielle Cotere

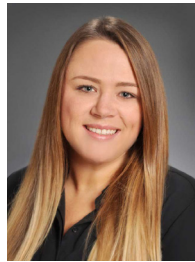
Director of Product Development and Sales

Danielle joined the CCHP team in 2015 - she moved from Operations to her current role in 2019 and also became a licensed agent at that time. Danielle is focused on ensuring Chorus Community Health Plans is the high-quality and member-friendly health plan of choice in the Wisconsin market.

Sales and Business Development Specialists



Andrew Capelle



Krystine Jacobs



Beth Schumacher

Broker support

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

Director of Product Development and Sales	Danielle Cotere	(414) 266-4951	dcotere@chw.org
Sales and Business Development Specialist	Andrew Capelle	(414) 266-4068	acapelle@chw.org
Sales and Business Development Specialist	Krystine Jacobs	(414) 266-4487	kjacobs@chw.org
Sales and Business Development Specialist	Beth Schumacher	(414) 266-4293	bschumacher@chw.org

Broker resources

Chorus Community Health Plans Broker Portal To access the Broker Portal, you need a Web browser and a computer with an Internet connection. Following are the supported browsers: Mozilla Firefox, Chrome, Safari, and Internet Explorer (version 8 or higher).	chorushealthplans.jet-insure.com
Correspondence address For routine and express deliveries	Chorus Community Health Plans Attn: Sales P.O. Box 1997, MS 6280 Milwaukee, WI 53201-1997
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
Ordering printed materials and forms Printed sales materials, forms and applications are available on our website or by request through CCHP-BrokerSupport@chw.org .	chorushealthplans.org/Brokers
Commissions	Contact your General Agent.
Broker appointment and contract support	Email: CCHP-BrokerSupport@chw.org

Becoming appointed

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

- **Broker Resources**
Bob Dalla Santa
Phone: (414) 766-9470
Email: Bob@brokerresources.com
- **Milwaukee Brokerage Employee Benefits**
Lorenzo Draghicchio
Phone: (414) 961-4900
Fax: (414) 961-2411
Email: Lorenzo@milwaukeebrokerage.com
- **Cyganiak Planning**
Monica Davis
Phone: (262) 783-6161
Email: mdavis@cyganiakplanning.com
- **Transition Health Benefits**
Todd Catlin
Phone: (262) 439-4560
Email: todd@thbwi.com

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 above.
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 login.
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@chw.org**.

Commissions

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

Quality health care close to home

Our service area also includes in-network specialists, pharmacists and chiropractors, making it easier to find care close to home.

A provider search tool for all your needs

It is important to verify that your provider is still 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

CALUMET COUNTY

Ascension Calumet Hospital

DOOR COUNTY

Door County Medical Center

MANITOWOC COUNTY

Holy Family Memorial Medical Center

OCONTO COUNTY

Bellin Health Oconto Hospital

OUTAGAMIE COUNTY

Ascension NE Wisconsin – St. Elizabeth Campus

WINNEBAGO COUNTY

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

Network hospitals in our

SOUTHEAST WISCONSIN service area include:

KENOSHA COUNTY

Froedtert Kenosha Hospital
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 – St. Joseph Campus
Ascension St. Francis Hospital
Children's Wisconsin Hospital
Froedtert Hospital and the Medical College of Wisconsin
Midwest Orthopedic Specialty Hospital – Franklin
Orthopaedic Hospital of Wisconsin – Glendale
Rogers Behavioral Health – Brown Deer
Rogers Behavioral Health – West Allis

OZAUKEE COUNTY

Ascension Columbia St. Mary's Hospital Ozaukee

RACINE COUNTY

Ascension All Saints Hospital – Spring Street Campus
Ascension All Saints Hospital – Wisconsin Avenue Campus

WASHINGTON COUNTY

Froedtert West Bend Hospital

WAUKESHA COUNTY

Ascension SE Wisconsin Hospital – Elmbrook Campus
Froedtert Menomonee Falls Hospital

ProHealth Oconomowoc Memorial Hospital NEW for 2022!

ProHealth Rehabilitation Hospital of Wisconsin NEW for 2022!

ProHealth Waukesha Memorial Hospital NEW for 2022!

Rogers Behavioral Health

Don't see a provider listed here? Go to our website at chorushealthplans.org and search our Provider Directory to see if they are in our network.



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.

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.

NEW FOR 2022! 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

CCHP on Call with 24/7 MD consultations

Chorus Community Health Plans (CCHP) offers our members a no-cost nurseline called CCHP on Call. Members can call a registered nurse for free, 24 hours a day, 7 days a week. There's no extra cost for this service, and the nurse may be able to answer questions, triage symptoms and provide care recommendations or determine if an MD consultation is more appropriate. Doctors may be able to diagnose the condition, provide at-home treatment recommendations and send a prescription to a local pharmacy. Members can reach CCHP on Call at (877) 257-5861.

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.

Other programs

Additional programs available include Healthy Mom, Healthy Baby for prenatal care coordination and Freespira for panic disorder management.



Incentives for members

CCHP members who enroll during the 2022 plan year are eligible to receive an enrollment incentive.

Eligibility guidelines:

1. Annual physical

The covered contract holder and covered spouse are eligible for an incentive of \$20 if they receive their annual physical from an in-network provider during the 2022 calendar year.

2. CCHP Connect Member Portal

The covered contract holder is eligible for a one-time incentive of \$20 if they register within 90 days of their effective date.

3. Health Risk Assessment

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

Members are also eligible for additional incentives through specific programs, including up to \$100 through the Diabetes Incentive Program, \$90 through the Healthy Mom, Healthy Baby incentive program and \$25 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.

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 age 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 month in which the child turns age 26, except for a child who is, and continues to be, both incapable of self-sustaining employment by reason of mental or physical incapacity and chiefly dependent on the contract holder for support and maintenance.
- 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 the following under Account on the left side menu:

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

3

Getting a quote

To obtain a quote, locate the Get Quote button located on the right-hand side 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.

For additional questions on obtaining a quote and navigating your Broker Portal, please contact our Broker Support team at **CCHP-BrokerSupport@chw.org**.

Chorus Community Health Plans Enrollment

The Annual Open Enrollment Period will run
November 1, 2021 – January 15, 2022

Enroll by **December 15, 2021**, for coverage **effective January 1, 2022**.

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, MS 6280
Milwaukee, WI 53201-1997
- Fax: (414) 266-1611
- Email: CCHP-MemberSales@chw.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.

Coordination of benefits

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®.

Effective Dates

- If an applicant selects coverage during the Annual Open Enrollment Period from November 1 – December 15, the effective date of coverage will be January 1 of the following year. In the case that the Annual Open Enrollment Period is extended, additional effective dates may be provided.

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 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 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.
- If the applicant is required to pay 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 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 as follows:

Date applicant selects plan	Effective date
Days 1 - 15 of month	First day of following month*
Days 16 - last day of month	First day of the second following month*

**The Federally Facilitated Marketplace or CCHP may designate an earlier effective date of coverage in certain circumstances.*

- For example:
 - If the applicant selects coverage on March 9, the applicant's effective date will be April 1.
 - If the applicant selects coverage on March 20, the applicant's effective date will be May 1.
 - A contract holder must have coverage in effect for a dependent's coverage to become effective.

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 and Premium payment options

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.

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
 - 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 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 a full list of eligible QLEs, please visit [healthcare.gov](https://www.healthcare.gov).

Premium payment options

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

- Pay at the time of application.
- Register and log in to their member portal (CCHP Connect) at [chorushealthplans.org](https://www.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, 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.
- Except for the member's first premium, any premium not paid to CCHP by the due date is in default.

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 from the federal government 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.

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 complete the Member Change Form and fax to (414) 266-1611 or email to CCHP-MemberSales@chw.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@chw.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 Member Change Form and application must be completed and faxed to (414) 266-1611 or emailed to CCHP-MemberSales@chw.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@chw.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.	<ul style="list-style-type: none"> The member must certify they used tobacco products fewer than four times per week for six months. They will need to complete and submit a Tobacco Usage Affidavit form (available under the Broker Forms section at chorushealthplans.org/brokers) for the tobacco surcharge to be removed the following month.
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@chw.org.

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

Chorus Community Health Plans
P.O. Box 1997, MS 6280
Milwaukee, WI 53201-1997

We will send the member a letter 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.

- Member change form/application
- 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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