



March 2023

## What's Inside

- [Provider Portal Announcement for Medicaid](#)
- [CCHP's Transitional Care Program](#)
- [CMS Medicaid Redetermination Notice](#)
- [Chorus Community Health Plans Access Standards](#)
- [Chorus Community Health Plans HEDIS Update](#)
- [CCHP Corrected Claims Reminder](#)
- [BadgerCare Plus Claims Reminder](#)
- [CCHP EFT and ERA Reminder](#)
- [Cultural Competency Resources for Providers](#)
- [Important Reminders](#)
  - [View up-to-date COVID-19 information](#)
  - [CCHP Contact Reminders](#)
  - [Subscribe to our Provider Newsletter](#)

---

## Provider Portal Announcement for Medicaid

As a reminder to our providers, on **January 1, 2023**, **Chorus Community Health Plans Medicaid** accepts appeals via the portal *only*. This change will help expedite your appeal and should help avoid issues that can occur with a paper copy.

We **no longer accept paper appeals and will return rejected appeals to providers** instructing you to submit via the portal after January 1, 2023.

If you are not registered for the portal, please do so immediately. Portal access and Information can be found on our website at <https://chorushealthplans.org>:

- Select "Providers," then provider portal in the dropdown.
- Choose Badgercare Plus Claims Look-Up Tool and select "sign up."

Registration guide and user guide can also be found on the portal page.

**\*\*Please note:** Administrators will be responsible for setting up their organization's prior to individual users registering. Once Chorus Community Health Plans approves the administrator, they can then have their individual users register. The administrators will be responsible for approving their individual users. Individual users will not have access until their administrator approves.

If you have any questions, please send a detailed email with your user name, NPI number, and tax ID number to [CCHPProviderRelations@ChorusHealthPlans.org](mailto:CCHPProviderRelations@ChorusHealthPlans.org).

[Back to Top](#)

---

## CCHP's Transitional Care Program

As a provider, we would like you to be familiar with the Transitional Care Program at Chorus Community Health Plans.

The Transitional Care Program is here to help members successfully transition from inpatient settings to lower levels of care at the time of hospital discharge. Members qualify for this program automatically when admitting to any inpatient level of care and participate in the program by receiving a post-discharge call from one of our case managers and engaging in a conversation about discharge instructions, needs, services, and benefits. Our case managers can help coordinate care, find providers, assist with social determinants of health needs, provide formal case management if the member would like, and much more.

Members can opt out of the program simply by informing the case manager that they are not interested in the service; no further transitional care calls will be made for this or future hospitalizations. We encourage all members to speak with a case manager after each hospitalization to make sure they get the help they need at the time they need it.

We ask that you also encourage your patients who are CCHP members to pick up the phone when CCHP calls after an inpatient stay and work with the case manager on determining next steps. These conversations are not focused on reducing inpatient utilization except insofar as getting needed help, avoiding/managing life crises, and getting coordinated care may result in decreased hospital utilization. The transitional care program is member centric and exists to support the member's health and independence.

[Back to Top](#)

---

## CMS Medicaid Redetermination Notice

### **Chorus Community Health Plans Medicaid Redetermination Notice**

Chorus Community Health Plans partners with our providers to ensure our members receive the best care possible by providing the resources and information they need for their health care coverage. We have an update from the Centers for Medicaid and Medicare Services (CMS) that impacts the members enrolled in our Medicaid plan.

The Centers for Medicaid and Medicare Services (CMS) requires all state Medicaid agencies to resume redetermination activities between February 1, 2023, and April 1, 2023. Redetermination efforts will start to increase in the coming weeks.

Medicaid enrollees received uninterrupted health care coverage without proof of eligibility requirements because of the COVID-19 public health emergency. Here are some resources you may need to better understand Medicaid Redetermination, and to share with members so they understand what this means for their health care coverage:

- [COVID-19 Unwinding Resources for Providers](#)

- [Unwinding Partner Toolkit](#)

If you have any questions, please reach out to the Provider Relations team at [CCHPPProviderRelations@chorushealthplans.org](mailto:CCHPPProviderRelations@chorushealthplans.org).

[Back to Top](#)

---

## Chorus Community Health Plans Access Standards

To maintain the best possible care for our members, we have established standards — ensuring our members have continuous access to quality health care services. Chorus Community Health Plans is committed to maintaining a network of practitioners that is able to meet the needs of the members we serve, which is why we offer an opportunity to review our [Access Standards on our website](#) at any time.

We want to ensure quality standards for our providers and our members. We promise:

- Our network providers' hours of operation do not discriminate against BadgerCare Plus Standard or Benchmark members.
- Translation services if a provider does not speak the member's language.

[Visit our website to learn more about Chorus Community Health Plans Access Standards.](#)

[Back to Top](#)

---

## Chorus Community Health Plans HEDIS Update

**We began requesting medical records in January via fax and email to your**

**office.**

The fax will always contain:

- A cover letter with contact information your office can use to contact us if there are any questions
- A member list, which includes the member and HEDIS measure(s) the member was selected for
- An instruction sheet listing the details for each HEDIS measure.

As a reminder, under HIPAA, releasing PHI for HEDIS data collection is permitted and does not require patient consent or authorization. HEDIS and release of information is permitted under HIPAA since the disclosure is part of quality assessment and improvement activities [45 CFR 164.506(c) (4)]. For more information, visit [www.hhs.gov/ocr/privacy](http://www.hhs.gov/ocr/privacy).

HEDIS review is time sensitive, so please submit the requested medical records within 7-14 business days. To return the medical record documentation back to us in the recommended 7-14 day turnaround time, simply choose one of these options:

1. CiOX Smart Request for Chorus Community Health Plans # 1986806
2. Send a secure fax to 414-266-4721
3. Email: [ABavuso@chorushealthplans.org](mailto:ABavuso@chorushealthplans.org)
4. Mail to: Chorus Community Health Plans, Quality Improvement Department, P.O. Box 1997 MS 6280 Milwaukee, WI 53201-1997
5. CCHP QI staff will also be available to come on-site to retrieve medical records at your convenience

If you have any questions, please contact Alison Bavuso at [ABavuso@ChorusHealthPlans.org](mailto:ABavuso@ChorusHealthPlans.org) or by phone at 414-266-4116.

Thank you in advance for your support of HEDIS.

*HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).*

**Back to Top**



# Chorus Community Health Plans Corrected Claims Reminder

Please review our corrected claim guidelines which can be found on our [website](#).

The following are the top reasons for corrected claims in our inventory.

- New patient corrected to an established patient
- Excludes 1 diagnosis edits not followed
- NCCI bundling edits not followed
- Missing/inappropriate modifier
  - Missing anatomical modifier on procedure codes
  - Missing telehealth modifier when billed in telehealth place of service
  - Laterality modifier does not match diagnosis laterality

If you are submitting more than 250 corrected claims at one time, please reach out to the Provider Relations Department to let them know so we can process as a project by email at [CCHPProviderRelations@chorushealthplans.org](mailto:CCHPProviderRelations@chorushealthplans.org).

[Back to Top](#)

---

## CCHP Electronic Claims Transmission: BadgerCare Plus Confirmation Portal

### What is the Confirmation Portal?

Chorus Community Health Plans provides confirmation on all new claims submissions for network providers. For every claim received by CCHP, whether it is filed on paper or through Electronic Claims Transmission (ECT), a receipt confirmation is generated and available to the provider.

Providers who have access to the claims confirmation portal can:

- Confirm if their claims were received by Chorus Community Health Plans and entered into the claims processing system, whether submitted on paper or electronically.
- Receive an electronic report of rejected claims.

- Review an up-to-date list of all submitted claims. Chorus Community Health Plans generates a nightly report of all received claims for that day.
- Look up coding rationale for claim denials.

### **Resubmitting a claim:**

For each claim that doesn't pass the initial editing process, there is an associated error reason that shows why the claim didn't pass. Based on the error reason, the provider will need to make necessary changes and resubmit the claim within the allotted time frame agreed upon in their contract.

### **Registering for the Confirmation Portal:**

Before a provider can access the portal, a Provider Relations Representative will need to verify the provider is an in-network provider. Once verified, the Representative will email the provider instructions for registering. Please reach out to your Provider Relations Representative via email at

[CCHPPProviderRelations@chorushealthplans.org](mailto:CCHPPProviderRelations@chorushealthplans.org) and provide them with the following:

- Provider and clinic name
- Address, city, state and zip code
- Tax ID number
- NPI number
- Contact name and email address

[Back to Top](#)

---

## **EFT and ERA Reminder**

Chorus Community Health Plans would like to remind you of the vendors and websites to use for EFT's and ERA's.

- For Badgercare Plus, please visit our vendor [Change Health Care's website](#).
- For our Individual and Family Plan, please use CCHP's provider portal. If you need to register for the portal, [visit the link and complete the following](#).

---

## Cultural Competency Resources for Providers

The importance of cultural competence is not irrelevant, it is as important to the outcome of your patients as the mortality and morbidity rates and anything that you do in terms of pharmacology or surgical procedures that are done for patients. In order to treat the patient effectively you need to develop a treatment plan that the patient understands and is motivated to follow. For that to happen it takes a relationship that is built around trust and the cultural competence of the provider.

The US Department of Health and Human Services offers free, continuing education e-learning programs designed to help you provide culturally and linguistically appropriate services. There are many opportunities designed for most health care providers such as:

### **Licensed Alcohol and Drug Counselors, Nurses, Psychiatrists, Psychologists and Social Workers**

This program will help behavioral health professionals to become more aware of their cultural identity and the cultural identity of their clients to increase their ability to engage, assess and treat clients from diverse backgrounds. A small group option to help you deliver the content as an in-person training session is also available.

### **Physicians, Nurse Practitioners and Physician Assistants**

This program will teach you key elements of culturally and linguistically appropriate services (CLAS) and ways to incorporate CLAS into your daily work. Topics covered include patient-centered care and effective communication.

### **Health Care Administrators and Providers**

This Communication Guide will help you and your organization interact more effectively with culturally and linguistically diverse individuals. The Guide covers strategies for communicating in a way that considers the cultural, health literacy and language needs of your patients and their families.



## Oral Health Professionals

This program will offer you the knowledge and awareness necessary to provide culturally and linguistically appropriate services (CLAS) to your patients. Topics covered include practice management and effective communication. A small group option to help you deliver the content as an in-person training session is also available.

Please [visit our website](#) and select "Physician's Practical Guide to Culturally Competent Care" to learn more.

[Back to Top](#)

---

# Important Reminders

## Review CCHP's Telehealth Policy & COVID-19 Updates

CCHP is working hard to stay up-to-date with the latest Telehealth and COVID-19 information for our providers. Remember to review our designated [Telehealth and COVID-19 web page](#) for important information and updates. You may also reference our [Telehealth Billing Guide](#).

---

## CCHP Contact Reminders

To better assist our Providers please use the following contact information and resources regarding any questions you may have:

- **Provider Relations:** Please contact customer service first for assistance.
  - Medicaid (800) 482-8010
  - Individual and Family Plan (844) 202-0117
- **Provider Contracting:**
  - New providers: Complete [Letter of Interest form](#) which can also be found on our website

- For claims portal assistance or other concerns email [CCHPPProviderRelations@chorushealthplans.org](mailto:CCHPPProviderRelations@chorushealthplans.org) or call (844) 229-2775
- **Provider Demographic Updates:**  
Complete the appropriate forms and email to the address below:
  - [Medicaid](#) form
  - [Individual and Family Plan](#) form
  - [CCHP-ProviderUpdates@chorushealthplans.org](mailto:CCHP-ProviderUpdates@chorushealthplans.org)
- **Provider Portal Registration:**
  - 414-266-4522
- **CareWeb Authorization Tool:**
  - [CCHP-PortalReg@chorushealthplans.org](mailto:CCHP-PortalReg@chorushealthplans.org)
- **Member Advocates:**
  - [CCHPAdvocates@chorushealthplans.org](mailto:CCHPAdvocates@chorushealthplans.org)
- Questions regarding your contract? Email [CCHP-Contracting@chorushealthplans.org](mailto:CCHP-Contracting@chorushealthplans.org)
- **Provider Credentialing:**
  - [CCHP-Credentialing@chorushealthplans.org](mailto:CCHP-Credentialing@chorushealthplans.org)
- **Clinical Services:**
  - (414) 266-4522
  - [CCHP-ClinicalServices@chorushealthplans.org](mailto:CCHP-ClinicalServices@chorushealthplans.org)

[Back to Top](#)

---

## Subscribe to Our Newsletter

*Copyright © 2023 Chorus Community Health Plans, All rights reserved.*

Chorus Community Health Plans (CCHP), owned by [Children's Hospital of Wisconsin](#), is an HMO dedicated to providing access to the highest quality health care and services.

Want to change how you receive these emails?  
You can [update your preferences](#) or [unsubscribe from this list](#)

