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Help Your Medicaid Patients Through Unwinding

Medicaid renewals are starting and we need your help supporting our members. It is critical that we help our Medicaid members renew their Medicaid benefits so they don't lose their health coverage and continue to receive uninterrupted care.

When Medicaid redeterminations resume, most Medicaid recipients will need to go through a redetermination, or renewal, process to keep their Medicaid eligibility and benefits. We need your help to ensure your Medicaid patients don't lose coverage.

[Find out how you can help our members](#) on our website.

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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.

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Provider Recredentialing Notice

To assist practitioners with the challenges to timeliness during COVID, CCHP had extended the recredentialing cycle by two months, going from 36 months to 38 months during the Public Health Emergency (PHE).

With the PHE set to expire in May 2023, CCHP will return to the 36 month cycle as designated by law, therefore any practitioner who does not submit their completed recredentialing application within the cycle will be terminated.

APNP – Collaborative Agreement

In compliance with the executive order during the Public Health Emergency, CCHP had waived the collaborative agreement requirement for APNPs. With the PHE set to expire in May 2023, CCHP will once again require a Collaborative Agreement per Wisconsin State law.

APNP's without a **collaborative agreement by May 18, 2023** will receive a summary suspension of their network privileges.

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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 CCHPPProviderRelations@ChorusHealthPlans.org.

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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 CCHPPProviderRelations@chorushealthplans.org.

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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

CCHPProviderRelations@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

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
 - For claims portal assistance or other concerns email CCHPProviderRelations@chorushealthplans.org or call (844) 229-2775
- **Provider Demographic Updates:** Complete the appropriate forms and email to the address below:
 - [Medicaid](#) form
- **Provider Contracting:**
 - New providers: Complete [Letter of Interest form](#) which can also be found on our website
 - Questions regarding your contract? Email CCHP-Contracting@chorushealthplans.org
- **Provider Credentialing:**
 - CCHP-Credentialing@chorushealthplans.org
- **Clinical Services:**
 - (414) 266-4522

- [Individual and Family Plan](#) form
- [CCHP-ProviderUpdates@chorushealthplans.org](#)
- [CCHP-ClinicalServices@chorushealthplans.org](#)
- **Provider Portal Registration:**
 - 414-266-4522
- **CareWeb Authorization Tool:**
 - [CCHP-PortalReg@chorushealthplans.org](#)
- **Member Advocates:**
 - [CCHPAdvocates@chorushealthplans.org](#)

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