



Provider Notes

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CCHP and Dean Health Plan Partner in Southeastern Wisconsin

Dean Health Plan is subcontracting with CCHP to expand their services to Southeastern Wisconsin. Dean Health Plan will be offered as a Title 19 HMO to members living in Milwaukee, Racine, Kenosha and Waukesha counties. Through the subcontract with CCHP, Dean Health Plan members will access the CCHP provider network and follow all the CCHP policies and procedures. Pending a final approval date from the Wisconsin Department of Health and Family Services, Dean Health Plan is tentatively scheduled to be offered to Medicaid and BadgerCare members in Milwaukee, Racine, Kenosha and Waukesha counties January 1, 2007. The addition of Dean Health Plan will provide another option for Medicaid and BadgerCare recipients to the current existing HMOs in Southeastern Wisconsin.

How will Dean Health Plan impact you as a provider?

Dean Health Plan members, living in Southeastern Wisconsin, will access the CCHP provider network. This is possible through the agreement CCHP has with its providers in Article 1, Section 1.9, under the description of "Program". In this section it allows for provider participation in any of the Programs offered by CCHP, including subcontracts with other HMOs.

From an operational perspective, this addition will be seamless to CCHP providers. Members that select or are auto assigned to Dean Health Plan in Milwaukee, Kenosha, Racine and Waukesha counties will have the Forward Card. When a provider office swipes the Forward Card or calls EDS for eligibility, the HMO identifier of Dean Health Plan will appear. As a result, members will be able to access services at your clinic. **If you are provider for CCHP, you will also be a provider for Dean Health Plan in Southeastern Wisconsin.**

Dean Health Plan will follow all the same policies and procedures that CCHP currently has in place today.

- ◆ No referrals required from Primary Care Physicians to In-network Specialists
- ◆ Dean in Southeastern Wisconsin will follow the CCHP notification list
- ◆ Dean in Southeastern Wisconsin will follow the CCHP pharmacy formulary
- ◆ Claims will still be sent to PO Box 56099, Madison, WI 53705
- ◆ Physician provider numbers and clinic vendor numbers will remain the same
- ◆ Reimbursement is the CCHP reimbursement

Proper Use of Provider Numbers & Vendor Numbers

Effective January 1, 2007, providers must bill CCHP with their assigned provider number and vendor number. Claims that are submitted for processing without the proper provider numbers and vendor numbers will be returned to the provider.

With the implementation of NPI, provider numbers and vendor numbers will be replaced with the NPI numbers. Until NPI is fully implemented it is very important that providers submit claims with their assigned provider and vendor numbers so claims are paid quickly and correctly.

If you have questions regarding your individual physician's provider number or clinic vendor number please contact Provider Relations at 414-266-3898, or jantholine@chw.org.

The image shows a standard Health Insurance Claim Form (1500) with various sections for patient information, provider details, and insurance coverage. The form is titled "HEALTH INSURANCE CLAIM FORM" and includes fields for patient name, address, date of birth, sex, and insurance policy information. It also includes a section for provider information, including name, address, and NPI number. The form is divided into several columns and rows, with checkboxes and text boxes for data entry.

“... January 1, 2007, providers must bill . . . with their assigned vendor number “

Send Us Your NPI's

The Health Insurance Portability and Accountability Act (HIPAA) provides an important regulatory safeguard for the privacy of health information. This act mandates a National Provider Identifier (NPI) for health care providers.

All HIPAA covered health care providers, whether they are individuals or organizations must obtain an NPI for use to identify themselves in HIPAA standard transactions. Once enumerated, a provider's NPI will not change. The NPI remains with the provider regardless of job or location changes.

CCHP would like to receive your NPIs so that we can map them into our systems. We are using the HIPAA COW standard file formats to capture your Type 1 (Individual) and Type 2 (Organizational) NPIs. All you need to do is download the instructions and Excel templates from the CCHP web site, www.childrenschp.com. Once on the web site, click on Information for Providers, and NPI Documents will appear. Then click on NPI Documents and it will take you to the NPI Section. Finally click on “Send Us Your NPIs” and it will allow you to access the NPI instructions and spreadsheets. When you complete the spreadsheets, email them back to CCHP using the email address listed.

CCHP asks that your office provides us with your NPI numbers in the format requested by February 1, 2007. If you have any questions, please contact CCHP Provider Services at 1-800-482-8010.

Pharmacy and Non Formulary Requests

Providers can find information on CCHP's Pharmacy benefit and drug policies on the CCHP web site www.childrenschp.com. For non-formulary requests providers can use the generic PA form otherwise the specific PA forms are on the web site. The specific PA forms include on them the clinical criteria that is needed for approval.

Pharmacy - Microsoft Internet Explorer provided by Children's Health System

File Edit View Favorites Tools Help

Address <http://www.childrenschp.com/display/PPF/DocID/34541/router.asp> Go Links »

Information for Providers

guide provide information regarding the medications in various therapeutic classes for use in administering the prescription drug benefits for our members.

Pharmacy

[Quick Reference Drug List \(PDF\)](#)
[CCHP Drug Cost Guide \(PDF\)](#)

Find a Provider

Privacy Policy

Site Index

Drug Formulary and Exclusion List

The Drug Formulary document contains information about all of the drugs on CCHP's Formulary List. The document reflects if the drug is included in the formulary or if it is not covered. The exclusion list contains those medications that are not included in the formulary.

[CCHP Formulary \(PDF\)](#)
[CCHP Drug Exclusion List \(PDF\)](#)

Prior Authorization List

Selected medications require prior authorization to be eligible for coverage and are on the prior authorization and restricted list. The individual Prior Authorization Forms are developed from our drug policies and include the criteria needed for approval and should be printed, completed and faxed by the physician to request review for coverage determination.

CCHP reserves the right to review and amend/update these guidelines as needed.

Information provided on this Web site, and any other CCHP Web site, is not intended or implied to be a substitute for professional medical advice. If you have specific health care needs, please consult your health care professional.

- [CCHP Prior Authorization and Restricted List](#)
- [Aciphex](#)
- [Allegra](#)
- [Ambien](#)
- [Aranesp](#)
- [Avita and Retina-A](#)
- [Byetta](#)
- [Celebrex](#)

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Important Billing Requirements for HealthChecks

One of the two following diagnosis codes **MUST** be used when billing for HealthChecks.

1. V20.2 – Routine Infant or Child HealthCheck
2. V70.3 – Adult over 18 years of age

Claims with incorrect diagnosis codes will not be paid and cannot be recorded as a HealthCheck with the Wisconsin Department of Health and Family Services. CCHP's contract with the State of Wisconsin requires at least 80 percent of Medicaid children enrolled in the HMO receive age appropriate HealthCheck screenings. HealthCheck screenings are designed to ensure Medicaid enrollees under the age of 21 receive regular, comprehensive preventive health care.

HealthCheck exams should be coded with any of the following preventive care CPT codes:

New Patient

- 99381* Initial preventive medicine visit, age under 1 year
- 99382* Initial preventive medicine visit, age 1 through 4 years
- 99383* Initial preventive medicine visit, age 5 through 11 years
- 99384* Initial preventive medicine visit, age 12 through 17 years
- 99385* Initial preventive medicine visit, age 18 to 21 years

Established Patient

- 99391* Periodic preventive medicine, age under 1 year
- 99392* Periodic preventive medicine, age 1 through 4 years
- 99393* Periodic preventive medicine, age 5 through 11 years
- 99394* Periodic preventive medicine, age 12 through 17 years
- 99395* Periodic preventive medicine, age 18 to 21 years
- 99431* History and examination of normal newborn infant, initiation of diagnostic and treatment programs and preparation of hospital records.
- 99432* Normal newborn care in other than hospital or birthing room setting, including physical examination of baby and conference(s) with parent(s).
- 99435* History and examination of normal newborn infant, including preparation of medical records.



* These codes do not need a modifier.

Billing for HealthChecks continued. . .

Do not apply any modifiers to the HealthCheck codes other than the ones listed below.

Provider type	Modifier	Modifier description
Physicians, Physicians Assistants, Independent	UA	Medical referral

Provider type	Modifier	Modifier description
HealthCheck Nursing Agencies (Local Public Health Agencies)	EP	Indicates that interperiodic screens, outreach and case management, and lead inspection services were provided as part of EPSDT
	TS	Indicates follow-up services to an environmental lead inspection

Lead Screenings are an important component of the HealthCheck. Children with a lead blood level that exceeds 20-mg/dl must be referred to the Local Health Department.

Lead Screening

Blood lead testing is an important component of the BadgerCare/Medicaid Health check exam. Providers are required to perform blood lead testing for BC/MA children at 1 and 2 years of age. A child with no record of a blood lead test at age 1 or 2 should be tested once between the ages of 3 and 5 years.

According to the Wisconsin Childhood Lead Poisoning Plan 2010 published on July 30, 2004, the rate of lead poisoning among Wisconsin children is nearly three times the national average. Children covered under the Medicaid and BadgerCare programs are at a greater risk of being exposed to lead due to living in older housing.

Information from the DHFS show that despite current efforts, screening rates are not at desired levels, leaving many children at risk of a preventable exposure that will have lifelong consequences. Screening for lead exposure is one way providers may have truly life-changing impact on a patient's well being. Please help us ensure that children are getting these tests when appropriate.



Medicaid Identification (ID) Card

Medicaid/Badger Care members receive a "Forward" Medicaid ID card upon initial enrollment into the Wisconsin Medicaid or Badger-Care Programs. Each individual family member receives his or her own individual ID number and card. Medicaid ID cards are in any of the following formats:

- ◆ Blue plastic Forward cards (standard).
- ◆ Green Temporary paper cards.
- ◆ Beige Presumptive Eligibility (maternity) paper cards.

Members are encouraged to always keep their cards even though they may have periods of ineligibility. It is possible a member will present a card when he or she is not eligible; therefore, it is essential providers confirm eligibility before providing services.

If a card is lost, stolen or damaged, Wisconsin Medicaid will replace the card at no cost to the member. Members should contact EDS Recipient Services at 1-800-362-3002, for replacement cards.

Children's Community Health Plan will not issue members a separate ID card; the Forward card will serve as their insurance card.

The Forward card includes the member's name,

Visit the CCHP Web Site to Get the Information you Need!

At www.childreuschp.com you can:

- ◆ Get an overview of CCHP
- ◆ Access the Provider Manual
- ◆ View the CCHP Provider Directory
- ◆ Learn about the pharmacy program, view the online formulary, and access the pharmacy prior authorization list

CCHP Provides Transportation for Members in Milwaukee County

In Milwaukee County, CCHP provides transportation to members through American United Taxi. Members can arrange for a ride to a medical appointment by calling CCHP Customer Service directly at 1-800-482-8010.



10-digit Medicaid ID number, magnetic stripe, signature panel, and the EDS Recipient Services telephone number.

The card also has a unique, 16-digit card number on the front. This number is for internal use only and is not used for billing. The card does not need to be signed to be valid, although adult members are encouraged to sign their cards. Providers may use the signature as another means of identification.

Temporary and Presumptive Eligibility Cards

Temporary cards are issued on green colored paper and Presumptive Eligibility cards are issued on beige colored paper. These members are covered by Fee-for-Service, not CCHP. Providers should make a copy of the member's temporary card in the event a claim denies.

CCHP Covers Topical Application of Fluoride For Children

CCHP reimburses providers for the topical application of fluoride. These applications can be provided by nurses and dental hygienists at certified HealthCheck nursing agencies, or by physicians, physician assistants and nurse practitioners.



Topical application of fluoride to a child's teeth is a safe and effective way to contribute to the prevention of tooth decay as part of a comprehensive oral health program.

Wisconsin Medicaid recommends that children under five years of age who have erupted teeth receive topical fluoride treatment. Children at low or moderate risk of early childhood caries should receive one or two applications per year; children at higher risk should receive three or four applications per year.



Reminders

- ◆ CCHP is available to Medicaid AFDC and Badger-Care eligible **children and adults** living in Milwaukee, Waukesha, Racine and Kenosha counties. Although CCHP is wholly owned by Children's Hospital and Health System it is not only for children, it covers the whole family!
- ◆ **Billing with modifiers**
When billing with more than one modifier make sure to list the modifier that will enhance the payment of the claim in the first modifier field. For example, if billing 99212 with a TH and AQ modifier, the AQ modifier should be listed first, then followed by the TH modifier
- ◆ **CCHP Has an After Hours NurseLine that is** for members that have questions regarding a health concern and their doctor's office is closed. The number is 1-877-257-5861.



Enrollment Update

As of December 1, 2006, CCHP has 4,624 members. Enrollment by county is the following:

Kenosha: 547 members

Milwaukee: 2,749 members

Racine: 960 members

Waukesha: 368 members



Use CCHP's Integrated Voice Response!

Children's Community Health Plan (CCHP) has an integrated voice response (IVR) system to answer provider calls 24 hours a day, seven days a week. Providers can obtain the following information through IVR:

Member Eligibility - To check member eligibility, enter the 10 digit member number for Medicaid & Badger Care members off their Forward card. Once the member number is entered, and the member's date of birth is verified, it will give you information pertaining to eligibility:

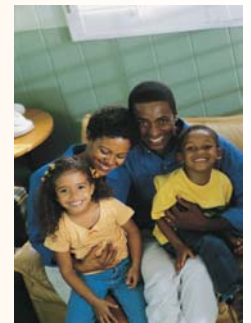
- ◆ Effective & expiration dates of the member's policy
- ◆ The Primary Care Practitioner/Clinic

Claims Status - To check claims status, you will be prompted to give the member number and verify the member's date of birth, your CCHP provider number, and the date of service in question. This option will give you the following information:

The receipt date of the claim

- ◆ If the claim is currently in review and the approximate processing time
- ◆ Reason for an error on a claim
- ◆ If the claim has been denied
- ◆ If full or partial payment has been made
- ◆ The process date of the claim, whom the claim was paid to
- ◆ If CCHP does not have record of a claim

*“Children's
Community
Health Plan
(CCHP). . . is not
only for children,
it covers our
whole family!”*



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Provider Service:

Telephone: (800) 482-8010

Hours: Monday - Thursday 7:30 a.m. - 5:00 p.m.
Friday 8:00 a.m.- 4:30 p.m.

Claims Mailing Address:

Children's Community Health Plan
PO Box 56099
Madison, WI 53705

Provider Changes: Submit requests in writing to:

CCHP Provider Relations, MS6280
PO Box 1997
Milwaukee, WI 53201



Please Let Us Know if you have a Provider Change or Update

It is important that CCHP is notified of provider changes on a timely basis. This includes adding or removing providers to clinics, address changes, billing addresses or changes in tax identification numbers. In order to process claims efficiently it is necessary to have accurate provider information on file. Provider changes can be sent to CCHP Provider Relations, MS 6280, PO Box 1997, Milwaukee, WI 53201 or emailed to jantholine@chw.org.