



Be sure to share this information with your staff!

- ___ Insurance Staff
- ___ Front Office Staff
- ___ Administrative Staff
- ___ RN, APNP, PA Staff

Summer 2006

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What is Children's Community Health Plan (CCHP)?

Children's Community Health Plan (CCHP) is a new HMO available to Medicaid AFDC and BadgerCare eligible **children and adults** living in Milwaukee, Waukesha, Racine and Kenosha Counties. As a participating provider of a new T19 HMO, it can take time for all the clinic staff to familiarize themselves with the new HMO and its policies and procedures. As a result, CCHP wants to work with your clinic directly to answer any questions or concerns you may have regarding the health plan.

CCHP is wholly owned by Children's Hospital and Health System and was established so that Medicaid AFDC and BadgerCare enrollees could have access to a broad network of providers, and so that community providers could

have an alternative to the existing HMOs being offered under this program.

There are many benefits to providers for participating in CCHP, including offering more options to patients and families.

Unlike some of the other HMOs in the market, CCHP's primary objective is not to increase its profits to benefit its shareholders. Over time, CCHP expects to improve access to dental and behavioral health services, and hopes to be able to increase provider reimbursement and provide additional services to its members. CCHP also supports the primary care physicians that are choosing to participate in CCHP. No referrals are needed for any in-network provider, regardless of who the patient's primary care is or is not affiliated with. In ad-

dition, there are no pre-auth or referrals needed for outpatient behavioral health, with the exception of outpatient AODA services.

CCHP received certification from the State of Wisconsin, to be a Medicaid HMO, effective January 1, 2006 with initial enrollment effective February 1, 2006. As of June 1, 2006, CCHP enrollment has grown to 1,928 members. Enrollment by county is the following:

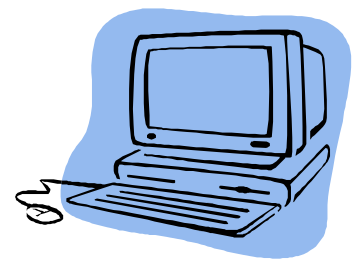
- Kenosha: 258 members
- Milwaukee: 1,028 members
- Racine: 517 members
- Waukesha: 125 members

CCHP looks forward to the opportunity to provide coverage for Medicaid eligible members.

Visit CCHP's Web Site www.childrenschp.com

CCHP has an interactive web site that allows providers and members to search for information on line. Providers can view a listing of CCHP participating providers, including specialists and ancillary providers. Pharmacy guide-

lines are also on line (see page 3 for more details). The provider manual is located on the web site, which includes information about claims submission, the Medicaid enrollment process, provider responsibilities, the authorization



form, and information regarding HealthCheck requirements.

CCHP Notification List

Toll Free Phone Number: 1-800-482-8010

Fax Number: 608-836-6516



Referrals

CCHP does not require Primary Care Physicians to complete referrals for members to see in-network Specialists.

Admissions

All inpatient admissions require authorization, including maternity, acute hospital, hospice, rehabilitation facilities, skilled nursing facility, and elective admissions. Emergency admits within 24 hours or the next business day.

Home Health Services

All home based services require authorization, including nursing, respiratory therapy, IV fusion and hospice.

Cosmetic or Reconstructive Surgery, including but not limited to:

- Blepharoplasty
- Breast reconstruction and reduction
- Vein stripping & ligation
- Sclerotherapy

There must be a determination of medical necessity.

Durable Medical Equipment (DME) > \$400

DME with a retail cost of >\$400 requires authorization, whether for purchase or rental; in-network providers must be used.

Gastric Bypass Surgery

There must be a determination of medical necessity.

Out of Network Service (non-participating)

All non-network professionals must submit a request for authorization.

Outpatient Therapies, including

- Physical Therapy
- Occupational Therapy
- Speech Therapy

All outpatient therapies, after initial evaluation need authorization.

Pain Management Programs

All outpatient and inpatient services, referrals to pain management centers and anesthesia injections require authorization.

PET Scans

Medical necessity determination.

Pregnancy

Notification of pregnancy information should be provided which includes the expected date of delivery, type of deliver planned and any pertinent medical information. The notification form can be found on the CCHP web site.

Prosthetics > \$1,000

Prosthetics with retail cost of >\$1,000 require authorization. Must use in-network providers.

Abortions, Hysterectomy, and Sterilizations

Federal Sterilization Informed consent form must be submitted with claims for sterilizations and hysterectomies. Reimbursement for abortions is not available without specified certifications and documentation. Failure to comply with any of the requirements will result in de-

nial of all claims associated with these procedures.

Transplant Evaluations

Notification at the time of, or prior to the request for evaluation; all services pre and post; all transplant types.

Behavioral Health Services

Authorization is required for all inpatient mental health and detoxification admissions and AODA inpatient admissions.

Outpatient behavioral health services member can self refer, with the exception of AODA outpatient services. An authorization request must be submitted after member assessment for AODA outpatient services.

Chiropractic Services

Not covered by CCHP. Members may use any Medicaid certified chiropractor on a fee-for-service (FFS) basis.

Vision

No referral required. Members must use Herslof Opticians. Members living in Milwaukee County should call 414-462-2500. Members living in Kenosha, Racine and Waukesha Counties should call 1-800-822-7228. Routine vision services are covered annually. Members that need services for medical conditions must see in-plan ophthalmologists.

The presence or absence of a procedure or services on the above list does not mean that it is a covered benefit for your Medicaid patients. For questions about benefit coverage, call Customer Service at 1-800-482-8010.

Important Claims Information

Claims Processing

CCHP contracted with Dean Health Plan, in Madison, to process CCHP claims. At this time, CCHP accepts electronic and paper claims. If your office is interested in submitting claims electronically, but currently does not, please contact Dean Health Plan at the email address, dhpedi@deancare.com.



Provider & Vendor Numbers

Each practitioner in a provider group is assigned an individual provider number that must be included on the claim when billing CCHP. The provider number is required in the PIN # field, in Box 33, of the CMS 1500 claim form. In addition, each provider group is assigned a vendor number, that is linked to the provider's tax id and what address the provider would like the payment sent to. The vendor number must be entered in the GRP # field, in Box 33, of the CMS 1500 claim form.

Claims that are billed on a UB 92 claim form, should include the vendor number, in Box 51 of the claim form. Failure to use the correct provider number and vendor number could result in claim payment denials or reduction in payments.

Claims will be returned to providers if they lack the above requested information. The Provider Service Department, at 1-800-482-8010, is available to answer any questions regarding the required claim form fields.

Pharmacy

Providers can find information on CCHP's Pharmacy benefit and drug policies on the CCHP web site www.childrenschp.com.

Drug Formulary and Exclusion List

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

Prior Authorization List

Selected medications require prior

authorization to be eligible for coverage. A specific authorization form was developed for each medication, and includes the criteria needed for approval. **These forms are on the web site and Physicians should print, complete, and fax completed forms to 920-735-5312, the Pharmacy Benefit Manager Company to request review for coverage.**

Specialty Pharmacy Program

CCHP has partnered with Navitus Specialty Rx to provide **self-injectable medication** for our members through the specialty pharmacy program. Specialty drugs are an important part of the treatment for many chronic and complex

health conditions. These high-cost, and often self-injectable, medications require personalized coordination between the member, prescriber and pharmacy.

Navitus Specialty Rx helps members and their prescribers with specialty pharmacy needs. Working as an extension of your office staff, Navitus Specialty Rx strives to minimize prescriber workload while helping CCHP members navigate the complex medication challenges they encounter every day. Please note the Specialty Pharmacy Program is mandatory for CCHP members taking program medications.

For more information access the web site at www.childrenschp.com.

Dental Services

Southeast Dental Associates (SEDA) is the dental provider network for CCHP members. SEDA has dental providers in Milwaukee, Kenosha, Racine and Waukesha counties. Members can access dental services by calling a participating dental provider that is listed in the provider directory. Members do

not need a referral from their primary care physician to see a dentist. SEDA has both a daytime and after hours emergency number members can call if they are having a dental emergency. The dental provider network will be available on line in the near future.



How to Contact Us

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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.

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

Timely Filing for Participating Providers

Initial claim filings must be received by CCHP within the time frame specified within each provider agreement.

CCHP provides proof of receipt to providers on each new claim received via the electronic claims confirmation (ECT) report or the paper claims confirmation report.

Sometimes, an initial claim may not be a "clean claim." If a claim fails initial editing before reaching the claims processing system and is rejected, a notification is returned to the provider for correction and re-filing. Corrections can be made on the rejected claims report and returned to CCHP for processing. Remember to retain confirmation

reports for your records in the event you need to submit an untimely filing waiver request. This will guarantee that the claims listed on the form were received by CCHP on the date of the generated report.

Medicaid HealthCheck claims are exempt for the timely filing guidelines.

HealthChecks

HealthCheck is Wisconsin's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) that is mandated under Federal Medicaid law. 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. CCHP sends reminder cards to members according to when their next HealthCheck is due.

The HealthCheck exam includes, but is not limited to, the following: a review of the recipients health history, an assessment of growth and development, identification of

potential physical or developmental problems, preventive health education, and referral assistance to providers. HealthChecks are reimbursed at a higher rate than well-baby, well-child visits or HPSA bonus payments.

CCHP has a commitment to HealthChecks and our plan providers help us strengthen that commitment.