



Children's
Community Health Plan



FALL
2015

Provider NOTES

INFORMATION FOR OUR HEALTHCARE PROVIDERS

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Talk to us!

Send your newsletter questions or comments to our *Provider Notes* editor at:

cchp-providernews@chw.org

Or send by mail to:

Provider Relations
Attn.: Provider Notes Editor
P.O. Box 1997, MS 6280
Milwaukee, WI 53201-1997

A message from our Vice President Mark Rakowski

Dear Providers,

Here at Children's Community Health Plan, good communication with our network providers is extremely important to us.

One of the ways we communicate important and current information to our providers is through our *Provider Notes* newsletter. In this issue, you may notice we've revamped the format and overall look. We hope you like the new look and find the content valuable to your organization.



Some of the goals of our *Provider Notes* newsletter are:

- Offer timely information about new services that benefit our members and impact our providers.
- Educate Children's Community Health Plan providers on new or changed practice guidelines that affect the care of our members.
- Share current developments and information that our provider network needs from government agencies and Children's Community Health Plan.

If you have any questions or suggestions on how to improve the newsletter or if someone in your organization is not on our mailing list, please contact us at cchp-providernews@chw.org.

Thank you for partnering with us to improve the health of our members.

Sincerely,

Mark Rakowski, Vice President
Children's Community Health Plan

New Look!

We've updated our website!
See what's new at:

ChildrensCommunityHealthPlan.org



Improving HEDIS performance measures, improves care

The Children's Community Health Plan Quality Improvement (QI) Program monitors and collaborates with providers to improve the care and services provided to our members.

Children's Community Health Plan uses the industry-standard Healthcare Effectiveness and Data Information Set (HEDIS) measures in determining how well we perform as well as provider Pay-for-Performance state metrics.

To prepare for the implementation of the HEDIS 2016 season, our Director of Clinical Operations, Provider Relations staff and QI staff have been meeting with providers to examine current performance of clinics and/or providers and the collaborative opportunities available to increase HEDIS measures of performance.

As a result, providers discovered by utilizing applicable codes on claims, they could increase the rate of performance measurement based on claims/administrative data.

As measurement transitions from process to outcomes, the Comprehensive Diabetes Care measure is listed below with the required reporting metrics for the state's Pay-for-Performance program. The changes are in bold.

- Comprehensive Diabetes Care
- **HbA1C testing**
- **HbA1C control <8%**
(pay for reporting for MY 2015)

If you would like to review your current performance prior to implementation of the HEDIS 2016 season, please contact our Clinical Quality Improvement Specialist, Courtney Murray at camurray@chw.org.



See what's new at:

ChildrensCommunityHealthPlan.org

Are you Medicaid certified?

Children's Community Health Plan requires Medicaid certification for all network providers for credentialing as well as reimbursement for services to our members.

According to a recent article in ForwardHealth Update, Forward Health of Wisconsin Department of Health Services (DHS) requires providers complete the Wisconsin Medicaid enrollment process in order to get certified and reimbursed for services to Wisconsin Medicaid and BadgerCare Plus members as described in [DHS 105](#) (Wis. Admin. Code.).

How to apply

A provider's application is considered complete when all required information has been accurately submitted and all supplemental documents have been received by Wisconsin Medicaid. A provider's initial effective date is based on this as well. You can apply online at Forwardhealth.wi.gov



For more information about the online enrollment processes, including express enrollment, go to: Forwardhealth.wi.gov/WIPortal.

If you have questions or need assistance with the Forward Health enrollment process, call Forward Health Provider Services at 800-947-9627.

Tips on talking to parents about vaccines

For parents, well-child visits can be stressful. For providers, making time to talk to parents about vaccines during these appointments can be challenging too. Simply by assessing the parents' information needs, providers can foster a mutually beneficial dialogue with parents that best supports their understanding of vaccinations.

In fact, all medical staff involved can play a key role in communicating to parents about vaccines. From providing parents with educational materials, to making sure appointments are made and kept, all can ensure continued success in immunizing infants and children.

For more information and resources, go to [Provider Resources for Vaccine Conversations with Parents](#) or call 800-CDC-INFO (800-232-4636).



Infant Pertussis: siblings found to be the main transmission source

Did you know in the last few years, pertussis incidence among infants in the U.S. has been increasing despite high vaccination coverage?¹

The Centers for Disease Control and Prevention cited more circulation of the bacteria and waning immunity as a few of the reasons².

Given the changing epidemiology of infant pertussis outbreaks in the U.S., a recent study examined if the source of infection (SOI) has changed – it has. According to the American Academy of Pediatrics (AAP), the results of this study indicated the most common source of infant pertussis transmission is siblings². This is in direct contrast to previous studies where mothers have usually been the most common SOI.

According to CCHP Medical Director Dr. Ken Schellhase, “This means that not only is it important that all pregnant women be immunized against pertussis with every

“This means that not only is it important that all pregnant women be immunized against pertussis with every pregnancy, but everyone in the household needs to be immunized too ...” — Dr. Ken Schellhase, CCHP Medical Director

pregnancy, but everyone in the household needs to be immunized too in order to protect infants from what can still be a very serious illness.”

More study information is at: pediatrics.aappublications.org

Sources:

1. [About Pertussis Outbreaks; CDC.gov](http://www.cdc.gov) (accessed October 8, 2015)
2. Tami H. Skoff, MS, Cynthia Kenyon, MPH, Noelle Cocoros, DSc, MPH, et. al.; [Sources of Infant Pertussis Infection in the United States](http://pediatrics.aappublications.org); pediatrics.aappublications.org (published online September 7, 2015; accessed October 8, 2015)



Interpreter services are just a phone call away

At Children’s Community Health Plan, we respect and value everyone and the richness their diversity brings. This includes both our members and providers.

This is the reason why Children’s Community Health Plan offers network provider offices both telephonic and on-site interpreter services.

1. For details on how to access telephonic interpreter services through Pacific Interpreters, please call your CCHP Provider Relations Representative at 844-229-2775.
2. For services on-site, contact Language Source by:
 - Phone: **414-607-8766**
 - Fax: 414-607-8767
 - Pager: 414-201-0014
 - Email: schedule@langsource.com
3. For sign-language services, call a CCHP Member Advocate at **877-900-2247**.

Visit our [Provider Resources](http://www.childrenscommunityhealthplan.org) page at childrenscommunityhealthplan.org for more information about these services or Cultural Awareness.

ForwardHealth now offers real-time eligibility determinations for qualified applicants

Provisions in the Affordable Care Act of 2010 require states to complete real-time eligibility determinations, whenever possible, for applicants whose eligibility is determined under Modified Adjusted Gross Income (MAGI) rules.

As of October 24, 2015, Forward Health started automating online eligibility determinations for Badger-Care Plus and/or Family Planning Only Services applicants who meet pre-screening criteria and whose reported information can be verified in real-time when they apply using the ACCESS Apply for Benefits (AFB) at www.access.wi.gov/.

According to a recent article in the *ForwardHealth Update*, once the application has been submitted, the applicant has the option to complete Identity Proofing, which is new to ACCESS and is only required if the

applicant wants a real-time eligibility determination.

What does it mean for providers?

Providers will begin to see new temporary identification cards from members enrolled as a result of real-time eligibility. However, providers should note that while the temporary ID card can be printed immediately and used for ForwardHealth-covered services, providers will not be able to check eligibility information via Wisconsin's Enrollment Verification System (EVS) immediately. It will take up to 72 hours for providers to

check a member's eligibility via the EVS. The temporary ID card will include the date and time by which providers will be able to verify eligibility using the EVS.

If a member presents a temporary ID card:

- Prior to that date and time, the provider is still required to provide services, even if eligibility cannot be verified.
- After that date and time, the provider should verify eligibility using the EVS.

Source:

[September 2015 \(No. 2015-48\) issue of ForwardHealth Update.](#)

What providers need to know about members' rights and responsibilities

Children's Community Health Plan is committed to maintaining a mutually respectful relationship with its members. To promote effective health care, CCHP makes clear its expectations for the rights and responsibilities of its members, to foster cooperation among members, practitioners and CCHP.

Members have the right to:

- Receive information about CCHP, its services, its practitioners and providers, and member rights and responsibilities
- Be treated with respect and recognition of their dignity and right to privacy
- Participate with practitioners in making decisions about their healthcare
- A candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage
- Voice complaints or appeals about CCHP or the care it provides
- Make recommendations regarding CCHP's members' rights and responsibilities policy

At the same time, CCHP expects members to cooperate by fulfilling certain responsibilities.

Members are responsible for:

- Supplying information, to the extent possible, that CCHP and its practitioners and providers need in order to provide care
- Follow plans and instructions for care that they have agreed to with their practitioners
- Understand their health problems and participate in developing mutually agreed upon treatment goals to the highest degree possible

For more information on members' rights and responsibilities, please refer to the CCHP Provider Manual at childrenscommunityhealthplan.org.



See what's
new at:

ChildrensCommunityHealthPlan.org

CCHP requires providers to use valid ICD-10 codes

In early July 2015, CMS granted providers a one-year flexibility regarding the specificity of coding on professional claims when using ICD-10 codes. This does not mean that CMS will accept non-billable codes or ICD-9 codes.*

In response to this announcement, Children's Community Health Plan requires providers to always code claims with the most specific ICD-10 codes available effective October 1, 2015.

For more information about code set specificity and enforcement, please see to the [August 2015 Forward-Health Update \(2015-39\) titled "Effective Dates and Transition Information for ForwardHealth's Implementation of ICD-10 Code Sets."](#)

*On July 6, 2015, the Centers for Medicare & Medicaid Services (CMS) and the American Medical Association (AMA) released the following joint statement regarding unspecified codes in ICD-10:

"While diagnosis coding to the correct level of specificity is the goal for all claims, for 12 months after ICD-10 implementation, Medicare review contractors will not deny physician or other practitioner claims billed under the Part B physician fee schedule through either automated medical review or complex medical record review based solely on the specificity of the ICD-10 diagnosis code as long as the physician/practitioner used a valid code from the right family. However, a valid ICD-10 code will be required on all claims starting on October 1, 2015. It is possible a claim could be chosen for review for reasons other than the specificity of the ICD-10 code and the claim would continue to be reviewed for these reasons. This policy will be adopted by the Medicare Administrative Contractors, the Recovery Audit Contractors, the Zone Program Integrity Contractors and the Supplemental Medical Review Contractor."

ICD-10 Questions and Answers

Some of the most common themes surrounding ICD-10 are prior authorizations, readiness and coding practices. Here are some answers to the most frequently asked questions:

Q: Is CCHP ready to accept ICD-10 codes?

A: Yes! We are ready to accept ICD-10 codes. Please remember the code set you use must be consistent with the date of discharge:

- On/before September 30, 2015 = use ICD-9 codes
- On/after October 1, 2015 = use ICD-10 codes

Q: How is the ICD-10 code set different than the ICD-9 code set?

A: The ICD-9 codes are primarily numeric and have three to five digits. ICD-10 codes are alphanumeric and have three to seven characters. Also, the descriptions between the code sets are different.

Q: Will outpatient and office procedure codes be changing?

A: The transition to ICD-10 for diagnosis coding and inpatient surgical procedure coding will not affect the use of CPT or HCPCS for outpatient and office procedure coding. Your practice will continue

to use existing CPT and HCPCS codes.

Q: Can a claim contain both ICD-9 and ICD-10 codes?

A: A claim must have either only ICD-9 or only ICD-10 codes, but not both. The code set used must be consistent with the date of discharge: ICD-9 codes for date of discharge before September 30, 2015; ICD-10 codes for date of discharge October 1, 2015, and after.

Q: What happens with Prior Authorizations?

A: If beginning date of service on the authorization is on/before September 30, 2015, you must use the ICD-9 code set. For date of service authorization on/after October 1, 2015, you must use ICD-10 code set.

More questions?

- Visit: [Roadto10.org](#) – CMS Road to 10 site.
- Please contact our Customer Service Center at 800-482-8010.

ICD-10 code scenario:

A 33-month-old girl is seen for diarrhea, fever, and vomiting

The doctor's documentation shows that the mother, who brought the child to the office as a new patient, stated she thinks the child has been sick for the past two days due to swallowing pool water while swimming. She said shortly after the child got home from the pool, the child starting vomiting without nausea, and developed watery diarrhea, a fever and dry mouth.

During the exam, the doctor noticed the child holding onto stomach and crying, but not making any tears and noted the child appears to be dehy-

drated. It is documented the child has not been immunized according to the child's mother.

The doctor's assessment: Send child to hospital for IV fluids and observation. Rotavirus likely and unvaccinated status a concern.

ICD-10 Diagnosis Codes

- R19.7 Diarrhea, unspecified
- R50.9 Fever, unspecified
- R11.11 Vomiting without nausea
- E86.0 Dehydration

For more information, go to CMS website [roadto10.org](#)

Our updated website has some new and exciting features

From a new address at childrenscommunityhealthplan.org to a new Provider Portal, you'll find the tools you need to help better serve your patients, our members.

Our updated website has a new address! It features a new Provider Portal and website registration process for our providers and their office staff. Now, it's faster than ever for you to access our self-service tools, including our new online Prior Authorization request tool.

A few of the benefits to submitting authorization requests electronically:

- Receive a reference number, an approval or review notification immediately
- Provide concurrent review information for inpatient admissions

Already registered?

If you have registered for our Provider Portal, you may submit your authorization request on our new website.

For help with your prior authorization request, call CCHP Clinical Services at: 877-227-1142, option 2, or 414-266-5707 Monday through Friday, from 8:00 a.m. to 4:30 p.m.

For help with Provider Portal registration, please call us at 414-266-5747 or visit: childrenscommunityhealthplan.org > Providers > Portal Registration for more details.



Are you in our Provider Directory?

Children's Community Health Plan provides online resources to help you and your patients locate primary care providers, specialists, hospitals, community health centers, and other medical facilities.

If any of your contact information has changed or is not listed accurately in our Provider Directory, please go to our website and complete the [Provider Directory Update/Change form](#).

Next, email it to: cchp-providerupdates@chw.org.

DMEs have new PA requirement

At Children's Community Health Plan, the prior authorization (PA) requirement for durable medical equipment (DME) is now based on codes, not dollar amount. As of September 15, 2015, if a DME code is listed on the Children's Community Health Plan [Prior Authorization List](#), it requires a prior authorization.

New! Provider Relations number

Now there's one phone number to call when you need to get in touch with any Children's Community Health Plan Provider Relations Representative.



844.229.2775

Quick and easy claim tip

To speed up the processing of your claim, please remember to enter the prior authorization number into box 23 of your claim.



Thank you for serving our members. *Provider Notes* is published quarterly by Children's Community Health Plan (CCHP). CCHP is an HMO for BaderCare Plus eligible children and adults living in Brown, Calumet, Kenosha, Milwaukee, Outagamie, Ozaukee, Racine, Sheboygan, Walworth, Washington, Waukesha, Waupaca and Winnebago counties.

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