

# BadgerCare Plus Program

Program Effective September 1, 2010

## Provider Training Presentation

- **CommunityConnect HealthPlan**
  - CommunityConnect Overview
- **Provider Training Program**
  - Provider Services
  - Member Eligibility
  - Member Benefits
  - Claims and Billing
  - Care Management
  - Medical Home Pilot
  - Behavioral Health
  - Community Advocates
  - Additional Program Information





# CommunityConnect HealthPlan Overview

# Community Connect HEALTHPLAN

**CommunityConnect HealthPlan (CommunityConnect) will strive to make the right connections between members, providers and the community for our members' better health.**

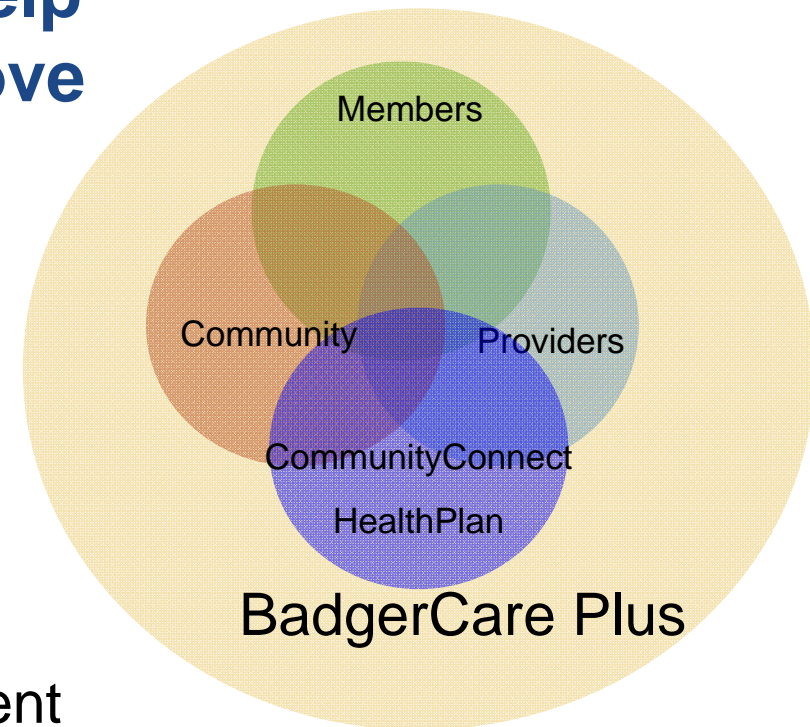
**CommunityConnect HealthPlan was selected by the Wisconsin Department of Health Services (DHS) to provide services to BadgerCare Plus members in southeast Wisconsin, beginning September 1, 2010**

## CommunityConnect HealthPlan

- Effective September 1, 2010
- Participating Counties - Kenosha, Milwaukee, Ozaukee, Racine, Washington, Waukesha
- BadgerCare Plus Plans:
  - Standard Plan (no co-pay) covers families with income at or below 200% of the Federal Poverty Level (FPL).
  - Benchmark Plan (co-pay based on service) covers families, self-employed parents, and caretakers with income above 200% of the FPL. The Benchmark plan provides more limited services than the Standard Plan.

## Connecting everyone involved to help BadgerCare Plus members improve health outcomes

- Teaming with Community Advocates to provide outreach to members
- Strive to develop strong collaborative relationships with our provider/partners
- Care Management / Disease Management programs to promote better health
- Develop best practices



## DHS Objectives

- Cost improvement
- Quality and outcomes improvement



## CCH Objectives

- Making a difference in the lives of the southeast region enrollees
  - Create health care efficiencies for BadgerCare Plus members
  - Implement a quality-based managed care program
  - Improve access to quality healthcare
  - Significantly improve quality of care and specific health care outcomes
  - Obtain innovative, results-oriented quality outcomes
  - Provide care that promotes health and wellness
- Our goal is to
  - Make fundamental differences in member health outcomes
  - Integrate provider partnerships
  - Enhance care coordination
  - Provide local service excellence

# Our BadgerCare Plus Providers We Want To Work With You

**Provider  
Relationships**

**Network  
Optimization**

**Care  
Management  
+ Preventative  
Care**

**Better  
Health**

**Technology/ Data**

- **Doctors' decisions essentially control almost 90 percent of health care spending\***
- **Providers are one of our most powerful forces to influence our members – your patients**
- **We look at you as team members, not vendors**
- **Focus on the promotion of risk reduction and preventive care services through education on healthy lifestyle choices**
- **Increased awareness for early detection and treatment of disease**
- **Medical Home: An approach to providing comprehensive primary care - receive acute, chronic and preventive services**

\* Boston Globe, July 21, 2008

## Primary Care Clinics are the point of entry into the delivery system for members

- Primary Care Provider is responsible to coordinate all care delivered to members, except for self-referral services
- Members are assigned to physicians at the Primary Care Clinic level ~ to create a medical home
- Members shall have access to primary care services 24 hours a day / 7 days a week
  - Members must be able to reach their primary provider or an on-call provider after normal business hours for non-emergency assistance





# Provider Services

- **Provider Services Call Center**
  - Verify member eligibility and benefits
  - Primary Care Clinic assignment
  - Interpreter services
  - Claims and Billing inquiries
  - Correspondence inquiries
- **Care Management**
  - Medical Case Management
  - Utilization Management
  - Quality Management
  - Health Management Programs
  - Behavioral Health Programs
- **Community Resource Coordinators**
  - Provider Training and Outreach
- **Community Advocates**
  - Member Outreach
  - Assist Case Managers with reaching members



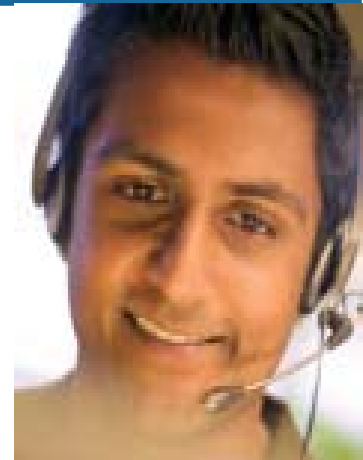
**Committed to providing excellent  
customer service to providers**

**Reach our Provider Services Call Center**

**1-877-350-6074**

Monday – Friday 8 a.m. to 5 p.m. CST

Web Portal ~ [www.CommunityConnectHealthPlan.com](http://www.CommunityConnectHealthPlan.com)



## Interpreter services can be arranged via the Provider Services Call Center

- Telephone interpreters
  - Administered currently through the Provider Services Call Center or by Lexicon International
- Face-to-face and sign language interpreters
  - Administered currently by CulturaLink
- TTY services for hearing impaired members



## Information line staffed by registered nurses

- Available 7 days a week
- 24 hours a day

## Answer member questions

- General health
- Community health service referrals

## Answer provider questions

- After hours member eligibility
- Access to telephone interpreters

## Contacting MedCall

- 1-877-309-4884 (voice)
- 1-800-368-4424 (TTY)

MedCall does not  
conduct services for  
prior-authorization





# Member Eligibility

## Options to Verify Member Eligibility

### **ForwardHealth website - [www.ForwardHealth.wi.gov/](http://www.ForwardHealth.wi.gov/)**

- Secure area offers real-time member enrollment & eligibility verification for all ForwardHealth programs
- Used to determine the benefit plan(s) in which the member is enrolled, as well as state-contracted managed care programs (for BadgerCare Plus members)
- Available 24/7

### **ForwardHealth WiCall - 1-800-947-3544**

- Enrollment verification
- Available 24/7

### **CommunityConnect Provider Services Call Center - 1-877-350-6074**

- Verify enrollment and benefits for CommunityConnect members (Coming Soon!)
- Available 8:00 a.m. to 5:00 p.m. CST Monday - Friday

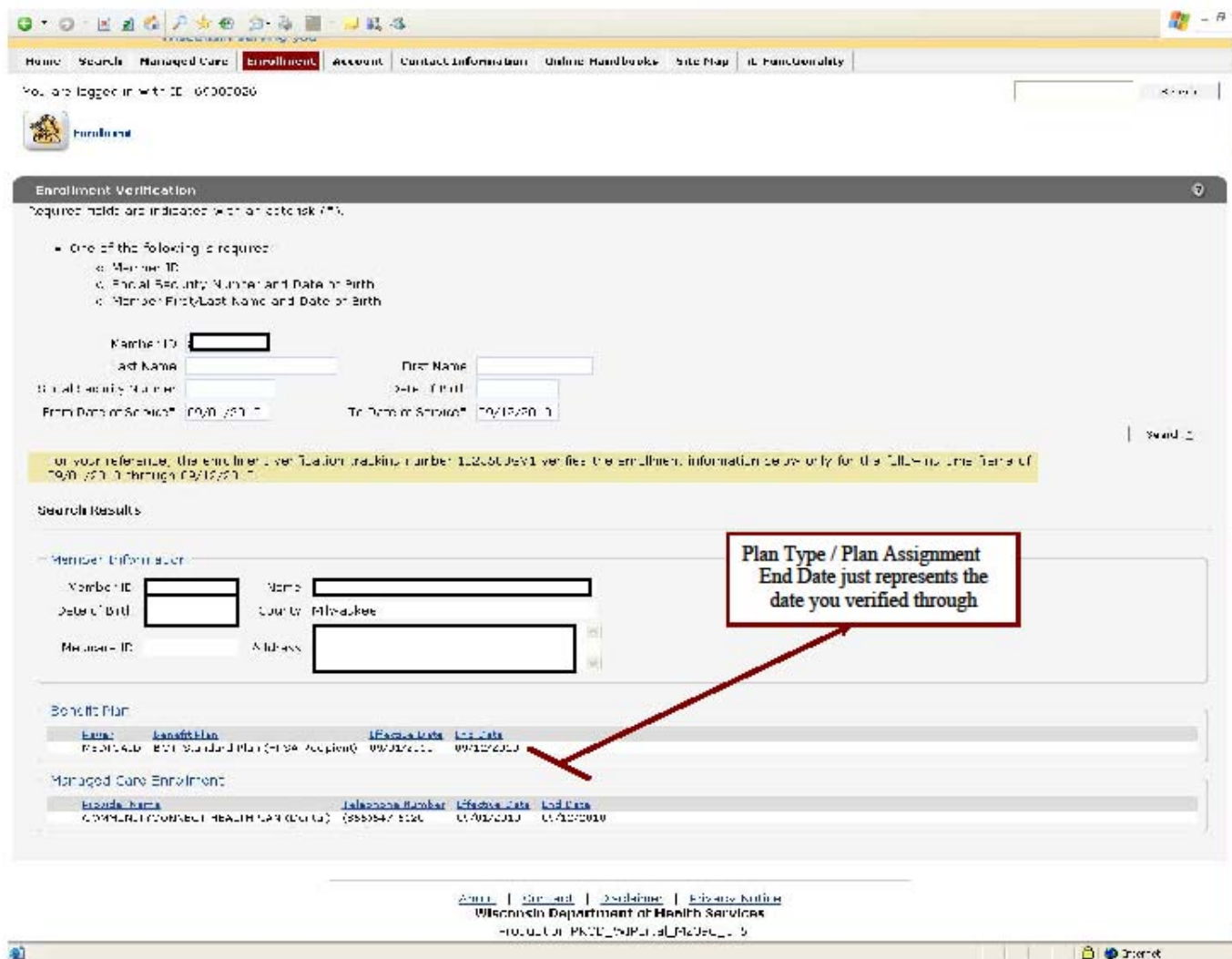
### **CommunityConnect website - [www.CommunityConnectHealthPlan.com](http://www.CommunityConnectHealthPlan.com)**

- Secure website for eligibility and benefits plan verification
- Available 24/7



**State of Wisconsin Member Identification Card**

Issued by the State of Wisconsin  
Members must present during each visit



Home Search Managed Care **Enrollment** Account Contact Information Online Handbooks Site Map IL Plan/Generality

You are logged in with ID: 00000000

**Enrollment Verification**  
Required fields are indicated with an asterisk (\*).

- One of the following is required:
  - Member ID
  - Federal Security Number and Date of Birth
  - Member First/Last Name and Date of Birth

Member ID:   
 Last Name:  First Name:   
 Social Security Number:  Date of Birth:   
 From Date of Service\*: 09/01/2011 To Date of Service\*: 09/15/2011

For your reference, the enrollment server tracking number 1234567891 verified the enrollment information securely for the following time frame of 09/01/2011 through 09/15/2011.

**Search Results**

**Member Information**

Member ID:	<input type="text"/>	Name:	<input type="text"/>
Date of Birth:	<input type="text"/>	County:	Milwaukee
Member ID:	<input type="text"/>	Address:	<input type="text"/>

**Benefit Plan**

Plan	Benefit Plan	Effective Date	End Date
0001400	001 Standard Plan (HSA Option)	09/01/2011	09/15/2011

**Managed Care Enrollment**

Enrollment	Telephone Number	Effective Date	End Date
COMMUNITYCONNECT HEALTH PLAN (00140)	(888)947-5226	01/01/2010	01/01/2010

Home | Contact Us | Privacy Policy | Wisconsin Department of Health Services  
 MODULE: PROC\_SMP\_PlanEnroll\_05

A printed copy of this page is available in your reference materials



# Member Benefits

- Physician Services
- Acute Inpatient/Outpatient Hospital Services
- Behavioral Health Services
- Ancillary Services
- HealthCheck Screenings for Children
- Dental - administered by Southeast Dental Associates
- Vision - administered by March Vision Services
- Non Emergency Transportation - administered by Medical Transportation Management

\*Refer to related provider materials for full listing of benefits

## Services covered under *ForwardHealth*\*

- Prescription Drugs
- Home Infusion Medication
- Chiropractic Services
- Targeted Case Management Services
- Prenatal Care Coordination (PNCC)
- Community Support Program (CSP) Services
- Comprehensive Community Services

*\*Claims for these services are submitted to ForwardHealth*

# Claims and Billing

- **Electronic Data Interchange**
- **Paper**
  - CMS-1500(08/05) = professional and ancillary services
  - CMS-1450/UB04 = hospital and institutional services
- **Submit claims within the timely filing limits outlined in your Participating Provider Agreement**
- **Bill claims with the member's ForwardHealth ID Number**
- **When submitting claims include:**
  - Tax ID
  - NPI, where applicable
  - Zip Code + 4 digit
  - Taxonomy
  - POA Diagnosis (Present on Admission)

Submit claims and correspondence to:  
**CommunityConnect Health Plan**  
PO Box 3157  
Eau Claire, WI 54702-3157  
or via fax to  
1-715-836-7683

**CommunityConnect Payor ID Number is 95192**

**CommunityConnect works with the following clearing houses for electronic claims submissions**

- Emdeon
- SDS (Smart Data Solutions)
- Cvikota Company
- Relay Health
- SSI Group, Inc



**Please note:**

- Providers are not required to utilize a clearing house on this list
- CommunityConnect does not charge claim submission fees for direct connections
- Clearing houses may charge a fee ~ it is the provider's responsibility to discuss these potential fees with the clearing house

**CommunityConnect encourages electronic billing whenever possible**

For questions regarding electronic billing or to arrange a test-run, contact the Provider Services Call Center

# Care Management

- Physician Directors
- Medical Advisors
- Integrated Behavioral Health Programs
- Registered Nurses/ Licensed Clinicians

with expertise in

- Utilization Management
- Case Management
- Quality Management
- Disease Management



- Air Ambulance
- Behavioral Health
- Biofeedback
- Circumcision
- Dental Services
- Durable Medical Equipment and Supplies
- Genetic Testing
- HealthCheck Medically Necessary “Other Services”
- Home Health Care
- Hyperbaric Oxygen Therapy
- Infusion/Injection Therapy
- Inpatient Services
  - All Services including Maternity and Newborn Deliveries
- Out of Network Physician Referrals
- Radiology
- Surgeries / Procedures
- Therapy Services
- Provider-to-Provider Transportation Services

**NOTE: This is not a comprehensive list of services that require prior authorization from CommunityConnect. Visit our website for a complete listing.**

# Prior Authorization Review Requirements

To request a prior authorization contact us at

**1-877-471-6656**

Please have the following information available

Member name and ID number

- Diagnosis with ICD-9 code
- Procedure with the CPT and/or HCPCS code
- Date of injury, hospital admission and third party liability information (if applicable)
- Specialist or name of attending physician
- Clinical information supporting the request



You can also fax your request to

**1-877-471-6658**



## Non-urgent review requests

- Completed within 14 calendar days from the request

## Urgent review requests

- Completed within 72 hours from receipt of the clinical information necessary to render a decision

## Concurrent inpatient reviews

- Completed within 24 hours of receipt of clinical information, or sooner

## Definition:

**A delivery model that provides a support structure for members and providers that allow a designated team of professionals to have a comprehensive focus by working together to manage member episodes of care and to contribute to enhanced member outcomes.**

**The Primary Health Manager Model is designed to maximize performance efficiency, to maximize cost savings, and enhanced positive member quality of care results.**

# Primary Health Manager Model CommunityConnect Integrated Unit

The Primary Health Manager serves as the main contact point for a member and directs coordination with other CommunityConnect team members



**Member + Family/Caretaker**  
(Includes primary health decision maker)



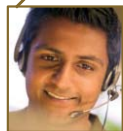
Home



Nurse



Internal &  
External  
Physician



Health  
Educator



Social  
Worker



**CommunityConnect  
Primary Health  
Manager**



Electronic  
Data

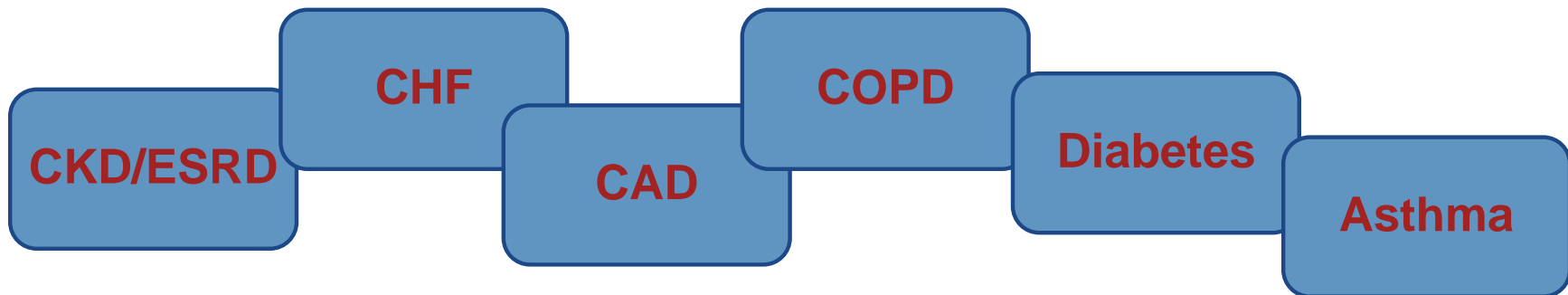


Behavioral  
Health  
Specialist

## Key Characteristics of the Primary Health Manager Model:

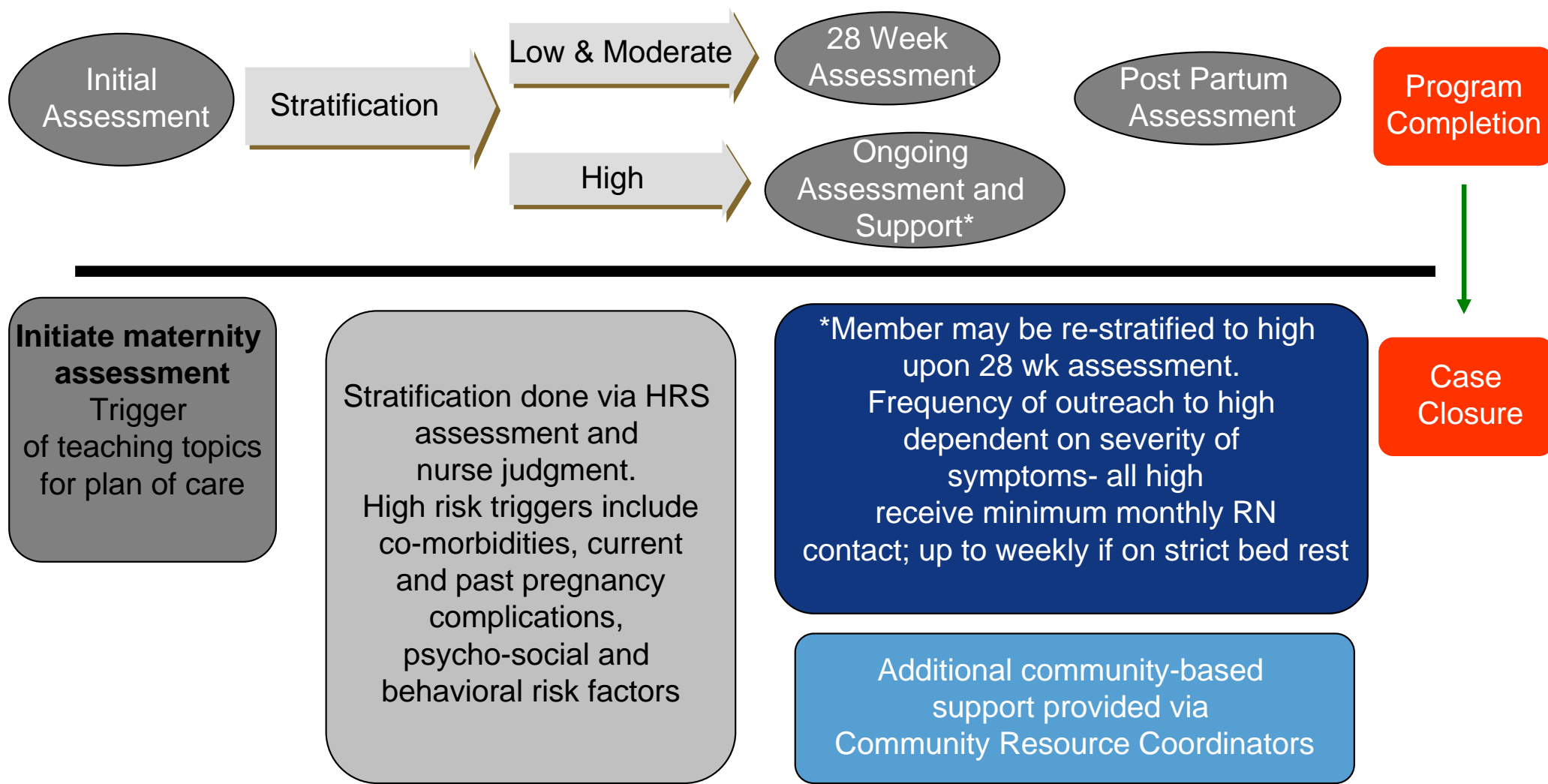
- **Member + Family/Caretaker**
  - The member and family will be assigned to a primary health manager (or team) to help coordinate health needs for the entire family
  - The primary health decision maker within the family will be noted as the main contact
- **CommunityConnect Primary Health Manager**
  - Main contact point for a CommunityConnect member
    - Targeted to be a single person, but when that person is unavailable, technology and integrated platform will enable a single touch point experience
  - Serves as liaison to the care coordination team and other CommunityConnect resources
- **Care Coordination Team**
  - Consists of multiple resources with more specific skill sets to address member needs
  - Coordination triggered by auto-business rules, auto-referrals and transfers from the health manager

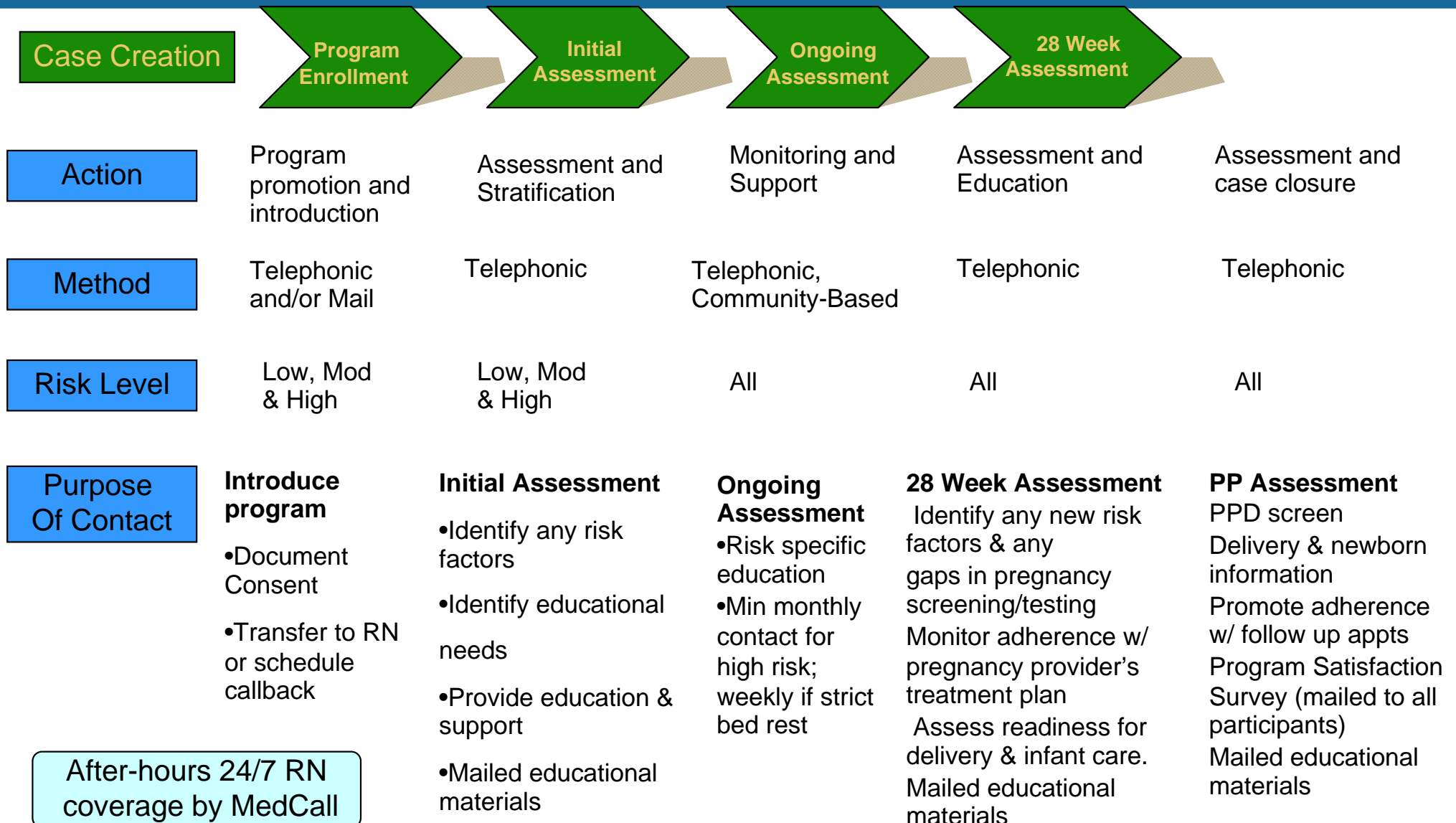
# Condition Care Case Management



- Increase identification of high risk members by condition
- Comprehensive Case Management Services for members with chronic healthcare needs
- Social Worker and Dietician support
- Collaboration with physician partners
- Evidence based guidelines
- Facilitate access to appropriate care by condition
- Aggressive approach to decreasing inpatient and emergency department (ED) utilization
- Aggressive approach to decreasing inpatient days
- Aggressive approach to facilitate utilization of par providers whenever possible
- Decrease in complications by condition

# Future Moms Prenatal and High-Risk OB Program





Reliable and complete information on member's medical history and condition(s) resulting in:

- Improved identification of member's risk level
- Comprehensive care management program that best meets member's needs
- Information sharing of member's information between the Provider and CommunityConnect

Best practice, with positive impact on member enrollment into our care management programs

Members have established relationship with Providers

- Which makes it easier to obtain sensitive information (e.g. behavioral health, substance abuse, domestic abuse, etc.)
- Vs. an outreach call from a person who doesn't have an established relationship w/the member

Providers must complete this form and submit within seven days of assessment. Please fax to 1-877-848-0147.

Date of service: _____ Member name: _____ Member address: _____ _____ _____ <input type="checkbox"/> Member home phone _____ <input type="checkbox"/> Member cell phone _____ <input type="checkbox"/> Member other phone _____ Date of Birth: (MM/DD/YYYY): _____ Age: _____ Yrs. Taking prenatal vitamins? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>1. Maternal Obstetrical History</b> Check all that apply: Preterm labor <input type="checkbox"/> Hx <input type="checkbox"/> Current Tocolytics used <input type="checkbox"/> Hx <input type="checkbox"/> Current at _____ weeks' gestation PROM <input type="checkbox"/> Hx <input type="checkbox"/> Current Gestational diabetes <input type="checkbox"/> Hx <input type="checkbox"/> Current Preg - Ind HTN <input type="checkbox"/> Hx <input type="checkbox"/> Current Placenta previa <input type="checkbox"/> Hx <input type="checkbox"/> Current Placenta abruption <input type="checkbox"/> Hx <input type="checkbox"/> Current Multiple gestation <input type="checkbox"/> Hx <input type="checkbox"/> Current Preeclampsia <input type="checkbox"/> Hx <input type="checkbox"/> Current Eclampsia <input type="checkbox"/> Hx <input type="checkbox"/> Current Incompetent cervix <input type="checkbox"/> Hx <input type="checkbox"/> Current Cerclage placement <input type="checkbox"/> Hx <input type="checkbox"/> Current Cervix dilation <input type="checkbox"/> Hx <input type="checkbox"/> Current > 2 cm < 35 wks Lack of maternal weight gain <input type="checkbox"/> Hx <input type="checkbox"/> Current SABS/TABS (<15 weeks) <input type="checkbox"/> < 3x <input type="checkbox"/> ≥ 3x <input type="checkbox"/> Hx of cone biopsy <input type="checkbox"/> Current hyperemesis < 10 lbs. wt. loss <input type="checkbox"/> Current hyperemesis > 10 lbs. wt. loss <input type="checkbox"/> Vaginal bleeding > 2 episodes <input type="checkbox"/> Prior C-Section <input type="checkbox"/> Rh negative <input type="checkbox"/> Previous fetal/neonatal demise @ 15-28 wks <input type="checkbox"/> If none of the above apply, please check here. < 12 months between <input type="checkbox"/> Yes <input type="checkbox"/> No births <b>2. Previous Infant / Findings</b> <input type="checkbox"/> Stillbirth > 28 weeks <input type="checkbox"/> Pre-term birth < 30 weeks <input type="checkbox"/> Pre-term birth 30-36 weeks <input type="checkbox"/> Birth weight < 2,500 grams <input type="checkbox"/> Birth weight > 4,000 grams <input type="checkbox"/> If none of the above apply, please check here. <b>9. Diagnosis of Pregnancy Risk</b> <input type="checkbox"/> V22 - Normal pregnancy <input type="checkbox"/> V23 - High-Risk pregnancy Gravida _____ Para _____ List on page 2, section 9, any other medical/psychological problems not included above or other issues which may place the member at risk.	Member RID: _____ Physician name: _____ Physician address: _____ _____ _____ Physician telephone: _____ NP/ILP#: _____ / _____ Tax ID Number: _____ Pre-pregnancy weight (lbs.): _____ Current weight (lbs.): _____ Height: ft. _____ in. _____ BMI > 30 <input type="checkbox"/> Yes <input type="checkbox"/> No BMI < 19 <input type="checkbox"/> Yes <input type="checkbox"/> No Toxicology ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>3. Maternal Medical History</b> Only check the conditions below that the member has or has had: Thyroid condition <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No Cardiac condition <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No Hypertension <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No List blood pressure _____ / _____ Pregnancy induced? <input type="checkbox"/> Yes <input type="checkbox"/> No Seizure disorder <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No DM (I or II) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No List Hemoglobin A1c _____ Asthma/COPD <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No Rescue inhaler <input type="checkbox"/> < 3x/mo <input type="checkbox"/> > 3x/mo Sickle cell anemia - Recent crisis? <input type="checkbox"/> Yes <input type="checkbox"/> No Cancer <input type="checkbox"/> Hx <input type="checkbox"/> Current Pylonephritis <input type="checkbox"/> Hx <input type="checkbox"/> Current STIS <input type="checkbox"/> Hx <input type="checkbox"/> Current Chronic UTIs <input type="checkbox"/> Hx <input type="checkbox"/> Current Eating disorder <input type="checkbox"/> Hx <input type="checkbox"/> Current <input type="checkbox"/> Hx of gastric bypass <input type="checkbox"/> Systemic lupus <input type="checkbox"/> Prior exposure to <input type="checkbox"/> Anemia/teratogenic substances <input type="checkbox"/> Current DVT/pulmonary embolism <input type="checkbox"/> Other coagulation disorder <input type="checkbox"/> Auto-immune disorder <input type="checkbox"/> Current uterine anomalies/fibroids <input type="checkbox"/> Renal condition <input type="checkbox"/> Periodontal/dental problems <input type="checkbox"/> Hepatitis B or C <input type="checkbox"/> History of transplant <input type="checkbox"/> Teen pregnancy <input type="checkbox"/> Advanced maternal age (<17 years) <input type="checkbox"/> (>35 years) <input type="checkbox"/> Genetic disorder If genetic disorder, specify _____ <input type="checkbox"/> HIV/AIDS tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If none of the above apply, please check here <input type="checkbox"/> ER or hospitalized in the last six months <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many times? _____ <b>4. Current Medications</b> <input type="checkbox"/> None <input type="checkbox"/> Other List on page 2, section 4, all current medications, except for prenatal vitamins. <b>10. Referrals</b> Check all member referrals that have been made: <input type="checkbox"/> W/ Maternal and Child Health Hotline (1-800-722-2295) <input type="checkbox"/> Tobacco Quit Line: 1-800-QUIT-NOW <input type="checkbox"/> Women Infants and Children (WIC) enrollment needed <input type="checkbox"/> Childbirth/parenting classes <input type="checkbox"/> Domestic violence referral <input type="checkbox"/> Mental health/substance use treatment <input type="checkbox"/> Case Management <input type="checkbox"/> Nutritional Counseling <input type="checkbox"/> Glucose monitor <input type="checkbox"/> If none of the above apply, please check here.	Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Am Indian <input type="checkbox"/> Asian <input type="checkbox"/> Other Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic Primary language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other First prenatal visit (MM/DD/YYYY): _____ LMP (MM/DD/YYYY): _____ Estimated due date: (MM/DD/YYYY): _____ based upon <input type="checkbox"/> LMP <input type="checkbox"/> US <input type="checkbox"/> Other <b>5. Psycho-Neurological History</b> Check all that apply: Clinical depression <input type="checkbox"/> Hx <input type="checkbox"/> Current On medications? <input type="checkbox"/> Yes <input type="checkbox"/> No Postpartum depression <input type="checkbox"/> Hx <input type="checkbox"/> Current Suicide attempt/though <input type="checkbox"/> Hx <input type="checkbox"/> Current Borderline personality disorder <input type="checkbox"/> Hx <input type="checkbox"/> Current Other Axis I diagnosis <input type="checkbox"/> Hx <input type="checkbox"/> Current List: _____ <input type="checkbox"/> If none of the above apply, please check here. Provide on page 2, section 5, additional psycho-neurological history information. <b>6. Substance Abuse/Use History</b> Check all that apply: <input type="checkbox"/> Marijuana <input type="checkbox"/> Cocaine/crack <input type="checkbox"/> Amphetamines <input type="checkbox"/> Narcotics/heroin <input type="checkbox"/> Alcohol <input type="checkbox"/> Sedatives/tranquilizers <input type="checkbox"/> Methadone <input type="checkbox"/> Inhalants/giue <input type="checkbox"/> Other: _____ If now using, is the member ready to quit in the next 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If none of the above apply, please check here. Provide on page 2, section 6, additional substance abuse history information. <b>7. Tobacco History</b> Current cigarette/tobacco use <input type="checkbox"/> Yes <input type="checkbox"/> No Has the member used cigarettes or tobacco in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to one or both of the above, counseled on smoking/tobacco? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the member ready to quit using cigarettes/tobacco in the next 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If the member quit smoking/tobacco, when did she quit (MM/DD/YYYY)? _____ Counseled on second-hand smoke <input type="checkbox"/> Yes <input type="checkbox"/> No exposure? <b>8. Social Risk Factors</b> Has the member been hit, slapped, kicked, or hurt during this pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the member feel safe in her home? <input type="checkbox"/> Yes <input type="checkbox"/> No In the past month, was there any day when the member or anyone her family went hungry because she didn't have enough money or food? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Homeless/lives in a shelter <input type="checkbox"/> Lives alone <input type="checkbox"/> Transportation problems <input type="checkbox"/> Unemployed <input type="checkbox"/> Education ≤ 10 <sup>th</sup> grade <input type="checkbox"/> No Phone <input type="checkbox"/> Learning disability/MR <input type="checkbox"/> Unstable home <input type="checkbox"/> Rape: <input type="checkbox"/> HX <input type="checkbox"/> Current <input type="checkbox"/> No family support
Person completing form (please print): _____ MD signature: _____	Date (MM/DD/YYYY): ____ / ____ / ____ Date (MM/DD/YYYY): ____ / ____ / ____	

## Care management nurses

- Provide support for member
- Educate members about care management, community resources, and benefits
- Communicate and coordinate between all members of health care team
- Develop individualized care plans
- Work with Community Advocates to assist members with their medical needs



- Medically complex patients with special healthcare needs (HIV/AIDS, Transplants)
- Chronic long-term conditions (such as diabetes, asthma, hemophilia, sickle cell)
- Patients with frequent hospital admissions
- High risk pregnancies
- Children or adults with special healthcare needs that require coordination of care



## The “Healthy Habits Counts” programs offers services for members with the following conditions:



- Diabetes
- Asthma
- Heart
- Newborn (“You and Your Baby”)
- Childhood Obesity

- Take Charge of Your Health (self-care initiative)
- Get Up and Get Moving (childhood obesity education)
- The Last Cigarette (TLC) (tobacco cessation)
- Health Education Classes
- Health Topic Brochures for Your Office
- Preventive Care
  - Early and Periodic Screening Diagnosis and Treatment (EPSDT)
  - Well Woman Program
  - Prenatal Program
    - Pregnancy Notification Report Form



# Behavioral Health Program

- **Tiered Case Management Program**
  - **Tier I** is Call Center and Outreach calls to members
  - **Tier II** is an increased level of interaction with the member to assist with referral to provider or level of care and problem-solving with the member for any obstacles to receiving care or treatment
  - **Tier III** Intensive Case Management offers reactive interventions on an episodic basis or triggered by long length of stay, medical and behavioral health co-morbidity, and/or multiple admissions
- **Disease Management Programs**
  - Co-Existing Depression and Anxiety Program (CODA)
  - Maternity Depression Program (MDP)
- **Follow up after Hospitalization**
- **Partnering with Providers and Community**

- Provide a continuum of care management from initial contact to coordination of care and interventions
- Care Managers within the Utilization Management department support Behavioral Health Services
  - Both teams are co-located to allow for prompt and thorough coordination of care
  - They share the same medical information system
  - Medical case managers refer members to behavioral health for coordination of care within our tiered Case Management Program
  - An innovative and integrated approach with medical exists for those members with both behavioral health and medical problems as well as members with substance abuse difficulties
- A specialized program for assisting members with alcohol and other drug difficulties exists with behavioral health/medical triage, outreach to members, and coordination of care
- Behavioral Health case managers work closely with PCPs, specialist, behavioral health providers, members, and community resources to
  - Integrate care
  - Assist the member secure the necessary community support
  - Educate members and their family on services available within their community



- **Prior authorization is required for all facility based services, which include:**
  - Inpatient
  - Partial hospital programs (PHP)
  - Intensive outpatient service (IOP)
- **Prior authorization is required for all outpatient office visits**



Call  
**1-877-471-6656**  
for authorizations and referrals

#### Services that DO NOT require Prior Authorization for In-Network Providers

- **Emergency Services**
  - Please notify CommunityConnect of admissions within 24 hours or the next business day of inpatient admissions



# Medical Home Pilot

# What is the Patient-Centered Medical Home?

**A primary care practice or clinic that provides patients with accessible, continuous, coordinated, & comprehensive care through a patient-centered, physician-guided, cost-efficient & longitudinal approach to care**



- **Personal physician or “OB-Care Provider”**
- **Physician-directed clinic/care**
- **Coordinated and/or integrated care across all delivery systems**
- **Evidence-based guidelines**
- **Patients have enhanced access to care**
- **Focus on quality and safety**

***The medical home must recruit members that meet Criteria A; either 1, 2, or 3 in Criteria B; and either 1 or 2 in Criteria C:***

## Criteria A

- 1) Are currently pregnant

## Criteria B

- 1) Are listed on the HBO high-risk registry;
- 2) Identified by the provider to be eligible to be on the HBO high-risk registry;  
OR
- 3) Are under 18 years of age

53140	53143	53144	53204
53205	53206	53208	53209
53210	53212	53215	53216
53218	53224	53233	53402
53403	53404		

## Criteria C

- 1) Live within the following zip codes in Racine, Kenosha, or Milwaukee counties;
- 2) Or have one of the following chronic conditions – asthma, cardiac disease, diabetes, hypertension, pulmonary disease, behavioral/mental health issues.



# Community Advocates

**Community Advocates is a local organization that provides specialized services and advocacy to help individuals and families to meet their most basic needs.**

**CommunityConnect has contracted with Community Advocates as our member “outreach connectors”**



**COMMUNITY  
ADVOCATES**

Where Meeting Basic Needs  
Inspires Hope

**Advocates Eligibility/Enrollment** - Receive referrals from Call Center to perform face to face outreach out to members with no current phone number or who may have changed address.- Educate members on to update their demographic information with economic support workers and ForwardHealth portal.-Report eligibility and enrollment issues to the Call Center for resolution.

**Benefits** - receive and act on referrals from Call Center to outreach to families to complete Welcome Call education and mini HRA.- refer and assist members with calls to the Call Center to obtain information about specific benefit questions.- Accept and act on referrals from DM and Case Management to assist members in obtaining preventive services such as HealthCheck and Immunizations.

**Social Barriers to Care** - Receive and act on issues social barriers to care such as housing, economic, child care and legal issues.

**Community Outreach** - Work with Lead Advocate and other community based organizations to support programs and activities which promote improved health outcomes for members and the community.

**Cultural Awareness** - Provide ongoing education to Lead Advocate, CRC and Call Center staff in order to provide cultural awareness of the Southeastern Wisconsin communities and neighborhoods.

**Health Education and Promotion** - Provide face to face connections to members in order to support CommunityConnect health promotion and care management programs.



# Additional Program Information

## **Phase 1: Milwaukee County North**

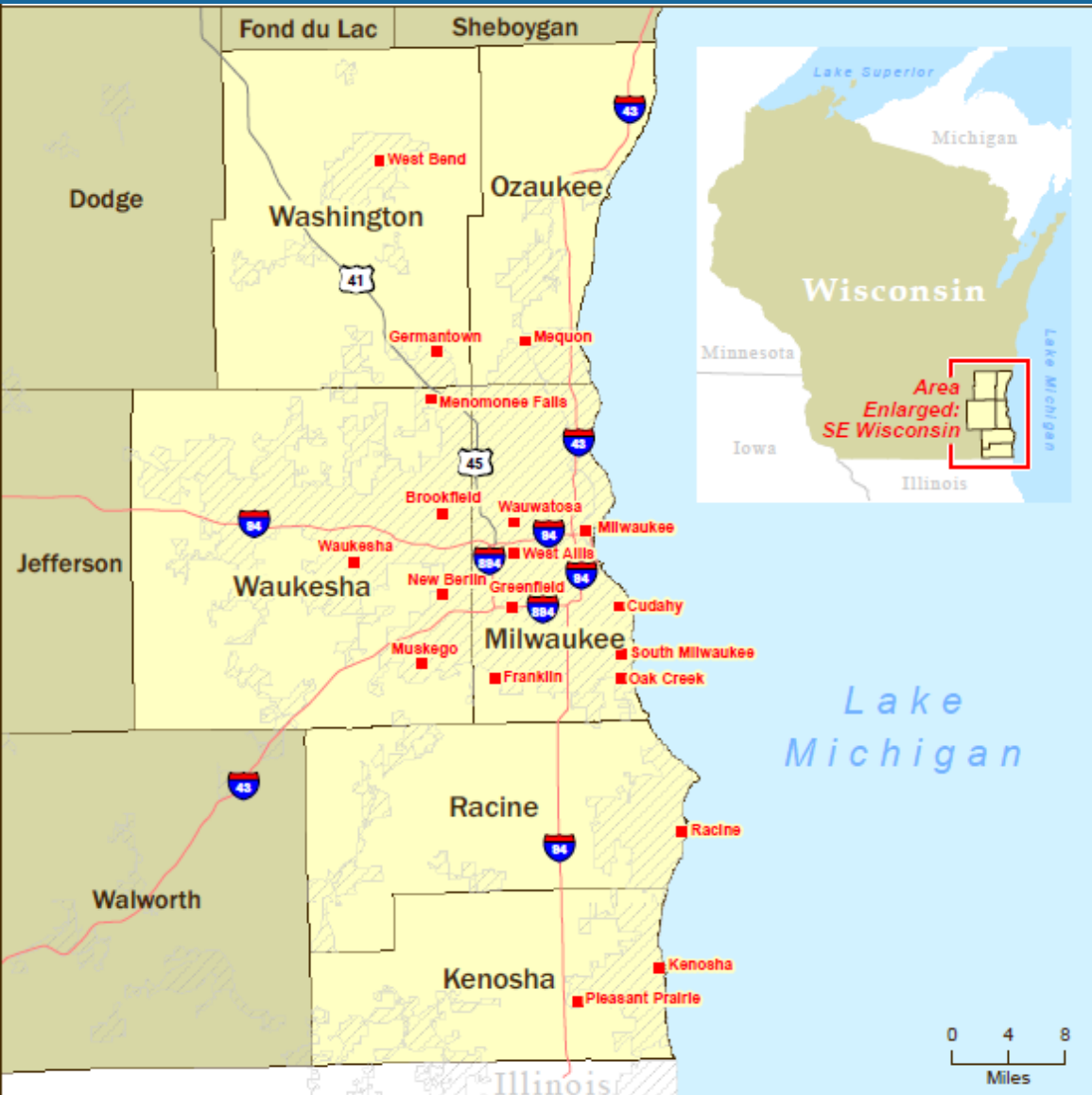
DHS mailing July 19<sup>th</sup> for a September 1<sup>st</sup> effective date

## **Phase 2: Milwaukee County South**

DHS mailing August 19<sup>th</sup> for a October 1<sup>st</sup> effective date

## **Phase 3: Racine, Kenosha, Waukesha, Washington, and Ozaukee Counties**






DHS mailing September 18<sup>th</sup> for a November 1<sup>st</sup> effective date



## Participating Counties

- Kenosha
- Milwaukee
- Ozaukee
- Racine
- Washington
- Waukesha

### Legend

-  CCH Service County
-  Interstate Hwy
-  Urban Area
-  U.S. Hwy
-  City: Pop. > 15,000

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June 11, 2010

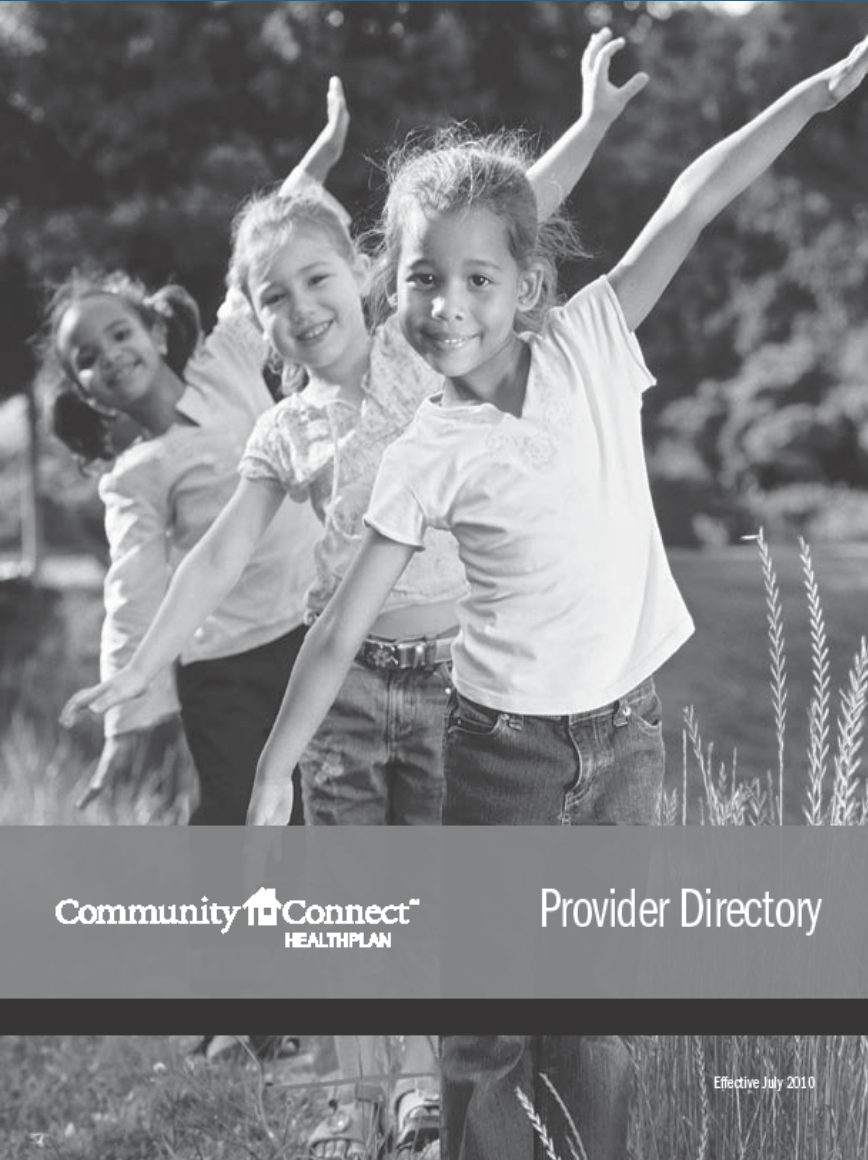


- **Online at [CommunityConnectHealthPlan.com](http://CommunityConnectHealthPlan.com)**
  - Provider Communications
  - Updates and Announcements
  - Provider Training Updates
  - Provider Directory
  - Provider Manual
  - Resource Guides
  - Note that the CommunityConnect website continues to evolve. Check back frequently!
  
- **Provider Services Call Center at [1-877-350-6074](tel:1-877-350-6074)**
  - Member Eligibility and Benefits
  - Claims Status
  - EDI Information

**Member Handbooks** are available in multiple languages, as well as large print and Braille, when requested. Handbooks can be requested through the Member Advocate Call Center.

**Members will receive a Member Handbook upon enrollment.**





## The **Provider Directory**

lists providers contracted with CommunityConnect HealthPlan and includes the provider address, telephone number and languages they speak.

## The **Electronic Provider Directory**

is updated monthly and is posted to our Website at

**[www.CommunityConnectHealthPlan.com](http://www.CommunityConnectHealthPlan.com)**

**Provider Services Call Center**

1-877-350-6074  
Fax: 1-715-836-7683  
P.O. Box 3157  
Eau Claire, WI 54702-3157

**Member Advocate Call Center**

1-888-279-1227  
TTY: 1-800-947-3529  
P.O. Box 3157  
Eau Claire, WI 54702-3157

**MedCall 24-Hour Nurse Help Line**

1-877-309-4884  
TTY: 1-800-368-4424

**Nonemergent Transportation -  
MTM**

1-888-409-6878  
TTY: 1-800-947-3529

**Behavioral Health Services**

1-877-471-6656  
TTY: 1-800-947-3429

**Website Assistance**

1-877-350-6074

**Women, Infants and Children  
(WIC) Program**

1-800-722-2295

**Vision Services – MARCH Vision**

1-888-493-4070  
TTY: 1-877-627-2456

**Dental Services - SEDA**

1-877-389-9870  
TTY: 1-800-947-3529

**Pharmacy**

*Provided directly by the state of  
Wisconsin ForwardHealth*  
1-800-362-3002

**Eligibility and Enrollment**

*Provided by ForwardHealth:*  
[www.ForwardHealth.wi.gov/](http://www.ForwardHealth.wi.gov/) or  
WiCall AVR: 1-800-947-3544

State Medicaid HMO  
Enrollment Specialist  
1-800-291-2002

**Prior Authorization & Case  
Management**

1-877-471-6656  
Fax: 1-877-471-6658

**Claims and Billing & Claims  
Appeals**

1-877-350-6074  
Fax: 1-715-836-7683  
P.O.Box 3157  
Eau Claire, WI 54702-3157

For questions regarding  
electronic billing, please contact  
our EDI Specialist at  
1-877-350-6074

**Our payor ID for electronic  
claims submission is 95192.**

**Member Grievances and Appeals**

Fax: 1-866-387-2968  
E-mail [sspga@wellpoint.com](mailto:sspga@wellpoint.com)  
(Be sure to include "SECURE"  
in the subject line.)

**Credentialing/Recredentialing**

1-800-516-7587  
To request a provider  
application: 1-888-599-1771

## CommunityConnect HealthPlan

CALL TOLL FREE

**Provider Services Call Center**

**1-877-350-6074**

YOUR LOCAL PRESENCE

**Bruce Kruger**

Director, Medicaid Field Operations, Wisconsin

[Bruce.Kruger@WellPoint.com](mailto:Bruce.Kruger@WellPoint.com)

(262) 389-5034



Thank you for your time

We look forward to working  
with you

CommunityConnect HealthPlan is the trade name used by CompCare Health Services Insurance Corporation for its insurance policies offered through the BadgerCare Plus program.