

## Section 11 – Payer Fact Sheets

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### **Payer Fact Sheets**

The following fact sheets have been created to assist Local Health Departments in their efforts to contract with both public and commercial health plans. The goal of the information is to provide an overview of a payer operating in your county. Payer information changes frequently as new products are offered and/or new laws and regulations are enacted. This includes the current changes being implemented as part of the Patient Protection and Affordable Care Act.

An attempt was made to supply specific contact information where available. However, due to employee turnover, titles are often easier to use when contacting specific organizations.

This information is available on the payer's website. It was condensed for ease of use in these fact sheets. Multiple attempts were made to verify the information with a payer representative. As you work with payers, please notify the Immunization Program of missing information and/or contacts so the documents can be updated for all users.

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# Anthem Blue Crosse and Blue Shield of Wisconsin

<b>Name:</b>	<b>Anthem Blue Cross and Blue Shield of Wisconsin</b>											
<b>Details:</b>	In Wisconsin, Anthem Blue Cross and Blue Shield is the trade name used by Blue Cross Blue Shield of Wisconsin ("BCBSWi") and CompCare Health Services Insurance Corporation ("CompCare"), independent licensees of the Blue Cross Blue Shield Association.											
<b>Service Area</b>	<b>Wisconsin Counties:</b> Adams, Ashland, Barron, Bayfield, Brown, Buffalo, Burnett, Calumet, Chippewa, Clark, Columbia, Crawford, Dane, Dodge, Door, Douglas, Dunn, Eau Claire, Florence, Fond Du Lac, Forest, Grant, Green, Green Lake, Iowa, Iron, Jackson, Jefferson, Juneau, Kenosha, Kewaunee, La Crosse, Lafayette, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Monroe, Oconto, Oneida, Outagamie, Ozaukee, Pepin, Pierce, Polk, Portage, Price, Richland, Racine, Rock, Rusk, Sauk, Sawyer, Shawano, Sheboygan, Saint Croix, Taylor, Trempealeau, Vernon, Vilas, Walworth, Washburn; Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood											
<b>WI License</b>	HMO license under CompCare - 611 Stock Insurance Corporation, Mixed Model HMO											
<b>Website:</b>	<a href="http://www.anthem.com/home-providers.html">http://www.anthem.com/home-providers.html</a>											
<b>Product(s) Offered</b>	HMO	PPO	POS	EPO	Indemnity	Medicare Advantage	Medicare Supplement	Medicaid	Consumer Driven/HSA	Other		
	<b>X</b>	<b>X</b>	<b>X</b>		<b>X</b>	<b>X</b>		<b>Note 1</b>	<b>X</b>			
<b>Notes:</b>	1. Medicaid – BadgerCare Plus Members offered through CommunityConnect HealthPlan®. (In eastern Wisconsin, CommunityConnect HealthPlan is the trade name used by CompCare Health Services Insurance Corporation for its insurance policies offered through the BadgerCare Plus program.) Website: <a href="http://communityconnecthealthplan.com/">http://communityconnecthealthplan.com/</a>											
<b>Provider Enrollment Information</b>												
<b>Credentialing/Contracting general contact</b>						Anthem Network Relations Message Center 800-232-5869 Contracting Matt Mathias 262-523-4798						
<b>Address</b>						See note						
<b>Name</b>						See note						
<b>Title</b>						See note						
<b>Phone</b>						Network Relations Message Center 800-232-5869						
<b>Email</b>						See note						
<b>Notes:</b>	The appropriate Network Relations Consultant will call back to assist with provider contact information.											
<b>Credentialing Details</b>												
<b>Is Pre-approval required?</b>						Letter of Intent (See Notes)						
<b>Application type</b>						CAQH UPD						
<b>Additional Special Requirements</b>						n/a						
<b>How to submit application?</b>						Non-contracted providers, submit "Letter of Intent". Additions to contracted provider groups complete and submit an online "Provider Maintenance Form" found under Answers@Anthem/Provider Forms.						
<b>How often is provider recredentialed?</b>						Every three (3) years						
<b>Notes:</b>	LOI form: <a href="http://www.anthem.com/provider/wi/f5/s1/t1/pw_e181934.pdf?refer=ahpfooter">http://www.anthem.com/provider/wi/f5/s1/t1/pw_e181934.pdf?refer=ahpfooter</a>											
<b>Contracting Details</b>												
<b>How will payer contract with Local Public Health Depts.?</b>						Check Memorandum of Understanding (MOU) or Full Contract below:						
<b>Immunizations/Administration Fee Only</b>						MOU		Full Contract	<b>X</b>			
<b>Immunizations/Admin Fee w/Interperiodic Visit (Codes 99211-99215)</b>						MOU		Full Contract	<b>X</b>			
<b>Provider Type(s) contracted (immunization services)</b>						MD/DO		PA		ANP		Other
<b>Contract forms</b>						CAQH UPD						
<b>Typical approval timeframe</b>						<b>90 days</b>						
<b>Approval notification method</b>						letter						
<b>Typical effective date</b>						30 days from Anthem receipt of completed provider maintenance form submission, including complete and						

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	accepted CAQH credentialing application, if applicable.
<b>Is retroactive effective date allowed?</b>	No
<b>Notes:</b>	Secure Provider Portal MyAnthem Provider™. Provider Maintenance Form can be found on Anthem’s public provider website under Answers@Anthem/Provider Forms.
<b>Claim Information</b>	
<b>Claim contact</b>	Commercial, FEP and Medicare Advantage: See telephone number listing on WI Ready Reference Guide found under “Contact Us” on WI public provider website.
<b>Phone</b>	Commercial, FEP and Medicare Advantage: See telephone number listing on WI Ready Reference Guide found under “Contact Us” on WI public provider website.
<b>Notes:</b>	
<b>Claim Details</b>	
<b>Verification of benefits</b>	Member ID card (as #'s differ from network to network & w/self-funded plans. Also have electronic eligibility (270/271 transactions) through Availity®.
<b>Claim submission - paper</b>	CMS-1500
<b>Claim submission - direct data entry (DDE)</b>	Via Link1500™ (vendor is MD On-Line, Inc. See <b>Note 1</b> )
<b>Claim submission - electronic</b>	ASC X12 837 Health Care Claim (Professional) 005010A1
<b>Common Payer ID</b>	00950 (for direct submission to Anthem)
<b>Clearinghouse(s) utilized</b>	Availity® (see <b>Note 2</b> )
<b>Claim submission - other</b>	Consult member ID card or Ready Reference - Wisconsin
<b>Timely filing window</b>	<i>Commercial 180 days,</i>
<b>Submit claims to</b>	<i>Commercial: PO Box 105187, Atlanta, GA 30348-5187; FEP: PO Box 105557, Atlanta, GA 30348-5557</i>
<b>Typical claim settlement window</b>	Electronic – 15 days                      Paper - 30 days
<b>Denied claim appeal window</b>	Within 180 days of the initial adverse action (see <b>Note 4</b> )
<b>Payment method</b>	EFT or check (see <b>Note 3</b> )
<b>RA/EOB available online/sent with checks</b>	RA is sent with paper check. RA can be sent electronically
<b>Notes:</b>	<ol style="list-style-type: none"> <li>1. MD On-Line, Inc. also has an “all payer” subscription option. KAM-Provider may also enter and submit single claims through Availity’s secure multi-payer portal.</li> <li>2. For set-up, call (800)470-9630 or email to <a href="mailto:edi.ent.support@anthem.com">edi.ent.support@anthem.com</a>. Anthem can accept EDI transactions directly from providers or via Vendors (billing services) or clearinghouses.</li> <li>3. Enrollment form for EFT included in first paper RA of month or on <a href="http://www.anthem.com/edi">www.anthem.com/edi</a></li> <li>4. Complaints (not related to clinical decisions, such as medical necessity, etc.) can be submitted via Availity to MyAnthem “Secure Message” or on Paper by completing and sending a Provider Adjustment Request Form to PO Box 105557, Atlanta, GA 30348-5557. Form is available under Answers@Anthem/Provider Forms. Providers may submit an appeal following a complaint for clinical denials.</li> <li>5. Appeals can be mailed to: Anthem Blue Cross and Blue Shield Attn: Appeals Department PO Box 105568 Atlanta, GA 30348-5568 Link to Guide to Provider Complaints and Appeals: <a href="http://www.anthem.com/provider/noapplication/f1/s0/t0/pw_e182206.pdf?refer=ahpprovider&amp;state=wi">http://www.anthem.com/provider/noapplication/f1/s0/t0/pw_e182206.pdf?refer=ahpprovider&amp;state=wi</a></li> </ol>

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### Copies of Supporting Documents Required *in addition to Application*

Items	R=required S=situational R-CAQH=submit to CAQH UPD	Notes
Signed/dated application	R	None with "Letter of Intent" Form along with CAQH.
Signed/dated contract	R	
CAQH Provider ID Number	R - CAQH	Payer uses the CAQH Universal Provider Datasource. If you don't have a CAQH number – contact payer for one.
Provider state medical license	R - CAQH	
Fellowship Certificates		
Residency Certificate		
Internship Certificate		
Professional Degree		
Undergraduate Degree		
Board Certificate(s)	R-CAQH	
Drug Enforcement Agency (DEA) license - copy	R - CAQH	
Controlled Substance Registration (CSR) - copy	R - CAQH	
CLIA	S	
Adverse Action documentation		
IRS doc	S	
EFT authorization		
W-9	R - CAQH	
Malpractice/Liability Face sheet	R - CAQH	
Curriculum Vitae	R - CAQH	
Driver's license		
Voided check or bank letter for EFT		
ACA Application Fee		
Other - Required	R - CAQH	CAQH Authorization, Attestation and Release form
Other - situational	S - CAQH	Summary of any pending or settled malpractice cases

*\* It is recommended to send all marked documents even if not requested. Doing so may speed application approval.*

### Fact Sheet Source(s)

- Company website
- E-Tools for Providers webinar
- Member Identification Eligibility and Benefits webinar
- Electronic Claim Payment Solutions document
- Provider Claim Submission and Adjustment Tips and Tools webinar
- Guide to Provider Complaints and Appeals document
- Ready Reference Guide – Wisconsin:  
[http://www.anthem.com/provider/noapplication/f1/s0/t0/pw\\_b144806.pdf?refer=ahpprovider&state=wi](http://www.anthem.com/provider/noapplication/f1/s0/t0/pw_b144806.pdf?refer=ahpprovider&state=wi)

**Payer Verified:** 8/19/13

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### Arise Health Plan

<b>Name:</b>	<b>Arise Health Plan (WPSHP)</b>									
<b>Details:</b>	Arise Health Plan, located in De Pere, WI, originated as Prevea Health Plan, a health plan created by a group of physicians who wanted to be involved in both sides of the health spectrum – delivering quality health care and quality health plans. Prevea Health Plan evolved into WPS Prevea Health Plan in June 2005, when WPS Health Insurance purchased the assets of Prevea Health Plan and formed a new wholly owned subsidiary. But it wasn't until October 2006, when WPS Health Plan was rebranded as Arise Health Plan Note: Arise Health Plan continues the use of the corporate name abbreviation of WPSHP.									
<b>Service Area</b>	Brown, Calumet, Dodge, Door, Fond du Lac, Kenosha, Kewaunee, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Milwaukee, Oconto, Outagamie, Ozaukee, Racine, Shawano, Sheboygan, Taylor, Walworth, Washington, Waukesha, Waupaca, Winnebago, Wood									
<b>WI License</b>	Under parent company - WPS Health Plan, Inc.									
<b>Website:</b>	<a href="http://www.wecareforwisconsin.com">www.wecareforwisconsin.com</a>									
<b>Product(s) Offered</b>	H	PP	PO	EP	Indemnit	Medicare	Medicare	Medicaid	Consumer	Other
	M	O	S	O	y	Advantage	Supplement		Driven/HSA	
	X		X				X		X	ASO
<b>Provider Enrollment Information</b>										
<b>Credentialing/Contracting general contact</b>					Credentialing Department and Network Management Department					
<b>Address</b>					Arise Health Plan PO Box 11625 Green Bay, WI 54307-1625					
<b>Name</b>										
<b>Title</b>										
<b>Phone</b>					Credentialing: 920-490-6952 or (920) 490-6954 or (888) 711-1444, ext. 6952 or 6954 Network Management: 920-617-6325 or (888) 711-1444 ext. 6325					
<b>Email/Fax</b>					Email Credentialing: <a href="mailto:GBCredentialingDept@AriseHealthPlan.com">GBCredentialingDept@AriseHealthPlan.com</a> Contracting: <a href="mailto:GBNetworkDevelopmentDept@AriseHealthPlan.com">GBNetworkDevelopmentDept@AriseHealthPlan.com</a> Fax Credentialing: (920) 490-6955 Network: (920) 490-6923					
<b>Notes:</b>										
<b>Credentialing Details</b>										
<b>Is Pre-approval required?</b>					Request for application <a href="http://www.wecareforwisconsin.com/providers/become_a_provider">http://www.wecareforwisconsin.com/providers/become_a_provider</a>					
<b>Application type</b>										
<b>Additional Special Requirements</b>										
<b>How to submit application?</b>					Will be provided with application					
<b>How often is provider recredentialed?</b>					Every three (3) years					
<b>Notes:</b>										
<b>Contracting Details</b>										
<b>How will payer contract with Local Public Health Depts.?</b>					Check Memorandum of Understanding (MOU) or Full Contract below:					
<b>Immunizations/Administration Fee Only</b>					MOU				Full Contract	
<b>Immunizations/Admin Fee w/Interperiodic Visit (Codes 99211-99215)</b>					MOU				Full Contract	

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<b>Provider Type(s) contracted (immunization services)</b>	MD/DO	<b>X</b>	PA	<b>X</b>	AN P		Other
<b>Contract forms</b>	proprietary						
<b>Typical approval timeframe</b>							
<b>Approval notification method</b>	Written letter promptly after the meeting at which your application is presented.						
<b>Typical effective date</b>							
<b>Is retroactive effective date allowed?</b>							
<b>Notes:</b>							
<b>Claim Information</b>							
<b>Claim contact</b>							
<b>Phone</b>							
<b>Notes:</b>							
<b>Claim Details</b>							
<b>Verification of benefits</b>	Member Benefits (920) 490-6900 or toll free (888) 711-1444 option 1						
<b>Claim submission - paper</b>	CMS-1500						
<b>Claim submission - direct data entry (DDE)</b>							
<b>Claim submission - electronic</b>	ASC X12 837 Health Care Claim (Professional) 005010A1						
<b>Common Payer ID</b>	39185 <i>(may say Prevea Health Plan or Arise or WPS Health Plans, Inc. dba Arise Health Plan)</i>						
<b>Clearinghouse(s) utilized</b>	Preferred C/H: ClaimsNet (see <b>Note 1</b> )						
<b>Claim submission - other</b>	n/a						
<b>Timely filing window</b>							
<b>Submit claims to</b>	<u>Commercial</u> Arise Health Plan P.O. Box 11625 Green Bay, WI 54307-1625 Or fax to (920) 490-6921			<u>Medicare</u> Arise Health Plan - 65+ PO Box 2487 Pensacola, FL 32573-2487			
<b>Typical claim settlement window</b>							
<b>Denied claim appeal window</b>							
<b>Payment method</b>	EFT and check						
<b>RA/EOB available online/sent with checks</b>							
<b>Notes:</b>	1. ClaimsNet Help desk - 800-356-0092						

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### Copies of Supporting Documents Required *in addition to* Application

Items	R=required S=situational R-CAQH=submit to CAQH UPD	Notes
Signed/dated application	R	Supplied by Credentialing Department
Signed/dated contract	R	
CAQH Provider ID Number		
Provider state medical license		
Fellowship Certificates		
Residency Certificate		
Internship Certificate		
Professional Degree		
Undergraduate Degree		
Board Certificate(s)		
Drug Enforcement Agency (DEA) license - copy		
Controlled Substance Registration (CSR) - copy		
CLIA		
Adverse Action documentation		
IRS doc		
EFT authorization		
W-9	R	<a href="http://www.wecareforwisconsin.com/document/Providers/Provider%20Forms/W9%20Form/W-9%20Form.pdf">http://www.wecareforwisconsin.com/document/Providers/Provider%20Forms/W9%20Form/W-9%20Form.pdf</a>
Malpractice/Liability Face sheet		
Curriculum Vitae		
Driver's license		
Voided check or bank letter for EFT		
ACA Application Fee		
Other - Required		
Other - situational		

*\* It is recommended to send all marked documents even if not requested. Doing so may speed application approval.*

#### Fact Sheet Source(s)

Payer website  
Provider manual, April 2013

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### Care Wisconsin Health Plan, Inc.

<b>Name:</b>	<b>Care Wisconsin Health Plan, Inc.</b>
<b>Details:</b>	A non-profit care management, managed care organization that operates a Medicare Advantage Health Maintenance Organization (HMO) Special Needs Plan (SNP) and a Wisconsin Medicaid Family Care Partnership program.
<b>Service Area</b>	Columbia, Dane, Dodge, Green Lake, Jefferson, Marquette, Ozaukee, Sauk, Sheboygan, Walworth, Washington, Waukesha and Waushara counties
<b>WI license</b>	613 Service Insurance Corporation, Mixed Model HMO
<b>Website:</b>	<a href="http://www.carewisc.org/">http://www.carewisc.org/</a>
<b>Provider Enrollment Information</b>	
<b>Credentialing/Contracting general contact</b>	Provider Services
<b>Address</b>	Care Wisconsin Provider Services PO Box 14017 Madison, WI 53708-0017
<b>Name</b>	Troy Meister
<b>Title</b>	Contracting Specialist
<b>Phone</b>	(608) 245-3350
<b>Email</b>	<a href="mailto:meister@carewisc.org">meister@carewisc.org</a>
<b>Notes:</b>	General Provider Service number = (800) 963-0035 For list of contract specialist by county - <a href="http://www.carewisc.org/contact-us/contact-information.html">http://www.carewisc.org/contact-us/contact-information.html</a>
<b>Credentialing Details</b>	
<b>Is Pre-approval required?</b>	No
<b>Application type</b>	Uniform Credentialing Application found in Provider Manual on website
<b>Source of Payer's Credentialing Documents</b>	n/a
<b>Additional Special Requirements</b>	n/a
<b>Are original signatures required on documents?</b>	Yes
<b>How to submit application?</b>	Same as under Provider Enrollment Information above
<b>How often is provider recredentialed?</b>	every three (3) years
<b>Notes:</b>	
<b>Contracting Details</b>	
<b>How will payer contract with Local Public Health Depts.?</b>	Full contract
<b>Immunizations Only</b>	Full contract
<b>Immunizations and limited Medical Services</b>	Full contract
<b>Provider Type(s) contracted with</b>	Physicians (MDs and DOs) · Podiatrists (DPMs) · Chiropractors · Doctors of optometry (ODs) · Mental health providers · Audiologists · Clinical psychologists · Other licensed independent providers who treat members outside the inpatient setting
<b>NPI Entity Type for LHD's?</b>	Dependent on individual or organization that is contracting.
<b>Contract forms</b>	proprietary
<b>Typical approval timeframe</b>	1 – 2 weeks
<b>Approval notification method</b>	Executed Contract returned
<b>Typical effective date</b>	First of the following month
<b>Is retroactive effective date allowed?</b>	If need be

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<b>Notes:</b>	
<b>Claim Information</b>	
<b>Claim contact</b>	Provider Service Help Desk
<b>Phone</b>	(608) 245-3053 or 877-496-3858
<b>Notes:</b>	
<b>Claim Details</b>	
<b>Verification of benefits</b>	ID card or call (608) 245-3053 or 1-877-496-3858
<b>Claim submission - paper</b>	CMS 1500 claim form
<b>Claim submission - direct data entry (DDE)</b>	n/a
<b>Claim submission - electronic</b>	ASC X12 837 Health Care Claim (Professional) 005010A1
<b>Common Payer ID</b>	27004
<b>Clearinghouse(s) utilized</b>	Emdeon
<b>Claim submission - other</b>	n/a
<b>Timely filing window</b>	sixty (60) days from the date of service
<b>Submit claims to</b>	Care Wisconsin P.O. Box 849 Buckeystown, MD 21717
<b>Typical claim settlement window</b>	30 Days from date of receipt of clean claim
<b>Denied claim appeal window</b>	Within 45 days of receipt of the Notice of Action (NOA)
<b>Payment method</b>	Check
<b>RA/EOB available online/sent with checks</b>	Sent with checks
<b>Notes:</b>	Appeal address: Care Wisconsin, ATTN Appeals, PO Box 14017, Madison, WI 53708-0017

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### Supporting Documents Required with Application

Items	R=required S=situational	Notes
Signed/dated application	R	Uniform Credentialing Application found in Provider Manual on website
Signed/dated contract	R	
CAQH Number		
Provider license	R	
Fellowship Certificates	R	
Residency Certificate	R	
Internship Certificate	R	
Professional Degree	R	
Undergraduate Degree		
Board Certificate(s)	S	
Drug Enforcement Agency (DEA) license - copy	S	
Controlled Substance Registration (CSR) - copy		
CLIA		
Adverse Action documentation		
IRS doc		
EFT authorization		
W-9	R	
Malpractice/Liability Face sheet	R	Also history of any claims or denial of professional liability
Curriculum Vitae		
Driver's license		
Voided check or bank letter for EFT		
ACA Application Fee		
Other - Required		
Other - situational	S	Statement indicating any limitations 1- in ability to perform the functions of the position with or without accommodation, <input type="checkbox"/> history of loss of license and/or felony convictions, and/or <input type="checkbox"/> history of loss or limitation of privileges or disciplinary actions.

*\* It is recommended to send all marked documents even if not requested. Doing so may speed application approval.*

#### Fact Sheet Sources:

- Care Wisconsin Provider Manual (February 27, 2013 version)
- Company website
- Wisconsin Office of the Commissioner of Insurance HMO Profiles page

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### Children's Community Health Plan

<b>Name:</b>	<b>Children's Community Health Plan (CCHP)</b>											
<b>Details:</b>	CCHP is a HMO for BadgerCare Plus affiliated with Children's Hospital of Wisconsin.											
<b>Service Area</b>	Brown, Calumet, Kenosha, Milwaukee, Outagamie, Ozaukee, Racine, Sheboygan, Walworth, Washington, Waukesha, Waupaca, Winnebago											
<b>Website:</b>	<a href="http://www.childrenschp.com">http://www.childrenschp.com</a>											
<b>Product(s) Offered</b>	HMO	PPO	POS	EPO	Indemnity	Medicare Advantage	Medicare Supplement	Medicaid	Consumer Driven/HS A	Other		
								<b>HMO</b>				
<b>Provider Enrollment Information</b>												
<b>Credentialing/Contracting general contact</b>												
<b>Address</b>						CCHP Provider Relations MS 6280, PO Box 1997 Milwaukee, WI 53201-1997						
<b>Name</b>						Julie Antholine						
<b>Title</b>						Manager Provider Relations						
<b>Phone</b>						800-482-8010						
<b>Email</b>						<a href="mailto:jantholine@chw.org">jantholine@chw.org</a>						
<b>Notes:</b>												
<b>Credentialing Details</b>												
<b>Is Pre-approval required?</b>						CCHP does not credential the nurses within the health departments for immunizations and HealthCheck						
<b>Application type</b>												
<b>Additional Special Requirements</b>												
<b>Are original signatures required on documents?</b>						Yes						
<b>How to submit application?</b>												
<b>How often is provider recredentialed?</b>												
<b>Notes:</b>												
<b>Contracting Details</b>												
<b>How will payer contract with Local Public Health Depts.?</b>						Check Memorandum of Understanding (MOU) or Full Contract below: either depending on preference of county						
<b>Immunizations/Administration Fee Only</b>						MOU	<b>X</b>		Full Contract			
<b>Immunizations/Admin Fee w/Interperiodic Visit (Codes 99211-99215)</b>						MOU	<b>X</b>		Full Contract			
<b>Provider Type(s) contracted (immunization services)</b>						MD/DO	<b>X</b>	PA	<b>X</b>	ANP		Other
<b>Contract forms</b>												
<b>Typical approval timeframe</b>						30-45 days						
<b>Approval notification method</b>						Letter with copy of the MOU or Agreement						
<b>Typical effective date</b>						1 <sup>st</sup> day of the month after approval						
<b>Is retroactive effective date allowed?</b>						No, CCHP cannot backdate provider agreements						
<b>Notes:</b>												
<b>Claim Information</b>												
<b>Claim contact</b>						Children's Community Health Plan						
<b>Phone</b>						<b>1-800-482-8010</b>						
<b>Notes:</b>												
<b>Claim Details</b>												
<b>Verification of benefits</b>						Contact Provider Service at 1-800-482-8010						

## Section 11 – Payer Fact Sheets

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<b>Claim submission - paper</b>	CMS-1500
<b>Claim submission - direct data entry (DDE)</b>	
<b>Claim submission - electronic</b>	ASC X12 837 Health Care Claim (Professional) 005010A1
<b>Common Payer ID</b>	Contact CS at 1-800-482-8010
<b>Clearinghouse(s) utilized</b>	See <b>Note 1</b> .
<b>Claim submission - other</b>	n/a
<b>Timely filing window</b>	In accordance with the claim-filing limit outlined in Network Agreement or MOU HealthCheck claims are exempt from the claim filing limit.
<b>Submit claims to</b>	CCHP P.O. Box 56099 Madison, WI 53705
<b>Typical claim settlement window</b>	Clean claims process within 30 days
<b>Denied claim appeal window</b>	Within one year of the Rejected Claims Reports or the EOP date. See <b>Note 2</b> .
<b>Payment method</b>	Paper checks, moving towards EFT 1/1/14
<b>RA/EOB available online/sent with checks</b>	Weekly Explanation of Payment (EOP) and check sent on paper.
<b>Notes:</b>	<b>1</b> - For electronic claims enrollment/set-up, call (800) 482-8010 <b>2</b> - Provider Appeals, PO Box 56099, Madison, WI 53705

## Section 11 – Payer Fact Sheets

### Copies of Supporting Documents Required *in addition to Application*

Items	R=required S=situational R – CAQH = submit to CAQH UPD	Notes
Signed/dated application	R	
Signed/dated contract	R	
CAQH Provider ID Number		CCHP does not have access to CAQH
Provider state medical license	R	
Fellowship Certificates	R	
Residency Certificate	R	
Internship Certificate	R	
Professional Degree	R	
Undergraduate Degree	R	
Board Certificate(s)	R	
Drug Enforcement Agency (DEA) license - copy	R	
Controlled Substance Registration (CSR) - copy	R	
CLIA	R	
Adverse Action documentation		
IRS doc	R	
EFT authorization		Not available until 1/1/14
W-9	R	
Malpractice/Liability Face sheet	R	
Curriculum Vitae	R	
Driver's license		
Voided check or bank letter for EFT		Not available until 1/1/14
ACA Application Fee		
Other - Required		
Other - situational		

*\* It is recommended to send all marked documents even if not requested. Doing so may speed application approval.*

### Fact Sheet Source(s)

Company website

CCHP Provider Handbook

## Section 11 – Payer Fact Sheets

### Community Care, Inc.

<b>Name:</b>		<b>Community Care, Inc.</b>											
<b>Details:</b>		Community Care, Inc. is a non- profit Managed Care Organization (MCO)											
<b>Service Area</b>		Calumet, Kenosha, Milwaukee, Outagamie, Ozaukee, Sheboygan, Racine, Walworth, Washington, Waukesha, Waupaca											
<b>Website:</b>		<a href="http://www.communitycareinc.org">www.communitycareinc.org</a>											
<b>Product(s) Offered</b>	HMO	PPO	POS	EPO	Indemnity	Medicare Advantage	Medicare Supplement	Medicaid	Consumer Driven/HSA	Other			
	X					X		X		Part D			
<b>Provider Enrollment Information</b>													
<b>Credentialing/Contracting general contact</b>						Provider Hotline at 866-937-2783, option 2							
<b>Address</b>						Community Care, Inc. Provider Management Department 1801 Dolphin Drive Waukesha, WI 53186							
<b>Name</b>						<b>All contract inquiries call provider hotline to start process</b>							
<b>Title</b>													
<b>Phone</b>						(866) 937-2783, option 2							
<b>Email</b>						ContractInquiries@communitycareinc.org							
<b>Notes:</b>		Plan prefers providers call and talk to them about all requirements											
<b>Credentialing Details</b>													
<b>Is Pre-approval required?</b>						Yes							
<b>Application type</b>						Proprietary							
<b>Additional Special Requirements</b>						n/a							
<b>How to submit application?</b>													
<b>How often is provider recredentialed?</b>													
<b>Contracting Details</b>													
<b>How will payer contract with Local Public Health Depts.?</b>						Check Memorandum of Understanding (MOU) or Full Contract below: either depending on preference of county							
<b>Immunizations/Administration Fee Only</b>						MOU				Full Contract		X	
<b>Immunizations/Admin Fee w/Interperiodic Visit (Codes 99211-99215)</b>						MOU		No		Full Contract		No	
<b>Provider Type(s) contracted (immunization services)</b>						MD/DO		PA		ANP		Other	
<b>Contract forms</b>						Not provided							
<b>Typical approval timeframe</b>						Not provided							
<b>Approval notification method</b>						Not provided							
<b>Typical effective date</b>						Not provided							
<b>Is retroactive effective date allowed?</b>						Not provided							
<b>Notes:</b>													
<b>Notes:</b>													
<b>Claim Information</b>													
<b>Claim contact</b>						Provider Hotline at 866-937-2783, option 1							
<b>Phone</b>													
<b>Notes:</b>													
<b>Claim Details</b>													
<b>Verification of benefits</b>						Not provided							
<b>Claim submission - paper</b>						Not provided							
<b>Claim submission – direct data entry (DDE)</b>						Not provided							

## Section 11 – Payer Fact Sheets

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<b>Claim submission - electronic</b>	Not provided
<b>Common Payer ID</b>	Not provided
<b>Clearinghouse(s) utilized</b>	Not provided
<b>Claim submission - other</b>	Not provided
<b>Timely filing window</b>	Not provided
<b>Submit claims to</b>	Not provided
<b>Typical claim settlement window</b>	Not provided
<b>Denied claim appeal window</b>	Not provided
<b>Payment method</b>	Not provided
<b>RA/EOB available online/sent with checks</b>	Not provided
<b>Notes:</b>	

## Section 11 – Payer Fact Sheets

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### **Copies of Supporting Documents Required *in addition to Application***

Items	R=required S=situational R-CAQH=submit to CAQH UPD	Notes
Signed/dated application		
Signed/dated contract		
CAQH Provider ID Number		
Provider state medical license		
Fellowship Certificates		
Residency Certificate		
Internship Certificate		
Professional Degree		
Undergraduate Degree		
Board Certificate(s)		
Drug Enforcement Agency (DEA) license - copy		
Controlled Substance Registration (CSR) - copy		
CLIA		
Adverse Action documentation		
IRS doc		
EFT authorization		
W-9		
Malpractice/Liability Face sheet		
Curriculum Vitae		
Driver's license		
Voided check or bank letter for EFT		
ACA Application Fee		
Other - Required		
Other - situational		

*\* It is recommended to send all marked documents even if not requested. Doing so may speed application approval.*

#### **Fact Sheet Source(s)**

Company website

Community Care Provider Bulletin, May 2013 Volume. 4, No. 1

## Section 11 – Payer Fact Sheets

### Dean Health Plan

<b>Name:</b>	<b>Dean Health Plan</b>										
<b>Details:</b>	Dean Health Plan (DHP), a subsidiary of Dean Health Insurance, Inc. (DHI) is a for-profit, group-model HMO, established in 1983, and is the insurance services subsidiary of Dean Health System and SSM Health Care.										
<b>Service Area</b>	Adams, Columbia, Crawford, Dane, Dodge, Fond du Lac, Grant, Green, Green Lake, Iowa, Jefferson, Juneau, Lafayette, Marquette, Richland, Rock, Sauk, Vernon, Walworth, Waukesha										
<b>Website:</b>	<a href="http://www.deancare.com">www.deancare.com</a>										
<b>Product(s) Offered</b>	HMO	PPO	POS	EPO	Indemnity	Medicare Advantage	Medicare Supplement	Medicaid	Consumer Driven/HSA	Other	
	X	X	X	X			X	X	X		<b>Medicare Cost</b>
<b>Provider Enrollment Information</b>											
<b>Credentialing/Contracting general contact</b>						Customer Care Center					
<b>Address</b>						Dean Health Plan P.O. Box 56099 Madison, WI 53705					
<b>Name:</b> Loretta Lorenzen						Assigned by service area (Note 1)					
<b>Title:</b> Director of Network Management						Provider Relations Specialist					
<b>Phone:</b> 608-827-4331						(608) 828-1301 or (800) 279-1301					
<b>Email:</b> Loretta.Lorenzen@deancare.com											
<b>Notes:</b>	1 – go to <a href="http://www.deancare.com/providers/">http://www.deancare.com/providers/</a> and click on Select a Location under Provider Relations then click on appropriate county link										
<b>Credentialing Details</b>											
<b>Is Pre-approval required?</b>						Yes, by contacting Provider Relations					
<b>Application type</b>						Individual: <a href="http://www.deancare.com/providers/forms/">http://www.deancare.com/providers/forms/</a> Organizations only: <a href="http://www.deancare.com/app/files/public/3802/pdf-providers-Organizational-Application.pdf">http://www.deancare.com/app/files/public/3802/pdf-providers-Organizational-Application.pdf</a>					
<b>Additional Special Requirements</b>						n/a					
<b>Are original signatures required on documents?</b>						yes					
<b>How to submit application?</b>						Fax: 608-827-4300 or Mail: Dean Health Plan Provider Relations Department P.O. Box 56099 Madison, WI 53705					
<b>How often is provider recredentialed?</b>						Every three (3) years.					
<b>Notes:</b>											
<b>Contracting Details</b>											
<b>How will payer contract with Local Public Health Depts.? Contract? Agreement? MOU?</b>						Check Memorandum of Understanding (MOU) or Full Contract below: either depending on preference of county					
<b>Immunizations/Administration Fee Only</b>						MOU			Full Contract		
<b>Immunizations/Admin Fee w/Interperiodic Visit (Codes 99211-99215)</b>						MOU			Full Contract		
<b>Provider Type(s) contracted with</b>						MD/DO		PA		NP	Other
<b>NPI Entity Type for LHD's?</b>						1 – individual; 2 – organization					
<b>Contract forms</b>						Proprietary					
<b>Typical approval timeframe</b>						Within 180 days of the date of the practitioner's signature					

## Section 11 – Payer Fact Sheets

	on the application or application will be returned.
<b>Approval notification method</b>	
<b>Typical effective date</b>	
<b>Is retroactive effective date allowed?</b>	No
<b>Notes:</b>	
<b>Claim Information</b>	
<b>Claim contact</b>	Claims Manager
<b>Phone</b>	(608) 827-4432 or (800) 356-7344, EXT 4432
<b>Notes:</b>	
<b>Claim Details</b>	
<b>Verification of benefits</b>	(608) 828-1301 or (800) 279-1301
<b>Claim submission - paper</b>	CMS-1500
<b>Claim submission - direct data entry (DDE)</b>	n/a
<b>Claim submission - electronic</b>	For information, email: <a href="mailto:dhpedi@deancare.com">dhpedi@deancare.com</a>
<b>Claim submission - other</b>	n/a
<b>Timely filing window</b>	Defined in agreement with each provider.
<b>Submit claims to</b>	P.O. Box 56099, Madison, WI, 53705
<b>Typical claim settlement window</b>	Within 30 days of receipt of a Clean Claim
<b>Denied claim appeal window</b>	Within 60 days of the date of the denial.
<b>Payment method</b>	EFT
<b>RA/EOB available online/sent with checks</b>	Voice Response (IVR) system or weekly Explanation of Payment (EOP)
<b>Notes:</b>	

## Section 11 – Payer Fact Sheets

### **Copies of Supporting Documents Required *with* Application**

Items	R=required S=situational	Notes
<b>Signed/dated application</b>	<b>R</b>	on website Provider Forms section
<b>Signed/dated contract</b>	<b>R</b>	
<b>CAQH Number</b>		
<b>Provider license</b>		
<b>Fellowship Certificates</b>		
<b>Residency Certificate</b>		
<b>Internship Certificate</b>		
<b>Professional Degree</b>		
<b>Undergraduate Degree</b>		
<b>Board Certificate(s)</b>		
<b>Drug Enforcement Agency (DEA) license - copy</b>		
<b>Controlled Substance Registration (CSR) - copy</b>		
<b>CLIA</b>		
<b>Adverse Action documentation</b>	<b>S</b>	See application form for detail
<b>IRS doc</b>		
<b>EFT authorization</b>		
<b>W-9</b>		
<b>Malpractice/Liability Face sheet</b>	<b>R</b>	\$1 million per occurrence/\$3 million per aggregate
<b>Curriculum Vitae</b>		
<b>Driver's license</b>		
<b>Voided check or bank letter for EFT</b>		
<b>ACA Application Fee</b>		
<b>Other - Required</b>		
<b>Other - situational</b>		

*\* It is recommended to send all marked documents even if not requested. Doing so may speed application approval.*

**Fact Sheet Source:**

Company website  
DPH MD Provider Manual

## Section 11 – Payer Fact Sheets

### Group Health Cooperative of Eau Claire

<b>Name:</b>		<b>Group Health Cooperative of Eau Claire/CompCare</b>											
<b>Details:</b>		Group Health Cooperative of Eau Claire is a community-based non-profit health plan that began over 30 years ago and is serving more than 70,000 members in Western Wisconsin.											
<b>Service Area</b>		<p><b>GHC Commercial:</b> Ashland, Barron, Bayfield, Buffalo, Burnett, Chippewa, Clark, Douglas, Dunn, Eau Claire, Jackson, Pepin, Pierce, Polk, Rusk, Sawyer, St. Croix, Taylor, Trempealeau, Washburn            Additional for BadgerCare Plus: Adams, Columbia (partial), Crawford, Grant, Green, Iowa, Juneau, Lafayette, Monroe, Vernon</p> <p><b>CompCare:</b> Adams, Barron, Bayfield, Burnett, Chippewa, Crawford, Douglas, Dunn, Eau Claire, Grant, Green, Iowa, Jackson, Juneau, Lafayette, Rusk, Sauk, Vernon, Washburn and partial portions of Columbia, La Crosse, Monroe, Pepin, Pierce, St. Croix, Trempealeau</p>											
<b>WI license</b>		185 Cooperative for Sickness Care, Mixed Model HMO											
<b>Website:</b>		<a href="https://www.group-health.com/default.aspx">https://www.group-health.com/default.aspx</a>											
<b>Product(s) Offered</b>	HMO	PPO	POS	EPO	Indemnity	Medicare Advantage	Medicare Supplement	Medicaid	Consumer Driven/HSA	Other			
	X							X					
<b>Provider Enrollment Information</b>													
<b>Credentialing/Contracting general contact</b>						<b>Provider Relations</b>							
<b>Address</b>						Group Health Cooperative of Eau Claire ATT: Provider Relations P.O. Box 3217 Eau Claire, WI 54702-3217							
<b>Name</b>						Allison Benson							
<b>Title</b>						Provider Relations Contracting Specialist							
<b>Phone</b>						(715) 552-4300 or (888) 203-7770							
<b>Email</b>						abenson@group-health.com							
<b>Notes:</b>													
<b>Credentialing Details</b>													
<b>Is Pre-approval required?</b>						Network Interest Application Form							
<b>Application type</b>						proprietary – see website							
<b>Additional Special Requirements</b>						n/a							
<b>Are original signatures required on documents?</b>						Accept fax/scanned originals							
<b>How to submit application?</b>						Mail to: GHC-Eau Claire ATT: Provider Relations P.O. Box 3217 Eau Claire, WI 54702-3217  Email to: Allison Benson abenson@group-health.com							
<b>How often is provider recredentialed?</b>						Every three (3) years							
<b>Notes:</b>													
<b>Contracting Details</b>													
<b>How will payer contract with Local Public Health Depts.?</b>						Check Memorandum of Understanding (MOU) or Full Contract below:							
<b>Immunizations/Administration Fee Only</b>						MOU		Full Contract	X				
<b>Immunizations/Admin Fee w/Interperiodic Visit (Codes 99211-99215)</b>						MOU		Full Contract	X				
<b>Provider Type(s) contracted (immunization services)</b>						MD/DO	X	P A	X	ANP	X	Other	
<b>Contract forms</b>						proprietary							
<b>Typical approval timeframe</b>						10 weeks							

## Section 11 – Payer Fact Sheets

<b>Approval notification method</b>	Contracts sent for signature.
<b>Typical effective date</b>	1 <sup>st</sup> of the month following practitioner's credentialing approval.
<b>Is retroactive effective date allowed?</b>	possible
<b>Notes:</b>	<b>Practitioners need to be credentialed, facilities are contracted.</b>
<b>Claim Information</b>	
<b>Claim contact</b>	Provider Services
<b>Phone</b>	866-563-3020
<b>Notes:</b>	
<b>Claim Details</b>	
<b>Verification of benefits</b>	Online electronic eligibility available, or member's ID card or (715) 552-4300 or (888) 563-3020
<b>Claim submission - paper</b>	CMS-1500
<b>Claim submission - direct data entry (DDE)</b>	QuickClaim (Smart Data Solutions) available
<b>Claim submission - electronic</b>	ASC X12 837 Health Care Claim (Professional) 005010A1
<b>Common Payer ID</b>	ID = 95192
<b>Clearinghouse(s) utilized</b>	Emdeon, SDS (Smart Data Solutions), Cvikota Company, Relay Health, Practice Works (Dental), SSI Group, Inc.
<b>Claim submission - other</b>	n/a
<b>Timely filing window</b>	one year from the date of services
<b>Submit claims to</b>	Group Health Cooperative of Eau Claire P.O. Box 217 3 Eau Claire, WI -32175 Fax: (715) 836-7683
<b>Typical claim settlement window</b>	Less than 30 days
<b>Denied claim appeal window</b>	Within 60 days from the initial payment/denial determination notice.
<b>Payment method</b>	EFT or paper check
<b>RA/EOB available online/sent with checks</b>	Electronic Remittance Advice or sent with checks
<b>Notes:</b>	Call Provider Services at (866) 563-3020 to obtain the Electronic Claims Setup form

## Section 11 – Payer Fact Sheets

### Copies of Supporting Documents Required *in addition to Application*

Items	R=required S=situational	Notes
Signed/dated application	R	
Signed/dated contract	R	
CAQH Number		
Provider license	R	
Fellowship Certificates		
Residency Certificate		
Internship Certificate		
Professional Degree		
Undergraduate Degree		
Board Certificate(s)	R	
Drug Enforcement Agency (DEA) license - copy	R	
Controlled Substance Registration (CSR) - copy		
CLIA		
Adverse Action documentation	S	Full explanation for any disciplinary actions in past 10 years
IRS doc		
EFT authorization		
W-9		
Malpractice/Liability Face sheet	R	
Curriculum Vitae		
Driver's license		
Voided check or bank letter for EFT		
ACA Application Fee		
Other - Required	R	GHC Release of Information form GHC Credentialing Process Agreement
Other - situational	S	Details (identified on application) for any malpractice claims

*\* It is recommended to send all marked documents even if not requested. Doing so may speed application approval.*

#### **Fact Sheet Source(s)**

GHC-EC website and Provider Manual (9/2013 online version)

Tom Thorness, RN

Quality Improvement Department

Group Health Cooperative of Eau Claire

[tthorsness@group-health.com](mailto:tthorsness@group-health.com)

715-852-2091 Office

Amy Richardson

[arichardson@group-health.com](mailto:arichardson@group-health.com)

715-852-2986

**Payer Verified:** 8/14/2013

## Section 11 – Payer Fact Sheets

### Group Health Cooperative – South Central Wisconsin

<b>Name:</b>	<b>Group Health Cooperative – South Central Wisconsin</b>										
<b>Details:</b>	GHC-SWC is a non-profit, member-owned staff-model HMO (physicians are employees) that began in March, 1976 with funding from the Wisconsin Health Planning Council. Specialist access is also offered at both Dean and/or UW Health clinics.										
<b>Service Area</b>	Columbia, Dane, Dodge, Iowa and Sauk										
<b>WI license</b>	185 Cooperative for Sickness Care, Staff Model HMO										
<b>Website:</b>	<a href="https://ghcscw.com/">https://ghcscw.com/</a>										
<b>Product(s) Offered</b>	HMO	PPO	POS	EPO	Indemnity	Medicare Advantage	Medicare Supplement	Medicaid	Consumer Driven/HSA	Other	
	X	X									
<b>Provider Enrollment Information</b>											
<b>Credentialing/Contracting general contact</b>											
<b>Address</b>											
<b>Name</b>											
<b>Title</b>											
<b>Phone</b>											
<b>Email</b>											
<b>Notes:</b>											
<b>Credentialing Details</b>											
<b>Is Pre-approval required?</b>											
<b>Application type</b>						Proprietary on website					
<b>Additional Special Requirements</b>						n/a					
<b>Are original signatures required on documents?</b>											
<b>How to submit application?</b>											
<b>How often is provider recredentialed?</b>						Every three (3) years					
<b>Notes:</b>											
<b>Contracting Details</b>											
<b>How will payer contract with Local Public Health Depts.?</b>											
<b>Immunizations Only</b>											
<b>Immunizations and limited Medical Services</b>											
<b>Provider Type(s) contracted (immunization services)</b>						MD/DO		PA		ANP	Other
<b>Contract forms</b>											
<b>Typical approval timeframe</b>											
<b>Approval notification method</b>											
<b>Typical effective date</b>											
<b>Is retroactive effective date allowed?</b>											
<b>Notes:</b>											
<b>Claim Information</b>											
<b>Claim contact</b>											
<b>Phone</b>						(608) 251-4526					
<b>Notes:</b>											
<b>Claim Details</b>											
<b>Verification of benefits</b>						Member ID card or (608) 260-3170 or electronically with X12N version 005010X279A1					
<b>Claim submission - paper</b>						CMS-1500					
<b>Claim submission - direct data entry (DDE)</b>											
<b>Claim submission - electronic</b>						837 Professional/005010X222A1, see Notes					
<b>Common Payer ID</b>						39167					
<b>Clearinghouse(s) utilized</b>						Emdeon					

## Section 11 – Payer Fact Sheets

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<b>Claim submission – other</b>	n/a
<b>Timely filing window</b>	
<b>Submit claims to</b>	Group Health Cooperative of South Central Wisconsin ATTN: Claims Department 1265 John Q Hammons Drive, Ste 200 P.O. Box 44971 Madison, WI 53717-1962
<b>Typical claim settlement window</b>	
<b>Denied claim appeal window</b>	
<b>Payment method</b>	
<b>RA/EOB available online/sent with checks</b>	
<b>Notes:</b>	Electronic Data Interchange (EDI) setup form on website Support page

## Section 11 – Payer Fact Sheets

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### Copies of Supporting Documents Required *in addition to Application*

Items	R=required S=situational	Notes
Signed/dated application	R	
Signed/dated contract	R	
CAQH Number		
Provider license		
Fellowship Certificates		
Residency Certificate		
Internship Certificate		
Professional Degree		
Undergraduate Degree		
Board Certificate(s)		
Drug Enforcement Agency (DEA) license - copy	R	
Controlled Substance Registration (CSR) - copy		
CLIA		
Adverse Action documentation	S	
IRS doc		
EFT authorization		
W-9		
Malpractice/Liability Face sheet	R	
Curriculum Vitae		
Driver's license		
Voided check or bank letter for EFT		
ACA Application Fee		
Other - Required		
Other - situational		

*\* It is recommended to send all marked documents even if not requested. Doing so may speed application approval.*

**Fact Sheet Source:** website and Policy & Procedure: Credentialing and Re-credentialing/HEDIS Process

## Section 11 – Payer Fact Sheets

### Gundersen Health Plan

<b>Name:</b>	<b>Gundersen Health Plan</b> (formerly Gundersen Lutheran Health Plan)											
<b>Details:</b>	Established in 1995 to cover employees, Gundersen Health Plan, a subsidiary organization of Gundersen Health System, is a not-for-profit health plan.											
<b>Service Area</b>	<b>Commercial plans:</b> Buffalo, Crawford, Grant, Jackson, Juneau, La Crosse, Monroe, Richland, Sauk, Trempealeau, Vernon <b>BadgerCare Plus:</b> Crawford, Juneau, La Crosse, Monroe, Trempealeau and Vernon, as well as selected zip codes in the counties of Buffalo, Grant, Jackson, Richland and Sauk <b>Medicare Advantage:</b> Crawford, Jackson, La Crosse, Monroe, Trempealeau and Vernon, as well as selected zip codes in the counties of Buffalo, Grant, Juneau, Richland and Sauk											
<b>Website:</b>	<a href="http://www.gundersenhealthplan.org">www.gundersenhealthplan.org</a>											
<b>Product(s) Offered</b>	HM	PP	PO	EP	Indemnity	Medicare Advantage	Medicare Supplement	Medicaid	Consumer Driven/HSA	Other		
	X		X			X	X	X	X	TPA		
<b>Provider Enrollment Information</b>												
<b>Credentialing/Contracting general contact</b>												
<b>Address</b>												
<b>Name</b>												
<b>Title</b>												
<b>Phone</b>						(608) 775-8026/8034 or (800) 897-1923 Extension 58026 or 58034						
<b>Email</b>												
<b>Notes:</b>												
<b>Credentialing Details</b>												
<b>Is Pre-approval required?</b>						Yes						
<b>Application type</b>						Provider Participation Request Form (on website)						
<b>Additional Special Requirements</b>						n/a						
<b>How to submit application?</b>						mailto: <a href="mailto:hpprovidernetmgmt@gundersenhealth.org">hpprovidernetmgmt@gundersenhealth.org</a>						
<b>How often is provider recredentialed?</b>						Increments of up to every three years						
<b>Notes:</b>												
<b>Contracting Details</b>												
<b>How will payer contract with Local Public Health Depts.?</b>						Check Memorandum of Understanding (MOU) or Full Contract below:						
<b>Immunizations/Administration Fee Only</b>						MOU		X	Full Contract			
<b>Immunizations/Admin Fee w/Interperiodic Visit (Codes 99211-99215)</b>						MOU		X	Full Contract			
<b>Provider Type(s) contracted (immunization services)</b>						MD/DO	X	PA	X	ANP	X	Other
<b>Contract forms</b>						proprietary						
<b>Typical approval timeframe</b>												
<b>Approval notification method</b>						Will notify practitioners of their credentialing status within 60 days of the decision						
<b>Typical effective date</b>						First of the month						
<b>Is retroactive effective date allowed?</b>						No, except in extenuating circumstances and will not be granted for more than sixty (60) days.						
<b>Notes:</b>												
<b>Claim Information</b>												
<b>Claim contact</b>												
<b>Phone</b>						(800) 362-9567, ext. 58034						
<b>Notes:</b>												
<b>Claim Details</b>												

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<b>Verification of benefits</b>	<ol style="list-style-type: none"> <li>1. Member ID card</li> <li>2. (608) 775-8007 or (800) 897-1923 Extension 58007</li> <li>3. via Gundersen Health Plan Provider Portal on website</li> </ol>
<b>Claim submission - paper</b>	CMS-1500
<b>Claim submission - direct data entry (DDE)</b>	
<b>Claim submission - electronic</b>	ASC X12 837 Health Care Claim (Professional) 005010A1 (see <b>Note 1</b> )
<b>Common Payer ID</b>	39180
<b>Clearinghouse(s) utilized</b>	Clearscript
<b>Claim submission - other</b>	n/a
<b>Timely filing window</b>	Within 60 days of the date services are provided, or as soon as possible. Timely filing limits vary by plan. For specific plan limits, contact Customer Service at (608) 775- 8007, or (800) 897-1923 ext. 58007.
<b>Submit claims to</b>	Gundersen Health Plan Attn.: Claims Administration NCA2-01 1900 South Avenue La Crosse, WI 54601
<b>Typical claim settlement window</b>	Within thirty (30) days of receipt of a clean claim.
<b>Denied claim appeal window</b>	<b>90 days</b> (see <b>Note 2</b> )
<b>Payment method</b>	EFT or checks
<b>RA/EOB available online/sent with checks</b>	Both
<b>Notes:</b>	<ol style="list-style-type: none"> <li>1. Contact Configuration Department at (608) 775-8053 or (800) 370-9718, ext. 58053</li> <li>2. Appeals are sent to: Gundersen Health Plan NCA 2-01, Attn: Provider Network Administrator, Provider Network Management, 1900 South Avenue, La Crosse, WI 54601</li> </ol>

## Section 11 – Payer Fact Sheets

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### Copies of Supporting Documents Required *in addition to Application*

Items	R=required S=situational R-CAQH=submit to CAQH UPD	Notes
Signed/dated application	R	
Signed/dated contract	R	
CAQH Provider ID Number		
Provider state medical license		
Fellowship Certificates		
Residency Certificate		
Internship Certificate		
Professional Degree		
Undergraduate Degree		
Board Certificate(s)		
Drug Enforcement Agency (DEA) license - copy		
Controlled Substance Registration (CSR) - copy		
CLIA		
Adverse Action documentation		
IRS doc		
EFT authorization		
W-9	R	
Malpractice/Liability Face sheet		
Curriculum Vitae		
Driver's license		
Voided check or bank letter for EFT		
ACA Application Fee		
Other - Required	R	Copy of fee schedule
Other - situational		

*\* It is recommended to send all marked documents even if not requested. Doing so may speed application approval.*

#### Fact Sheet Source(s)

Company website

Commercial/Employer Group Provider Manual

## Section 11 – Payer Fact Sheets

### HealthPartners Health Plan - Wisconsin

<b>Name:</b>	<b>HealthPartners Health Plan - Wisconsin</b>										
<b>Details:</b>	HealthPartners Health Plan is non-profit, consumer governed health plan, operating in in Minnesota, western Wisconsin, South Dakota and North Dakota. In 2007, HealthPartners began a strategic alliance with Cigna that includes western Wisconsin. See following document for more information: <a href="https://www.healthpartners.com/ucm/groups/public/@hp/@public/documents/documents/vgn_pdf_33996.pdf">https://www.healthpartners.com/ucm/groups/public/@hp/@public/documents/documents/vgn_pdf_33996.pdf</a>										
<b>Service Area</b>	<b>Commercial:</b> Adams, Ashland, Barron, Bayfield, Buffalo, Burnett, Chippewa, Clark, Crawford, Douglas, Dunn, Eau Claire, Grant (partial coverage), Iron, Jackson, Jefferson, Juneau, La Crosse, Lincoln, Marathon, Monroe, Oneida, Pierce, Polk, Portage, Price, Richland (partial coverage), Rusk, Sauk (partial coverage), Sawyer, Taylor, Trempealeau, Vernon, Vilas, Washburn, Wood <b>Wisconsin Freedom (Medicare):</b> Barron, Burnett, Douglas, Dunn, Pierce, Polk, St. Croix, Washburn										
<b>Website:</b>	<a href="http://www.healthpartners.com">http://www.healthpartners.com</a>										
<b>Product(s) Offered</b>	HMO	PPO	POS	EPO	Indemnity	Medicare Advantage	Medicare Supplement	Medicaid	Consumer Driven/HSA	Other	
						X			X	ACO & TPA	
<b>Provider Enrollment Information</b>											
<b>Credentialing/Contracting general contact</b>						HealthPartners Credentialing Service Bureau					
<b>Address</b>											
<b>Name</b>											
<b>Title</b>											
<b>Phone</b>						952-883-5755					
<b>Email</b>						<a href="mailto:ProviderData@healthpartners.com">ProviderData@healthpartners.com</a>					
<b>Notes:</b>											
<b>Credentialing Details</b>											
<b>Is Pre-approval required?</b>						Yes					
<b>Application type</b>						<a href="https://www.healthpartners.com/provider/contact/jsp/contract.jsp">https://www.healthpartners.com/provider/contact/jsp/contract.jsp</a>					
<b>Additional Special Requirements</b>						MCC online credentialing application (see <b>Note 1</b> )					
<b>How to submit application?</b>						Information provided by MCC.					
<b>How often is provider recredentialed?</b>						At least every thirty-six (36) months					
<b>Notes:</b>						1. Must join the Minnesota Credentialing Collaborative and pay a \$25/year administration fee.					
<b>Contracting Details</b>											
<b>How will payer contract with Local Public Health Depts.?</b>						Check Memorandum of Understanding (MOU) or Full Contract below:					
<b>Immunizations/Administration Fee Only</b>						MOU				Full Contract	
<b>Immunizations/Admin Fee w/Interperiodic Visit (Codes 99211-99215)</b>						MOU				Full Contract	
<b>Provider Type(s) contracted (immunization services)</b>						MD/DO	X	PA	X	ANP	X
<b>Contract forms</b>						proprietary					
<b>Typical approval timeframe</b>						Credentialing - up to 90 days (see <b>Note 1</b> ) Contract - in less than 60 days if your application for network participation is accepted					
<b>Approval notification method</b>											
<b>Typical effective date</b>											
<b>Is retroactive effective date allowed?</b>											
<b>Notes:</b>						1. Receipt of a credentialing approval letter. 2. Professional contracting - 952-883-5589 or 888-638-6648					
<b>Claim Information</b>											
<b>Claim contact</b>						HealthPartners Secured Provider Portal - <a href="http://www.healthpartners.com/Provider">http://www.healthpartners.com/Provider</a>					
<b>Phone</b>						Commercial plans - 952-967-6633 Senior Plans - 952-883-7699					

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<b>Notes:</b>		
<b>Claim Details</b>		
<b>Verification of benefits</b>	HealthPartners Secured Provider Portal - <a href="http://www.healthpartners.com/Provider">http://www.healthpartners.com/Provider</a>	
<b>Claim submission - paper</b>	CMS-1500	
<b>Claim submission - direct data entry (DDE)</b>	Availity, ClaimLynx, Infotech Global and Post-n-Track clearinghouses offer DDE function.	
<b>Claim submission - electronic</b>	ASC X12 837 Health Care Claim (Professional) 005010A1	
<b>Common Payer ID</b>	See below	
<b>Clearinghouse(s) utilized</b>	Allscript Availity - ID 07003 ClaimLynx - ID 00055 Emdeon - ID SX009 Infotech Global - ID 55764 Post-n-Track - ID HPAMN RelayHealth - ID 3411	
<b>Claim submission - other</b>		
<b>Timely filing window</b>	Initial claim - COB claims - within sixty (60) days of determination by primary payer	
<b>Submit claims to</b>	<u>Fully Insured and Self Insured</u> HealthPartners PO Box 1289 Minneapolis, MN 55440-1289 Fax: 651-265-1230	<u>Senior/Medicare Products</u> HealthPartners PO Box 9463 Minneapolis, MN 55440-9463 Fax: 952-883-7666
<b>Typical claim settlement window</b>	Within 30 calendar days after the date upon which a clean claim was received.	
<b>Denied claim appeal window</b>	Timely filing appeals - 60 days from the remit date of the original timely filing denial to submit an appeal	
<b>Payment method</b>	EFT	
<b>RA/EOB available online/sent with checks</b>	HealthPartners Secured Provider Portal - <a href="http://www.healthpartners.com/Provider">http://www.healthpartners.com/Provider</a>	
<b>Notes:</b>	3. EDI support - <a href="mailto:ProviderEDISupport@HealthPartners.com">ProviderEDISupport@HealthPartners.com</a> or 952-883-7505 ext. 3 or 855-699-6694 ext. 3	

## Section 11 – Payer Fact Sheets

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### Copies of Supporting Documents Required *in addition to Application*

Items	R=required S=situational R-CAQH=submit to CAQH UPD	Notes
Signed/dated application	R	
Signed/dated contract	R	
MCC online credentialing form	R	Payer is member of the Minnesota Credentialing Collaborative (MMC)
Provider state medical license	R	
Fellowship Certificates		
Residency Certificate		
Internship Certificate		
Professional Degree		
Undergraduate Degree		
Board Certificate(s)		
Drug Enforcement Agency (DEA) license - copy		
Controlled Substance Registration (CSR) - copy		
CLIA		
Adverse Action documentation		
IRS doc		
EFT authorization		
W-9		
Malpractice/Liability Face sheet	R	
Curriculum Vitae		
Driver's license		
Voided check or bank letter for EFT		
ACA Application Fee		
Other - Required		
Other - situational		

*\* It is recommended to send all marked documents even if not requested. Doing so may speed application approval.*

#### **Fact Sheet Source(s)**

Company website  
 HealthPartners Credentialing Plan  
 Contract FAQs - <https://www.healthpartners.com/provider-public/provider-faqs/#contracting>  
 2013 Provider Training - Claim Submission Quick Reference Guide  
 2013 Provider Training – Claims Manual  
 2013 Provider Training - HealthPartners CIGNA Alliance document  
 2013 Provider Training - HealthPartners Contacts

## Section 11 – Payer Fact Sheets

### Health Tradition Health Plan

<b>Name:</b>	<b>Health Tradition Health Plan</b>												
<b>Details:</b>	Based in Onalaska, Health Tradition Health Plan is a managed care organization that offers access to Mayo Clinic Health System providers in 12 western Wisconsin counties.												
<b>Service Area</b>	<b>Premier/Premier Plus/Premier One:</b> Barron, Buffalo, Chippewa, Crawford, Dunn, Eau Claire, Grant, Jackson, Juneau, La Crosse, Monroe, Pepin, Pierce, Richland, Sauk, St. Croix, Trempealeau, Vernon <b>BadgerCare Plus:</b> La Crosse, Monroe, Trempealeau, Vernon <b>65 Plus Medicare Select:</b> Buffalo, Crawford, Grant, Jackson, Juneau, La Crosse, Monroe, Richland, Sauk, Trempealeau, Vernon												
<b>WI license</b>	611 Stock Insurance Corporation, Group Model HMO												
<b>Website:</b>	<a href="http://www.healthtradition.com/">http://www.healthtradition.com/</a>												
<b>Product(s) Offered</b>	HMO	PPO	POS	EPO	Indemnity	Medicare Advantage	Medicare Supplement	Medicaid	Consumer Driven/HSA	Other			
	X		X				X	X	X				
<b>Provider Enrollment Information</b>													
<b>Credentialing/Contracting general contact</b>						Provider Relations Department							
<b>Address</b>						Health Tradition Health Plan Attn: Network Development P.O. Box 188 La Crosse, WI 54601-0188							
<b>Name</b>						Chris Massa							
<b>Title</b>						Network Manager							
<b>Phone</b>						608-781-9692 or 1-888-459-3020							
<b>Email</b>													
<b>Notes:</b>													
<b>Credentialing Details</b>													
<b>Is Pre-approval required?</b>						Letter of intent							
<b>Application type</b>						Minnesota Uniform Credentialing Application, or Organizational Provider Assessment Application (see <b>Notes 1 &amp; 2</b> )							
<b>Additional Special Requirements</b>						Once contracted, the credentialing application needs to be completed							
<b>How to submit application?</b>						Mail: MMSI Credentialing, 4001 41 <sup>st</sup> Street, NW, Rochester, MN 55901 Fax: 507-538-5617 Email: <a href="mailto:mmsicredentialing@mayo.edu">mmsicredentialing@mayo.edu</a>							
<b>How often is provider recredentialed?</b>						Every three (3) years							
<b>Notes:</b>						1. <a href="https://www.mmsiservices.com/documents/UniformIntlCrdntlngApp_%20mc0684-57.pdf">https://www.mmsiservices.com/documents/UniformIntlCrdntlngApp_%20mc0684-57.pdf</a> 2. <a href="https://www.mmsiservices.com/documents/OrganizationalCredentialing_form.pdf">https://www.mmsiservices.com/documents/OrganizationalCredentialing_form.pdf</a>							
<b>Contracting Details</b>													
<b>How will payer contract with Local Public Health Depts.?</b>						Check Memorandum of Understanding (MOU) or Full Contract below: each case would be reviewed individually							
<b>Immunizations/Administration Fee Only</b>						MOU	x	Full Contract	x				
<b>Immunizations/Admin Fee w/Interperiodic Visit (Codes 99211-99215)</b>						MOU	x	Full Contract	x				
<b>Provider Type(s) contracted (immunization services)</b>						MD/DO	X	PA	X	ANP	X	Other	
<b>Contract forms</b>						Health Tradition Health Plan Participating Provider Agreement							
<b>Typical approval timeframe</b>						Clean credentialing applications are processed generally within 45 days.							
<b>Approval notification method</b>						In writing within ten (10) business days of decision							
<b>Typical effective date</b>						Beginning of the month on a going-forward basis							
<b>Is retroactive effective date allowed?</b>						no							

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<b>Notes:</b>	
<b>Claim Information</b>	
<b>Claim contact</b>	MMSI Online Service Center (see <b>Note 1</b> ) or Customer Service
<b>Phone</b>	877-832-1823
<b>Notes:</b>	1. Complete this form ( <a href="https://www.mmsiservices.com/documents/ProvSuperUser_MN_MC0684-58.pdf">https://www.mmsiservices.com/documents/ProvSuperUser_MN_MC0684-58.pdf</a> ) and submit for access.
<b>Claim Details</b>	
<b>Verification of benefits</b>	MMSI Online Service Center
<b>Claim submission - paper</b>	CMS-1500
<b>Claim submission - direct data entry (DDE)</b>	
<b>Claim submission - electronic</b>	ASC X12 837 Health Care Claim (Professional) 005010A1
<b>Common Payer ID</b>	41154
<b>Clearinghouse(s) utilized</b>	1. <a href="http://www.emdeon.com">www.emdeon.com</a> 2. <a href="http://www.caremedic.com">www.caremedic.com</a> 3. <a href="http://www.claimlynx.com">www.claimlynx.com</a> 4. <a href="http://www.mneconnect.com">www.mneconnect.com</a>
<b>Claim submission - other</b>	
<b>Timely filing window</b>	Within 15 months of the initial service date
<b>Submit claims to</b>	MMSI Attn: Claims Department 4001 41st Street NW Rochester, MN 55901-8901
<b>Typical claim settlement window</b>	Within 30 days of receipt
<b>Denied claim appeal window</b>	Within 1 year of the date of service (see <b>Note 1</b> )
<b>Payment method</b>	EFT
<b>RA/EOB available online/sent with checks</b>	Sent with payment/checks
<b>Notes:</b>	1. Mail appeals to: Health Tradition, Attn: Operations Department, PO Box 188, La Crosse, WI 54602-0188

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### **Copies of Supporting Documents Required *in addition to Application***

Items	R=required S=situational R-CAQH=submit to CAQH UPD	Notes
Signed/dated application	R	
Signed/dated contract	R	
CAQH Provider ID Number		Payer not a CAQH member
Provider state medical license	R	
Fellowship Certificates		
Residency Certificate		
Internship Certificate		
Professional Degree		
Undergraduate Degree		
Board Certificate(s)		
Drug Enforcement Agency (DEA) license - copy	R	
Controlled Substance Registration (CSR) - copy		
CLIA		
Adverse Action documentation	S	Malpractice Litigation/Professional Complaints form
IRS doc		
EFT authorization	R	<a href="https://www.mmsiservices.com/documents/EFTMC0684-44.pdf">https://www.mmsiservices.com/documents/EFTMC0684-44.pdf</a>
W-9		
Malpractice/Liability Face sheet	R	
Curriculum Vitae	R	
Driver's license		
Voided check or bank letter for EFT		
ACA Application Fee		
Other - Required	R	Release of Information Authorization
Other - situational	S	<ol style="list-style-type: none"> <li>1. Supervisory/Collaborative Agreement (for allied or mid-level practitioners)</li> <li>2. ECFMG certificate, if educated outside of US or Canada</li> <li>3. Documentation to work in US if not a citizen</li> </ol>

\* *It is recommended to send all marked documents even if not requested. Doing so may speed application approval.*

#### **Fact Sheet Source(s)**

Company website

Provider Reference Guide

Provider Forms page - <https://www.mmsiservices.com/MMSIServicesWeb/home/providerNotSignedInPage.jsf>

## Section 11 – Payer Fact Sheets

### Humana Health Plans - Wisconsin

<b>Name:</b>		Humana Health Plans - Wisconsin										
<b>Details:</b>		Humana Inc., headquartered in Louisville, Kentucky										
<b>Service Area</b>		Brown, Calumet, Dodge, Door, Douglas, Dunn, Eau Claire, Fond du Lac, Green, Green Lake, Jefferson, Kenosha, Kewaunee, Manitowoc, Marinette, Menominee, Milwaukee, Oconto, Outagamie, Ozaukee, Pierce, Polk, Racine, Rock, Shawano, Sheboygan, St. Croix, Walworth, Washington, Waukesha, Waupaca, Waushara, Winnebago										
<b>WI license</b>		611 Stock Insurance Corporation, IPA Model HMO										
<b>Website:</b>		<a href="http://www.humana.com">www.humana.com</a>										
<b>Product(s) Offered</b>	HMO	PPO	POS	EPO	Indemnity	Medicare Advantage	Medicare Supplement	Medicaid	Consumer Driven/HSA	Other		
	X	X				X	X		X			
<b>Provider Enrollment Information</b>												
<b>Credentialing/Contracting general contact</b>						Provider Self-Service Center (registration required)						
<b>Address</b>												
<b>Name</b>												
<b>Title</b>												
<b>Phone</b>						800-626-2741; F= 00-626-1686						
<b>Email</b>												
<b>Notes:</b>												
<b>Credentialing Details</b>												
<b>Is Pre-approval required?</b>						Online request form at: <a href="http://www3.humana.com/pop_ups/join_our_network.asp">http://www3.humana.com/pop_ups/join_our_network.asp</a>						
<b>Application type</b>												
<b>Additional Special Requirements</b>												
<b>How to submit application?</b>						Notify Provider Relations when CAQH application is updated or complete						
<b>How often is provider recredentialed?</b>						Every three (3) years						
<b>Notes:</b>												
<b>Contracting Details</b>												
<b>How will payer contract with Local Public Health Depts.?</b>						Check Memorandum of Understanding (MOU) or Full Contract below:						
<b>Immunizations/Administration Fee Only</b>						MOU			Full Contract			
<b>Immunizations/Admin Fee w/Interperiodic Visit (Codes 99211-99215)</b>						MOU			Full Contract			
<b>Provider Type(s) contracted (immunization services)</b>						MD/DO	X	PA	X	ANP	X	Other
<b>Contract forms</b>												
<b>Typical approval timeframe</b>						90-120 days: Incomplete information or errors will restart the approval clock.						
<b>Approval notification method</b>						When application is approved, a participation agreement will be sent.						
<b>Typical effective date</b>						Determined by Humana						
<b>Is retroactive effective date allowed?</b>						No						
<b>Notes:</b>												
<b>Claim Information</b>												
<b>Claim contact</b>												
<b>Phone</b>												
<b>Notes:</b>												
<b>Claim Details</b>												
<b>Verification of benefits</b>						Humana.com, Availity.com; or Commercial: 800-448-6262 Medicare or Medicaid: 800-457-4708						

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<b>Claim submission - paper</b>	CMS-1500
<b>Claim submission – direct data entry (DDE)</b>	Contact e-business consultant - <a href="mailto:deployment@humana.com">deployment@humana.com</a> or 877-260-7360 Provider Self-Service Center operated by ZirMed®.
<b>Claim submission - electronic</b>	ASC X12 837 Health Care Claim (Professional) 005010A1
<b>Common Payer ID</b>	61101 (except for McKesson which is 2449)
<b>Clearinghouse(s) utilized</b>	Availity, <a href="http://www.availity.com">www.availity.com</a> , 1-800-282-4548 (primary) ZirMed, <a href="http://www.zirmed.com">www.zirmed.com</a> , 1-877-494-7633 Athenahealth®, <a href="http://www.athenahealth.com">www.athenahealth.com</a> , 1-800-981-5084 Gateway EDI, <a href="http://www.gatewayedi.com">www.gatewayedi.com</a> , 1-800-556-2231 McKesson, <a href="http://www.mckesson.com">www.mckesson.com</a> , 2449, 1-800-782-1334 Capario, <a href="http://www.capario.com">www.capario.com</a> , 1-800-792-5256 SSI Group, <a href="http://www.thessigroup.com">www.thessigroup.com</a> , 1-800-881-2739
<b>Claim submission – other</b>	<ul style="list-style-type: none"> <li>• <b>Submitting Roster Bills:</b> Physicians and health care providers may submit CMS 1500 forms with an attachment listing multiple patients receiving the same service. The claim form should have the words "see attachment" in the "Member ID" box.</li> <li>• HumanaAccess card is a VISA debit card that can be used for co-payments at time of service and deductible and coinsurance owed after claim processed. (see <b>Note 1</b>)</li> </ul>
<b>Timely filing window</b>	<p><b>Commercial:</b> time stipulated in the provider agreement of the applicable state law. Generally:</p> <p style="padding-left: 40px;">180 days from the date of service for physicians 90 days from the date of service ancillary providers</p> <p><b>Medicare:</b> one (1) year from date of service</p>
<b>Submit claims to</b>	Address on back of insured's ID card , or  Humana Claims  P.O. Box 14601  Lexington, KY 40512-4601
<b>Typical claim settlement window</b>	Electronic – 30 days, Paper – 45 days
<b>Denied claim appeal window</b>	180 Days from the date of service
<b>Payment method</b>	Check
<b>RA/EOB available online/sent with checks</b>	With check
<b>Notes:</b>	1. Print out Patient Easy Pay Consent form for file ( <a href="https://www.humana.com/provider/medical-providers/education/claims/payments/access-card">https://www.humana.com/provider/medical-providers/education/claims/payments/access-card</a> ) or call 800-626-2741 for information

## Section 11 – Payer Fact Sheets

### Copies of Supporting Documents Required *in addition to Application*

Items	R=required S=situational R-CAQH=submit to CAQH UPD	Notes
Signed/dated application	R	
Signed/dated contract	R	
CAQH Provider ID Number	R - CAQH	Payer uses the CAQH Universal Provider Datasource. If you don't have a CAQH number – send this information: Provider's full name Date of birth NPI Specialty Office complete address Office phone number To Cyndie Rees, contracting specialist at <a href="mailto:crees@humana.com">crees@humana.com</a> .
Provider state medical license	R - CAQH	
Fellowship Certificates		
Residency Certificate		
Internship Certificate		
Professional Degree		
Undergraduate Degree		
Board Certificate(s)		
Drug Enforcement Agency (DEA) license - copy	R - CAQH	
Controlled Substance Registration (CSR) - copy	R - CAQH	
CLIA		
Adverse Action documentation		
IRS doc		
EFT authorization		
W-9	R - CAQH	
Malpractice/Liability Face sheet	R - CAQH	
Curriculum Vitae	R - CAQH	
Driver's license		
Voided check or bank letter for EFT		
ACA Application Fee		
Other – Required	R - CAQH	CAQH Authorization, Attestation and Release form
Other - situational	S – CAQH	Summary of any pending or settled malpractice cases

*\* It is recommended to send all marked documents even if not requested. Doing so may speed application approval.*

#### Fact Sheet Source(s)

Company website

Physician Credentialing and CAQH page - <https://www.humana.com/provider/medical-providers/network/learn-more/credentialing>

## Section 11 – Payer Fact Sheets

### Independent Care Health Plan (iCare)

<b>Name:</b>	<b>Independent Care Health Plan (iCare)</b>											
<b>Details:</b>	Independent Care was formed in 1994 as a joint venture between Humana Wisconsin Health Organization Insurance Corporation and the Milwaukee Center for Independence (MCFI). iCare is a Coordinated Care plan with a Medicare contract and a contract with the Wisconsin Medicaid program.											
<b>Service Area</b>	<b>Medicaid:</b> Dodge, Door, Jefferson, Kewaunee, Fond Du Lac, Kenosha, Manitowoc, Marinette, Milwaukee, Ozaukee, Racine, Sheboygan, Walworth, Washington, Waukesha, Waupaca, Winnebago, <b>Medicare:</b> Brown, Dane, Kenosha, Manitowoc, Milwaukee, Oconto, Outagamie, Ozaukee, Racine, Shawano, Sheboygan, Walworth, Washington, Waukesha, Waupaca, Winnebago											
<b>WI License</b>	611 Stock Insurance Corporation, Mixed Model HMO											
<b>Website:</b>	<a href="http://www.icare-wi.org/">http://www.icare-wi.org/</a>											
<b>Product(s) Offered</b>	HMO	PPO	POS	EPO	Indemnity	Medicare Advantage	Medicare Supplement	Medicaid	Consumer Driven/HSA	Other		
	X					X		X		Part D Family Care Partnership		
<b>Provider Enrollment Information</b>												
<b>Credentialing/Contracting general contact</b>						Provider Network Development						
<b>Corporate Address</b>						Independent Health Care Plan 1555 River Center Drive, Suite 206 Milwaukee, WI 53212						
<b>Name</b>						Sandra Holmes						
<b>Title</b>						Director, Provider Network Development						
<b>Phone</b>						414-225-4740						
<b>Email</b>						sholmes@icare-wi.org						
<b>Notes:</b> General Department email- <a href="mailto:Netdev@icare-wi.org">Netdev@icare-wi.org</a>												
<b>Credentialing Details</b>												
<b>Is Pre-approval required?</b>						Need to request application						
<b>Application type</b>						Provided by Rural Wisconsin Health Cooperative						
<b>Additional Special Requirements</b>						n/a						
<b>How to submit application?</b>						Information given with cover letter attached to app.						
<b>How often is provider recredentialed?</b>						Every three (3) years, or more often, as necessary						
<b>Notes:</b>												
<b>Contracting Details</b>												
<b>How will payer contract with Local Public Health Depts.?</b>						Check Memorandum of Understanding (MOU) or Full Contract below:						
<b>Immunizations/Administration Fee Only</b>						MOU	X	Full Contract	X			
<b>Immunizations/Admin Fee w/Interperiodic Visit (Codes 99211-99215)</b>						MOU	X	Full Contract	X			
<b>Provider Type(s) contracted (immunization services)</b>						MD/DO		PA		ANP		Other
<b>Contract forms</b>						Provider Service Agreement Template						
<b>Typical approval timeframe</b>						30 days						
<b>Approval notification method</b>						Mail or Email						
<b>Typical effective date</b>						The first of the Month						
<b>Is retroactive effective date allowed?</b>						Yes						
<b>Notes:</b>												
<b>Claim Information</b>												
<b>Claim contact</b>						iCare Provider Services						
<b>Email/Phone</b>						<a href="mailto:providerservices@icare-wi.org">providerservices@icare-wi.org</a> 414-231-1029 or 877-333-6820						
<b>Notes:</b>						1. iCare claims are processed by Trizetto at its Buckeystown, MD office 2. iCare will utilize the McKesson ClaimCheck code auditing software						

## Section 11 – Payer Fact Sheets

<b>Claim Details</b>	
<b>Verification of benefits</b>	iCare Provider Portal (registration required) via <a href="mailto:netdev@icare-wi.org">netdev@icare-wi.org</a> or by calling Customer Service at 414-231-1029
<b>Claim submission - paper</b>	CMS-1500
<b>Claim submission - direct data entry (DDE)</b>	Claimsnet
<b>Claim submission - electronic</b>	ASC X12 837 Health Care Claim (Professional) 005010A1
<b>Common Payer ID</b>	11695
<b>Clearinghouse(s) utilized</b>	<a href="http://www.claimsnet.com/icare">http://www.claimsnet.com/icare</a>
<b>Claim submission - other</b>	n/a
<b>Timely filing window</b>	<u>Icare primary</u> See provider contract <u>Medicaid COB claims</u> Within 90 days of the Medicare EOMB date Within 365 days of the date of service <u>Medicare COB claims</u> EOB within 365 days from date of service
<b>Submit claims to</b>	Independent Care Health Plan PO Box 547 Buckeystown, MD 21717
<b>Typical claim settlement window</b>	30 Days
<b>Denied claim appeal window</b>	60 days from the date of the EOP (see <b>Note 1</b> )
<b>Payment method</b>	Paper Check
<b>RA/EOB available online/sent with checks</b>	Yes
<b>Notes:</b>	1. Independent Care Health Plan, ATTN: Operations Appeals, 1555 N Rivercenter Dr., STE 206, Milwaukee WI 53212-3979

## Section 11 – Payer Fact Sheets

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### Copies of Supporting Documents Required *in addition to Application*

Items	R=required S=situational R-CAQH=submit to CAQH UPD	Notes
Signed/dated application	R	
Signed/dated contract	R	
CAQH Provider ID Number		Not a CAQH member
Provider state medical license		
Fellowship Certificates		
Residency Certificate		
Internship Certificate		
Professional Degree		
Undergraduate Degree		
Board Certificate(s)		
Drug Enforcement Agency (DEA) license - copy		
Controlled Substance Registration (CSR) - copy		
CLIA		
Adverse Action documentation		
IRS doc		
EFT authorization		
W-9		
Malpractice/Liability Face sheet	R	Minimum state requirements as defined by State of Wisconsin Statute and Administrative Code relating to practice of Medicine number 655.23
Curriculum Vitae		
Driver's license		
Voided check or bank letter for EFT		
ACA Application Fee		
Other – Required		
Other - situational		

*\* It is recommended to send all marked documents even if not requested. Doing so may speed application approval.*

#### Fact Sheet Source(s)

Plan website  
 Provider Reference Manual 06/13/13 version

Payer verified: 9/11/13

## Section 11 – Payer Fact Sheets

### Managed Health Services Insurance Plan

<b>Name:</b>	<b>Managed Health Services Insurance Corporation (MHS)</b>											
<b>Details:</b>	Managed Health Services (MHS), founded by Betty Brinn (Elizabeth A. Brinn Foundation) in 1984, has been serving Wisconsin families for over 25 years. It is a wholly-owned subsidiary of Centene Corporation, a leading multi-line healthcare enterprise offering both core Medicaid and specialty services. MHS also has been managing the Medicaid line of business on behalf of Network Health Plan (NHP) a health plan based in Menasha in Winnebago County since 1996. The MHS/NHP relationship does not apply to commercial or Medicare business; only to Medicaid (BadgerCare Plus and SSI).											
<b>Service Area</b>	Ashland, Bayfield, Brown, Calumet, Chippewa, Clark, Dodge, Door, Douglas, Eau Claire, Fond du Lac, Forest, Green Lake, Iron, Jefferson, Kenosha, Kewaunee, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Portage, Price, Racine, Rock, Rusk, Sawyer, Shawano, Sheboygan, Taylor, Vilas, Walworth, Washburn, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood											
<b>Website:</b>	<a href="http://www.mhswi.com/">http://www.mhswi.com/</a>											
<b>Product(s) Offered</b>	HMO	PPO	POS	EPO	Indemnity	Medicare Advantage	Medicare Supplement	Medicaid	Consumer Driven/I	Other		
						<b>X</b>		<b>X</b>				
<b>Provider Enrollment Information</b>												
<b>Credentialing/Contracting general contact</b>						Provider Inquiry Line						
<b>Address</b>						10700 W. Research Drive, Suite 300						
<b>Name</b>						Credentialing Department						
<b>Title</b>												
<b>Phone</b>						(800) 222-9831						
<b>Email</b>						<a href="mailto:MHS-WIPDM@centene.com">MHS-WIPDM@centene.com</a>						
<b>Notes:</b>												
<b>Credentialing Details</b>												
<b>Is Pre-approval required?</b>						New provider form required						
<b>Application type</b>						proprietary						
<b>Additional Special Requirements</b>						Call 800-222-9831, when prompted say, "Something else", and request a Credentialing Packet be sent						
<b>How to submit application?</b>						Managed Health Services Attn: Credentialing Department 10700 W Research Drive #300 Milwaukee, WI 53226 or Confidential Fax = 866-671-3669						
<b>How often is provider recredentialed?</b>						Every thirty-six (36) months, or as requested by the Credentialing Committee.						
<b>Notes:</b>												
<b>Contracting Details</b>												
<b>How will payer contract with Local Public Health Depts.?</b>						Check Memorandum of Understanding (MOU) or Full Contract below:						
<b>Immunizations/Administration Fee Only</b>						MOU		either	Full Contract		either	
<b>Immunizations/Admin Fee w/Interperiodic Visit (Codes 99211-99215)</b>						MOU		either	Full Contract		either	
<b>Provider Type(s) contracted (immunization services)</b>						MD/DO	<b>X</b>	PA	<b>X</b>	ANP	<b>X</b>	Other
<b>Contract forms</b>						"New Provider" form on website ( <a href="http://www.mhswi.com">www.mhswi.com</a> )						
<b>Typical approval timeframe</b>						Approximately 30 days						
<b>Approval notification method</b>						In writing within approximately 45 business days of receipt of your request. (see <b>Note 1</b> )						
<b>Typical effective date</b>						1 <sup>st</sup> day of the month						
<b>Is retroactive effective date allowed?</b>						No						
<b>Notes:</b>						1. Check status by calling 1-800-547-1647.						

## Section 11 – Payer Fact Sheets

Claim Information	
<b>Claim contact</b>	Provider Inquiry Line
<b>Phone</b>	(800) 222-9831
<b>Notes:</b>	
Claim Details	
<b>Verification of benefits</b>	Member ID or (888) 713-6180 or 800-222-9831
<b>Claim submission – paper</b>	CMS-1500
<b>Claim submission – direct data entry (DDE)</b>	Secure Portal (registration required)
<b>Claim submission – electronic</b>	ASC X12 837 Health Care Claim (Professional) 005010A1
<b>Common Payer ID</b>	See each clearinghouse below for ID
<b>Clearinghouse(s) utilized</b>	<b>Emdeon</b> ( <i>Web-MD/Envoy</i> ), 800-845-6592 #2, ID=39187
<i>Current name (formerly known as)</i>	<b>Relay Health</b> ( <i>HBOC/McKesson</i> ), 800-527-8133 #1, ID=2702
	<b>RelayHealth</b> ( <i>NDC/Halley/per Se</i> ), 800-527-8133 #1, ID=30731
	<b>OptumInsight Networkes</b> , 242-523-3600, ID=96822
	<b>Misys</b> ( <i>PayerPath/ProService/Passport</i> ), 512-623-2815, ID=00007
	<b>MedAvant</b> ( <i>ProxyMed</i> ), 800-792-5256 #812, ID=39187
<b>Claim submission – other</b>	n/a
<b>Timely filing window</b>	Within 60 days of the date of service
<b>Submit claims to</b>	Managed Health Services PO Box 3001 Farmington, MO 63640-3800
<b>Typical claim settlement window</b>	Clean paper claims – within 30 days of the receipt of the claim. Clean electronically transmitted claims – within 21 days of receipt of the electronic claim.
<b>Denied claim appeal window</b>	(see <b>Notes 1 &amp; 2</b> )
<b>Payment method</b>	EFT (see Note 3)
<b>RA/EOB available online/sent with checks</b>	both
<b>Notes:</b>	<ol style="list-style-type: none"> <li>1. Appeal form – <a href="http://www.mhswi.com/files/2011/11/claim-appeal-form1.pdf?7b2bf6">http://www.mhswi.com/files/2011/11/claim-appeal-form1.pdf?7b2bf6</a></li> <li>2. Mail Appeals to: MHS, Appeals Department, PO Box 3000, Farmington, MO 63640-3800</li> <li>3. EFT Agreement Form – <a href="http://www.mhswi.com/files/2012/01/Electronic-Funds-Transfer-Agreement-PDF.pdf?ae4a29">http://www.mhswi.com/files/2012/01/Electronic-Funds-Transfer-Agreement-PDF.pdf?ae4a29</a></li> </ol>

## Section 11 – Payer Fact Sheets

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### **Copies of Supporting Documents Required *in addition to* Application**

Items	R=required S=situational R-CAQH=submit to CAQH UPD	Notes
Signed/dated application	R	
Signed/dated contract	R	
CAQH Provider ID Number		Payer is not a member of CAQH
Provider state medical license		
Fellowship Certificates		
Residency Certificate		
Internship Certificate		
Professional Degree		
Undergraduate Degree		
Board Certificate(s)		
Drug Enforcement Agency (DEA) license - copy		
Controlled Substance Registration (CSR) - copy		
CLIA		
Adverse Action documentation		
IRS doc		
EFT authorization		
W-9		
Malpractice/Liability Face sheet		
Curriculum Vitae		
Drivers license		
Voided check or bank letter for EFT		
ACA Application Fee		
Other - Required		
Other - situational		

*\* It is recommended to send all marked documents even if not requested. Doing so may speed application approval.*

#### **Fact Sheet Source(s)**

- Plan website
- MHS Provider Manual (8/2/13)
- Quick Reference Guide (10/2011)

## Section 11 – Payer Fact Sheets

### Medical Associates Clinic Health Plan of Wisconsin

<b>Name:</b>		<b>Medical Associates Clinic Health Plan of Wisconsin</b>											
<b>Details:</b>		Medical Associates Health Plans, established in 1982 by Medical Associates Clinic, Dubuque, IA, and was the Tri-State (IA, IL, and WI) area's first health maintenance organization.											
<b>Service Area</b>		Crawford, Grant, Iowa, Lafayette											
<b>WI license</b>		613 Service Insurance Corporation, Group Model HMO											
<b>Website:</b>		<a href="http://www.mahealthcare.com/">http://www.mahealthcare.com/</a>											
<b>Product(s) Offered</b>	HMO	PPO	POS	EPO	Indemnity	Medicare Advantage (cost)	Medicare Supplement	Medicaid	Consumer Driven/I	Other			
	X	X	X	X		X							
<b>Provider Enrollment Information</b>													
<b>Credentialing/Contracting general contact</b>						Carol Dornbush/Megan Saul							
<b>Address</b>						1605 Associates Drive, Dubuque, IA 52002							
<b>Name</b>						Carol Dornbush/Megan Saul							
<b>Title</b>						Credentialing Coordinator/Provider Relations Coordinator							
<b>Phone</b>						(563) 556-8070 or (800) 747-8900							
<b>Email</b>						<a href="mailto:cdornbush@mahealthcare.com">cdornbush@mahealthcare.com</a> / <a href="mailto:msaul@mahealthcare.com">msaul@mahealthcare.com</a>							
<b>Notes:</b>	Every request to become a participating provider is taken to Management for approval to start the credentialing process. Once Management approves, we will start the credentialing application and process.												
<b>Credentialing Details</b>													
<b>Is Pre-approval required?</b>						Yes							
<b>Application type</b>						Iowa Universal Credentialing Application (see <b>Note 1</b> )							
<b>Additional Special Requirements</b>													
<b>How to submit application?</b>						Contact Carol Dornbush to start the process							
<b>How often is provider recredentialed?</b>						Every 2.5 years							
<b>Notes:</b>	1. This form is found at <a href="http://www.iowamedical.org/practice/iowacredentialingforms.cfm">http://www.iowamedical.org/practice/iowacredentialingforms.cfm</a>												
<b>Contracting Details</b>													
<b>How will payer contract with Local Public Health Depts.?</b>						Check Memorandum of Understanding (MOU) or Full Contract below:							
<b>Immunizations/Administration Fee Only</b>						MOU	X	Full Contract					
<b>Immunizations/Admin Fee w/Interperiodic Visit (Codes 99211-99215)</b>						MOU	x	Full Contract					
<b>Provider Type(s) contracted (immunization services)</b>						MD/DO	X	PA	X	ANP	X	Other	
<b>Contract forms</b>													
<b>Typical approval timeframe</b>						1 – 2 weeks							
<b>Approval notification method</b>						Written							
<b>Typical effective date</b>						1 <sup>st</sup> of the month following approval							
<b>Is retroactive effective date allowed?</b>						Yes							
<b>Notes:</b>													
<b>Claim Information</b>													
<b>Claim contact</b>						Sherie Goffinet – Claims Manager							
<b>Phone</b>						563-584-4825							
<b>Notes:</b>													
<b>Claim Details</b>													
<b>Verification of benefits</b>													
<b>Claim submission – paper</b>						CMS-1500							
<b>Claim submission – direct data entry (DDE)</b>													
<b>Claim submission – electronic</b>						ASC X12 837 Health Care Claim (Professional) 005010A1							
<b>Common Payer ID</b>						See next field							
<b>Clearinghouse(s) utilized</b>						Emdeon – MAHC1 RelayHealth – 2772							

## Section 11 – Payer Fact Sheets

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	CareMedic
<b>Claim submission - other</b>	
<b>Timely filing window</b>	90 days
<b>Submit claims to</b>	1605 Associates Drive, Suite 101 Dubuque IA 52002
<b>Typical claim settlement window</b>	30 days
<b>Denied claim appeal window</b>	180 days
<b>Payment method</b>	check
<b>RA/EOB available online/sent with checks</b>	"My e-Link" sent with check
<b>Notes:</b>	1. EDI support: 563-584-4860 or email to <a href="mailto:mcrabill@mahealthcare.com">mcrabill@mahealthcare.com</a>

## Section 11 – Payer Fact Sheets

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### Copies of Supporting Documents Required *in addition to Application*

Items	R=required S=situational R-CAQH=submit to CAQH UPD	Notes
Signed/dated application	R	
Signed/dated contract	R	
CAQH Provider ID Number		Not a member of CAQH
Provider state medical license		
Fellowship Certificates		
Residency Certificate		
Internship Certificate		
Professional Degree		
Undergraduate Degree		
Board Certificate(s)		
Drug Enforcement Agency (DEA) license – copy		
Controlled Substance Registration (CSR) – copy		
CLIA		
Adverse Action documentation		
IRS doc		
EFT authorization		
W-9	R	
Malpractice/Liability Face sheet		
Curriculum Vitae		
Driver's license		
Voided check or bank letter for EFT		
ACA Application Fee		
Other – Required		
Other – situational		

*\* It is recommended to send all marked documents even if not requested. Doing so may speed application approval.*

#### **Fact Sheet Source(s)**

Plan website  
*Leading the Way* (summer 2013 issue)

## Section 11 – Payer Fact Sheets

### Medicaid – Wisconsin

<b>Name:</b>	<b>Wisconsin Medicaid or BadgerCare Plus</b> (Standard, Benchmark, Core, Basic Plans)	
<b>Details:</b>	BadgerCare Plus Standard and Benchmark plans provide health insurance for families and pregnant women; the Core plan covers adults w/out dependent children and Medicaid Standard covers the elderly, blind or disabled.	
<b>Website:</b>	<a href="https://www.forwardhealth.wi.gov/WIPortal/Default.aspx">https://www.forwardhealth.wi.gov/WIPortal/Default.aspx</a>	
<b>Provider Enrollment Information</b>		
<b>Credentialing/Contracting general contact</b>	Provider Services Call Center	
<b>Address</b>	ForwardHealth Provider Maintenance 313 Blettner Blvd Madison, WI 53784	
<b>Name</b>	Assigned by county – see notes	
<b>Title</b>	n/a	
<b>Phone</b>	800-947-9627	
<b>Notes:</b>	Field consultant assignments may be found by visiting the “Find/Contact Your Provider Relations Representative” hyperlink on the left side of the Provider Page at: <a href="https://www.forwardhealth.wi.gov/WIPortal/content/provider/pdf/fieldrepguide.pdf.spage">https://www.forwardhealth.wi.gov/WIPortal/content/provider/pdf/fieldrepguide.pdf.spage</a>	
<b>Credentialing Details</b>		
<b>Is Pre-approval required?</b>	No	
<b>Application type</b>	Online	
<b>Source of Payer’s Credentialing Documents</b>	ForwardHealth portal – Becoming a Provider – see notes	
<b>Additional Special Requirements</b>	None	
<b>Are original signatures required on documents?</b>	Electronic signatures are acceptable	
<b>How to submit application?</b>	Online	
<b>Notes:</b>		
<b>Contracting Details</b>		
<b>How will payer contract with Local Public Health Depts.?</b>	Standard contract found online	
<b>Immunizations Only</b>		
	HealthCheck program	
<b>Immunizations and limited Medical Services</b>		
<b>Provider Type(s) contracted with</b>	MD, DO , PA, ANP & local public health departments (LHD)	
<b>NPI Entity Type for LHD’s?</b>	Type 2	
<b>Contract forms</b>	Online	
<b>Typical approval timeframe</b>	10+ days, less than 60 days. Incorrect or incomplete information may delay or restart approval clock.	
<b>Approval notification method</b>	Welcome letter by mail – see notes	
<b>Typical effective date</b>	Date WI Medicaid receives the complete and accurate enrollment application materials.	
<b>Is retroactive effective date allowed?</b>	Only through appeal process.	
<b>Notes:</b>	Status can be checked online using the application tracking number ATN assigned when submitting application.	
<b>Billing Information</b>		
<b>Billing contact</b>	Provider Services Call Center	
<b>Phone</b>	800-947-9627	
<b>Notes:</b>	HealthCheck claims – see ForwardHealth Online Handbook Topic #4572; physician claims see Topic #4659	
<b>Billing Details</b>		
<b>Verification of benefits</b>	Available on provider’s secure account on ForwardHealth portal – requires member ID, SSN w/DOB or member first/last name w/DOB	
<b>Claim submission – paper</b>	CMS 1500 – ForwardHealth will <b>reduce reimbursement</b> on most claims submitted to ForwardHealth on paper.	
<b>Claim submission – direct data entry (DDE)</b>	Available on ForwardHealth portal	

## Section 11 – Payer Fact Sheets

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<b>Claim submission – electronic</b>	837 Professional – see Trading Partner links on left side of ForwardHealth portal main page
<b>Claim submission – other</b>	PES software available to download from ForwardHealth
<b>Timely filing window</b>	365 days from the DOS for initial claim or within 90 days of the Medicare processing date, whichever is later. This deadline applies to claims, corrected claims, and adjustments to claims.
<b>Submit claims to</b>	ForwardHealth Claims and Adjustments 313 Blettner Blvd Madison WI 53784
<b>Typical claim settlement window</b>	In most cases, within 30 days of the date that a claim or adjustment request is received.
<b>Denied claim appeal window</b>	Within 60 calendar days of receipt of the initial denial
<b>Payment method</b>	EFT or check
<b>RA/EOB available online/sent with checks</b>	Ras are accessible to providers in a TXT format or from a CSV file via the secure Provider area of the Portal.
<b>Notes:</b>	Per ForwardHealth Online Handbook – HealthCheck topic #3564: Providers are required to indicate the procedure code of the actual vaccine administered, <b>not the administration code</b> , on claims for all immunizations.

## Section 11 – Payer Fact Sheets

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### Credentialing and Contracting Documents Required with Application

Items	R=required S=situational	Notes
Signed/dated application	R	Online form
Signed/dated contract	R	
CAQH Number		Payer not a CAQH user
Provider license		
Fellowship Certificates		
Residency Certificate		
Internship Certificate		
Professional Degree		
Undergraduate Degree		
Board Certificate(s)		
Drug Enforcement Agency (DEA) license - copy		
Controlled Substance Registration (CSR) - copy		
CLIA		
IRS doc		
W-9		
Malpractice/Liability Face sheet		
Curriculum Vitae		
Driver's license		
Voided check or bank letter for EFT		
ACA Application Fee		

\* *It is recommended to send all marked documents even if not requested. Doing so may speed application approval.*

#### **Fact Sheet Source (sources)**

ForwardHealth website

Content reviewed by Angela Lueck, WI Department of Health Services, Division of Health Care Access Accountability  
Communication Chief

**Payer Verified:** 08/15/2013

## Section 11 – Payer Fact Sheets

### Medicare Part B (Wisconsin)

<b>Name:</b>	<b>National Government Services</b> (replaces WPS effective 9/7/13)
<b>Details:</b>	A government operated single-payer health insurance program for people age 65 or older, people under age 65 with certain disabilities, and people of all ages with end-stage renal disease. Part B covers professional services including the following immunizations for influenza, pneumonia and Hepatitis B (for medium to high risk individuals). Other immunizations may be covered if medically necessary due to exposure to a dangerous virus or disease.
<b>Website:</b>	<a href="http://www.ngsmedicare.com">www.ngsmedicare.com</a> (J6 Transition information link is first option under Web Services on home page)
<b>Provider Enrollment Information</b>	
<b>Credentialing/Contracting general contact</b>	
<b>Address</b>	National Government Services, Inc. Attn: Provider Enrollment – Part B P.O. Box 6474 Indianapolis, IN 46206-6474
<b>Name</b>	Provider Enrollment Department
<b>Title</b>	n/a
<b>Phone</b>	1-888-812-8905 or J6 Transition Hotline at 317-841-4415
<b>Notes:</b>	Fees may apply – check: <a href="https://pecos.cms.hhs.gov/pecos/feePaymentWelcome.do">https://pecos.cms.hhs.gov/pecos/feePaymentWelcome.do</a>
<b>Credentialing Details</b>	
<b>Is Pre-approval required?</b>	No
<b>Application type</b>	Medicare 855B group and/or 855i practitioner form
<b>Source of Payer’s Credentialing Documents</b>	NGS or CMS websites have all required forms
<b>Additional Special Requirements</b>	Required documents – EFT form CMS-588; driver’s license of authorized official; copy of IRS Tax ID Notification letter; and, if outsourcing billing, copy of IRS Tax ID Notification Letter from billing company.
<b>Are original signatures required on documents?</b>	Yes – Blue ink highly preferred
<b>How to submit application?</b>	By mail with contract and CMS-588 EFT form w/voided check ( <b>see Note1</b> )
<b>How often is provider recredentialed?</b>	Every 5ve (5) years. ( <b>see Note 2</b> )
<b>Notes:</b>	1 – Can apply online through the Provider Enrollment Chain and Ownership System (PECOS) at: <a href="https://pecos.cms.hhs.gov/pecos/login.do">https://pecos.cms.hhs.gov/pecos/login.do</a> 2 – CMS is currently undertaking an “off-cycle” revalidation process now for <b>all providers</b> through 3/25/15.
<b>Contracting Details</b>	
<b>How will payer contract with Local Public Health Depts.?</b>	
<b>Immunizations Only</b>	Mass Immunizer/Roster Biller
<b>Immunizations and limited Medical Services</b>	Standard Part B participating provider
<b>Provider Type(s) contracted with</b>	MD, DO, APN, PA
<b>NPI Entity Type for LHD’s?</b>	2 – Organization
<b>Contract forms</b>	CMS-460 (one each for Mass Immunizer/Roster, immunizations & medical if all different NPI’s)
<b>Typical approval timeframe</b>	CMS requirement: <b>Initial applications:</b> 60–180 days from the date of receipt at National Government Services <b>Changes or reassignment applications:</b> 45–90 days from the date of receipt at National Government Services
<b>Approval notification method</b>	
<b>Typical effective date</b>	Per 42 Code of Federal Regulations (CFR) Section 424.520(d), the later of the date of filing or the date they first began furnishing services at a new practice location.
<b>Is retroactive effective date allowed?</b>	Retrospective billing is allowed prior to the filing date

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	only if the provider has met all Medicare program requirements and the services were provided at the enrolled practice location for up to: 30 days prior to the filing date if circumstances precluded enrollment in advance of providing services to Medicare beneficiaries; or, 90 days prior to the filing date if a Presidentially declared disaster under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. §5121-5206 (Stafford Act) precluded enrollment in advance of providing services to Medicare beneficiaries.
<b>Notes:</b>	
<b>Claim Information</b>	
<b>Claim contact</b>	Customer Care Center
<b>Phone</b>	866-234-7340
<b>Notes:</b>	All claim files or claim status inquiry files submitted after 4:00 p.m. CT on September 6, 2013 with the any of the WPS legacy contractor numbers listed above will be rejected with the X12 999 transaction with the IK403 value of I12 (Implementation Pattern Match Failure). These files will need to be corrected and resubmitted to National Government Services with the correct J6 contractor number.
<b>Claim Details</b>	
<b>Verification of benefits</b>	<a href="https://www.ngsconnex.com/">https://www.ngsconnex.com/</a>
<b>Claim submission – paper</b>	CMS-1500 claim form (version 08/05)
<b>Claim submission – direct data entry (DDE)</b>	See <i>Claim Submission – Other</i>
<b>Claim submission – electronic</b>	Approved Network Service Vendors (NSV) found on NGS website Contractor ID = WI-06302 Receiver ID = ISA08 Application Receiver ID = GS03 See <b>Note 1</b>
<b>Claim submission – other</b>	<ul style="list-style-type: none"> <li>• PC-ACE Pro32 available on NGS site for free download</li> <li>• Roster billing</li> </ul>
<b>Timely filing window</b>	Per ACA: within one calendar year after the date of service.
<b>Submit claims to</b>	National Government Services, Inc. Attn: Claims P.O. Box 6475 Indianapolis, IN 46206-6475
<b>Typical claim settlement window</b>	Electronic claims = 14 day payment floor Paper claims = 29 day payment floor
<b>Denied claim appeal window</b>	Initial redetermination: 120 days from date of receipt of the initial determination notice
<b>Payment method</b>	Electronic Funds Transfer (EFT) preferred Paper checks (not encouraged)
<b>RA/EOB available online/sent with checks</b>	Both – see <b>Note 2</b>
<b>Notes:</b>	<p><b>1</b> – NGS does not support dial-up connections for any claims transactions. This is true for any method used – including, but not limited to PC-ACE or electronically via EDI.</p> <p><b>2</b> – free Medicare Remit Easy Print (MREP) software to view RA available at NGS website</p>

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### **Supporting Documents Required with Application**

Items	R=required S=situational	Notes
Signed/dated application	R	CMS-855B form
Signed/dated contract	R	
CAQH Number		Payer not a CAQH user
Provider license		
Fellowship Certificates		
Residency Certificate		
Internship Certificate		
Professional Degree	S	Non-physicians only
Undergraduate Degree		
Board Certificate(s)	S	Non-physicians only
Drug Enforcement Agency (DEA) license - copy		
Controlled Substance Registration (CSR) - copy		
CLIA		
Adverse Action documentation	S	All notifications, resolutions and reinstatements
IRS doc	R	IRS CPC 575 form
EFT authorization	R	CMS 588 form
W-9		
Malpractice/Liability Face sheet		
Curriculum Vitae		
Driver's license		
Voided check or bank letter for EFT		
ACA Application Fee		
Other - Required	R	CMS 855R – assignment of benefits CMS 460 Participating Agreement Attestation for government entities or tribal organizations
Other - situational	S	IRS Determination Letter, if non-profit status

*\* It is recommended to send all marked documents even if not requested. Doing so may speed application approval.*

### **Fact Sheet Source(s)**

[www.ngs.gov](http://www.ngs.gov)

[NGS Medicare University Welcome Jurisdiction 6 Provider slideshow](#)

[Q&A document from 05/20/2013 J6 EDI Early Boarding Technical Requirements Webinar](#)

## Section 11 – Payer Fact Sheets

### MercyCare Health Plans

<b>Name:</b>		<b>MercyCare Health Plans</b>									
<b>Details:</b>		Founded in 1994, MercyCare Health Plans is also known as MercyCare Insurance Company, Inc., and is a wholly owned subsidiary of Mercy Health System Corporation.									
<b>Service Area</b>		Green, Jefferson, Rock, Walworth									
<b>WI license</b>		611 Stock Insurance Corporation, IPA Model HMO									
<b>Website:</b>		<a href="http://www.mercycarehealthplans.com/">http://www.mercycarehealthplans.com/</a>									
<b>Product(s) Offered</b>	HMO	PPO	POS	EPO	Indemnity	Medicare Advantage	Medicare Supplement	Medicaid	Consumer Driven/HSA	Other	
	X	X				X	X		X	<b>Part D</b>	
<b>Provider Enrollment Information</b>											
<b>Credentialing/Contracting general contact</b>											
<b>Address</b>											
<b>Name</b>											
<b>Title</b>											
<b>Phone</b>											
<b>Email</b>											
<b>Notes:</b>											
<b>Credentialing Details</b>											
<b>Is Pre-approval required?</b>											
<b>Application type</b>											
<b>Additional Special Requirements</b>											
<b>How to submit application?</b>											
<b>How often is provider recredentialed?</b>											
<b>Notes:</b>											
<b>Contracting Details</b>											
<b>How will payer contract with Local Public Health Depts.?</b>						Check Memorandum of Understanding (MOU) or Full Contract below:					
<b>Immunizations/Administration Fee Only</b>						MOU				Full Contract	
<b>Immunizations/Admin Fee w/Interperiodic Visit (Codes 99211-99215)</b>						MOU				Full Contract	
<b>Provider Type(s) contracted (immunization services)</b>						MD/DO		PA		ANP	Other
<b>Contract forms</b>											
<b>Typical approval timeframe</b>											
<b>Approval notification method</b>											
<b>Typical effective date</b>											
<b>Is retroactive effective date allowed?</b>											
<b>Notes:</b>											
<b>Claim Information</b>											
<b>Claim contact</b>						Customer Service					
<b>Phone</b>						(800) 895-2421					
<b>Notes:</b>											
<b>Claim Details</b>											
<b>Verification of benefits</b>											
<b>Claim submission - paper</b>						CMS-1500					
<b>Claim submission - direct data entry (DDE)</b>											
<b>Claim submission - electronic</b>						ASC X12 837 Health Care Claim (Professional) 005010A1 (see <b>Note 1</b> )					
<b>Common Payer ID</b>											
<b>Clearinghouse(s) utilized</b>											
<b>Claim submission - other</b>											
<b>Timely filing window</b>											
<b>Submit claims to</b>						MercyCare Health Plans					

## Section 11 – Payer Fact Sheets

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	MercyCare Insurance Company 3430 Palmer Dr. P.O. Box 550 Janesville, WI 53547-0550
<b>Typical claim settlement window</b>	
<b>Denied claim appeal window</b>	
<b>Payment method</b>	
<b>RA/EOB available online/sent with checks</b>	
<b>Notes:</b>	1. EDI Department at 1-(800) 752-3431

## Section 11 – Payer Fact Sheets

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### Copies of Supporting Documents Required *in addition to Application*

Items	R=required S=situational R-CAQH=submit to CAQH UPD	Notes
Signed/dated application	R	
Signed/dated contract	R	
CAQH Provider ID Number		Payer not a CAQH member
Provider state medical license		
Fellowship Certificates		
Residency Certificate		
Internship Certificate		
Professional Degree		
Undergraduate Degree		
Board Certificate(s)		
Drug Enforcement Agency (DEA) license - copy		
Controlled Substance Registration (CSR) - copy		
CLIA		
Adverse Action documentation		
IRS doc		
EFT authorization		
W-9		
Malpractice/Liability Face sheet		
Curriculum Vitae		
Driver's license		
Voided check or bank letter for EFT		
ACA Application Fee		
Other - Required		
Other - situational		

*\* It is recommended to send all marked documents even if not requested. Doing so may speed application approval.*

#### Fact Sheet Source(s)

Company website

## Section 11 – Payer Fact Sheets

### Molina Healthcare of Wisconsin

<b>Name:</b>	<b>Molina Healthcare of Wisconsin, Inc.</b>											
<b>Details:</b>	Molina Healthcare began 30 years ago in a small medical clinic in Long Beach, California. Today Molina Healthcare contracts with state governments and serves as a health plan for government-sponsored programs, including Medicaid and the Children's Health Insurance Program (CHIP). While Molina also offers Medicare programs, they are not available in Wisconsin. Note: Molina entered the Wisconsin market and acquired Abri Health Plan effective September 1, 2010.											
<b>Service Area</b>	Brown, Clark, Dodge, Door, Florence, Forest, Green Lake, Jefferson, Kenosha, Kewaunee, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Portage, Racine, Shawano, Sheboygan, Taylor, Vilas, Walworth, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood											
<b>WI license</b>	611 Stock Insurance Corporation, Mixed Model HMO											
<b>Website:</b>	<a href="http://www.Molinahealthcare.com">www.Molinahealthcare.com</a>											
<b>Product(s) Offered</b>	HMO	PPO	POS	EPO	Indemnity	Medicare Advantage	Medicare Supplement	Medicaid	Consumer Driven/HSA	Other		
								X				
<b>Provider Enrollment Information</b>												
<b>Credentialing/Contracting general contact</b>						Molina Healthcare Wisconsin Provider Services						
<b>Address</b>						2400 South 102nd Street, Suite 105 West Allis, WI 53227						
<b>Name</b>												
<b>Title</b>												
<b>Phone</b>						414-847-1776 or 888-999-2404						
<b>Email/Fax</b>						(414) 847-1778						
<b>Notes:</b>												
<b>Credentialing Details</b>												
<b>Is Pre-approval required?</b>												
<b>Application type</b>						1. CAQH UPD, or 2. Molina will accept another organization's application as long as it meets all the factors outlined in their credentialing policy.						
<b>Additional Special Requirements</b>												
<b>How to submit application?</b>						Mail, CAQH, emailed, fax						
<b>How often is provider recredentialed?</b>						At least every thirty-six (36) months						
<b>Notes:</b>												
<b>Contracting Details</b>												
<b>How will payer contract with Local Public Health Depts.?</b>						Check Memorandum of Understanding (MOU) or Full Contract below:						
<b>Immunizations/Administration Fee Only</b>						MOU			Full Contract			
<b>Immunizations/Admin Fee w/Interperiodic Visit (Codes 99211-99215)</b>						MOU			Full Contract			
<b>Provider Type(s) contracted (immunization services)</b>						MD/DO	X	PA	X	ANP	X	Other
<b>Contract forms</b>												
<b>Typical approval timeframe</b>						Credentialing Committee is required to meet no less than quarterly, but generally meets on a monthly basis, to facilitate timely processing of applicant files.						
<b>Approval notification method</b>						A letter is sent within two (2) weeks of decision and later than 60 calendar days from the decision.						
<b>Typical effective date</b>												
<b>Is retroactive effective date allowed?</b>												
<b>Notes:</b>												
<b>Claim Information</b>												
<b>Claim contact</b>												
<b>Phone</b>												

## Section 11 – Payer Fact Sheets

<b>Notes:</b>	
<b>Claim Details</b>	
<b>Verification of benefits</b>	414-847-1776 or 888-999-2404 or Interactive Voice Response System (IVR) at 414-8471790 Deductibles/copays for each plan: <a href="http://www.molinahealthcare.com/medicaid/providers/wi/forms/Pages/fuf.aspx">www.molinahealthcare.com/medicaid/providers/wi/forms/Pages/fuf.aspx</a>
<b>Claim submission - paper</b>	CMS-1500
<b>Claim submission – direct data entry (DDE)</b>	Web Portal <a href="http://www.molinahealthcare.com/common/Pages/login.aspx">http://www.molinahealthcare.com/common/Pages/login.aspx</a>
<b>Claim submission - electronic</b>	ASC X12 837 Health Care Claim (Professional) 005010A1
<b>Common Payer ID</b>	ABRI1 (See <b>Note 1</b> )
<b>Clearinghouse(s) utilized</b>	Emdeon
<b>Claim submission – other</b>	n/a
<b>Timely filing window</b>	<b>Initial</b> - 60 days unless otherwise defined in your contract <b>COB claims</b> - 60 days from the date on the remit from the primary payer unless otherwise stated in your contract
<b>Submit claims to</b>	Molina Healthcare of Wisconsin P.O. Box 22815 Long Beach, CA 90801 Fax = (414) 847-1778
<b>Typical claim settlement window</b>	
<b>Denied claim appeal window</b>	Within 60 days of receipt of the denial. (see <b>Note 2</b> )
<b>Payment method</b>	EFT or check (see <b>Note 3</b> )
<b>RA/EOB available online/sent with checks</b>	both
<b>Notes:</b>	<ol style="list-style-type: none"> <li>1. For more information email: <a href="mailto:EDI.Claims@molinahealthcare.com">EDI.Claims@molinahealthcare.com</a></li> <li>2. Send appeals to: Molina Healthcare of Wisconsin, Attn: Provider Appeals Department, P.O. Box 270208, West Allis, WI 53227 or fax to 414-847-1778 or email to <a href="mailto:MWI.Appeals@Molinahealthcare.com">MWI.Appeals@Molinahealthcare.com</a></li> <li>3. Sign up for EFT at <a href="https://providernet.adminisource.com">https://providernet.adminisource.com</a></li> </ol>

## Section 11 – Payer Fact Sheets

### Copies of Supporting Documents Required *in addition to Application*

Items	R=required S=situational R-CAQH=submit to CAQH UPD	Notes
Signed/dated application	R	
Signed/dated contract	R	
CAQH Provider ID Number	R - CAQH	Payer uses the CAQH Universal Provider Datasource. If you don't have a CAQH number – contact payer for one.
Provider state medical license	R - CAQH	
Fellowship Certificates		
Residency Certificate		
Internship Certificate		
Professional Degree		
Undergraduate Degree		
Board Certificate(s)		
Drug Enforcement Agency (DEA) license - copy	R - CAQH	
Controlled Substance Registration (CSR) - copy	R - CAQH	
CLIA		
Adverse Action documentation		
IRS doc		
EFT authorization		
W-9	R - CAQH	
Malpractice/Liability Face sheet	R - CAQH	practitioners with federal tort coverage, the application need not contain the current amount of malpractice insurance coverage
Curriculum Vitae	R - CAQH	
Driver's license		
Voided check or bank letter for EFT		
ACA Application Fee		
Other - Required	R - CAQH	CAQH Authorization, Attestation and Release form
Other - situational	S - CAQH	Summary of any pending or settled malpractice cases

*\* It is recommended to send all marked documents even if not requested. Doing so may speed application approval.*

#### **Fact Sheet Source(s)**

Payer website  
Provider manual 9/2012

## Section 11 – Payer Fact Sheets

### Network Health Plan

<b>Name:</b>	<b>Network Health Plan</b>										
<b>Details:</b>	<p>Network Health Plan/Network Health Insurance Corporation (NHP/NHIC) began in 1982 as the Nicolet Health Plan as part of the Nicolet Clinic. In 1986, the name was changed to Network Health Plan. In 1998 the plan merged with Affinity Health System (AHS) and is a wholly-owned subsidiary of AHS.</p> <p>Medicaid – Managed Health Services (MHS) administers these plans through our contract with the Wisconsin Department of Health Services.</p>										
<b>Service Area</b>	Brown, Calumet, Dodge, Door, Fond du Lac, Green Lake, Kewaunee, Manitowoc, Marquette, Oconto, Outagamie, Portage, Shawano, Sheboygan, Waupaca, Waushara, Winnebago										
<b>WI License</b>	611 Stock Insurance Corporation, Group Model HMO										
<b>Website:</b>	<a href="http://www.networkhealth.com">www.networkhealth.com</a>										
<b>Product(s) Offered</b>	HMO	PPO	POS	EPO	Indemnity	Medicare Advantage	Medicare Supplement	Medicaid	Consumer Driven/HSA	Other	
	X	X	X			X		thru MHS	X		
<b>Provider Enrollment Information</b>											
<b>Credentialing/Contracting general contact</b>						Provider Data Services					
<b>Address</b>						1570 Midway Place, Menasha, WI 54952					
<b>Name</b>											
<b>Title</b>											
<b>Phone</b>						Credentialing - (800) 511-4901 or (920) 720-1670 Contracting - (800) 207-5769 or (920) 720-1550					
<b>Email/Fax</b>						<a href="mailto:provdatasvs@networkhealth.com">provdatasvs@networkhealth.com</a> F = (920) 720-1913					
<b>Notes:</b>											
<b>Credentialing Details</b>											
<b>Is Pre-approval required?</b>						Yes, via online form - <a href="https://ministry.quickbase.com/db/bfrcwyuwa?a=GenNewRecord">https://ministry.quickbase.com/db/bfrcwyuwa?a=GenNewRecord</a>					
<b>Application type</b>						Online					
<b>Additional Special Requirements</b>						n/a					
<b>How to submit application?</b>						electronically					
<b>How often is provider recredentialed?</b>						Every 36 months					
<b>Notes:</b>											
<b>Contracting Details</b>											
<b>How will payer contract with Local Public Health Depts.?</b>						Check Memorandum of Understanding (MOU) or Full Contract below:					
<b>Immunizations/Administration Fee Only</b>						MOU				Full Contract	
<b>Immunizations/Admin Fee w/Interperiodic Visit (Codes 99211-99215)</b>						MOU				Full Contract	
<b>Provider Type(s) contracted (immunization services)</b>						MD/DO	X	PA		ANP	Other
<b>Contract forms</b>											
<b>Typical approval timeframe</b>											
<b>Approval notification method</b>						The Medical Staff Services Department will notify the applicant of the credentialing decision by letter within 60 days of decision.					
<b>Typical effective date</b>											
<b>Is retroactive effective date allowed?</b>											
<b>Notes:</b>											
<b>Claim Information</b>											
<b>Claim contact</b>						Customer Service					
<b>Phone</b>						(920) 720-1300 or 1-800-826-0940					
<b>Notes:</b>											
<b>Claim Details</b>											
<b>Verification of benefits</b>						(920) 720-1300 or 1-800-826-0940					

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<b>Claim submission - paper</b>	CMS-1500
<b>Claim submission – direct data entry (DDE)</b>	
<b>Claim submission - electronic</b>	ASC X12 837 Health Care Claim (Professional) 005010A1
<b>Common Payer ID</b>	39144 (formerly 39111)
<b>Clearinghouse(s) utilized</b>	NHP’s most utilized clearinghouse is Emdeon (see <b>Note 1</b> )
<b>Claim submission – other</b>	n/a
<b>Timely filing window</b>	<p><b>Initial claim</b> - within ninety (90) days after the date of service or as defined in the provider’s contract, but no later than 365 days after the date of service, no exceptions. (See <b>Note 2</b>)</p> <p><b>COB claim</b> - within 365 days after the date of processing listed on the primary payer’s EOB or as defined in provider’s contract.</p> <p><b>Medicare Crossover Claim</b> - 15 months from the date of the Medicare Summary Notice (formerly EOMB)</p>
<b>Submit claims to</b>	<p>Network Health Plan  P.O. Box 568  Menasha, WI 54952</p>
<b>Typical claim settlement window</b>	Within 30 days of receipt of a clean claim.
<b>Denied claim appeal window</b>	15 months from the date of the claim remittance advice (see <b>Note 3 &amp; Note 4</b> )
<b>Payment method</b>	
<b>RA/EOB available online/sent with checks</b>	
<b>Notes:</b>	<ol style="list-style-type: none"> <li>1. EDI specialist - (920) 720-1506</li> <li>2. All resubmissions and/or corrections should be submitted on a paper claim and clearly identified. Please indicate by using a <b>modifier CC</b> next to the corrected CPT/HCPC’s code or note “corrected claim” on the form.</li> <li>3. Appeal form: <a href="http://www.networkhealth.com/files/Word_Docs/Providers/Provider_Appeal_Form.doc">http://www.networkhealth.com/files/Word_Docs/Providers/Provider_Appeal_Form.doc</a></li> <li>4. Medicare claim appeals should be mailed to: Medicare Coding Specialist, Network Health Insurance Corp, 1570 Midway Place, Menasha, WI 54952</li> </ol>

## Section 11 – Payer Fact Sheets

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### Copies of Supporting Documents Required *in addition to Application*

Items	R=required S=situational R-CAQH=submit to CAQH UPD	Notes
Signed/dated application	R	
Signed/dated contract	R	
CAQH Provider ID Number		
Provider state medical license		
Fellowship Certificates		
Residency Certificate		
Internship Certificate		
Professional Degree		
Undergraduate Degree		
Board Certificate(s)		
Drug Enforcement Agency (DEA) license - copy		
Controlled Substance Registration (CSR) - copy		
CLIA		
Adverse Action documentation		
IRS doc		
EFT authorization		
W-9		
Malpractice/Liability Face sheet		
Curriculum Vitae		
Driver's license		
Voided check or bank letter for EFT		
ACA Application Fee		
Other - Required		
Other - situational		

*\* It is recommended to send all marked documents even if not requested. Doing so may speed application approval.*

#### **Fact Sheet Source(s)**

Payer website

Policy N00198: NHP/NHIC-Credentialing Process

Policy N00256: NHP/NHIC-Re-credentialing Process

Policy 1230 - Network Health – Claims Policy – Timely Filing Guidelines

Policy N04659: NHIC - Medicare Provider Payment Dispute and Appeal Rights Process

Provider Manual – HMO (undated)

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### Physicians Plus Insurance Corporation

<b>Name:</b>		<b>Physicians Plus Insurance Corporation (PPIC)</b>									
<b>Details:</b>		PPIC was founded in 1986 and is owned by Meriter Health Services.									
<b>Service Area</b>		Adams, Columbia, Dane, Dodge, Grant, Green, Green Lake, Iowa, Jefferson, Juneau, Lafayette, Marquette, Portage, Richland, Rock, Sauk, Vernon, Walworth, Waushara, Wood									
<b>WI license</b>		611 Stock Insurance Corporation, Network Model HMO									
<b>Website:</b>		<a href="http://www.pplusic.com">www.pplusic.com</a>									
<b>Product(s) Offered</b>	HMO	PPO	POS	EPO	Indemnity	Medicare Advantage	Medicare Supplement	Medicaid	Consumer Driven/HSA	Other	
	X	X	X				X	X	X		
<b>Provider Enrollment Information</b>											
<b>Credentialing/Contracting general contact</b>						Provider Network Management					
<b>Address</b>						2650 Novation Parkway Suite 400 Madison, Wisconsin 53713					
<b>Name</b>						Assigned based on county and facility: <a href="http://www.pplusic.com/documents/upload/providers-n-pnm-staff.pdf">http://www.pplusic.com/documents/upload/providers-n-pnm-staff.pdf</a>					
<b>Title</b>						Provider Network Management Liaisons					
<b>Phone</b>						(608) 282-8900 or (800) 545-5015					
<b>Email/Fax</b>						<a href="mailto:ppicinfo@pplusic.com">ppicinfo@pplusic.com</a> F - (608) 327-0329					
<b>Notes:</b>											
<b>Credentialing Details</b>											
<b>Is Pre-approval required?</b>											
<b>Application type</b>											
<b>Additional Special Requirements</b>											
<b>How to submit application?</b>											
<b>How often is provider recredentialed?</b>											
<b>Notes:</b>											
<b>Contracting Details</b>											
<b>How will payer contract with Local Public Health Depts.?</b>						Check Memorandum of Understanding (MOU) or Full Contract below:					
<b>Immunizations/Administration Fee Only</b>						MOU				Full Contract	
<b>Immunizations/Admin Fee w/Interperiodic Visit (Codes 99211-99215)</b>						MOU				Full Contract	
<b>Provider Type(s) contracted (immunization services)</b>						MD/DO		PA		ANP	Other
<b>Contract forms</b>						proprietary					
<b>Typical approval timeframe</b>											
<b>Approval notification method</b>											
<b>Typical effective date</b>											
<b>Is retroactive effective date allowed?</b>											
<b>Notes:</b>											
<b>Claim Information</b>											
<b>Claim contact</b>						Provider Network Management Liaisons					
<b>Phone</b>						<a href="http://www.pplusic.com/documents/upload/providers-n-pnm-staff.pdf">http://www.pplusic.com/documents/upload/providers-n-pnm-staff.pdf</a>					
<b>Notes:</b>											
<b>Claim Details</b>											
<b>Verification of benefits</b>						800-545-5015 or <b>PlusLink online portal (requires registration)</b>					
<b>Claim submission - paper</b>						CMS-1500					
<b>Claim submission - direct data entry (DDE)</b>						PlusLink					

## Section 11 – Payer Fact Sheets

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<b>Claim submission - electronic</b>	ASC X12 837 Health Care Claim (Professional) 005010A1
<b>Common Payer ID</b>	39156
<b>Clearinghouse(s) utilized</b>	Optimum Netwerkes Emdeon (WebMD) Outsource, Inc.
<b>Claim submission - other</b>	
<b>Timely filing window</b>	
<b>Submit claims to</b>	Physicians Plus Attn: Claims Department P.O. Box 2078 Madison, WI 53701-2078 Fax - (608) 327-0332
<b>Typical claim settlement window</b>	
<b>Denied claim appeal window</b>	Within six (6) months, unless specifically stated otherwise in the provider agreement, from the occurrence of the event that is the basis for the appeal. (see <b>Note 1</b> )
<b>Payment method</b>	
<b>RA/EOB available online/sent with checks</b>	
<b>Notes:</b>	1. Mail appeals to corporate address above and indicate: Appeals Administrator or fax to (608) 327-0328.

## Section 11 – Payer Fact Sheets

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### Copies of Supporting Documents Required *in addition to Application*

Items	R=required S=situational R-CAQH=submit to CAQH UPD	Notes
Signed/dated application	R	
Signed/dated contract	R	
CAQH Provider ID Number		Not a CAQH payer
Provider state medical license		
Fellowship Certificates		
Residency Certificate		
Internship Certificate		
Professional Degree		
Undergraduate Degree		
Board Certificate(s)		
Drug Enforcement Agency (DEA) license - copy		
Controlled Substance Registration (CSR) - copy		
CLIA		
Adverse Action documentation		
IRS doc		
EFT authorization		
W-9		
Malpractice/Liability Face sheet		
Curriculum Vitae		
Driver's license		
Voided check or bank letter for EFT		
ACA Application Fee		
Other - Required		
Other - situational		

\* *It is recommended to send all marked documents even if not requested. Doing so may speed application approval.*

#### Fact Sheet Source(s)

Payer website

Provider Administrative Manual <http://www.pplusic.com/providers/forms/manual>

## Section 11 – Payer Fact Sheets

### Security Health Plan

<b>Name:</b>	<b>Security Health Plan of Wisconsin, Inc.</b>											
<b>Details:</b>	Security Health Plan is a physician-directed health plan established in 1986 as an outgrowth of the Greater Marshfield Community Health Plan. The Plan's service area includes a 36-county area in northern, western and central Wisconsin that is owned by the Marshfield Clinic.											
<b>Service Area</b>	<b>All products:</b> Adams, Ashland, Barron, Bayfield, Burnett, Chippewa, Clark, Douglas, Eau Claire, Forest, Iron, Jackson, Juneau, Lincoln, Marathon, Oneida, Portage, Price, Rusk, Taylor, Vilas, Washburn, Waupaca, Wood <b>BadgerCare:</b> also available in Langlade and Sawyer <b>Medicare Advantage</b> – also available in Columbia, Dane, Dunn, Marquette, Pepin, Sauk, Waushara											
<b>WI License</b>	613 Service Insurance Corporation, Group Model HMO											
<b>Website:</b>	<a href="http://www.securityhealth.org">www.securityhealth.org</a>											
<b>Product(s) Offered</b>	HMO	PPO	POS	EPO	Indemnity	Medicare Advantage	Medicare Supplement	Medicaid	Consumer Driven/HSA	Other		
	X		x			X	X	X		<b>Part D</b>		
<b>Provider Enrollment Information</b>												
<b>Credentialing/Contracting general contact</b>						David Nyman						
<b>Corporate Address</b>						Security Health Plan 1515 North Saint Joseph Avenue P.O. Box 8000 Marshfield, WI 54449-8000						
<b>Name</b>						Listed in Credentialing Manual <a href="http://www.securityhealth.org/proxy/SHP-pdf-credentialingmanual.2.pdf">http://www.securityhealth.org/proxy/SHP-pdf-credentialingmanual.2.pdf</a>						
<b>Title</b>						Contract Manager or Credentialing Specialist						
<b>Phone</b>						See listing above						
<b>Email</b>						See Credentialing Manual						
<b>Notes:</b>												
<b>Credentialing Details</b>												
<b>Is Pre-approval required?</b>						No						
<b>Application type</b>						Proprietary - <a href="http://www.securityhealth.org/proxy/SHP-pdf-credentialing-providerapplication.2.pdf">http://www.securityhealth.org/proxy/SHP-pdf-credentialing-providerapplication.2.pdf</a>						
<b>Additional Special Requirements</b>						n/a						
<b>How to submit application?</b>						Email or mail						
<b>How often is provider recredentialed?</b>						Every three years (36 months).						
<b>Notes:</b>												
<b>Contracting Details</b>												
<b>How will payer contract with Local Public Health Depts.?</b>						Check Memorandum of Understanding (MOU) or Full Contract below:						
<b>Immunizations/Administration Fee Only</b>						MOU	x	Full Contract				
<b>Immunizations/Admin Fee w/Interperiodic Visit (Codes 99211-99215)</b>						MOU	x	Full Contract				
<b>Provider Type(s) contracted (immunization services)</b>						MD/DO	X	PA	X	ANP	X	Other
<b>Contract forms</b>						proprietary						
<b>Typical approval timeframe</b>						No more than 180 days of the date of the applicant's signature on the application or application will be returned.						
<b>Approval notification method</b>						Within 2 business days by telephone or e-mail of the Credentialing Committee's decision and within 60 calendar days, Security Health Plan's Network Management secretary will send a letter to the provider communicating Security Health Plan's decision						
<b>Typical effective date</b>						Upon credentialing						
<b>Is retroactive effective date allowed?</b>						No						
<b>.Notes:</b>												

## Section 11 – Payer Fact Sheets

<b>Claim Information</b>	
<b>Claim contact</b>	Customer Service
<b>Phone</b>	800-548-1224, Option 2 - Claim inquiries Email: <a href="mailto:shp.provider.claim@securityhealth.org">shp.provider.claim@securityhealth.org</a>
<b>Notes:</b>	Security Health Online Provider Portal enrollment form - <a href="https://www.securityhealth.org/proxy/SHP-pdf-providerAccess.4.pdf">https://www.securityhealth.org/proxy/SHP-pdf-providerAccess.4.pdf</a> and email to <a href="mailto:shpprd@securityhealth.org">shpprd@securityhealth.org</a>
<b>Claim Details</b>	
<b>Verification of benefits</b>	800-548-1224, Option 1 - Benefits and eligibility Email: <a href="mailto:shp.provider@securityhealth.org">shp.provider@securityhealth.org</a>
<b>Claim submission - paper</b>	CMS-1500
<b>Claim submission - direct data entry (DDE)</b>	Not available
<b>Claim submission - electronic</b>	ASC X12 837 Health Care Claim (Professional) 005010A1 (see <b>Note 1</b> )
<b>Common Payer ID</b>	39045
<b>Clearinghouse(s) utilized</b>	Trading partners not listed.
<b>Claim submission - other</b>	Roster Billing form accepted <a href="https://www.securityhealth.org/proxy/SHP-pdf-provider_rosterBillingCMS.7.pdf">https://www.securityhealth.org/proxy/SHP-pdf-provider_rosterBillingCMS.7.pdf</a>
<b>Timely filing window</b>	Dates of services older than 180 days. If SHP rejects or denies the claim, the provider has 90 days from the date of rejection or notification of denial to resubmit a <u>corrected claim</u> . Resubmitted claims older than 90 days will be denied back to the practice and cannot be resubmitted again for payment and the patient may not be billed.
<b>Submit claims to</b>	Security Health Plan P.O. Box 8000 Marshfield, WI 54449-8000
<b>Typical claim settlement window</b>	Within 30 days of the Clean Claim date (the date on which all such necessary information has been received) or interest will be paid per WI statute.
<b>Denied claim appeal window</b>	Commercial claims - within 60 calendar days of the provider's statement on which charge was denied (see <b>Note 2</b> )
<b>Payment method</b>	EFT (see <b>Note 3</b> ) or check
<b>RA/EOB available online/sent with checks</b>	Both
<b>Notes:</b>	<ol style="list-style-type: none"> <li>1. 837 Enrollment form - <a href="https://www.securityhealth.org/proxy/SHP-pdf-provider_enrollment.6.pdf">https://www.securityhealth.org/proxy/SHP-pdf-provider_enrollment.6.pdf</a> should be faxed to 715-221-9699 or 715-221-9500</li> <li>2. Appeal form - <a href="https://www.securityhealth.org/proxy/SHP-pdf-provider_appeal_831-00062.1.pdf">https://www.securityhealth.org/proxy/SHP-pdf-provider_appeal_831-00062.1.pdf</a> should be mailed to: Attn: Claims Department Manager, Security Health Plan, P.O. Box 8000, Marshfield, WI 54449</li> <li>3. Visit <a href="http://www.securityhealth.org">www.securityhealth.org</a>, click on "Providers," then "EDI," then <i>Electronic Funds Transfer Enrollment Form</i>.</li> </ol>

## Section 11 – Payer Fact Sheets

### Copies of Supporting Documents Required *in addition to Application*

Items	R=required S=situational R-CAQH=submit to CAQH UPD	Notes
Signed/dated application	R	
Signed/dated contract	R	
CAQH Provider ID Number		Payer not a member of CAQH
Provider state medical license	R	MD/DO, NP &/or PA
Fellowship Certificates		
Residency Certificate		
Internship Certificate		
Professional Degree		
Undergraduate Degree		
Board Certificate(s)	S	
Drug Enforcement Agency (DEA) license - copy	R	
Controlled Substance Registration (CSR) - copy		
CLIA		
Adverse Action documentation		
IRS doc		
EFT authorization		
W-9		
Malpractice/Liability Face sheet	R	
Curriculum Vitae	R	Or resume
Driver's license		
Voided check or bank letter for EFT		
ACA Application Fee		
Other - Required	R	CMS Letter of Approval
Other - situational	S	1. Malpractice Litigation and Professional Complaints form 2. Explanation of all gaps greater than six months

\* *It is recommended to send all marked documents even if not requested. Doing so may speed application approval.*

#### Fact Sheet Source(s)

Payer website  
Provider Manual

## Section 11 – Payer Fact Sheets

### United Healthcare Wisconsin

<b>Name:</b>	<b>UnitedHealthcare Wisconsin</b>										
<b>Details:</b>	UnitedHealthcare is an operating division of UnitedHealth Group, the largest single health carrier in the United States.										
<b>Service Area</b>	<p><b>Commercial:</b> Brown, Calumet, Clark, Dane, Dodge, Door, Fond du Lac, Green Lake, Iron, Jackson, Jefferson, Kenosha, Kewaunee, La Crosse, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Monroe, Oconto, Outagamie, Ozaukee, Portage, Racine, Rock, Shawano, Sheboygan, Taylor, Trempealeau, Vernon, Walworth, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood</p> <p><b>BadgerCare:</b> Ashland, Bayfield, Brown, Burnett, Calumet, Dodge, Door, Douglas, Fond du Lac, Forest, Green Lake, Jefferson, Kewaunee, Langlade, Manitowoc, Marathon, Marinette, Marquette, Menominee, Oconto, Oneida, Outagamie, Pierce, Polk, Portage, Price, Rock, Sawyer, Shawano, Sheboygan, St. Croix, Taylor, Vilas, Walworth, Washburn, Waupaca, Waushara, Winnebago and Wood.</p> <p><b>Medicaid SSI:</b> Ashland, Bayfield, Brown, Burnett, Calumet, Dodge, Door, Douglas, Fond du Lac, Forest, Green Lake, Jefferson, Kenosha, Kewaunee, Langlade, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Pierce, Polk, Portage, Price, Racine, Rock, Sawyer, Shawano, Sheboygan, St. Croix, Taylor, Vilas, Walworth, Washburn, Washington, Waukesha, Waupaca, Waushara, Winnebago and Wood.</p>										
<b>WI License</b>	611 Stock Insurance Corporation, IPA Model HMO										
<b>Website:</b>	<a href="http://www.uhc.com">www.uhc.com</a> or <a href="http://www.unitedhealthcareonline.com">www.unitedhealthcareonline.com</a>										
<b>Product(s) Offered</b>	HMO	PPO	POS	EPO	Indemnity	Medicare Advantage	Medicare Supplement	Medicaid	Consumer Driven/HSA	Other	
	X	X	X		X	X	X	X	X		
<b>Provider Enrollment Information</b>											
<b>Credentialing/Contracting general contact</b>						See Phone Info					
<b>Address</b>						See Phone Info					
<b>Name</b>											
<b>Title</b>											
<b>Phone</b>						877-842-3210, say or enter your Tax Identification Number (TIN), and then say, as prompted: Other Professional Services Credentialing Medical Join the Network.					
<b>Email</b>											
<b>Notes</b>	UHC is a CAQH member – see all credentialing information at: : <a href="https://www.unitedhealthcareonline.com/ccmcontent/ProviderII/UHC/en-US/Assets/ProviderStaticFiles/ProviderStaticFilesPdf/Tools%20and%20Resources/Protocols/Credentialing_FAQ.pdf">https://www.unitedhealthcareonline.com/ccmcontent/ProviderII/UHC/en-US/Assets/ProviderStaticFiles/ProviderStaticFilesPdf/Tools%20and%20Resources/Protocols/Credentialing_FAQ.pdf</a>										
<b>Credentialing Details</b>											
<b>Is Pre-approval required?</b>						No					
<b>Application type</b>						CAQH Universal Provider Database					
<b>Additional Special Requirements</b>						Obtain CAQH ID from UHC if you don't already have one					
<b>How to submit application?</b>						877-842-3210					
<b>How often is provider recredentialed?</b>						877-842-3210					
<b>Notes</b>	:										
<b>Contracting Details</b>											
<b>How will payer contract with Local Public Health Depts.?</b>						Check Memorandum of Understanding (MOU) or Full Contract below:					
<b>Immunizations Only</b>						MOU		Full contract	X		
<b>Immunizations/Admin Fee w/Interperiodic Visit (Codes 99211-99215)</b>						MOU		Full contract	X		

## Section 11 – Payer Fact Sheets

<b>Provider Type(s) contracted (immunization services)</b>	MD/DO	X	PA	X	ANP	X	Other	
<b>Contract forms</b>	proprietary							
<b>Typical approval timeframe</b>	25-30 business days							
<b>Approval notification method</b>	Written notification will be sent within three business days from the decision date							
<b>Typical effective date</b>	Defined by contract							
<b>Is retroactive effective date allowed?</b>	No							
<b>Notes:</b>								
<b>Claim Information</b>								
<b>Claim contact</b>	Customer Care							
<b>Phone</b>	877-842-3210 or www.uhconline.com							
<b>Notes:</b>								
<b>Claim Details</b>								
<b>Verification of benefits</b>	Member ID card or (800) 747-1446							
<b>Claim submission - paper</b>	CMS-1500							
<b>Claim submission - direct data entry (DDE)</b>	UnitedHealthcareOnline.com							
<b>Claim submission - electronic</b>	To Enroll: 877-842-3210 option 3 or visit UnitedHealthcareOnline.com – tools & resources – EDI Education for Electronic Transactions – Electronic Claims Commercial Medicare 800-210-8315 or <a href="mailto:ac_edi_ops@uhc.com">ac_edi_ops@uhc.com</a> – Community Plan							
<b>Common Payer ID</b>	87726							
<b>Clearinghouse(s) utilized</b>	OptumInsight, OptumInsight.com/edi							
<b>Claim submission - other</b>	Connectivity Director - Web-based application is United Healthcare's free direct connection for those who can create a claim file in the Health Insurance Portability and Accountability Act (HIPAA) 837 format.							
<b>Timely filing window</b>	90 Days							
<b>Submit claims to</b>	Address on back of Member's ID card or Electronic							
<b>Typical claim settlement window</b>	30 days							
<b>Denied claim appeal window</b>	Within 12 months from the date of the Explanation of Benefits (EOB) or Provider Remittance Advice (PRA). 60 Days for Community Plan							
<b>Payment method</b>	Call 866-842-3278 option 5 for EPS payments							
<b>RA/EOB available online/sent with checks</b>								
<b>Notes:</b>	<ol style="list-style-type: none"> <li>1. Send Appeals to: UnitedHealthcare Provider Appeals, P.O. Box 30559, Salt Lake City, UT 84130-0575, 877842-3210</li> <li>2. United Healthcare of WI Commercial and Medicaid information can be found at <a href="http://www.unitedhealthcareonline.com">www.unitedhealthcareonline.com</a> under Tools and Resources, Policies, Protocols and Guides.</li> </ol>							

## Section 11 – Payer Fact Sheets

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### Copies of Supporting Documents Required *in addition to Application*

Items	R=required S=situational R-CAQH=submit to CAQH UPD	Notes
Signed/dated application	R	
Signed/dated contract	R	
CAQH Provider ID Number	R - CAQH	Payer uses the CAQH Universal Provider Datasource. If you don't have a CAQH number – contact payer for one.
Provider state medical license	R - CAQH	
Fellowship Certificates		
Residency Certificate		
Internship Certificate		
Professional Degree		
Undergraduate Degree		
Board Certificate(s)		
Drug Enforcement Agency (DEA) license - copy	R - CAQH	
Controlled Substance Registration (CSR) - copy	R - CAQH	
CLIA		
Adverse Action documentation		
IRS doc		
EFT authorization		
W-9	R - CAQH	
Malpractice/Liability Face sheet	R - CAQH	
Curriculum Vitae	R - CAQH	
Driver's license		
Voided check or bank letter for EFT		
ACA Application Fee		
Other - Required	R - CAQH	CAQH Authorization, Attestation and Release form
Other - situational	S - CAQH	Summary of any pending or settled malpractice cases

*\* It is recommended to send all marked documents even if not requested. Doing so may speed application approval.*

**Fact Sheet Source:**

Company website:

- UHC Physician, Health Care Professional, Facility and Ancillary Provider 2013 Administrative Guide;
- UHC Electronic Solutions Quick Reference Overview
- UHC Community Health Plans – Wisconsin page at <http://www.uhccommunityplan.com/plan/state/WI/index>

Payer Verified: 9/11/13

## Section 11 – Payer Fact Sheets

### Unity Health Plans Insurance

<b>Name:</b>	<b>Unity Health Plans Insurance</b>										
<b>Details:</b>	Unity Health Plans Insurance Corporation is a wholly-owned subsidiary of University Health Care, Inc. (UHC). The University of Wisconsin Hospitals and Clinics Authority (UWHC) and the University of Wisconsin Medical Foundation (UWMF) are members of UHC. Begun in 1983, it was formerly known as HMO of Wisconsin Insurance Corporation, one of the nation's first rural-based HMOs.										
<b>Service Area</b>	Adams, Columbia, Crawford, Dane, Dodge, Fond du Lac, Grant, Green, Green Lake, Iowa, Jefferson, Lafayette, Marquette, Richland, Rock, Sauk, Vernon, Walworth, Waushara										
<b>Website:</b>	<a href="http://www.unityhealth.com/index.htm">http://www.unityhealth.com/index.htm</a>										
<b>Product(s) Offered</b>	HM	PP	PO	EP	Indemnity	Medicare Advantage	Medicare Supplement	Medicaid	Consumer Driven/HSA	Other	
	O	O	S	O			X	X			
<b>Provider Enrollment Information</b>											
<b>Credentialing/Contracting general contact</b>						Provider Coordinators assigned by county					
<b>Address</b>						840 Carolina Street Sauk City, WI 53583					
<b>Name</b>						Refer to Administrative Resources portion of Provider Home page on company website					
<b>Title</b>						n/a					
<b>Phone</b>						800-362-3309					
<b>Email</b>						Provider Coordinator emails: <a href="mailto:Tammy.Seiler@unityhealth.com">Tammy.Seiler@unityhealth.com</a> <a href="mailto:Season.Breunig@unityhealth.com">Season.Breunig@unityhealth.com</a> <a href="mailto:Katherine.Guthrie@unityhealth.com">Katherine.Guthrie@unityhealth.com</a>					
<b>Notes:</b>											
<b>Credentialing Details</b>											
<b>Is Pre-approval required?</b>						Yes, Rural Wisconsin Health Cooperative (RWHC) will respond to initial request with credentialing packet, within 7 days.					
<b>Application type</b>						Proprietary					
<b>Additional Special Requirements</b>						none					
<b>How to submit application?</b>						Online form under Provider/Self-Help Forms					
<b>How often is provider recredentialed?</b>						Every three (3) years					
<b>Notes:</b>											
<b>Contracting Details</b>											
<b>How will payer contract with Local Public Health Depts.?</b>						Check Memorandum of Understanding (MOU) or Full Contract below:					
<b>Immunizations/Administration Fee Only</b>						MOU		Full Contract	X		
<b>Immunizations/Admin Fee w/Interperiodic Visit (Codes 99211-99215)</b>						MOU		Full Contract	X		
<b>Provider Type(s) contracted (immunization services)</b>						MD/DO		PA		ANP	Other
<b>Contract forms</b>						proprietary					
<b>Typical approval timeframe</b>						Less than 90 days from the time RWHC receives the completed application packet, but it can take up to 180 days					
<b>Approval notification method</b>						Notification letter within one week of the Credentialing Committee's decision (Credentialing Committee meets monthly)					
<b>Typical effective date</b>						The first of the month following credentialing approval.					
<b>Is retroactive effective date allowed?</b>						No					
<b>Notes:</b>											
<b>Claim Information</b>											
<b>Claim contact</b>						Customer Service					
<b>Phone</b>						800-362-3310 using prompt 2 for providers					
<b>Notes:</b>											
<b>Claim Details</b>											
<b>Verification of benefits</b>					Member ID card or 800-362-3310, prompt 2						
<b>Claim submission - paper</b>					CMS-1500						

## Section 11 – Payer Fact Sheets

<b>Claim submission – direct data entry (DDE)</b>	Not available
<b>Claim submission - electronic</b>	ASC X12 837 Health Care Claim (Professional) 005010A1
<b>Common Payer ID</b>	66705
<b>Clearinghouse(s) utilized</b>	McKesson (Relay Health), Netwerkes, Emdeon, PayerPath, SSI Group, G & C Clearing House, Healthcare Data Systems, CPSI, ClaimLogic, Viatrack, Health Claims Services and Outsource Inc.
<b>Claim submission – other</b>	n/a
<b>Timely filing window</b>	Listed in provider contract. Members have 12 months from the date the service.
<b>Submit claims to</b>	<b>HMO:</b> Unity Health Insurance P.O. Box 610 Sauk City, WI 53583-0610 <b>PPO:</b> Health EOS, by MultiPlan P.O. Box 6090 De Pere, WI 54115-6090
<b>Typical claim settlement window</b>	Within 30 days of receipt
<b>Denied claim appeal window</b>	Typically two years
<b>Payment method</b>	Check or EFT (sign up at <a href="http://www.unityhealth.com/Providers/AdminResources/EDI/index.htm">http://www.unityhealth.com/Providers/AdminResources/EDI/index.htm</a> )
<b>RA/EOB available online/sent with checks</b>	Both
<b>Notes:</b>	Appeal form (copy on website) is sent to: Unity Health Insurance, Attn: Recoveries, PO Box 610, Sauk City, WI 53583

## Section 11 – Payer Fact Sheets

### Copies of Supporting Documents Required *in addition to Application*

Items	R=required S=situational R-CAQH=submit to CAQH UPD	Notes
Signed/dated application	R	Online application found on website
Signed/dated contract	R	
CAQH Provider ID Number	R - CAQH	Unity uses the CAQH Universal Provider Datasource. If you don't have a CAQH number – contact Unity for one.
Provider state medical license	R - CAQH	
Fellowship Certificates		
Residency Certificate		
Internship Certificate		
Professional Degree		
Undergraduate Degree		
Board Certificate(s)		
Drug Enforcement Agency (DEA) license - copy	R - CAQH	
Controlled Substance Registration (CSR) - copy	R - CAQH	
CLIA		
Adverse Action documentation		
IRS doc		
EFT authorization		
W-9	R - CAQH	
Malpractice/Liability Face sheet	R - CAQH	
Curriculum Vitae	R - CAQH	
Drivers license		
Voided check or bank letter for EFT		
ACA Application Fee		
Other – Required	R - CAQH	CAQH Authorization, Attestation and Release form
Other - situational	S – CAQH	Summary of any pending or settled malpractice cases

*\* It is recommended to send all marked documents even if not requested. Doing so may speed application approval.*

#### Fact Sheet Source(sources)

Company website  
 Provider Manual, May 31, 2013 version  
 CAQH UPD Provider & Practice Administrator Quick Reference Guide

**Payer Verified 08/19/13**

## Section 11 – Payer Fact Sheets

### WEA Trust

<b>Name:</b>		<b>WEA Trust</b>										
<b>Details:</b>		The Trust was created by the Wisconsin Education Association Council in 1970 as a not-for-profit organization to provide group health insurance for Wisconsin public school employees. As of January 2011, WEA Trust insurance began offering similar plans to Wisconsin state employees and employees of local government units. A Board of Trustees oversees Trust operations and serves without financial compensation.										
<b>Service Area</b>		All counties in Wisconsin										
<b>WI License</b>		Life, Accident, and Health company										
<b>Website:</b>		<a href="http://www.weatrust.com">www.weatrust.com</a>										
<b>Product(s) Offered</b>	HMO	PPO	POS	EPO	Indemnity	Medicare Advantage	Medicare Supplement		Consumer Driven/HSA	Other		
	X	X	X				X		X			
<b>Provider Enrollment Information</b>												
<b>Credentialing/Contracting general contact</b>						Provider Services						
<b>Address</b>						WEA Trust P.O. Box 7338 Madison, WI 53707-7338						
<b>Name</b>						Debbie Hallett						
<b>Title</b>						Provider Services Representative						
<b>Phone</b>						800-279-4000, Extension 2285						
<b>Email</b>						<a href="mailto:dhallett@weatrust.com">dhallett@weatrust.com</a> or <a href="mailto:Provider_Management_Team@weatrust.com">Provider_Management_Team@weatrust.com</a>						
<b>Notes:</b>												
<b>Credentialing Details</b>												
<b>Is Pre-approval required?</b>						Yes						
<b>Application type</b>						Credentialing application provided after receipt of new Provider Agreement.						
<b>Additional Special Requirements</b>						Wisconsin licensure/certification						
<b>How to submit application?</b>						Email ( <a href="mailto:credentialing@weatrust.com">credentialing@weatrust.com</a> ), fax (608-276-9119) or mail to Credentialing at above address						
<b>How often is provider recredentialed?</b>						Every 4 years						
<b>Notes:</b>		Provider Agreement is executed after all practitioners are approved.										
<b>Contracting Details</b>												
<b>How will payer contract with Local Public Health Depts.?</b>						Check Memorandum of Understanding (MOU) or Full Contract below:						
<b>Immunizations/Administration Fee Only</b>						MOU				Full Contract		x
<b>Immunizations/Admin Fee w/Interperiodic Visit (Codes 99211-99215)</b>						MOU				Full Contract		x
<b>Provider Type(s) contracted (immunization services)</b>						MD/DO	x	PA	x	ANP	x	Other
<b>Contract forms</b>						proprietary						
<b>Typical approval timeframe</b>						4-8 weeks – depends on the timely receipt of signed/dated Provider Agreement and timely submission of complete credentialing application(s). All practitioners must be approved before Provider Agreement is executed.						
<b>Approval notification method</b>						Letter						
<b>Typical effective date</b>						Credentialing approvals are done every Friday.						
<b>Is retroactive effective date allowed?</b>						No						
<b>Notes:</b>												
<b>Claim Information</b>												
<b>Claim contact</b>						Diane Erickson, Claims Manager						
<b>Phone</b>						608-661-6732						
<b>Notes:</b>		Interpret Member ID card - <a href="http://www.weatrust.com/Providers/ClaimsPayments/PlanCardIdentification.aspx">http://www.weatrust.com/Providers/ClaimsPayments/PlanCardIdentification.aspx</a>										
<b>Claim Details</b>												

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<b>Verification of benefits</b>	Customer Service 800-279-4000
<b>Claim submission - paper</b>	CMS-1500
<b>Claim submission - direct data entry (DDE)</b>	N/A
<b>Claim submission - electronic</b>	ASC X12 837 Health Care Claim (Professional) 005010A1
<b>Common Payer ID</b>	39151
<b>Clearinghouse(s) utilized</b>	None listed as preferred
<b>Claim submission - other</b>	N/A
<b>Timely filing window</b>	Network providers should refer to their agreement with WEA for specific details. Non-network providers – 15 months from date of service.
<b>Submit claims to</b>	WEA Trust P.O. Box 8220 Madison, WI 53708-8220
<b>Typical claim settlement window</b>	Less than 30 days from receipt date
<b>Denied claim appeal window</b>	Less than 30 days from receipt date
<b>Payment method</b>	Electronic or Paper
<b>RA/EOB available online/sent with checks</b>	Electronic or Paper
<b>Notes:</b>	

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### Copies of Supporting Documents Required *in addition to Application*

Items	R=required S=situational R-CAQH=submit to CAQH UPD	Notes
Signed/dated application	R	<a href="http://www.weatrust.com/Portals/0/Forms/NetworkProviders/form-prov-netwk-app.pdf">http://www.weatrust.com/Portals/0/Forms/NetworkProviders/form-prov-netwk-app.pdf</a> to obtain Provider Network Application.
Signed/dated contract	R	
CAQH Provider ID Number		Payer not a CAQH member
Provider state medical license		This will be verified with state licensing agency.
Fellowship Certificates		Educational information must be provided in the credentialing application.
Residency Certificate		
Internship Certificate		
Professional Degree		
Undergraduate Degree		
Board Certificate(s)	R	
Drug Enforcement Agency (DEA) license - copy	R	
Controlled Substance Registration (CSR) - copy		
CLIA		
Adverse Action documentation	R	
IRS doc		
EFT authorization		
W-9	R	<a href="http://www.weatrust.com/Portals/0/Forms/NetworkProviders/W_9_form.pdf">http://www.weatrust.com/Portals/0/Forms/NetworkProviders/W_9_form.pdf</a>
Malpractice/Liability Face sheet	R	
Curriculum Vitae		
Drivers license		
Voided check or bank letter for EFT		
ACA Application Fee		
Other - Required	R	15-20 most frequently billed codes
Other - situational		

\* *It is recommended to send all marked documents even if not requested. Doing so may speed application approval.*

**Fact Sheet Source(s)**

Payer Website

## Section 11 – Payer Fact Sheets

### WPS Health Insurance

<b>Name:</b>		<b>WPS Health Insurance</b>									
<b>Details:</b>		Wisconsin Physician's Service was established in 1946, when the Wisconsin legislature authorized (Chapter 148) the State Medical Society to establish not-for-profit health insurance plans, known then as the Wisconsin Plan and eventually the state's <i>Blue Shield</i> plan. Currently, WPS is the not-for-profit insurer offering health plans statewide to the public and private sectors.									
<b>Service Area</b>											
<b>WI license</b>		611 Stock Insurance Corporation, Group Model HMO									
<b>Website:</b>		<a href="http://www.wpsic.com">http://www.wpsic.com</a>									
<b>Product(s) Offered</b>	HMO	PPO	POS	EPO	Indemnity	Medicare Advantage	Medicare Supplement	Medicaid	Consumer Driven/HSA	Other	
	X	X	X						X		
<b>Provider Enrollment Information</b>											
<b>Credentialing/Contracting general contact</b>											
<b>Address</b>											
<b>Name</b>											
<b>Title</b>											
<b>Phone</b>											
<b>Email</b>											
<b>Notes:</b>											
<b>Credentialing Details</b>											
<b>Is Pre-approval required?</b>											
<b>Application type</b>											
<b>Additional Special Requirements</b>											
<b>Are original signatures required on documents?</b>											
<b>How to submit application?</b>						WPS Plan Development, Contracting P. O. Box 8190, Madison, WI 53708 Or fax to: (608) 226-4778					
<b>How often is provider recredentialed?</b>											
<b>Notes:</b>											
<b>Contracting Details</b>											
<b>How will payer contract with Local Public Health Depts.?</b>						Check Memorandum of Understanding (MOU) or Full Contract below:					
<b>Immunizations/Administration Fee Only</b>						MOU				Full Contract	
<b>Immunizations/Admin Fee w/Interperiodic Visit (Codes 99211-99215)</b>						MOU				Full Contract	
<b>Provider Type(s) contracted (immunization services)</b>						MD/DO		PA		ANP	Other
<b>Contract forms</b>											
<b>Typical approval timeframe</b>											
<b>Approval notification method</b>											
<b>Typical effective date</b>											
<b>Is retroactive effective date allowed?</b>											
<b>Notes:</b>											
<b>Claim Information</b>											
<b>Claim contact</b>											
<b>Phone</b>											
<b>Notes:</b>											
<b>Claim Details</b>											
<b>Verification of benefits</b>											
<b>Claim submission - paper</b>						CMS-1500					
<b>Claim submission - direct data entry (DDE)</b>											
<b>Claim submission - electronic</b>						ASC X12 837 Health Care Claim (Professional) 005010A1					
<b>Common Payer ID</b>											

## Section 11 – Payer Fact Sheets

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<b>Clearinghouse(s) utilized</b>	
<b>Claim submission - other</b>	
<b>Timely filing window</b>	
<b>Submit claims to</b>	
<b>Typical claim settlement window</b>	
<b>Denied claim appeal window</b>	
<b>Payment method</b>	
<b>RA/EOB available online/sent with checks</b>	
<b>Notes:</b>	Submit EDI to: Electronic Data Services, Wisconsin Physicians Service Insurance Corporation, P.O. Box 8128, Madison, WI 53708-8128

## Section 11 – Payer Fact Sheets

### Copies of Supporting Documents Required *in addition to Application*

Items	R=required S=situational R - CAQH = submit to CAQH UPD	Notes
Signed/dated application	R	
Signed/dated contract	R	
CAQH Provider ID Number	R - CAQH	WPS uses the CAQH Universal Provider Datasource. If you don't have a CAQH number – contact WPS for one.
Provider state medical license	R - CAQH	
Fellowship Certificates		
Residency Certificate		
Internship Certificate		
Professional Degree		
Undergraduate Degree		
Board Certificate(s)		
Drug Enforcement Agency (DEA) license - copy	R - CAQH	
Controlled Substance Registration (CSR) - copy	R - CAQH	
CLIA		
Adverse Action documentation		
IRS doc		
EFT authorization		
W-9	R	
Malpractice/Liability Face sheet	R	
Curriculum Vitae	R - CAQH	
Driver's license		
Voided check or bank letter for EFT		
ACA Application Fee		
Other - Required	R R - CAQH	<b>WPS</b> - 25 most frequently billed codes with fees and copy of an encounter sheet or super bill. <b>CAQH</b> - CAQH Authorization, Attestation and Release form
Other - situational		

*\* It is recommended to send all marked documents even if not requested. Doing so may speed application approval.*

#### Fact Sheet Source(s)

- Company website
- New-provider assessment request form

