

Effective September 1, 2015

Updated Provider Manuals

Effective September 1, 2015 updated Provider Manuals go into effect for Providers contracted for:

- Group Health Cooperative of Eau Claire Commercial
- Group Health Cooperative of Eau Claire BadgerCare Plus
- Group Health Cooperative of Eau Claire Medicaid SSI
- Compcare BadgerCare Plus
- Compcare Medicaid SSI

The updated provider manuals are available online at ghc.ec/providermanuals. If you do not have internet access, please call (715) 552-4300 to request a copy be sent to you by mail.

Updates to the provider manuals include:

| Manual Section | Description of Change | BC+/Medicaid Page Number | Commercial Page Number |
|---------------------------------|---|--------------------------|------------------------|
| Section 1 Claims Information | Added "Unless otherwise states in the Provider Services Agreement" to the timely filing deadline. | 7 | 7 |
| Section 1 Claims Information | Added ICD-10 to the listing of utilized coding sources. | 7 | 7 |
| Section 1 Claims Information | Added G4 Health Systems to listing of Clearinghouses. | 7 | 7 |
| Section 1 Claims Information | Providers are strongly encouraged to obtain written statement in advance, documenting that the member has accepted responsibility for the payment for service. | 8 | Not Applicable |
| Section 1 Claims Information | Provider timely filing guidelines apply to claims being submitted with relinquishment forms. This time frame is generally one year from the date of service, unless dictated otherwise in the Provider Agreement. | 9 | Not Applicable |
| Section 1 Claims Information | Or as outlined in the Provider Services Agreement | 11 | 9 |
| Section 1 Claims Information | Updated to current HCFA - 1500 form | 12&13 | 10&11 |
| Section 1 Claims Information | Added "or as outlined in the Provider Services Agreement" to the Claim Appeal Process. | 24 | 16 |

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| Section 3 Quality Improvement | Added section of HealthCare Effectiveness Data and Information Set (HEDIS) | 32 | No Change |
| Section 3 Quality Improvement | Updated BadgerCare Plus and Medicaid SSI Quality Requirements for current year. | 32&33 | Not Applicable |
| Section 5 Enrollment & Eligibility | Removed group designations for Benchmark and Core Plans as these no longer exist. Replaced with group designations for Childless Adults as this is a new group. | 37 | Not Applicable |
| Section 5 Enrollment & Eligibility | Removed specific eligibility criteria and replaced with general program eligibility. | 37 | Not Applicable |
| Section 5 Enrollment & Eligibility | Removed reference to Benchmark and Core Plans as these no longer exist. | 39 | Not Applicable |
| Section 6 Covered Services | Updated in its entirety to reflect member benefits at the time of printing. | 40 | Not Applicable |
| Section 7 Health Management Reviews for Medical Necessity | Medical appropriateness for hospital admission associated with labor and delivery charges is only required if discharge is greater than two (2) days following vaginal delivery or is greater than four (4) days following cesarean delivery. No notification of inpatient admission by hospital is needed if admission is less than or equal to these timeframes. | 43 | 32 |
| Section 8 – Behavioral Health & AODA Services | Removed references to Omne Clinic, Inc. and replaced with Vantage Point Clinic. | 46 | Not Applicable |
| Section 9 – Authorization Guidelines | Prior authorization of hospital admission associated with labor and delivery charges is only required if discharge is greater than two (2) days following vaginal delivery or is greater than four (4) days following cesarean delivery. No notification of inpatient admission by hospital is needed if admission is less than or equal to these timeframes. | 48 | 37 |

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| Section 9 – Authorization Guidelines | Removed references to Omne Clinic, Inc. and replaced with Vantage Point Clinic. | 49 | Not Applicable |
| Section 9 – Authorization Guidelines | Prior Authorization is required if a prescription change occurs resulting in the need for replacement of eyeglasses beyond the benefit of two pair within the member’s annual membership year. | 49 | Not Applicable |
| Section 9 – Authorization Guidelines | Prior Authorization is no longer required for Cardiac Rehab. This was earlier communicated to providers. | 51 | 39 |
| Section 12 – HealthCheck | Removed statement advising that information will be provided to the Provider regarding percentage of allowable HealthCheck screenings that the clinic has completed. | 54 | Not Applicable |
| Section 13 – DHS BadgerCare Plus & Medicaid SSI Contact Information | Removed option of addressing correspondence to Forward Health. Replaced with option of making inquiries through Forward Health Website. | 55 | Not Applicable |
| Appendix A – Health Management Forms | Inserted all current versions of request forms | 60-68 | 46-52 |
| Appendix B – Behavioral Health Forms | Inserted all current versions of request forms | 69-76 | 54-60 |
| Appendix C – County Handbook | Removed section discussing copayments. This is discussed earlier in the topic. | 78 | Not Applicable |
| Appendix C – County Handbook | Added information regarding coordinating care between county and HMO for PNCC program. | 79 | Not Applicable |
| Appendix C – County Handbook | Added the role of Health Management department related to the PNCC program. | 80 | Not Applicable |
| Appendix C – County Handbook | Removed section outlining covered HealthCheck services, required components of the Comprehensive Health Check Exam, HealthCheck Schedule, and Coordination of Care MOUs as these topics were all discussed earlier in this section. | 80 | Not Applicable |
| Appendix C – County Handbook | Removed line discussing copayments for vaccines. This is | 80 | Not Applicable |

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| | discussed earlier in the manual. | | |
| Appendix C – County Handbook | Removed coding guidance from manual. | 81 | Not Applicable |
| Appendix C – County Handbook | Removed PNCC Information as this was previously discussed. | 83 | Not Applicable |

If you have any questions or concerns, please contact Provider Relations at (715) 552-4300.