

# PROVIDER E-NEWS

Common Ground Healthcare Cooperative (CGHC) Provider Newsletter



## Important Reminders

CGHC strives to keep providers informed and up-to-date on important reminders to know as our provider partner.

- The updated Provider Manual for 2021 is available on the website. It can be found, [here](#).
- Did you know that the CGHC provider portal has been updated to include the member's paid thru date, so providers can confirm real-time eligibility through the portal as opposed to calling into Member Services?
  - For those not familiar with the CGHC provider portal, once you enroll you have 24/7 access to real-time eligibility, benefit information, claims status, and completed prior authorizations (approvals/denials).
  - With the high call volumes experienced during the Open Enrollment season, we highly encourage our providers to utilize the provider portal. To enroll, please check out our [self-service training guide, here](#).
- The CGHC Claim Reconsideration form has been updated. Please click [here](#) to access the new form!

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# 2021 UPDATES

## Limited Eligibility

For members currently enrolled with CGHC in 2020, their eligibility information for 2021 will not be viewable on the CGHC provider portal, on our IVR phone line, or via the 270/271 HIPAA eligibility transactions until 12/19/2020 (unless the member has already made their payment for January 2021 coverage prior to that date).

For new members enrolling with CGHC for 2021, their eligibility information will not be viewable on the CGHC provider portal, on our IVR phone line, or via the 270/271 HIPAA eligibility transactions until such time as they make payment for their January 2021 coverage.

If you have questions about 2021 enrollment, eligibility, or benefits prior to 12/29/2020, your office will need to call our Member Services team at 877-514-2442.

## 2021 Rx Formulary & Benefits

New Tier 2 insulin benefit. The out-of-pocket costs for Preferred Tier 2 insulin products for members enrolled in a Platinum, Gold, or Silver Plan will be capped at \$15 for a 30-day supply.

Preferred Tier 2 insulin products include Humalog, Humulin, Toujeo, Lantus, and Levemir.

Your patients currently taking Tier 3 non-preferred insulin products like Novolog, Novolin, or Tresiba may want to consult with their physician's office to see if a change in prescription may be possible to help them save costs.

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## Member Satisfaction

Each year, we conduct a Net Promoter Score (NPS) Survey for our members to measure member satisfaction. The NPS Survey asks, on a scale of 0 to 10, how likely are you to recommend CGHC to a family member or a friend? This year, CGHC conducted this survey over 6 weeks and got record participation of over 4,000 members! Over 90% of the members who took this survey rated us a 7, 8, 9, or 10.

### Our 2020 Net Promoter Score: 59.21

To put it into perspective, last year, our NPS was 39, so we increased our score by 20 points in just 1 year. The industry benchmark is 24.0 in 2020, so CGHC is in the 100th percentile of all health plans. We are so proud of the enhancements that our team has made to provide an amazing Member Experience and increased satisfaction! Aside from this great achievement, we also asked members about their overall experience with CGHC. Our results were astounding, with 95% of members giving us a "thumbs up!" saying they've had a great experience with CGHC. We are proud to provide high quality service to our members with the help of you, as our provider partners.



# 2021 UPDATES CONT.

## Utilization Management Changes

CGHC will be transitioning all medical utilization management (UM) functions, including prior authorization and inpatient concurrent review, away from OptumHealth Care Solutions in 2021. As a result, there will be several changes to our UM processes beginning Monday, December 21, 2020, but until then please continue to utilize the existing process.

Specialty medications provided under the medical benefit (such as in a clinic, hospital, or home health setting) which require prior authorization will be handled by MagellanRx. All other medical service prior authorization and inpatient concurrent review will be handled by Security Health Plan on behalf of CGHC as noted below.

CGHC is excited to be rolling out online prior authorization functionality for 2021. Many of you have requested this functionality to improve efficiencies and the turnaround time of authorization requests, so we hope that you will find these tools helpful and user friendly. CGHC will be posting official training materials by November 1, 2020, and will be offering online training sessions for any offices who may be interested.

### **FOR SPECIALTY MEDICATIONS ADMINISTERED BY PROVIDERS**

From December 21, 2020 through January 31, 2021, providers will need to call MagellanRx directly at 800-424-8243 to initiate prior authorizations. Effective February 1, 2021 and forward, providers will have access to submit authorization requests through the MagellanRx portal at:

<https://specialtydrug.magellanprovider.com/MagellanProvider/do/Login>. Simply look for Common Ground Healthcare Cooperative on the dropdown menu.

Any questions or assistance needed in regards to Specialty Medication Authorizations and/or Magellan portal access should be directed to Magellan at 800-424-8243.

### **FOR ALL OTHER MEDICAL SERVICES**

CGHC has contracted with Security Health Plan (SHP) for utilization management services for 2021. Our dedicated team at SHP will handle all prior authorization requests submitted through their online portal at <https://www.provider.commongroundhealthcare.org>. This link will go live on 12/21/2020, when the prior authorization window opens. We strongly encourage providers to utilize the online portal for ease of tracking and quicker response times.

If necessary, authorizations can be made by telephone or via fax.

Prior authorization toll free number: 877-825-9293

Fax Number: 414-918-8038

New prior authorization forms will be made available in the Provider Resources section of our website by November 1, 2020 and should be utilized for any authorization requests made on or after December 21, 2020. Those forms will be posted here, <https://www.commongroundhealthcare.org/for-providers/forms/>.

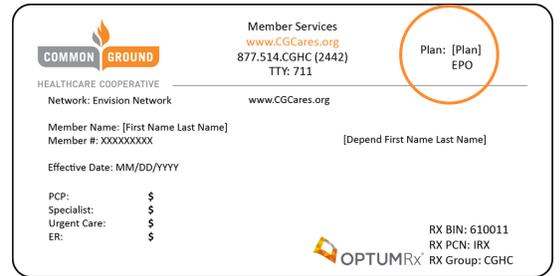
# Small Group Relaunch

## CGHC is relaunching our Small Group product line beginning January 1, 2021!

Effective January 1, 2021, all new and renewing Small Groups will transition to an Exclusive Provider Organization (EPO) plan. Our PPO plan offerings will no longer be available for new or renewing groups, so all small groups will need to choose from our new Envision EPO (and EPO Plus) plan options.

Small group members will need to transition their care to CGHC in-network Envision providers, unless they have an approved EPO Referral. There are no benefits available for non-urgent/emergent care received out-of-network, and those members will be subject to balance billing, just as our individual members would be.

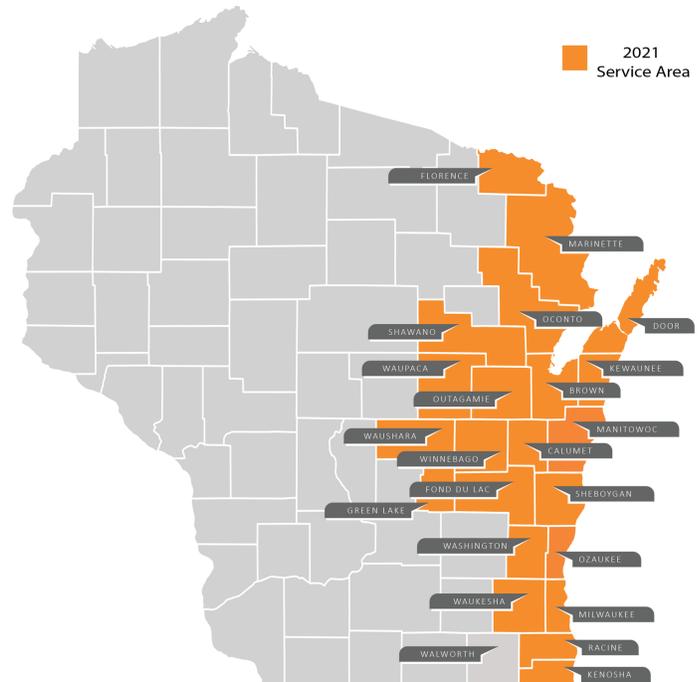
So, how will you know from the member's ID card that the group as been moved to an EPO plan? All member ID cards say their network type on the top right corner of the card. All CGHC members will have this ID card:



## 2021 OPEN ENROLLMENT & BEYOND

For 2021, both individual and small group CGHC plans will also be offered in Florence and Green Lake Counties! We are expanding our current service area and will be in 22 counties across eastern Wisconsin starting on January 1, 2021.

2021 Open Enrollment begins on November 1 and runs through December 15, 2020 for coverage starting on January 1, 2021. This 6-week window is the only time that most people can get health insurance for the 2021 plan year. As you know, it's important now more than ever to have comprehensive health insurance coverage.



Throughout the remainder of the year, if your patients lose coverage due to loss of a job, loss of BadgerCare Plus eligibility, or for another reason, they may be eligible for a Special Enrollment Period through the Marketplace. Encourage them to contact CGHC or a local broker, navigator, or assistor to enroll in ACA coverage. Your patients may be eligible for Advanced Premium Tax Credits (APTCs) or subsidies that make health insurance more affordable.

# ADMINISTRATIVE AND BILLING CHANGES

## Provider Roster Updates

While we receive regular monthly updates from our major health system providers, the same doesn't hold true for most of the independent providers with which we contract. We will be doing proactive roster outreach twice per year (starting in February & September), but rely on providers to notify us of other changes throughout the new year, including the addition of new providers and/or service locations, provider terminations, etc. Please use this [Provider Update form](#) to notify CGHC of any changes and email it to us at [providerchanges@commongroundhealthcare.org](mailto:providerchanges@commongroundhealthcare.org).

## Bilateral Billing (radiological claims)

CGHC would like to share the most preferred way to bill a unilateral radiology procedure when performed bilaterally. Since these codes can be billed in several different ways to indicate the procedure was done bilaterally, for provider ease and in the pursuit of accurate and timely reimbursement, we are providing some guidance on how to bill for these procedures.

When billing for bilateral radiologic codes (70000-79999), Common Ground Healthcare Cooperative prefers the use of billing modifier 50 to indicate a bilateral procedure as opposed to using the RT and LT modifiers. Bill the radiology procedure code on 1 line using 1 unit and attach the 50 modifier indicating that the procedure was done bilaterally. This will ensure the most accurate and timely reimbursement for these types of procedures.

## COVID-19 Prior Authorization Exception Extended

On March 30, 2020, CGHC temporarily suspended our Prior Authorization (PA) requirement for admissions to post-acute care settings including Skilled Nursing Facility (SNF), Inpatient Rehab (IR), and Long-Term Acute Care (LTAC) facilities. Due to the ongoing stress of COVID on our healthcare system, CGHC has decided to extend that PA waiver thru December 31, 2020. At this time it is our intent to reinstitute our standard PA process for all post-acute care admissions beginning January 1, 2021.

While the initial prior authorization requirement is waived, we still ask that providers notify us within 24 hours (or the next business day, as appropriate) of the admission of one of our members, so that we can review the needed length of stay and notify you of any benefit limitations.