



- **Introducing the Rise network.** CGHC is excited to announce that we are offering a new network option for Small Group employers who reside in the following counties: Kenosha, Milwaukee, Ozaukee, Racine, Washington, and Waukesha. Effective January 1<sup>st</sup>, employers who reside in those counties will now be able to purchase our Rise network plans. **The Rise network provides access to all providers who participate in our Envision network, plus the addition of Ascension Healthcare facilities and providers.** Please note there are no changes to our existing Envision Network.

## • 2024 Member ID Cards.

COMMON GROUND HEALTHCARE COOPERATIVE		Member Services 877.514.2442 TTY: 711	Plan: [Metal] <b>EPO Plus</b>
Member Name: [First Name] [Last Name]		[Depend First Name Last Name]	
Member #: [Member ID]		[Depend First Name Last Name]	
Effective Date: 01/01/2023		PCP: \$xxx	[Depend First Name Last Name]
Group Number: WIFXS123456-00		Specialist: \$xxxx	[Depend First Name Last Name]
		QuickCare/FastCare: \$xxx	[Depend First Name Last Name]
		Urgent Care: \$xxxx	[Depend First Name Last Name]
		ER: \$xxxx	[Depend First Name Last Name]
			[Depend First Name Last Name]
Individual	Family		
Deductible: \$x,xxx	Deductible: \$xx,xxx		
Rx Deductible: \$x,xxx	Rx Deductible: \$xx,xxx		
Max Out of Pocket: \$x,xxx	Max Out of Pocket: \$xx,xxx		
		OPTUMRx	RX BIN: 610011 RX PCN: IRX RX Group: CGHC
<b>ENVISION NETWORK</b>			

Note – the “Plus” on Envision Network ID cards indicates the member also has access to the *First Health Complementary Network*.

COMMON GROUND HEALTHCARE COOPERATIVE		Member Services 877.514.2442 TTY: 711	Plan: [Metal] EPO
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		ER: \$xxxx	[Depend First Name Last Name]
			[Depend First Name Last Name]
Individual	Family		
Deductible: \$x,xxx	Deductible: \$xx,xxx		
Rx Deductible: \$x,xxx	Rx Deductible: \$xx,xxx		
Max Out of Pocket: \$x,xxx	Max Out of Pocket: \$xx,xxx		
		OPTUMRx	RX BIN: 610011 RX PCN: IRX RX Group: CGHC
<b>RISE NETWORK</b>			

- **Allergy testing** – CGHC will no longer cover Allergy Testing under any of our health plans. Tests that are no longer covered include, but are not limited to, scratch tests or specified intradermal tests, specific laboratory tests to determine respiratory function and serum (blood) levels related to the immune system.
- **Chiropractic Maintenance Therapy Services** – while chiropractic services are customarily covered benefits, maintenance chiropractic therapy is not covered. CGHC will not cover certain chiropractic services that are considered to be maintenance therapy.

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- **Pharmacy Related Changes.**

- **Brand Name Drugs With A Generic Equivalent.** When prescribing brand name drugs that have a generic equivalent, members who continue to fill the brand name drug rather than choosing the generic equivalent, without a medical reason to do so, will be charged the brand name drug **copay PLUS the difference in cost** between the brand name drug and generic equivalent. **Members will be responsible for 100% of the difference in cost; that amount will not apply to deductible, coinsurance, or their out-of-pocket limit.**

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- **Common Ground Healthcare Cooperative's Pharmacy Network No Longer Includes CVS.** Starting January 1<sup>st</sup>, all CVS pharmacies will no longer be part of **CGHC's** pharmacy network. CGHC members who currently use CVS pharmacies to fill prescriptions have been provided with a list of the three nearest in-network pharmacies to use instead of CVS. They also received instructions on how to transfer a prescription from CVS to the new network pharmacy. Members who use a controlled substance may need you to send the script for their medication to the new in-network pharmacy they selected.

If a member continues to fill prescriptions at a CVS pharmacy in 2024, it will be out of network and not covered. **They will need to pay 100% of the cost of their prescriptions; that amount will not apply to deductible, coinsurance, or their out-of-pocket limit.**

You can find 2024 prescription information (formulary, preventive and prior authorization drug lists, and pharmacy network) on the [Provider Resources and Training page](#) of our website.

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## Open Enrollment Reminders

- Open Enrollment starts on November 1st and ends January 15th.

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- **ID cards** will be mailed to:

- **Renewing CGHC members** in early December, shortly after invoices are generated. The ID card will be for the plan that is billed on the member's invoice, effective January 1, 2024.
- **New CGHC members** within 14 days of when the enrollee effectuates their coverage. Enrollees must pay their first month's premium responsibility in full to activate coverage. Once payment is made, the member can download a temporary ID from the member My Benefits/Pay My Premium portal.

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- The CGHC 2024 plan that takes effect on January 1st is the plan that is on file for a member as of December 15th. However, members can make changes to their coverage any time during the Open Enrollment period, which ends on January 15th.
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- **The date a coverage change takes effect will depend on when the member makes the change.** If a member makes a plan change between:

- **December 1st and 15th –**

- **ID cards** will be mailed at the end of December.
    - **Effective date** of the change will be January 1st.

- **December 16th and January 15th –**

- **ID cards** will be mailed within 14 days of the date the change was made.
      - **Effective date** of the change will be February 1st.
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- **Member Services call volumes are high during the Open Enrollment period.**

- **If you call, please be patient.** We expect wait times to be longer than normal during the Open Enrollment period.
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- **Use the CGHC provider portals at <https://portal.commongroundhealthcare.org>** to get the answers you need instead of waiting on hold to speak with one of our Member Services representatives.
      - **VERIFY MEMBER ELIGIBILITY –**
        - **Member Identification (ID) card.** We provide each member with an ID card and encourage them to show their ID card at each visit.
        - **HIPAA-compliant 270/271 real-time transactions** via our clearinghouse Smart Data Solutions (SDS).
        - **CGHC Interactive Voice Response (IVR) system.** Call 1-877-514-2442, select option 2 then press 1.
      - **CHECK CLAIMS STATUS AND PROCESS INQUIRIES, INCLUDING EOBS –**
        - **HIPAA-compliant 276/277 real-time transactions** via our clearinghouse Smart Data Solutions (SDS).
        - **Use your Instamed account to obtain an EOP.**
      - **REQUEST PRIOR AUTHORIZATION (PA) OR CHECK THE STATUS OF A PA REQUEST –**
        - **For medical or behavioral health services:**
          - **Online:** <https://provider.commongroundhealthcare.org>
          - **Fax:** 1-715-221-9749 (submit only)
          - **Call:** 1-877-825-9293 (check status only)
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- **Prior Authorization forms** are available on the *Provider Forms* page at: <https://commongroundhealthcare.org/provider-forms>.
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- **For most medications and other pharmacy services**  
OptumRX, our pharmacy benefits manager, handles the PA process
    - **Online:** [go.covermymeds.com/OptumRx](https://go.covermymeds.com/OptumRx)
    - **Call:** 1-800-711-4555 (**check status only**)
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- **For specialty infusion drugs**  
Magellan Health handles the PA process
  - **Online:** [www.mrxgateway.com](http://www.mrxgateway.com)
  - **Fax:** 1-715-221-9749 (**submit only**)
  - **Call:** 1-877-825-9293 (**check status only**)

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## Do you need CGHC portal access?

The process for obtaining access is simple. Start the process by determining which portal you need based on your job duties.

- **Provider Portal** – real-time access to eligibility information including paid thru date, benefits, and claims status.
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- **Prior Authorization (PA) Portal** – submit PA requests online and check the status of pending authorizations. Use the PA Portal to improve turnaround time on your requests. For some services, like high-tech imaging (CT, MRI, and PET scans), if your request meets InterQual criteria, it can be auto-approved. The assignment of your authorization number is immediate, allowing you to avoid scheduling delays.

**For tips about signing up for access**, go to the Provider Resources and Training page of our website at <https://commongroundhealthcare.org/provider-resources-and-training/>

- **If you are with an independent provider organization** – register for the portal access directly on our website with your Facility or Clinic Tax ID Number (TIN). See the [Provider Self Service Training Guide](#) for details.
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- If you are a part of a health system, or larger provider group with multiple Tax ID numbers – contact the designated portal administrator within your organization to request access. Once your administrator approves your request, they will forward your information to CGHC to complete the set-up process. You may access multiple TINs under a single account and username. If you are uncertain who your organization's portal administrator is, please call Member Services at 1-877-514-2442.

# Member Satisfaction Survey Results Are In!

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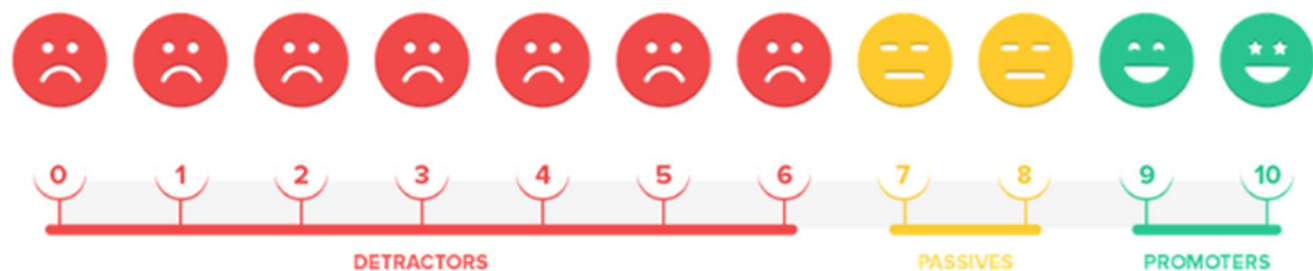
1. On a scale of 0-10, how likely are you to recommend CGHC to a friend or relative?
2. If you didn't rate us a 10, what changes would we have to make for you to give us a higher rating?

More than 4,000 members responded to our survey this year! We've analyzed the results and want to share some of the outcomes with you.

## CGHC's Net Promoter Score this year is 62.3!

The Net Promoter Score is used widely across all industries as a way to benchmark companies against each other. On a scale of -100 to 100, most insurers score between 20 and 40. By comparison, our score this year is 62.3, which ranks us at the top of the health insurance industry! We are proud to provide high-quality service to our members with your help as our provider partners. Yet we know we still have opportunities for improvement. The best companies in the world (across all industries) score between a 75 and 80.

**How is the Net Promoter Score calculated?** The question about how likely you are to recommend the company being surveyed is used to determine the Net Promoter Score (NPS). To calculate the NPS, we subtract the percent of Detractors (responses that rated us as 0-6) from the percent of Promoters (responses that rated us as 9-10).



NET PROMOTER SCORE = % PROMOTORS - % DETRACTORS

### How does CGHC use the survey feedback?

The second question about what changes we would have to make for you to give us a higher rating is extremely helpful. We use these comments to identify members who need outreach and areas where we can improve.

- **Member outreach** – When we see a specific problem or concern communicated in the comments, our Member Services team calls the member to address their issue. This year, our team was able to help 75 members as a result of the member satisfaction survey!
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- **Opportunities to improve** – Each year, we receive excellent, constructive feedback from members that helps us improve our services. Last year, some of the recurring themes we heard included concerns or lack of understanding about how to:
    - Use the Find a Doctor tool on our website
    - Make payments using the Pay My Premium portal
    - Change communication preferences (e.g., choose the paperless invoice option)

As a result, we created newsletter articles, flyers that were included with invoices, and targeted emails. These communications helped address some of these challenges our members identified and provided important education on these topics.

Our leaders are currently reviewing this year's survey feedback and we will be creating improvement plans across the organization to address the pain points or challenges shared in member comments. We look forward to sharing more information with you at a later date!

## Do you have questions about any of the information contained in this newsletter?

Please contact us at [providerinfo@commongroundhealthcare.org](mailto:providerinfo@commongroundhealthcare.org).

Thank you for working with us to keep the thousands of members that we insure healthy.

Sincerely,

Provider Relations Team

Common Ground Healthcare Cooperative

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