



## We've Moved But Our Claims Mailing Address Has Not Changed

On June 3, 2024, Common Ground Healthcare Cooperative (CGHC) moved into a new office space. Our physical address is now: 300 N Executive Dr., Suite 300, Brookfield, WI 53005. To see a map of our new location, go to <https://bit.ly/3Jn3d97>. Despite the move, our claims mailing address and other contact information have not changed.

## Billing for General Health Panel (CPT code 80050)

According to the American Medical Association (AMA) Current Procedural Terminology (CPT®) code 80050 (General Health Panel), this code includes the following:

- Comprehensive Metabolic Panel (80053)
- Blood count, thyroid stimulating hormone TSH (84443)
- Complete blood count CBC (85025).

Effective July 1, 2024, per CGHC's Medical Policy, CPT code 80050 is not allowable. Providers must bill for the individual components CPT codes 80053, 84443, and/or 85025 as applicable when performed on the same date of service (DOS); and all should be reported on the same claim. Please be aware that any claims received not following this guidance will result in a denial and will require the submission of a corrected claim to rectify the coding error.

## We've Updated Our Provider Manual

Everything you need to know about working with CGHC is included in the Provider Manual. You can find the updated manual on the Provider Resources and Training page of our website at: <https://commongroundhealthcare.org/provider-resources-and-training/>. We encourage you to review the entire manual to understand CGHC policies, processes, and changes.

## Is Your Provider Information Current?

Common Ground Healthcare Cooperative strives to maintain timely, accurate information on its participating providers, and we can't do it without your help. Our members and staff need to know any time a change occurs for our in-network providers. Examples include:

- Legal name change
- Federal tax id# change
- Billing/mailing contact change
- Practitioner change(s)
- Service location change(s)
- Practice closed

For these reasons, we ask you to be proactive. Please notify us as soon as possible regarding provider changes. Submit an updated roster or [Provider Change Form](#) to: [providerchanges@commongroundhealthcare.org](mailto:providerchanges@commongroundhealthcare.org).

Regulations also require CGHC to actively reach out to providers quarterly to ensure the roster information you have on file is correct. CGHC is required to remove providers from our directory who are non-responsive to these quarterly outreach requests, so please ensure your teams respond timely.

## Who is ChartFast?

ChartFast is a company that CGHC partners with to collect medical records for various reasons. Responding timely to requests from ChartFast will help reduce time spent on medical records for both you and CGHC.

## Sign Up For Our CGHC Portals For Fast Self-service Options

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

- Provider Portal –
  - Provides real-time access to eligibility information including paid thru date, benefits, and claims status.
- Prior Authorization (PA) Portal –
  - Allows you to 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.

### **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.
- **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 email us at: [providerinfo@commongroundhealthcare.org](mailto:providerinfo@commongroundhealthcare.org).

# Medical Management Topics

## Routine Screening for Chlamydia

At CGHC, we strive to continually improve the services that we offer to our members, and we know you do too! Therefore, we are asking for your collaboration to improve the health and wellbeing of sexually active young women by offering routine chlamydia screening with a simple urine test.

### Did you know?

- Screening for occult chlamydia infection can be done with a simple urine test. The misconception often exists that a vaginal/pelvic exam must be performed.
- Some practices have found that enhancing the routine annual visit to include a urine test to perform a chlamydia screen is an effective way to deliver this needed care when the patient is sexually active.

The following are tests with identified Logical Observation Identifier Names and Codes (LOINC) that are recommended for use by the National Committee for Quality Assurance (NCQA) to close the quality care gaps.

### Urine LOINC Codes

14467-5 Chlamydia trachomatis [Presence] in Urine sediment by Organism specific culture

14474-1 Chlamydia trachomatis Ag [Presence] in Urine sediment by Immunoassay

- 14513-6 Chlamydia trachomatis Ag [Presence] in Urine sediment by Immunofluorescence
- 31775-0 Chlamydia trachomatis Ag [Presence] in Urine sediment
- 42931-6 Chlamydia trachomatis rRNA [Presence] in Urine by NAA with probe detection
- 44806-8 Chlamydia trachomatis+Neisseria gonorrhoeae DNA [Presence] in Urine by NAA with probe detection
- 6357-8 Chlamydia trachomatis DNA [Presence] in Urine by NAA with probe detection
- 80360-1 Chlamydia trachomatis+Neisseria gonorrhoeae rRNA [Presence] in Urine by NAA with probe detection

### **Swab LOINC Codes**

- 14463-4 Chlamydia trachomatis [Presence] in Cervix by Organism specific culture
- 14464-2 Chlamydia trachomatis [Presence] in Vaginal fluid by Organism specific culture
- 14467-5 Chlamydia trachomatis [Presence] in Urine sediment by Organism specific culture
- 80361-9 Chlamydia trachomatis+Neisseria gonorrhoeae rRNA [Presence] in Cervix by NAA with probe detection
- 80362-7 Chlamydia trachomatis+Neisseria gonorrhoeae rRNA [Presence] in Vaginal fluid by NAA with probe detection
- 91860-7 Chlamydia trachomatis Ag [Presence] in Genital specimen by Immunofluorescence

## CPT Codes

87110	Chlamydia Screening
87270	Chlamydia Screening
87320	Chlamydia Screening
87490	Chlamydia Screening
87491	Chlamydia Screening
87492	Chlamydia Screening
87810	Chlamydia Screening

We look forward to your partnership in this important quality screening initiative. Together we can help prevent the common complications of chlamydia infection and ensure better healthcare for CGHC members.

To receive a report of your patients who are candidates for this screening, or obtain additional information for outreach, please contact us at: [healthierbetteryou@commongroundhealthcare.org](mailto:healthierbetteryou@commongroundhealthcare.org).

## Colorectal Cancer Screening Options Which One Is Best For Your Patients?

Colorectal Cancer (CRC) is the second leading cause of cancer death and is increasing in patients under the age of 50. While this trend may not be new information for practitioners, we'd like to focus on your role in helping ensure that patients use the preventive care screenings included in their health plan as early as possible to improve alignment between a patient's goals and care plans, care delivered and outcomes.

All CGHC health plans include no-cost-share preventive care for Colorectal Cancer Screening of members between the ages of 45-75. This includes screening colonoscopy, sigmoidoscopy, fecal occult blood test (FOBT) and Cologuard®.

In 2020, Preventive Medicine volume 133 reported that “All (five most common) screening modalities assessed were more cost-effective with increased QALYs (quality-adjusted life years) than current standard care (no screening until 50). The most favorable intervention by net monetary benefit was flexible sigmoidoscopy (\$3284 per person).”

The article goes on to say that while flexible sigmoidoscopy is the optimal, cost-saving CRC screening, **using any modality “is cost-effective** with increased QALYs compared to current screening initiation at 50 years old.”

When discussing CRC screening options with your patients, please consider the patient’s goals. Do they understand the risks of each screening option, such as tears that could occur from a colonoscopy? Do they have a family history or health risk factors that would point to one screening method over another? As you guide the conversation, remember that early screening is key, regardless of modality.

To see the full list of preventive services covered by CGHC health plans, please visit our Coverage Details web page at:

<https://commongroundhealthcare.org/coverage-details/>.



# Quality Improvement Corner

## Documenting Physical Activity in Children 3-6 Years Old

During patient chart reviews for HEDIS reporting, our Quality team noticed that documentation related to physical activity for young children 3-6 years old was frequently missing from the patient's chart. Research shows that preschool-aged children engage in low levels of physical activity and are sedentary for a large portion of their day. While we know that positive physical activity behaviors are beneficial from infancy, studies say that higher levels of physical activity are related to better social and motor development, improved metabolic health and decreased adiposity. When providers engage in discussions about physical activity in young children, they have the potential to effect positive life changes.

We know the health and wellbeing of our members is always a top priority for our provider partners. That's why we're asking you to document in the patient chart any discussions you have about physical activity for young children 3-6 years old. This documentation may help you to identify potential avenues for intervention. Documentation in the chart is also required for the Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) HEDIS quality measure. In addition, as the National Committee for Quality Assurance (NCQA) transitions to Electronic Clinical Data Systems (ECDS) reporting, it would be beneficial to start documenting the appropriate LOINC and SNOWMED codes as this will impact the quality measure in the near future. Please help us increase the success of our HEDIS quality

rating by ensuring that physical activity in the younger age group is documented in patient charts.

## More Accurate Chart Histories Needed For Hysterectomy Patients

During patient chart abstraction reviews for HEDIS reporting this season, our Quality team noticed that patient histories that listed a surgical “hysterectomy” were often incomplete, which resulted in important preventive care screenings being missed.

When documenting a surgical hysterectomy, please differentiate between the following types:

**Partial Hysterectomy** – removes the **uterus only**.

**Partial Vaginal Hysterectomy** – removes the uterus through the vagina.

**Partial Abdominal Hysterectomy** – requires an incision in the lower abdomen to remove the uterus.



***IMPORTANT – Patients who have had a partial hysterectomy should continue to receive cervical cancer screening (pap smear) through age 65.***

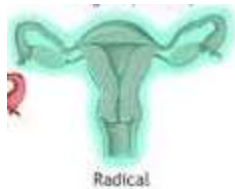
**Total Hysterectomy** – removes the **uterus and cervix**.

**Total Vaginal Hysterectomy** – removes the uterus and cervix through the vagina.

**Total Abdominal Hysterectomy** – requires an incision in the lower abdomen to remove the uterus and cervix.



**Radical Hysterectomy** – removes the **uterus, cervix, ovaries, tubes, lymph nodes** and **upper vagina**.



Without this level of detail in the patient chart, health maintenance topics might not be triggered to alert you that the patient is due for an important health screening. In addition, as the National Committee for Quality Assurance (NCQA) transitions to Electronic Clinical Data Systems (ECDS) reporting, it would be beneficial to start documenting the appropriate LOINC and SNOWMED codes as this will impact the Cervical Cancer Screening quality measure in the near future.