

PROVIDER RESOURCE MANUAL



A Reference Guide for Network Providers at
Group Health Cooperative of South Central Wisconsin

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BETTER TOGETHERSM

Group Health Cooperative of South Central Wisconsin (GHC-SCW)
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of South Central Wisconsin

ghcscw.com

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SECTION 1

INTRODUCTION TO GHC-SCW

Welcome to Group Health Cooperative of South Central Wisconsin (GHC-SCW). We are pleased to have you in our network of providers and look forward to a long, partnership with you.

This manual is intended to be used as a communication tool and reference guide for the network providers of GHC-SCW. It contains information on our policies and procedures, and our quality initiatives, as well as how to refer members to specific services. This manual emphasizes:

- Essential information that providers need to know
- Steps that providers need to take for any prior authorizations for specialty care
- How to obtain more information

The information contained in the manual is accurate as of the date published. We update individual subsections of the manual from time to time. In the event of a conflict or inconsistency between the federal or state regulatory requirements and this manual, the provisions of the regulatory requirements will prevail.

1.1 About GHC-SCW

GHC-SCW is a non-profit cooperative health maintenance organization (HMO) representing 75,000 members. GHC-SCW, as a consumer-sponsored health plan, provides or arranges for the delivery of both primary and specialty health care and health insurance products to members living or working in south central Wisconsin. GHC-SCW clinic services focus on primary care and select specialty care services. One of our Common Values is to provide for the health and wellness of those in our communities. Community involvement is core to our non-profit status and Common Values.

Mission: The mission of Group Health Cooperative of South Central Wisconsin (GHC-SCW) is to provide accessible, comprehensive, high quality health care and outstanding service in an efficient and personalized manner.

Vision: Group Health Cooperative of South Central Wisconsin (GHC-SCW) will be a leader among health plans in providing high quality medical care, impeccable service and competitive benefit levels and premium rates. GHC-SCW will maintain consistent membership growth and a sound financial return each year.

Our Common Values: What drives the success of GHC-SCW is our unwavering belief in five Common Values which shape the way we behave each day in order to deliver the best possible member experience. These values guide our work:

- We are innovative: we create a culture of openness, honesty and the freedom to generate and express new ideas which provide solutions and enhance services to members.
- We are quality-driven: we foster personalized excellence in primary care for members.
- We are patient-centered: we encourage member involvement in their care and we devote ourselves to the health of our members.
- We are community involved: we work to cultivate partnerships with our community by performing good deeds, and contributing to and aiding community organizations.
- We are a not-for-profit cooperative: we empower our members to set service standards and to have “a voice” in their health care while recognizing the unique nature and opportunities of our non-profit, cooperative governance structure.

Better Together: Because we believe in these Common Values, we are able to act according to our brand promise, “Better Together.” This is a promise we make each day to ourselves and to our key stakeholders—our members, our group leaders, our agents, our community and each other. The essence of “Better Together” is the belief that we are stronger together than alone. This belief has been the guide for our organization since we saw our first patient in 1976, and it will continue to guide us in the future.

1.2 History of GHC-SCW

GHC-SCW began with the vision of its early founding members who had a novel idea that consumers of health care should own and govern the way health care is organized and delivered. From that vision, GHC-SCW was incorporated on March 6, 1972. Almost four years later, on March 1, 1976, GHC-SCW saw its first patient. Today GHC-SCW owns and operates six clinics (Capitol, DeForest, East, Hatchery Hill, Madison College and Sauk Trails) in Dane County. The vision of the founding members has been validated as GHC-SCW continues to be recognized as one of the highest quality HMOs in the country. The organization has been recognized by the National Committee for Quality Assurance (NCQA) as the top-rated health plan in Wisconsin year after year.

1.3 How to Use the Provider Manual

This manual was drafted in a way so that it is easily searchable and accessible through our website ghcscw.com. Providers can easily search for particular topics by reviewing the manual's table of contents, or by using the Adobe word search feature. The contents of this manual are organized to highlight important topics, including:

- Covered services
- Eligibility verification
- Prior authorization guidelines
- Claims and billing guidelines
- Pharmacy and prescriber information

We encourage providers to become familiar with contents of the provider manual and to refer to it frequently. If you have questions or concerns after reading the manual, please discuss them with us. We welcome and appreciate your ideas for improving our services. Please email mbennehoff@ghcscw.com.

SECTION 2

PROVIDER RESOURCES

2.1 Contact Information

GHC-SCW Administrative Offices
1265 John Q Hammons Drive
Madison, WI 53717
(608) 251-4156

TTY: (608) 257-7391

ghcscw.com

Department	Address	Phone Number	Services Provided
Care Management	GHC-SCW 1265 John Q Hammons Dr. Madison, WI 53717	(608) 257-5294 (800) 605-4327, ext. 4514 Fax: (608) 831-6099	<ul style="list-style-type: none">• Prior authorization• Referral requests, status, extension, or reason for denial• Home care nursing assistance and continuing care• All inpatient admissions• All outpatient services/procedures
Compliance	GHC-SCW 1265 John Q Hammons Dr. Madison, WI 53717	Compliance Officer: (608) 662-4418 Compliance Attorney: (608) 662-4893 Government Programs Contract Administrator: (608) 662-4857	<ul style="list-style-type: none">• Audit questions or requests• Privacy or security breaches• Federal or state regulatory inquiries• Prevent and investigate fraud, waste, and abuse
Claims	GHC-SCW 1265 John Q Hammons Dr. Madison, WI 53717	(608) 251-4526 Fax: (608) 828-4856	<ul style="list-style-type: none">• Provider inquiries on claims status• Claims fax number and address requests
Clinical Health Education	GHC-SCW 1265 John Q Hammons Dr. Madison, WI 53717	(608) 662-4924	<ul style="list-style-type: none">• Register for disease management and prenatal/child classes• Answer questions about class offerings
Enrollment	GHC-SCW 1265 John Q Hammons Dr. Madison, WI 53717	(608) 260-3170 Fax: (608) 662-4837	<ul style="list-style-type: none">• Primary Care Provider (PCP) changes• Address/demographic changes• Eligibility status for new or existing members• Cobra questions• Member ID card requests• Adding or dropping dependents on a policy• Adding newborns to a policy• Employer group requests for additions/terminations to a group policy• Request for Certificate of Creditable Coverage

Department	Address	Phone Number	Services Provided
Eye Care Center	GHC-SCW 3051 Cahill Main Fitchburg, WI 53711	(608) 257-7328	<ul style="list-style-type: none"> • Eye exams • Glasses, contact lens and sunglasses
Laboratory Services	GHC-SCW 8202 Excelsior Dr. Madison, WI 53717	(608) 250-2005 Fax: (608) 831-9081* Hours: 7:30 a.m. – 10 p.m. daily seven days a week	* Fax outside orders for your patients to have their lab draw at any GHC-SCW lab.
Medical Billing	GHC-SCW 1265 John Q Hammons Dr. Madison, WI 53717	(608) 251-4138 Fax: (608) 662-4186	<ul style="list-style-type: none"> • Fee for service (Member wants to be seen but is not a GHC-SCW Member) • Copies of payments made for co-pays and Rx • Medicare and other insurance • Workers compensation/motor vehicle accident questions • Billing Statement questions or payments
Medical Imaging	GHC-SCW 3051 Cahill Main Fitchburg, WI 53711	(608) 661-7248	<ul style="list-style-type: none"> • X-ray • CT scan • Ultrasounds • Mammography • Bone mineral density • Fluoroscopy
Medical Records	GHC-SCW 5249 E. Terrace Dr. Madison, WI 53718	(608) 441-3500, option 1 Fax: (608) 441-3499	<ul style="list-style-type: none"> • Questions about how to obtain copies of GHC-SCW Medical Records • Questions about immunizations given at GHC-SCW (also available via GHCMYChart)
Member Services	GHC-SCW 1265 John Q Hammons Dr. Madison, WI 53717	(608) 828-4853, Press 0 and ask for Member Services (800) 605-4327	<ul style="list-style-type: none"> • Benefit questions/interpretations • Claims questions from a member • Compliments/complaints • Appeals • Dental benefits • Member eligibility questions from a provider • MyChart password reset
Mental Health	GHC-SCW 700 Regent St., Ste 302 Madison, WI 53703	(608) 441-3290	<ul style="list-style-type: none"> • Questions about mental health benefits • Assistance scheduling an appointment with the GHC-SCW Mental Health Department
Pharmacy Administration	GHC-SCW 1265 John Q Hammons Dr. Madison, WI 53717	(608) 828-4811 (800) 605-4327	<ul style="list-style-type: none"> • Questions about pharmacy benefits or drug information • Pharmacies with questions about submitting a prescription claim

Department	Address	Phone Number	Services Provided
Quality Management	GHC-SCW 1265 John Q Hammons Dr. Madison, WI 53717	(608) 662-4903	<ul style="list-style-type: none"> • Disease management and preventive outreach <ul style="list-style-type: none"> • Chronic conditions • Letters • Worksite wellness calls • Employee Trust Fund/State - wellness initiative • NCQA related issues/questions

2.2 Provider Resources on the GHC-SCW Website

The provider resource page on ghcscw.com is intended to serve as a one-stop hub for providers. The provider page offers easy access to information on specific services, guidance on completing certain functions, everyday reference materials (e.g., formulary information, procedures requiring authorization), and other resources.

GHCEpicLink is a secure, online tool that can be used by all GHC-SCW providers and network providers to perform administrative tasks, including:

- Verifying insurance coverage
- Reviewing member demographics
- Creating and viewing authorizations
- Accessing summary of Benefits & Coverage

Click on the EpicLink Partner link in the footer to get started. If you do not have access but would like access to EpicLink, please contact your Provider Network Coordinator. You will be asked to sign a Confidentiality Agreement prior to gaining access. If you need assistance, on-site training can be provided.

After you have returned the required Confidentiality Agreement, your Provider Network Coordinator will contact you to determine who the *administrator account person* will be. This person will be provided access to:

- View eligibility, claims, and benefits
- If needed, prior authorization and remittance

Additionally, you can add users within your facility to allow access to:

- View eligibility, claims, and benefits
- Prior authorization and remittance

Forgotten Password/Username:

If you have forgotten your password for EpicLink, simply click on the “EpicLink Partner” link in the footer at ghcscw.com and click “Please click here to access GHCEpicLink.” On the next screen enter your username and select “Forgot your password.” You will be prompted to enter your username again choose the “Email Password” option. A new password will be emailed to you immediately.

SECTION 3

PRODUCT DESCRIPTIONS

GHC-SCW offers several managed health care products for members:

3.1 Health Maintenance Organization (HMO) Plan

GHC-SCW provides a variety of HMO plans, including copayment, deductible and coinsurance plans. Members with an HMO plan must select a PCP and obtain all non-emergent health care services through a defined network of providers, hospitals and other medical professionals.

3.2 Point-of-Service (POS) Plan

GHC-SCW's POS plan pays benefits at two different levels – In-Plan or Out-of-Plan, depending on the “point” at which the care is accessed.

3.3 Preferred Provider Option (PPO) Plan

GHC-SCW contracts with ChoiceCare and Wisconsin Health Plan as our preferred provider organizations. They make up a national network for our PPO Plan.

SECTION 4

COVERED SERVICES

GHC-SCW provides members with coverage for a wide-range of health care services. The covered services may be subject to cost-sharing (copayments, deductibles, coinsurance and maximum out-of-pockets) and exceptions/limitations in coverage. For more information about specific benefits, please consult the GHC-SCW Member Certificate, Benefits Summary and Summary of Benefits and Coverage (SBC). The covered services provided by GHC-SCW include, but are not limited to, the following:

4.1 Inpatient Hospital Services

GHC-SCW provides coverage for medically-necessary services and supplies furnished to members by a hospital. Inpatient hospital services covered by GHC-SCW include the hospital room, meals, lab tests, physical therapy, oxygen and additional services. Inpatient special duty nursing is available when medically necessary.

GHC-SCW provides coverage for maternity-related hospital or surgical services, including prenatal and postnatal care. GHC-SCW covers hospital maternity stays that are 48 hours in duration for vaginal delivery and 96 hours in duration for Cesarean section. GHC-SCW also provides coverage for obstetrical services, including lactation services.

4.2 Emergency Care

GHC-SCW provides coverage for services obtained at a hospital emergency room (ER) or an emergency room located at an outpatient facility when the services are necessary to treat an emergency medical condition. GHC-SCW provides ER coverage for patients both in-network and out-of-network. If a member is experiencing an emergency medical condition, GHC-SCW instructs them to go to the nearest emergency room to seek care.

Emergency care also provides coverage for ambulance services when a member is experiencing an emergency medical condition. This includes both air and ground ambulance services. Air ambulance services will only be covered when ground transportation would further endanger the member's health, or other emergency transportation is not available at that location.

4.3 Skilled Nursing Facility Care

GHC-SCW provides coverage for services that require a qualified nurse or therapist in certain convalescent/chronic disease facilities. This does not include custodial care or domiciliary services for chronic conditions. Skilled nursing facility care is typically limited to a certain amount of days in a plan/benefit year. Information about limits on skilled nursing facility care can be found in the GHC-SCW Member Certificate, Benefits Summary and Summary of Benefits and Coverage (SBC).

4.4 Complementary Medicine

GHC-SCW provides coverage for complementary medicine services. Complementary medicine services/treatment include: acupuncture, homeopathy, naturopathy, biofeedback, various types of manual therapy, various types of massage therapy and energy work, various types of stress reduction and mind/body medicine, various types of mindfulness therapy, various types of eastern practices, yoga, movement therapy, wellness classes and lifestyle change classes. GHC-SCW is proud to be a leader in the area of complementary medicine. For HMO members, complementary medicine services must be received from the GHC-SCW Complementary Medicine Department (located at the GHC-SCW Clinics).

4.5 Mental Health and Substance Use Disorder Services

GHC-SCW provides coverage for mental health (MH) and substance use disorder (SUD) services received on an inpatient, outpatient and transitional treatment basis. This includes treatment for eating disorders and other psychiatric conditions.

Inpatient MH/SUD services are covered when received at a GHC-SCW-contracted hospital as a bed patient in that hospital. Outpatient MH/SUD are services provided at a non-residential facility. Transitional treatment MH/SUD services are typically provided at day treatment programs for adults, children and adolescents. All MH/SUD services must be medically necessary and appropriate, as determined by the GHC-SCW Chief Medical Officer.

4.6 End of Life Services

GHC-SCW provides coverage for supportive and palliative care for terminally ill members whose life-expectancy is six months or less. Covered services include nursing care, psychological counseling, dietary counseling, physical/occupational therapy, medical supplies, prescription medications and additional services. This benefit includes an expanded complementary medicine benefit.

4.7 Dental Services

GHC-SCW provides certain dental services under our medical policies. Additionally, GHC-SCW offers a stand-alone dental policy to employer groups, which offers a more diverse set of dental benefits. Dental services are provided through our in-network provider, Dental Health Associates (DHA) of Madison.

GHC-SCW medical policies include coverage for accidental injury to teeth, treatment of the temporomandibular joint (TMJ) and oral surgical procedures. Also, some plans offer preventive dental (cleanings and fluoride treatment) for children, up to a certain age (typically 12, 15 or 19).

4.8 Vision Services

Some GHC-SCW plans cover vision examinations. Additionally, some plans have an increased vision benefit that covers eyeglasses for children up to age 19. For HMO members, vision services must be received from the GHC-SCW Optometry Department (located at the GHC-SCW Hatchery Hill Clinic).

SECTION 5

ELIGIBILITY VERIFICATION

Except for emergency services, providers rendering covered services to **any GHC-SCW member** should first verify eligibility prior to rendering the service. GHC-SCW does not require a provider to verify a member's eligibility prior to rendering emergency services. Verifying the member's eligibility is critical to determine whether a member's enrollment status has changed and to help ensure payment. A member identification card does not guarantee eligibility.

5.1 Understanding the Member ID Card

All GHC-SCW subscribers or policyholders receive two individualized member identification cards upon enrollment. The member identification card (ID card) is not a proof of member eligibility. It includes the following enrollment-related information:

1. **Network** - The ID card will indicate which network to use to search for providers in Find A Provider.
2. **Plan ID** - This is a code for the benefit coverage for the group. You can refer to this information when calling GHC-SCW Member Services for a more detailed explanation of the member's benefit plan coverage.
3. **Plan Name** - This is the name of the benefit plan for the group.
4. **Group Number** - The group number identifies the subscriber's employer group and is usually the same for all employees and their dependents within that employer group.
5. **Prescription (Rx) Information** - This information will provide the pharmacy with detailed information about the plans prescription drug coverage. Within this information there are contact numbers for prescription drug coverage help and/or questions.
6. **Effective Date** - This is the date the coverage was effective.
7. **Member Name** - Each member/dependent is listed under "member name," along with each individual member's PCP name or clinic name and telephone number.
8. **Member ID Number** - Each member/dependent is identified by a member number. You can refer to the member number when calling GHC-SCW.
9. **PCP** - The clinic and Primary Care Provider (PCP) selected by each member is listed along with the clinic phone number. Some member identification cards may list only the clinic name and clinic phone number. Each member shown on a card may have a different PCP. Please note: This information will not be listed for PPO and POS members.

Card Front

MEMBER	MBR #	CLINIC LOCATION
JOHN Q MEMBER	201010	GHC-SCW East, (000) XXXXXXX
JANE Q MEMBER	201011	UW Health Northeast, (000) XXXXXXX
JAKE Q MEMBER	201012	UW Health Northeast, (000) XXXXXXX
JILL Q MEMBER	201013	UW Health Northeast, (000) XXXXXXX
JACK Q MEMBER	201014	UW Health Northeast, (000) XXXXXXX

Card Back

Administration Offices:
1265 John Q. Hammons Drive
P.O. Box 44971
Madison, WI 53744-4971

Member Services:
(608) 828-4853 or
(800) 605-4327 ext. 4504
ghcscw.com

URGENT MEDICAL CARE:
If you require Urgent Care services,
please call your Primary Care clinic for
instructions before receiving treatment.

RX Benefit Info: member.navitus.com
Navitus: (866) 333-2757
RxBin: 610602 RxPCN: NVT
RxGroup: GHCRXG

The information on this card does not guarantee coverage of services. You must comply with the terms and conditions of your insurance plan. Willful misuse of this card will be considered fraud.

The back of the ID card includes information for both members and providers. It describes how to obtain urgent and emergency care. It includes hours and phone numbers for GHC-SCW Member Services. Please contact GHC-SCW Member Services at (608) 828-4853 with questions regarding member benefits.

SECTION 6

PRIOR AUTHORIZATION GUIDELINES

Prior authorization (PA) is a process which identifies specific procedures or services which require a medical necessity and/or medical appropriateness review prior to services being rendered for either inpatient and/or outpatient services.

6.1 Authorization for Services

GHC-SCW maintains a PA list at ghcscw.com. This list has specific CPT procedure codes and HCPCs DME/specialty drug codes which require PA. To view the PA list, please see [click here](#).

GHC-SCW uses the Milliman Care Guidelines® to ensure consistency in utilization practices. The guidelines span the continuum of patient care and describe best practices for treating common conditions. The Milliman Care Guidelines® are updated regularly as each new version is published. A copy of individual guidelines pertaining to a specific case is available for review upon request. To support PA, concurrent review and retrospective review decisions, GHC-SCW uses nationally recognized, evidence-based criteria with input from health care providers in active clinical practice. These criteria are applied on the basis of medical necessity and appropriateness of the requested service, the individual member's circumstances and applicable contract language concerning the benefits and exclusions. The criteria will not be the sole basis for the decision.

Criteria sets are reviewed annually for appropriateness to GHC-SCW's needs and changed as applicable in order to reflect current medical standards. The annual review process involves appropriate providers in developing, adopting or reviewing criteria. Providers may obtain a copy of the utilization criteria upon request.

Prior authorization, concurrent review and retrospective review requests are presented to the Provider Reviewer or Chief Medical Officer (CMO) for review when the request does not clearly meet criteria applied as defined above. Before making a determination of medical necessity, the reviewing physician may contact the requester to discuss the case.

The prescribing or treating provider may request a peer review to discuss a medical necessity denial with a CMO reviewer.

Health care services and items must be medically necessary and provided in an appropriate, effective, timely and cost efficient manner. Providers will need to submit by fax or complete the appropriate authorization online via EpicLink.

The following information is required for prior authorization:

- Current, applicable codes (e.g., Current Procedural Terminology (CPT)/HCPCs codes)
- Member name
- Date of birth
- Gender
- Member ID number
- Primary care or treating provider Tax ID number
- Facility name
- Facility address
- Facility phone and fax number
- Signature of the referring provider, if applicable
- Problem/diagnosis, must include the ICD-9 code
- Reason for the referral
- Clinical information such as progress notes, consultation reports or a letter of medical necessity, reports of laboratory and imaging studies, and treatment dates, as applicable for the request.
- If DME, indicate rental or purchase

Following the NCQA guidelines, the Care Management Department has up to 15 days to make a determination; however, if all the clinical information is submitted with the initial PA requests, a determination is made within 5-7 business days. If additional information is required, the Utilization Management (UM) staff will contact the provider to inform them what clinical information is needed. UM staff will contact the provider twice in one week to submit the additional information. If the information is not received after 5 business days upon receipt of the prior authorization, the PA will be sent to the provider or CMO to review as is.

When the Care Management Department approves the referral request, a letter is mailed to the member and the specialist only if provider does not have access to EpicLink. EpicLink will identify PA approval and/or denials for providers to view. When the member receives the letter of approval, the member may schedule the appointment to see the specialist. It is helpful for the member to take the letter of approval to the appointment as it is not always seen by the specialist office in the member's electronic medical record. If the member makes an appointment without approval from the GHC-SCW Care Management Department, they may be responsible for full payment of the services provided.

If the member's referral request is denied, both the provider and the member will receive a denial letter in the mail explaining member/provider appeal rights. If the appointment has already been scheduled for the same day or next day after the denial decision is made, GHC-SCW Care Management Department will contact the member and the provider and inform them of the denial decision.

GHC-SCW approves services or supplies based on the information that is available at the time of the approval/denial decision. Approval does **not** guarantee a member's eligibility or benefits under his/her health plan. It is the responsibility of the member to know their deductible, copayment, or coinsurance amounts that apply to specialty services.

6.2 Second Opinions

Second opinions are a covered benefit when provided by another GHC-SCW plan provider. Members should contact their PCP for a prior authorization for a second opinion if the request is for an out-of-plan provider.

SECTION 7

CLAIMS AND BILLING GUIDELINES

7.1 Filing a Claim

The GHC-SCW Claims Department is responsible for the processing of claims for professional, institutional and ancillary services rendered to GHC-SCW members. GHC-SCW is committed to meeting the standard goal of processing claims within 30 days of receipt. In order to meet that goal we have implemented a workflow system to:

- Eliminate the possibility of misdirected claims.
- Retrieve claims and other documentation electronically.
- Reduce processing errors through the electronic transfer of claims information.

GHC-SCW accepts claims in both electronic and hard copy formats. Please follow the guidelines listed below to help ensure the GHC-SCW Claims Department can pay the claim in a timely and accurate manner:

- Submit claims electronically using the standard ASC X12 005010 837 format. Please complete **this form** and submit it to our EDI administrator at edi@ghcscw.com to establish an EDI submission.
- If you are unable to submit claims electronically, please follow the guidelines below for hard copy claims:
 - » Submit the original claim form individually.
 - » Carbon copies, photocopies, facsimiles and forms created on laser printers are not acceptable for claims submission and processing.
 - » Do not staple multiple claims forms together
 - » Use alpha or numeric characters.
 - › Please use only alphabetical letters or numbers in data entry fields as appropriate. Symbols such as “\$,#, cc, gm” or positive (+) and negative (-) signs may be used when entering information in the Specific Details/Explanation/Remarks.
 - » Do not write on the claim form with red ink or dark highlighter.
 - › Highlighted areas will appear as a solid black mark, covering the highlighted information.
 - » Use prescribed format when enter dates.
 - › Enter dates in the six-digit format (MMDDYY) without slashes.
 - » Cover corrections.
 - › Do not strike over errors.
 - › Do not use correction fluid.
 - › Do not use correction tape.

When submitting a claim please make sure it includes the following data:

- Member name and GHC-SCW member ID number
- Dates of service
- National Provider Identifier (NPI) number
- Service address where services were rendered
- Diagnosis, using current and appropriate ICD-9 codes
- Services provided, using current and appropriate CPT procedure codes
- Charges for each service, using current and appropriate revenue codes

Submit hard copy claims to:
GHC-SCW Administrative Offices
P.O. BOX 44971
Madison, WI 53744-4971

7.2 Claim Filing Time Frames

Providers should file claims within the applicable time frames. Providers have one year from the date of service to submit a claim for covered services rendered on or after January 1, 2014.

Questions regarding the claims submission process should be directed to:

GHC-SCW Claims Department (608) 251-4526

GHC-SCW Member Services (608) 828-4853 or (800) 605-4327

7.3 Common Claim Denials and Rejections

The GHC-SCW Claims Department is responsible for processing claims for professional, institutional and ancillary services rendered to GHC-SCW members. This section identifies several common reasons that may cause the GHC-SCW Claims Department to deny a claim. When the GHC-SCW Claims Department identifies a claim that may be contested or denied, the GHC-SCW Claims Department will send a request for additional information to the provider. If the provider does not respond within 45 calendar days of the date of the letter requesting the additional information, the claim will be processed based on the available information. Below you will find the most common reasons for denying claims when providers do not furnish any additional information.

Description	Billing Tips
Duplicate Claim	The claim has been denied because an earlier claim was received for the same member, for the same services and the same date of service. The provider should be sure to check the previous payment record before re-billing the original claim. To inquire on the status of a claim, the provider can contact the GHC-SCW Claims Department at (608) 251-4526, Monday through Friday from 8 a.m. to 5 p.m.
No Authorization	The claim has been denied because the service was not authorized. The provider should refer to ghcscw.com/Plan-Providers for authorization requirements.

7.4 Billing When a Member Has Other Health Insurance Coverage

In general, providers should bill the primary health insurance coverage carrier prior to billing GHC-SCW. The primary carrier may reimburse the provider at a higher rate than GHC-SCW. If a provider receives partial payment from the primary carrier, GHC-SCW may be billed for the balance of the benefit/payment consideration. Below is a more detailed explanation of how to bill GHC-SCW when a member has other primary health insurance coverage:

- Bill the primary health coverage carrier first.
- Bill GHC-SCW second. Attach the primary coverage carrier's Explanation of Benefits to the claim and submit to the GHC-SCW Claims Department.
- GHC-SCW may be billed for the balance remaining from other health coverage, including co-payments, coinsurance and deductibles from the primary coverage.
- GHC-SCW will pay up to the limitations of member's specific plan, less the primary coverage payment amount, if any.
- GHC-SCW will not pay the balance of a provider's bill when the provider has an agreement with the other health coverage carrier/plan to accept the carrier's contracted rate as a "payment in full."
- An Explanation of Benefits or denial letter from the other health coverage must accompany the GHC-SCW claim.
- The amount, if any, paid by the other health coverage carrier for all items listed on the claim form must be indicated in the appropriate field on the claim. Providers should not reduce the charge amount or total amount billed because of any other health coverage payment.

7.5 Reconciling Payments

It is important that providers account for each claim, so that the provider can conduct any appropriate follow-up. Providers should also be vigilant in adhering to requirements governing claims submission timelines.

Tips for reconciliation issues:

- Missing Checks
 - » If a check is missing, please allow 10 calendar days from the release date before making an inquiry. After 10 days, contact the GHC-SCW Claims Department at (608) 251-4526. Send the notification to: GHC-SCW Claims Department, P.O. BOX 44971, Madison, WI 53744. Please be sure to include a request for the check to be reissued. GHC-SCW will initiate a search for the check. If the search finds that the missing check was canceled, GHC-SCW will send a copy of the front and back of the check to the provider.
 - » If a provider believes that a check has been stolen, the provider should call the GHC-SCW Claims Department at (608) 251-4526. Providers should be prepared to furnish the GHC-SCW claims representative with all of the claims details. Providers should then submit written notification that a check was stolen. Send the notification to GHC-SCW Claims Department, P.O. BOX 44971, Madison, WI 53744. GHC-SCW will verify that the check has not been presented for payment and will place a stop payment order, if appropriate. A replacement check may be issued by GHC-SCW. Please note that once a "STOP" is placed on a check, it will not be honored if presented for payment.
- Returned Checks
 - » A check may be returned to GHC-SCW by a provider or by the U.S. Postal Service as undeliverable. The GHC-SCW Claims Department researches undeliverable checks to locate a correct address. If the check remains undeliverable, the check is re-deposited into a suspense account, and the claim lines on the check are voided.
 - » Once a check has been re-deposited and its claim lines have been voided, a provider must re-bill GHC-SCW to receive payment and advise the GHC-SCW Claims Department of his or her correct address. The re-submitted claim must be within the timeliness guidelines. If the claim is no longer within the timeliness guidelines, the provider may file a Provider Dispute Resolution (PDR) form with the appropriate documentation indicating why the claim was submitted late.
 - » If the check is returned by a provider because of an incorrect payment, the check will be re-deposited into a suspense account. If there are any correct claims that should be paid to the provider, the provider must re-bill the claim for reprocessing.

7.6 Member Billing Restrictions

Providers contracted with GHC-SCW cannot bill GHC-SCW members for covered services, except for applicable co-insurance or co-payment amounts. Furthermore, providers cannot sue a member to collect sums owed by GHC-SCW. The prohibition on billing of the member includes, but is not limited to the following:

- Covered services (inclusive of Medicare)
- Covered services provided during a period of retroactive eligibility
- Covered services once the member meets his or her share of cost requirement
- Copayments, coinsurance, deductible or other cost sharing required under a member's other health coverage
- Pending, contested or disputed claims
- Fees for missed, broken, cancelled or same day appointments
- Fees for completing paperwork related to the delivery of care (e.g., immunization cards, WIC forms, disability forms and well-child visit forms)

Providers may also collect payments from members for services which are not covered services as outlined in the Member's Benefit Certificate. Provider will document their efforts to secure the member's agreement to accept financial liability.

SECTION 8

PHARMACY AND PRESCRIBER INFORMATION

The following information is provided to help you understand the prescription drug benefit, address concerns you may have regarding medication coverage, answer benefit-related questions from members and work within the GHC-SCW system to ensure the best possible care for our members.

8.1 Prescription Drug Formulary Information

A formulary is a list of medications identifying their level of coverage. It is an important tool to help GHC-SCW meet its goal of providing coverage for safe and effective medications in an affordable manner. The **GHC-SCW Drug Formularies** currently includes up to four categories of drugs. The highest tier includes specialty drugs. Specialty tier drugs require PA for coverage and are distributed through only through select pharmacies. Some drugs are excluded, including cosmetic treatments, weight modification medications, medical food, nutritional supplements, most infertility medications, sexual dysfunction medications and most over-the-counter medication. The current Formulary is always posted at ghcscw.com/health-insurance/understanding-pharmacy-benefits. Questions about drug benefits or medications listed on the formulary can be directed to GHC-SCW Pharmacy Administration at (608) 828-4811, 8 a.m. – 5 p.m., Monday – Friday.

8.2 How the Drug Formulary Is Developed

The GHC-SCW Pharmacy and Therapeutics Committee is responsible for creating and maintaining the prescription drug formulary. This committee is made up of providers and pharmacists who consider a variety of factors, such as safety, side effects, drug interactions, how well the drug works, dosing schedule and dose form, appropriate uses and cost-effectiveness. The committee obtains the information from a variety of sources: published clinical trials, data submitted to the FDA for drug approval, recommendations from local or national treatment guidelines and input from local experts. GHC-SCW Drug Formularies are subject to change at any time.

8.3 Pharmacy Prior Authorization

In cases when the GHC-SCW Drug Formulary does not include a specific medication that a provider believes is medically necessary, the provider may request that GHC-SCW prior authorize that drug for a specific patient. Requests may be submitted two ways:

1. You can complete a PA Request form and fax it to (608) 828-4810. You can obtain PA Requests forms as described below:
 - » Non-Oncology: You will need to complete a PA request form by visiting <https://prescribers.navitus.com>. You can login using your NPI number and state of practice. When a drug-specific prior authorization form is not listed, the Formulary Exception Request form may be used. The completed form should be faxed to the GHC-SCW number on the form. Alternatively, you may request a PA by phone; GHC-SCW Pharmacy Administration staff is available at (608) 828-4811, 8 a.m. – 5 p.m., Monday – Friday.
 - » Oncology: You will need to complete an electronic PA Request by visiting <https://ih.magellanrx.com>. The first time you access the site, you will use the link titled “New Access Request – Provider” and follow the prompts. Once access is granted, you may search for the requested medication and answer the associated questions. An oncology medication NOT found on this portal should be submitted in the same fashion as a non-oncology medication (see above).

Please be sure to include documentation of appropriate clinical information that supports the medical necessity of the requested item. Please document other drugs tried previously, along with the resulting clinical outcome. The reviewer may request additional supporting documentation.

The GHC-SCW Pharmacy Department is responsible for notifying the member and requesting the provider of the decision. Generally, PA Requests will be decided within 3 business days (1 day if urgent). If there is a denial, members will be notified in writing. Denials will include the reason for denial and an explanation of the plan’s formal appeals process. A copy of the denial letter will be faxed to the provider who submitted the PA.

8.4 Medication Therapy Management Program

GHC-SCW prescription claims processing interface with local pharmacies includes drug utilization software that can signal a warning to the pharmacist when certain situations occur, such as potential duplicate therapy, drug interactions, excessive dose and more.

8.5 GHC-SCW Pharmacy Network

GHC-SCW uses the national Navitus Pharmacy Network, which includes nearly every pharmacy in Wisconsin. Providers can also search for pharmacies by zip code or city by logging into the Navitus Provider Portal at <https://prescribers.navitus.com>.

SECTION 9

CARE MANAGEMENT

Care management is the coordination of care and services for members who have experienced a critical event, chronic diagnosis or may be a high-risk member. Typically, these members require extensive use of resources and need help navigating the health care system to facilitate the appropriate delivery of care and services.

GHC-SCW is committed to providing care management services for our members. We perform a comprehensive assessment of the member's condition, determine the available benefits and resources, develop and implement a care management nursing care plan, establish goals with the member as they are engaged with the care management program and continue with monitoring/ follow-up contacts with the member.

The following are guidelines:

- Active chronic diagnoses with two or more co-morbidities
- Two or more hospitalizations in the past three months
- Two or more emergency room visits in the past three months
- Experiences a transition in care or change in health status
- Readmissions within 30 days

9.1 How to Refer a Member for Care Management Services

If a provider identifies a member who would benefit from care management services, the provider should immediately contact GHC-SCW Care Management Department at (608) 257-5294. Providers and/or members may self-refer for care management services by completing the Care Management Self-Referral form. Please **click here** for form.

SECTION 10

CREDENTIALING

GHC-SCW's credentialing and re-credentialing processes follow National Committee for Quality Assurance (NCQA) guidelines for the acceptance, discipline and termination of providers based on the provider's education and history.

10.1 Credentialing Process

Credentialing is an important process GHC-SCW uses to ensure that we offer quality care to our members and that all providers meet minimum standards relative to licensure, education, malpractice coverage, etc.

The Credentialing Committee reviews all providers who are in GHC-SCW's network and make all credentialing and re-credentialing decisions based solely on the verified information provided on the provider's applications. GHC-SCW does not discriminate against an applicant or make credentialing decisions based on an applicant's race, ethnic/national identity, gender, age, sexual orientation, or the type of patient (e.g., Medicaid) in which the provider specializes. The committee reserves the right to determine which health care providers are eligible to participate in GHC-SCW's network. Providers are required to complete the credentialing process and be approved by the committee prior to treating GHC-SCW members.

When a new provider joins your facility, please contact your Provider Coordinator to request a credentialing packet. GHC-SCW's Medical Staff Administrator will send a packet to the provider within seven days. If your facility prefers to have the credentialing packet sent to a staff member, please indicate this to the Provider Coordinator. Typically, the credentialing process will take less than 90 days, but it can take up to 180 days.

When the Medical Staff Administrator has completed the verification process, the credentials file is presented to the Credentialing Committee which meets on a monthly basis. The Credentialing Committee reviews the completed file and either: (a) accepts, (b) accepts with restrictions or conditions or (c) denies the application. Within 60 calendar days of the Credentialing Committee's decision, an appropriate notification letter is sent to the individual provider or their designee. The Provider Coordinator will also notify the facility if the provider has been approved and able to see GHC-SCW members.

10.2 Re-Credentialing

Re-credentialing takes place every three years. Providers who are due for re-credentialing will receive their re-credentialing packet from the GHC-SCW's Medical Staff Administrator approximately two to three months in advance. This enables GHC-SCW to complete the process within the required time frames and will prevent termination of network participation. The same process that is used for credentialing is followed for the re-credentialing process.

10.3 Provider Rights

Providers have the right to review the information submitted in support of their credentialing application with the exception of references, recommendations or other peer-review protected information. GHC-SCW's credentialing staff will notify the provider of any information obtained during the credentialing process that varies substantially from the information provided to GHC-SCW by the provider. The practitioner has the right to correct erroneous information and has 30 days to submit written corrections. The provider also has the right to request application status during the credentialing or re-credentialing process.

10.4 Credentialing Confidentiality Policy

Information obtained during the credentialing process is confidential. Access to credentialing information is carefully monitored and the information will not be released to outside parties without permission of the provider involved, or as permitted by law, including the Health Care Quality Improvement Act of 1986. Provider credentialing files are accessible only to the Credentialing Committee, credentialing staff, and the CMO.

An individual provider may request to review the information contained in his/her file with the exception of references, recommendations or other peer-review protected information. To request a review, the provider should contact the Medical Staff Administrator who will schedule an appointment.

10.5 Provider Changes

GHC-SCW requests timely notification of significant changes within your organization so that we can ensure accurate claims processing, notification to providers and members and continuity of care processes. Please notify the Medical Staff Administrator as soon as possible of any changes, such as:

- New provider within your facility
- New facility location
- Terminated provider
- Terminated location
- Changes in relation to:
 - » Tax Identification Number
 - » National Provider Identifier (NPI)
 - » Phone or fax number
 - » Street or billing address

10.6 Evaluation of Clinic Site

GHC-SCW sets standards for and monitors offices of all practitioners in its network where care is delivered. GHC-SCW has standards for the quality and safety of office sites, including but not limited to physical accessibility, physical appearance, adequacy of waiting and examining room space and adequacy of medical treatment record-keeping practices.

Member Services reports all complaints about clinic offices to the Medical Staff Administrator. The Medical Staff Administrator and Clinic Facilities Supervisor will investigate all complaints related to clinic offices and determine what follow-up is required.

If two complaints about the same issue for the same office are received within a one-year period, the Medical Staff Coordinator and/or Clinic Facilities Supervisor conducts a site visit within 60 days of the second complaint. If a corrective action plan is established for the office site, the Medical Staff Coordinator and/or Clinic Facilities Supervisor will conduct follow-up site visits until the office site is compliant with GHC-SCW standards.

GHC-SCW will make every effort to assist the facility to achieve compliance. However, if compliance cannot be obtained, the Credentialing Committee may take action, up to and including a recommendation that GHC-SCW terminate its contract with the facility.

An audit may be triggered by member complaints. If a member complaint is made regarding clinic physical accessibility, appearance or adequacy of waiting room or exam rooms, the Credentialing Specialist will conduct an on-site audit, using a tool approved by NCQA.

If the clinic is found to be deficient in any area, a corrective action plan will be required. The clinic will have the opportunity to make corrections and become compliant. The final audit results will be presented to GHC-SCW's Credentialing Committee.

SECTION 11

MEMBER SERVICES

The GHC-SCW Member Services Department responds to the questions and needs of members such as:

- Selecting or changing a primary care provider (PCP)
- Helping to navigate the managed-care system
- Understanding their benefits and how to access care
- Recognizing their rights and responsibilities as members

The GHC-SCW Member Services Department is also available to answer questions from providers about GHC-SCW members such as:

- Verifying member eligibility and benefits
- Estimating member out-of-pocket amounts based upon benefit accumulators
- Prior authorization requirements and forms
- GHC-SCW's claim submission process
- Contact information for GHC-SCW's administrative offices

Contact Member Services, at (608) 828-4853 or toll free at (800) 605-4327, Monday through Friday, from 8 a.m. to 5 p.m.

11.1 Primary Care Provider Selection

GHC-SCW is committed to ensuring that its members have ample opportunity to select a primary care provider (PCP) when they join GHC-SCW. The following outlines the major elements of PCP selection process.

Choice upon initial enrollment into GHC-SCW:

- New members have the opportunity to select a GHC-SCW network. Based on the network chosen, a PCP is then chosen upon enrollment.
- New members receive a Provider Directory during the GHC-SCW enrollment process, which lists providers, network clinics and hospitals.
- New members complete an enrollment form and choose a PCP during the enrollment process.
- If a member does not select a PCP, GHC-SCW will assign the member to a PCP based on the member's geographic location. GHC-SCW will notify the member of the assignment, along with instructions about how to change the PCP.

11.2 Primary Care Provider Changes

Members may choose any of the providers listed in the GHC-SCW Provider Directory as their PCP. If the PCP is not open to new members, we will ask the member to choose another PCP.

Members may change their PCP and/or network at any time by calling the Member Services Department at (608) 828-4853 or toll free at (800) 605-4327.

11.3 New Member Materials

Upon enrolling in GHC-SCW, members receive a New Member Welcome Packet. This is sent to members prior to their effective date of coverage. The packet contains information to help members access GHC-SCW's programs and services as well as their GHC-SCW Member ID Card.

Members also receive a newsletter called HouseCall four times a year. The newsletter includes articles on health education, service and benefit reminders and information about how to use the health plan.

For more information about member rights and responsibilities, please contact Member Services at (608) 828-4853 or toll free at (800) 605-4327, press 0 and ask for Member Services, Monday through Friday 8 a.m. to 5 p.m. TTD/TTY users can contact us at (608) 257-7391.

SECTION 12

IMPORTANT FUNCTIONS AND SERVICES

12.1 Clinical Health Education

Clinical Health Education (CHE) services are an available benefit for members with no co-payment for many GHC-SCW plans, although co-insurance or deductibles may still apply.

GHC-SCW's Clinical Health Education specialty areas include but are not limited to:

- Asthma and COPD
- Diabetes Education and Management
- Nutrition Counseling
- Tobacco Cessation
- Genetic Counseling
- Pregnancy, Childbirth and Infant Feeding

PA is not needed to see a CHE provider, although an order from the primary care provider documenting the need for the visit as part of the member's plan of care is requested. GHC-SCW members can schedule individual clinic visits with a CHE provider by calling their clinic. To register for a CHE class or for more information about these services, contact our Clinical Health Education Department at (608) 662-4924 or visit ghcscw.com and select "Health Care."

12.2 Disease Management

GHC-SCW has developed Disease Management Programs to measure and improve the health status and quality of life of our members. GHC-SCW identifies and automatically enrolls members who are diagnosed with the following conditions:

- Asthma
- Diabetes
- Cardiovascular Disease

GHC-SCW's Disease Management Programs are confidential, available to members at no additional cost and participation in the programs is voluntary. Each program provides a variety of services for at-risk members with chronic conditions. The goal is to promote member self-management, assist the primary care provider in managing the condition and improving the health, well-being and quality of life for members.

Member resources and services include:

- An informational brochure about the condition, along with a list of national and local organizations to contact for additional information.
- Condition-specific newsletters.
- Reminders about necessary screenings and exams, recommended frequency of practitioner visits.
- An annual influenza vaccine reminder.
- Ongoing educational mailings regarding important health information.
- Information about the connection between chronic conditions and other co-morbid indications and when to seek medical assistance.
- Follow-up phone calls following a visit to the emergency room or hospital to offer health coaching or potential referral to care management.

Provider resources and services include:

- GHC-SCW's Clinical Practice Guidelines (CPG): Each CPG is developed by an interdisciplinary group of recognized local leaders and is based on a nationally-recognized, evidence-based recommended guideline.
- Provider-specific notification on members recently seen in the emergency room or hospitalized with a condition-specific diagnosis.

PA is not needed to see a health educator. GHC-SCW members can schedule individual clinic visits with health educators who are certified in diabetes, asthma or cardiac education. For more information about the Disease Management Programs, contact our Quality Management Department at (608) 257-9705.

12.3 Health Care Effectiveness Data and Information Set (HEDIS®)

HEDIS® is a set of standardized measures designed by the National Committee for Quality Assurance (NCQA) to evaluate performance of health plans and their providers. It allows for assessment based on quality and performance.

Data that is obtained from HEDIS® helps GHC-SCW direct its quality improvement activities, evaluate performance and identify further opportunities for improvement. It also helps employers understand the value a health plan offers and how to hold a health plan accountable for its performance. An increasing number of employers request HEDIS® reports for evaluating cost and quality and for making comparisons among health plans. Currently, the State of Wisconsin mandates HEDIS® reporting for managed care organizations that provide coverage to state employees. Members and practitioners periodically receive reminders about missing labs or tests.

Collecting data for HEDIS® reports can be challenging. Claims and other pertinent data are collected by the managed care organization. Such data is not always adequate for complete and accurate reporting, especially for clinical measurements. Often a review of the medical record is needed to provide accurate reporting of performance levels.

As a result of measuring health care services, GHC-SCW develops initiatives to improve the health of members based upon their health care needs. Quality programs serve to increase member awareness and understanding of preventive health care, health care screenings and appropriate care for specific conditions. Throughout the HEDIS® data collection process, GHC-SCW maintain every member's confidentiality at the highest level. No individual results are reported.

The seven major areas of performance measured in HEDIS are:

- Effectiveness of Care
- Access and Availability of Care
- Satisfaction With the Experience of Care
- Health Plan Stability
- Use of Services
- Cost of Care
- Health Plan Descriptive Information

If you have questions about the HEDIS® measurement process or GHC-SCW's individual results, please contact the GHC-SCW Quality Management Department at (608) 257-9705.

To review GHC-SCW's Quality Improvement Plan please click on the link below:

https://ghcscw.com/SiteCollectionDocuments/Quality_Report.pdf

12.4 Wellness and Preventive Services

GHC-SCW provides reminders to members on a variety of preventive health services. Reminders are sent to members who qualify based on gender, age, claims, laboratory results and/or pharmacy indicators. The services for which regular reminders are sent include:

SERVICE OR MEASURE	Billing Tips
Childhood Well Check Visits	Annually, to those ages 3 – 21
Health Milestones – reminders of age and gender appropriate services	Female: age 18, 40 and 50 Males: age 50
Pap smear and Mammography	Females past due
Influenza	Annually to those considered high risk
Diabetes Lab and Screening	Annually (or monthly between calls and letters)

Educational topics are available on a variety of topics at <https://ghcscw.com/wellness/sign-up-for-classes>. Members may participate in a variety of wellness reimbursement options. You may learn more at <https://ghcscw.com/wellness/wellness-reimbursement>.

To enroll a member in any of these services, or to learn more, call (608) 828-4853.

SECTION 13

PRIMARY CARE PROVIDER RESPONSIBILITIES

The primary care provider (PCP) is the main provider of health care services for GHC-SCW members and is responsible for the delivery of health care to his or her assigned members. GHC-SCW's model of care is built around the PCP, with the PCP at the center of a multidisciplinary team coordinating services furnished by other providers to meet the needs of the member.

PCP responsibilities include, but are not limited to, the following:

1. Furnish appropriate care for the health care problems presented by a member, including preventive, acute and chronic health care, and provide referrals to other practitioners for services.
2. Provide risk assessment, treatment planning, coordination of medically necessary services, referral, follow-up and monitoring of appropriate services and resources required to meet a member's health care needs. Coordinate medically necessary services that are available to GHC-SCW members as part of their dual eligibility.
3. Provide basic medical care management to assigned members:
 - Ensure continuity of care for the member and an interactive relationship between the PCP and the member.
 - Initiate and maintain in the medical record an individualize care plan (ICP) that addresses areas identified through the comprehensive assessment.
 - Communicate the ICP with providers involved in the member's care at the point of notification of a planned or unplanned transition of care.
 - Increase member satisfaction.
 - Facilitate access to appropriate health services.
 - Ensure appropriate use of specialty and hospital services.
 - Ensure the appropriate use of the pharmacy and drug benefit including medication reconciliation.
 - Screen health status, monitor and provide preventive health services.
 - Identify and provide appropriate health education to improve a member's understanding of the importance of a healthy lifestyle and disease-specific interventions.
4. Ensure the provision of the required scope of services to the assigned members.
5. Verify eligibility of the member at the time services are provided.
6. Ensure access to care 24 hours per day, seven days per week, including accommodations for urgent care, performance of procedures and arrangements for emergency and back-up coverage in the PCP's absence.
7. Keep office waiting times to a maximum of 45 minutes.
8. Coordinate and direct appropriate care for members, including scheduling an appointment for high risk members within 30 calendar days.
9. Provide in-network second opinions as necessary.
10. Consult with referral specialists when needed to provide necessary history and clinical data to assist the specialists in his or her examination of the member.
11. Provide follow-up care to assess results of the primary care treatment regimen and specialist recommendations.
12. Provide special treatment within the framework of integrated, continuous care.
13. Coordinate the authorization of specialist and non-emergency hospital services for a member, and ensure that services generated from referrals are initiated within 30 calendar days after the visit at which the referral was made.
14. Ensure the provision of basic clinical services including primary evaluation and treatment of acute and chronic medical and surgical problems in all systems.

15. Maintain a well-documented, comprehensive medical record and make all records available for review upon request by GHC-SCW and applicable federal and state oversight agencies. The comprehensive medical record should include, but is not limited to the following:
 - Member office visits, emergency visits and hospital admissions
 - A problem list that includes allergies, medications, immunizations, surgeries, procedures and visits
 - Efforts to contact a member
 - Treatment, referral, consultation and inpatient stay reports
 - Laboratory and radiology results ordered by the PCP
 - Individualized Care Plan (ICP)
16. Adhere to the following to ensure that the member's medical record documentation is accurate:
 - The documentation of each encounter includes: reason for encounter and relevant history, physical examination findings and prior diagnostic test results, assessment, clinical impression, or diagnosis, medical plan of care, date and legible identity of the rendering provider.
 - The current procedural terminology (CPT) and current International Classification of Diseases (ICD) codes reported on the health insurance claim form or billing statement supported by the documentation in the medical record.
17. Facilitate and ensure quality of care by establishing procedures to contact a member when the member misses an appointment that requires rescheduling for additional visits, and following up on referrals to a specialist for care.
18. Assist the member with the GHC-SCW Grievance and Appeals process.
19. Coordinate the transfer of the member and his or her medical records to another provider upon notification of a planned or unplanned transition of care episode, or upon request by the member.
20. Make all reasonable attempts to communicate with a member in the member's preferred language, using interpretation or translation services available.
21. Preserve the dignity of the member.

13.2 Access Standards

GHC-SCW is required to adhere to patient care access and availability standards. GHC-SCW has implemented these standards to ensure that members can get an appointment for care on a timely basis, can reach the provider over the phone and can access interpreter services, if necessary.

All GHC-SCW providers and contracted providers are expected to comply with these appointment, telephone access, practitioner availability and linguistic service standards. GHC-SCW monitors its providers for compliance with these standards. GHC-SCW will develop a corrective action plan for providers and health networks that do not meet these standards.

Below is a brief description of the access standards for GHC-SCW members:

Access to Medical Care: Type of Care	Wait Time
Emergency services	Immediately
Urgent care	Within 24 hours after request
Primary care	Within 3 business days after the date of request
Routine physical exams and wellness visits	Within 7 calendar days after the date of request
Specialty care	Within 21 business days of request for appointment
Ancillary services for diagnosis or treatment	Within 7 business days of request for appointment
In office wait time for appointments	Not to exceed 45 minutes after time of appointment

Telephone Access	Wait Times
Telephone wait time during business hours	A non-recorded voice within 60 seconds and an abandonment rate of less than 5%
Non-emergency and non-urgent messages during business hours	Practitioner returns the call within 24 hours after the time of message.
Urgent message during business hours	Practitioner returns the call within 30 minutes after the time of message.
Emergency message during business hours	Practitioner returns the call within five minutes after the time of message.
Telephone access after business hours	<p>If recorded message: "If you feel that this is an emergency, hang up and dial 911 or go to the nearest emergency room."</p> <p>If live after-hours attendant and call is an emergency:</p> <ul style="list-style-type: none"> • Connect member to the on-call physician; or • Provider returns the call within five minutes after the call.

Provider Access	Availability
After-hours access	Available 24 hours a day, seven days a week to respond to after-hours member calls or to a hospital emergency room practitioner.
Telephone triage	Available 24 hours a day, seven days a week.
PCP access	Greater than 90% of members shall have a PCP within 15 miles or 30 minutes from the member's residential zip code.
PCP availability	Ratio of Provider PCPs to members of 1: 2,000.
Hospital and ancillary facility access	Within 15 miles or 30 minutes from a member's residential zip code or place of business.

Cultural and Linguistic Services	Availability
Verbal interpretation	Verbal interpretation shall be available through an interpreter in person upon a member's request or by telephone.
Written translation	All written materials to members shall be available in threshold languages as determined by GHC-SCW.
Cultural sensitivity	Practitioners and staff shall encourage members to express their spiritual beliefs and cultural practices, be familiar with and respectful of various traditional healing systems and beliefs and, where appropriate, integrate these beliefs into treatment plans.

13.3 Encounter Data Submission

GHC-SCW encourages providers to document patient health information accurately because this information is permanently a part of the member's medical record. Below are some important reminders about data submission.

Each provider is responsible for maintaining accurate and complete medical record documentation, collecting the data and providing it to GHC-SCW as needed. To help ensure a complete data encounter accurately, report ICD-10-CM diagnosis codes, including secondary diagnoses, to the highest level of specificity. Member risk scores are based on acute, chronic and status conditions documented in the members' medical record. Considerations for processes including but not limited to PA or medical coding audits will only be based on legibly documented information that exists in the legal medical record.

- Alert GHC-SCW of any erroneous data that has been submitted.
- Report encounter data within 30 days of the date of service.
- Every encounter with a patient is an opportunity to assess health and comprehensively document chronic conditions, co-existing acute conditions, active status conditions and pertinent past conditions.

For more information or additional questions about encounter data, please contact the Medical Billing/Coordination of Benefits Department at (608) 251-4138.

13.4 Cultural Competency

Cultural competency is the ability of individuals, as reflected in personal and organizational responsiveness, to understand the social, linguistic, moral, intellectual, and behavioral characteristics of a community or population, and translate this understanding systematically to enhance the effectiveness of health care delivery to diverse populations.

Members are to receive covered services regardless of: race, ethnicity, national origin, religion, gender, age, gender identification, mental or physical disability, sexual orientation, genetic information or medical history, ability to pay or ability to speak English.

GHC-SCW expects providers to treat all members with dignity and respect as required by federal law. Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color and national origin in programs and activities receiving federal financial assistance, such as Medicaid.

13.5 Interpreter Services

Federal and state regulations require interpreter services to be provided to members with limited English proficiency. Limited English proficient members include those who do not speak English as their primary language and who have a limited ability to read, speak, write or understand English.

Documenting Interpreter Services:

Regulations require that GHC-SCW health network providers offer free interpreter services to limited English proficient members, and ensure that the interpreters are professionally trained and are versed in medical terminology and health care benefits.

Because of these requirements, it is important that providers document when members use or refuse to use interpreter services. Documenting refusal of interpreter services in the medical record not only protects the provider and the provider's practice, it also ensures consistency when medical records are monitored through site reviews/audits to ensure adequacy of Language Assistance Programs. Below are some tips on documenting for interpreter services:

1. GHC-SCW recommends using professionally-trained interpreters and documenting the use of the interpreter in the member's medical record.
2. If the member was offered an interpreter and refused the service, it is important to note that refusal in the medical record for that visit.
3. Using a family member or friend to interpret should be discouraged. However, if the member insists on using a family member or friend, it is extremely important to document this in the medical record, especially if the chosen interpreter is a minor.
4. Consider offering a telephonic interpreter in addition to the family member/friend to ensure accuracy of interpretation.
5. For all limited English proficient members, it is best practice to document the member's preferred language in their electronic medical records.

13.6 Fraud and Abuse – Investigating and Reporting

GHC-SCW takes matters of fraud and abuse very seriously. Strict policies and procedures related to health care fraud and abuse are in place to ensure that GHC-SCW staff is vigilant in identifying warning signs and responding appropriately. Examples of health care fraud include:

- A person using someone else's GHC-SCW Member ID card.
- A member getting a bill for services not covered by GHC-SCW.
- A member getting a bill for unnecessary services.
- A member getting a bill for services not performed.
- A supply or equipment company sending a bill (e.g., for a wheelchair or diabetic supplies) not ordered by the provider or incorrectly delivered to the member.

To report suspected or known fraud and abuse, contact the GHC-SCW Compliance Department at (608) 662-4899 or the Ethics & Fraud Reporting Hotline at (844) 480-0055.

SECTION 14

PROVIDER APPEAL PROCESS

GHC-SCW is committed to a fair and thorough process for making medical management decisions. To ensure fair decision-making, GHC-SCW invites providers to discuss such decisions with the CMO if necessary.

14.1 Appeal/Request for Hearing

Providers have the right to request a hearing and appeal any decision of the GHC-SCW Peer Review Committee. The providers must request a hearing, in writing, within 30 days from the date the provider receives the CMO's final decision and action plan. The request should be sent via certified mail to the Chair of the Peer Review Committee, 1265 John Q. Hammons Drive, Madison, WI 53717.

14.2 Waiver by Failure to Request a Hearing

A provider who fails to request a hearing within the time and in the manner specified waives his/her right to any hearing or any appellate review to which he/she might otherwise have been entitled. Such waiver shall apply only to the matters that were the basis for the initial review.

14.3 Notice of Time and Place for Hearing

Upon receiving a timely and proper request for hearing, the CMO shall then schedule a hearing. Within fifteen (15) business days of receipt of the request for hearing, the CMO shall send the provider, via certified mail, notice of the time, place and date of the hearing. The hearing date shall be within forty-five (45) days of the date the notice of hearing was sent to the provider.

The notice of hearing must contain a concise statement of the provider's alleged acts or omissions, a list of the specific or representative patient records in question and/or the other reasons or subject matter forming the basis for the adverse action that is the subject of the hearing.

14.4 Appointment of Hearing Panel

When a hearing has been requested in the manner specified above, the CMO shall appoint a hearing panel composed of the Chief of Staff, who shall chair the panel, and no less than three (3) additional members whose practice is relevant to the issue addressed. This may necessitate the use of non-employed providers. The hearing panel shall be composed of members of the medical staff who have not participated actively in consideration of the matter involved at any previous level. Knowledge of the reasons or subject matter forming the basis for the adverse action or recommendation, which gave rise to the request for a hearing, shall not preclude a member of the medical staff or other person from serving as a member of the hearing panel.

14.5 Attendance/Representation

The provider may attend the hearing in person or may submit written materials in lieu of their presence. The provider may be accompanied and represented at the hearing by an attorney or by another person of his/her choice. The provider shall inform the Chief Medical Officer in writing of the name of that person at least ten days prior to the hearing date. GHC-SCW shall appoint an individual to represent them. Such individual may be an attorney or any other person designated by the CMO.

14.6 Rights of Parties

During the hearing, each party shall have the following rights:

- a) call and examine witnesses;
- b) introduce exhibits;
- c) cross-examine any witness on any matter relevant to the issues;
- d) rebut any evidence;
- e) have a record made of the proceedings, copies of which may be obtained by the appellant upon payment of reasonable charges for the preparation thereof.

14.7 Postponement

Requests for postponement or continuance of a hearing may be granted by the CMO only upon a timely showing of good cause.

14.8 Hearing Panel Report

Within twenty (20) days after adjournment of the hearing, the hearing panel shall make a written report of its findings and recommendations. The report shall contain a summary of the basis of the decision. The hearing panel shall forward the report along with the record and other documentation to the CMO. The provider shall also be given a copy of the report.

14.9 Notification of Authorities

As required by the Health Care Quality Improvement Act of 1986, as amended and 45 Code of Federal Regulations Part 60, the Chief Medical Officer or his/her designee shall report to the State Medical Examining Board and/or the National Practitioner Data Bank (NPDB) in accordance with the respective state and federal regulations. Incidents requiring reporting include, but are not limited to: contract suspension/termination due to quality reasons; involuntary reduction of current clinical privileges; suspension of clinical privileges; termination of all clinical privileges. All submissions will be reviewed by corporate council prior to notification to authorities.

SECTION 15

CONFIDENTIALITY

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal regulation that requires GHC-SCW and its providers to protect the privacy and security of its members' protected health information (PHI). This includes, but is not limited to, ensuring that their right to file a complaint, amend or restrict the use or disclosure of their PHI is honored in a timely manner. Because patient information is critical to carrying out treatment, payment, and health care operations, GHC-SCW supports and encourages the efforts of providers and other staff to work collaboratively to comply with HIPAA requirements. GHC-SCW network providers are encouraged to visit the Office of Civil Rights website at hhs.gov/ocr/privacy/index.html to determine whether its privacy practices align with federal regulations as well as the expectations of GHC-SCW.

Protected health information (PHI) is any individually identifiable health information including, but not limited to, a member's name, address, phone number, social security number, date of birth, medical, financial, and insurance information.

Privacy protections at GHC-SCW are divided into two distinct components. The first describes the protections afforded to protected health information (PHI) collected, used, maintained and disclosed internally within the organization. The second component addresses privacy protections in place for the GHC-SCW website, ghcscw.com.

15.1 Privacy Within GHC-SCW

Care provided at GHC-SCW is documented and stored in an electronic health record (EHR). This record contains identification and financial information as well as symptoms, diagnoses, test results, a description of the patient's physical examination and a treatment plan. This information is used:

- to plan for care and treatment.
- for communication among health care providers.
- as a legal document describing the care received.
- as a way for the insurance company to verify the services provided.
- to help GHC-SCW review and improve health care and outcomes.
- for other similar activities that allow GHC-SCW to conduct business efficiently and provide the patient with high quality health care.

The GHC-SCW Notice of Privacy Practices ("Notice") provides the patient with the following important information:

- How we use and disclose PHI.
- Patient privacy rights with regard to PHI.
- GHC-SCW's obligations to our patient's concerning the use and disclosure of PHI.

The terms of the Notice apply to all designated GHC-SCW records containing PHI that are created and maintained by the organization. The Notice is posted at the entrance to each clinic and is readily available to our patients in the form of a brochure within our clinical locations and also available by contacting the GHC-SCW Privacy Officer at (608) 662-4899 or toll free at (800) 605-4327. At any time, the patient may request a copy of the Notice. It is the expectation of GHC-SCW that our affiliated health care partners maintain, provide and post a copy of their Notice of Privacy Practices in accordance with the provisions of the HIPAA Privacy Rule. GHC-SCW provides care and administers health insurance benefits to our patients in partnership with providers and other health care professionals and organizations. Our privacy practices are observed by:

- Any of our health care professionals who care for patients at any one of our locations (e.g. nurses, lab technicians, billing staff);
- All locations and departments that are part of our organization; and
- All members of GHC-SCW's workforce, including employees, students, contractors, interpreters and interns.

GHC-SCW participates in a regional arrangement of health care organizations, who have agreed to work with each other to facilitate access to health information that may be relevant to their care. As a result of this sharing, other health care organizations may directly access the PHI of GHC-SCW for the provision of care and treatment.

15.2 How GHC-SCW Will Use and Disclose Patient's Protected Health Information

In accordance with the requirements of the HIPAA Privacy Rule, we may use and disclose PHI without authorization for the following purposes:

- Treatment, payment and health care operations
- Information provided to the patient for the patient
- Appointment reminders
- Disclosures required by law
- Correctional institutions, law enforcement and victims of abuse, neglect or violence
- Public health, public safety and research
- Health oversight activities
- Judicial and administrative proceedings
- Coroners or medical examiners and organ and tissue donation
- National security
- Worker's compensation
- Plan sponsor disclosures (for enrollment and disenrollment purposes only)
- Health information marketing functions and disclosure of PHI after death
- To those involved with care or payment

15.3 When GHC-SCW is Required to Obtain Patient Authorization Prior to Use or Disclosure of PHI

Except as described within the Notice of Privacy Practices, GHC-SCW will not use or disclose PHI without the patient's written authorization. For example, uses and disclosures made for the purpose of psychotherapy, marketing, disclosures to plan sponsors and sale of PHI require patient authorization. If authorization is granted, it may be revoked at any time by contacting the GHC-SCW Privacy Officer at (608) 662-4899 or toll free at (800) 605-4327.

15.4 Safeguarding PHI

PHI in Paper Form	
In the Office	<p>PHI located in work areas such as provider's office, nurse's stations and reception desks should be turned upside down at attended desks and in a locked drawer or file cabinet when unattended.</p> <p>Paper PHI should never be left in an unattended exam room or patient care area.</p>
Fax	<p>Verify fax numbers prior to sending the fax.</p> <p>Outgoing faxes must include a fax cover sheet, which contains a confidentiality disclaimer.</p> <p>Incoming faxes should not be left unattended on fax machines or common work areas during non-business hours and retrieved promptly during business hours.</p>
Mail	<p>Verify the accuracy of contents to envelope information prior to sending.</p> <p>Envelopes or packages must be securely sealed prior to sending.</p> <p>Envelopes for mailings that contain PHI must contain the name of the GHC-SCW sender in the return address area.</p>
Handling PHI Offsite or a Remote Location	<p>Paper PHI utilized in remote (e.g. home or travel) locations must be afforded heightened privacy protections. If unattended, PHI must be properly secured.</p> <p>If paper PHI is lost or stolen, it must be reported immediately to the proper person in authority at that facility.</p> <p>Loss or theft of paper containing PHI must be evaluated in accordance with the HIPAA Breach Notification Rule.</p>
Email	<p>Internal Email: Internal e-mail within the GHC-SCW network should be used only for business purposes unrelated to patient care. The electronic health record (EHR) should be used for such reasons to ensure proper documentation guidelines are achieved. If use of email within the GHC-SCW networks is essential, its content must be limited to the minimum necessary amount of information required to accomplish the intended task and should not include PHI in the subject line.</p> <p>External Email: Email sent to external entities may include PHI only if the sender's computer has been equipped with a secure encryption function. The sender's email must contain a disclaimer to ensure that misdirected emails are managed appropriately.</p> <p>Patients may not use email as a means of communicating with their provider(s). The appropriate tool for patient-provider communication is either GHCMYChart or telephone.</p>
Portable Electronic Devices	<p>Portable electronic devices containing PHI, such as laptops, tablets or cell phones, must be encrypted and password-protected.</p> <p>If such devices are lost or stolen, it must be reported immediately to the proper person in authority at that facility.</p> <p>Loss or theft of portable devices containing PHI must be evaluated in accordance with the HIPAA Breach Notification Rule.</p>
Disposal	<p>PHI in an electronic format must be destroyed or disposed of in a secure manner in accordance with the requirements of the HIPAA Security Rule.</p>

15.5 Statement of Patient's Health Information Rights

Patients have the right to:

- Inspect and copy health information.
- Request restrictions.
- Request confidential communications.
- Request record amendment.
- Request an accounting of disclosures.
- Receive notification of a breach of PHI.
- Receive a copy of the Notice of Privacy Practices.
- File a privacy complaint.

To exercise any of these rights, the patient may contact the GHC-SCW Privacy Officer directly by:

- Telephone: (608) 662-4899 or toll free at (800) 605-4327 and ask to speak with the Privacy Officer
- Email: privacy@ghcscw.com
- Fax: (608) 662-4917
- Mail: GHC-SCW Privacy Officer at 1265 John Q. Hammons Drive, Madison, WI 53717

15.6 Internal Protection of Oral, Written and Electronic PHI Across the Organization

GHC-SCW will maintain adequate management controls to ensure appropriate access to PHI regardless of format or location. Oral, or verbal, access is protected through an ongoing process of education such as encouraging staff to be aware of their physical surroundings and the use of a moderate voice tone and volume when in work environments where such discussion may be overheard by those with no need to know.

Protection of written PHI is assured by providing ongoing education and training to staff and periodic site audits to evaluate compliance with laws and regulations governing such environments. To ensure protection of electronic PHI, the organization utilizes role-based access. This process limits employee access to that PHI specifically required to carry out his/her work functions. For example, a provider may need access to problem lists and medications while an insurance representative may need only referral and claims information. Electronic audit trails collect specific information about each keystroke made into the EHR permitting retrospective review of employee access to confirm appropriateness. Employees must complete annual HIPAA Privacy Training, including re-signing of the Confidentiality Agreement. Other activities and publications designed to emphasize expectations for privacy protections occur throughout the year.

15.7 GHC-SCW Website Privacy Protections

The Website Privacy Statement and the Website Terms and Conditions statements provide detailed information about GHC-SCW's efforts to maintain the privacy of information collected, maintained, used, stored and disclosed on the site. The nature of this information is different than that referenced in the "privacy within GHC-SCW" portion of this document.

15.8 Personal Information vs. Non-Personal Information

“Personal Information” means information that specifically identifies a user as an individual, such as full name, telephone number, email address, postal address or certain account numbers. The website may include web pages that give the user the opportunity to provide this personal information. A user does not, however, have to provide the information if they do not wish to do so. GHC-SCW may use personal information for the following purposes:

- To respond to an email or particular request about the user.
- To personalize the website.
- To process an application requested by the user.
- To administer surveys and promotions.
- To provide information that may be useful to the user, such as information about health care products or services provided by GHC-SCW or other businesses.
- To perform analytics and to improve our products, website and advertising.
- To comply with applicable laws and regulations.
- To protect someone’s health, safety or welfare.
- To protect our rights, the rights of affiliates or third parties, or take appropriate legal action, such as to enforce our Terms and Conditions.
- To keep a record of our transactions and communications.
- As otherwise necessary or useful for us to conduct our business, so long as such use is permitted by law.

“Non-personal information” means information that does NOT permit us to specifically identify our patients by name or similar unique identifying information such as a social security number, member number, address or telephone number. Non-personal information may be used, unless restricted by law or by this statement, for the following purposes:

- Customizing the user experience on the website including managing and recording preferences.
- Marketing, product development and research purposes.
- Tracking resources and data accessed on the website.
- Developing reports regarding site usage, activity and statistics.
- Assisting users experiencing website problems.
- Enabling certain functions and tools on the website.
- Tracking paths of visitors to the site and within the site.

15.9 Sharing Personal Information

GHC-SCW will only share personal information as outlined in the GHC-SCW Terms and Conditions or this statement. We do not sell or rent personal information about visitors to this site or customers who use this site. We may share information in response to a court order, subpoena, search warrant, law or regulation. We may cooperate with law enforcement in investigating and prosecuting activities that are illegal, violate our rules or may be harmful to other visitors. If information is submitted to a chat room, bulletin board or similar “chat-related” portions of this website, the information you submit, along with your screen name, will be visible to other visitors, and such visitors may share with others. We may share personal information with other companies that we hire or collaborate with to perform services on our behalf.