PROVIDER RESOURCE MANUAL

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

Last revised: February 2024

BETTER TOGETHER℠

Group Health Cooperative of South Central Wisconsin (GHC-SCW)
MK19-27-3(2.24)O

Group Health Cooperative
of South Central Wisconsin

ghcscw.com

TABLE OF CONTENTS

Click on Header to jump to that section

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

Should there be a conflict or inconsistency between the information in this manual and federal/state/local law, regulations and/or guidance and standards and requirements of GHC-SCW and its partners as a condition of participation in insurance offerings (Medicaid recipients, federal/state employees, or Federal Marketplace), the provisions of the law, regulation, guidance and/or insurance offering contract shall prevail.

1.1 About GHC-SCW

GHC-SCW is a non-profit cooperative health maintenance organization (HMO) representing over 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.

Our Mission speaks to who we are and why we exist.

Mission: We partner with members and the communities we serve to maximize health and well-being.

Our Vision represents who we aspire to be.

Vision: As a local, not-for-profit, member-owned Cooperative, we are the most trusted resource for lifelong health and well-being in the communities we serve.

Our Values are a set of beliefs that we hold dear. They help us to identify priorities for the Cooperative and act as a guide for how we conduct our business.

- We are a not-for-profit Cooperative.
- We are member-centered.
- We are equitable and inclusive.
- We are quality-driven.
- We are innovative.
- We are community involved.

Our five strategic pillars are essential areas of focus, investment and effort that help us advance toward achieving our Vision and fulfilling our Mission:

- **Exceptional Quality and Service:** We seek excellence by working towards the elements of the quadruple aim, and we strive to be the best in all that we do.
- **Meaningful Employee Engagement:** We create a culture where employees are involved, enthusiastic and committed to delivering on the GHC-SCW Mission, Vision and Values.
- **Financial Strength:** We ensure the Cooperative's long-term viability by reinvesting earnings generated by controlling health care costs and consistently growing revenue.
- **Impact:** We advance health and well-being by nurturing connections with our member-owners and the communities we serve.
- **Adaptive Transformation:** We actively evaluate and adapt our value proposition, processes and technologies to align with evolving market dynamics and needs.

GHC-SCW is committed to fostering a caring and compassionate environment while ensuring that individual differences are valued. We are a quality-driven cooperative built on collaboration, community involvement, innovation and belonging. It is essential that all employees, members and patients feel secure and welcome, that the opinions and contributions of all individuals are respected and that all voices are heard.

We believe:

- Healthcare is a human right.
- In treating all people with dignity and respect.
- There is strength in diversity.
- Equity celebrates our humanity.

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 five clinics (Capitol, 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 Resource 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.

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
Behavioral Health	GHC-SCW 700 Regent St., Ste 302 Madison, WI 53703	(608) 441-3290	• Questions about behavioral health benefits • Assistance scheduling an appointment with the GHC-SCW Behavioral Health Department
Care Management	GHC-SCW 1265 John Q Hammons Dr. Madison, WI 53717	(608) 257-5294 (800) 605-4327, ext. 4514 Fax: (608) 831-6099	• Prior authorization • Referral requests, status, extension, or reason for denial • Home care nursing assistance and continuing care • All inpatient admissions • All outpatient services/procedures
Claims	GHC-SCW 1265 John Q Hammons Dr. Madison, WI 53717	(608) 251-4526 Fax: (608) 828-4856	• 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	• Register for disease management and prenatal/child classes • Answer questions about class offerings
Compliance	GHC-SCW 1265 John Q Hammons Dr. Madison, WI 53717	Compliance Officer: (608) 662-4873 Compliance Attorney: (608) 662-4893 Government Contracts and Program Integrity Analyst: (608) 662-4857 (608) 828-4857	• Audit questions or requests • Privacy or security breaches • Federal or state regulatory inquiries • Prevent and investigate fraud, waste, and abuse
Enrollment	GHC-SCW 1265 John Q Hammons Dr. Madison, WI 53717	(608) 260-3170 Fax: (608) 662-4837	• 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	• 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.
Language Services	GHC-SCW 3051 Cahill Main Fitchburg, WI 53711	(608) 661-7215	• Interpretation in Spanish, Hmong and Laotian • Questions about community-based external resources and outreach programs
Medical Billing	GHC-SCW 1265 John Q Hammons Dr. Madison, WI 53717	(608) 251-4138 Fax: (608) 662-4186	• 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	• 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	• 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	• Benefit questions/interpretations • Claims questions from a member • Compliments/complaints • Appeals • Member eligibility questions from a provider • MyChart password reset
Pharmacy Administration	GHC-SCW 1265 John Q Hammons Dr. Madison, WI 53717	(608) 828-4811 (800) 605-4327	• Questions about pharmacy benefits or drug information • Pharmacies with questions about submitting a prescription claim
Privacy Officer	GHC-SCW 1265 John Q Hammons Dr. Madison, WI 53717	(608) 662-4899	• HIPAA and Privacy Questions

Department	Address	Phone Number	Services Provided
Provider Contract Maintenance	GHC-SCW 1265 John Q Hammons Dr. Madison, WI 53717	(608) 662-4882 jduncan@ghcscw.com	• Provider Contract Updates (updates to locations, covered services, reimbursement, and/or notice designee) • Termination of Agreement
Provider Directory Maintenance	GHC-SCW 1265 John Q Hammons Dr. Madison, WI 53717	(608) 828-4819 Providernetworks@ghcscw.com	• Provider Updates (hires, terminations, name changes, credential changes) • Clinic Updates (address and phone changes, closures, new clinics)
Quality Management	GHC-SCW 1265 John Q Hammons Dr. Madison, WI 53717	(608) 662-4903	• Disease management and preventive outreach ◦ 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 contracted providers to perform administrative tasks, including:

- Viewing GHC-SCW member clinical information and notes
- Verifying insurance coverage
- Reviewing member demographics
- Creating and viewing authorizations
- Accessing summary of Benefits & Coverage

Click on the EpicLink Partner link in the footer of ghcscw.com to get started. If you do not have access but would like access to EpicLink for your organization, please contact the GHC-SCW Privacy Officer at privacy@ghcscw.com. You will be asked to sign a Partner Agreement and Site Coordinator Agreement prior to gaining access. If you are an individual user associated with an organization that already has a GHCEpicLink Partner relationship with GHC-SCW, please contact your Site Coordinator to arrange access.

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 **"GHCEpicLink."** On the next screen enter your User ID and select **"Forgot your password."**
You will be prompted to enter your user ID again choose the **"Email Password"** option. A new password will be emailed to you immediately.

Your site coordinator can also help you with changing your password if you did not complete your challenge questions.

Please contact your site coordinator for issues before contacting GHC-SCW.

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 Multiplan and HealthEOS to provide our national PPO networks.

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 Behavioral Health and Substance Use Disorder Services

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

GHC Foundations Intensive Outpatient Program (IOP) is designed to meet the needs of adults with a DSM-5 Behavioral Health diagnosis either as a transition from a higher level of care (residential, inpatient, partial hospital program); a transition to a higher level of care (if weekly therapy and medication management have been insufficient); or for those with abrupt onset of symptoms requiring more intensive services to begin their path to recovery.

4.5 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.

4.6 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 can be received from the GHC-SCW Optometry Department (located at the GHC-SCW Hatchery Hill Clinic) or a contracted provider.

SECTION 5

ELIGIBILITY VERIFICATION

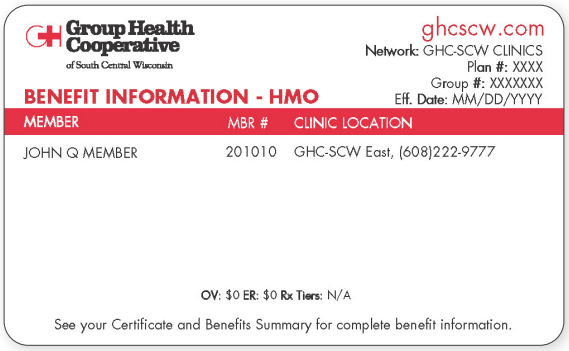
Except for emergency services, providers rendering covered services to **any GHC-SCW member** should first verify eligibility prior to rendering the service. GHC-SCW does not require a provider to verify a member's eligibility prior to rendering emergency services. Verifying the member's eligibility 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

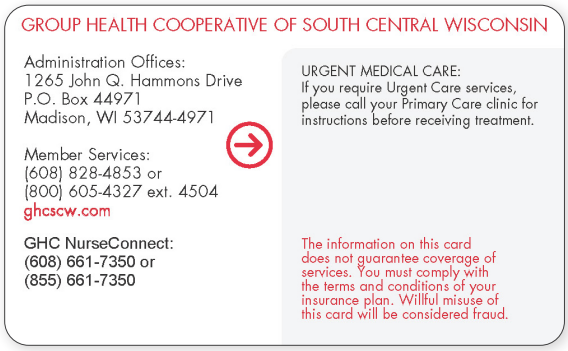
All GHC-SCW subscribers or policyholders receive two individualized member identification cards upon enrollment. The member identification card (ID card) is not a proof of member eligibility. It includes the following enrollment-related information:

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



Card Back



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 is the process by which GHC-SCW provides prior written approval for coverage of specific Benefits, treatments, Durable and Disposable Medical Equipment (DME), Prescription Drugs and supplies.

The purpose of Prior Authorization is to determine and authorize the following:

1. The specific type and extent of care, Durable and Disposable Medical Equipment, Prescription Drug or supply that is necessary;
2. The number of visits, or the time-period during which care will be provided;
3. The Provider to whom the Member is being referred; and
4. Whether the Member should receive coverage for the services from an Out-of-Network Provider because necessary services are not available from an In-Network Provider.

Prior Authorization does not guarantee that services will be fully covered. Coverage is determined by the terms and conditions of the Certificate. Services and items requiring Prior Authorization are listed on website at www.ghcscw.com. Contact GHC-SCW's Member Services Department at (608) 828-4853 for details on the Prior Authorization process.

Members must receive care from In-Network Providers. If a GHC-SCW Provider or GHC-SCW Clinic offers specialty medical care required by a Member, a Member shall utilize the GHC-SCW Provider or GHC-SCW Clinic. Specialty medical care provided by a non-GHC-SCW Provider, whether the Provider is an In-Network Provider or not, is not covered if the service requested may be provided by a specialty GHC-SCW Provider. Use of Out-of-Network Providers will result in the Member being financially responsible for full payment of services unless the Member has obtained Prior Authorization for such Out-of-Network services from GHC-SCW.

Additional services recommended by a Provider after rendering the services authorized by the original Prior Authorization are covered only if a new Prior Authorization is issued by GHC-SCW prior to receiving additional services from the Provider.

Member Responsibility Regarding Prior Authorization

It is the Member's responsibility to ensure a Prior Authorization has been obtained when required. Failure to obtain Prior Authorization when required may result in the Member receiving a reduction in or no Benefit. If Prior Authorization is not received prior to the date of service and/or receipt of supplies, Your Provider should contact GHC-SCW's Care Management Department for a determination of Medical Necessity.

Prior Authorization Guidance

Members should be aware that many services, treatments, supplies and procedures will overlap multiple Benefits and, therefore, Members are encouraged to always contact GHC-SCW for a Prior Authorization regarding their own unique medical needs.

SECOND OPINIONS are a covered Benefit when provided by another In-Network Provider. Members should contact their Primary Care Provider and GHC-SCW Care Management for a Prior Authorization for a second opinion.

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 using this link: **support.changehealthcare.com/search#q=39167&t=All&sort=relevancy&numberOfResults=12**.
- 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 their 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 their 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.

GHC-SCW requires its contracted partners to comply with all laws and regulations related to patient protections against surprise or balance billing. More information can be found here: **ghcscw.com/SiteCollectionDocuments/Protections_Against_Surprise_Medical_Bills.pdf**.

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 and most over-the-counter medication. The current Formulary is always posted at **ghcscw.com/members/understanding-your-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 **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 **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 most major pharmacy chains and independent pharmacies in Wisconsin. Providers can also search for pharmacies by zip code or city by logging into the Navitus Provider Portal at **prescribers.navitus.com**.

SECTION 9

CARE MANAGEMENT

The Care Management Department is here to assist members in navigating their insurance benefit with the primary goal of getting our members to the Right place at the Right time and for the Right reason. This goal is accomplished through three primary functions: Utilization Management, Care Coordination and Case Management.

Utilization Management

Utilization review is the process of applying evidence-based criteria along with member certificate language to determine the medical necessity of requested services.

Prior Authorization is GHC-SCW gives prior written approval for coverage of specified services, treatment, durable medical equipment (DME) and supplies. Prior Authorization will determine and authorize payment of:

- The specific type and extent of care, DME, or supply that is medically necessary.
- The number of visits or the period during which the care will be provided.
- The name of the provider rendering the service.

Case Management

- Free, voluntary program lasting up to one year.
- Goal: Help members become active and engaged in their own healthcare while decreasing healthcare costs.
- Emphasis on education and support related to health conditions, medications, self-care, and treatment.
- Connect member with community resources to help with food, transportation, expenses, etc.
- Interact, consult, and coordinate with PCP and healthcare team to facilitate effective communication between member and treatment team.
- Qualifications for Case Management include:
    - Must have GHC insurance as primary coverage including BadgerCare (Not straight Medicaid).
    - You have 5 or more chronic health conditions requiring specialty care.
    - You struggle with alcohol, opioids or other recreational drugs.
    - You are are over 18 years old, had a psychiatric admission AND struggle with other health conditions.
    - Your child is under 18 years old and has been admitted for psychiatric reasons.
- Free, voluntary program lasting up to 2 months.
- Only available for members living with substance use disorder, behavioral health challenges, or dual diagnosis.
- Goal
    - Connect members to appropriate providers and resources-take advantage of member contact while we can.
    - Services:
        - Frequent phone calls
        - Individualized education
        - Assisting with accessing appropriate services

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 visit **ghcscw.com/members/new-ghc-scw-members/transition-your-care/** for the 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 applicable providers meet minimum standards relative to licensure, education, malpractice coverage, etc.

The Peer Review and 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 prior to treating GHC-SCW members. When a new provider joins your facility, please contact credentialing@ghcscw.com to request a credentialing packet. GHC-SCW's Medical Staff Administrator will send a packet to your facility contact within seven days. Typically, the credentialing process will take less than 90 days.

Providernetworks@ghcscw.com should be used for:

- Provider name changes
- Provider licensure changes
- Facility address changes
- Roster updates
- Adding providers in Delegated Credentialing Agreements to the GHC-SCW Directory

Credentialing@ghcscw.com should be used for:

- Initial Credentialing being performed by GHC-SCW on your staff/employees
- Recredentialing being performed by GHC-SCW on your staff/employees
- Questions or Reporting needs related to Delegated Credentialing Agreements

When the Medical Staff Administrator has completed the verification process, the credentials listing is presented to the Committee which meets on a monthly basis. The Committee reviews the completed listing 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. GHC-SCW 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 one to two 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, though notification of successful recredentialing is sent to the provider.

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. Credentialing files are not self-accessible to the Credentialing Committee and need to be requested, as needed.

An individual provider may request to review the information contained in their 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 **providernetworks@ghcscw.com** and **credentialing@ghcscw.com** 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

On January 1, 2022, Section 116 of the Federal Consolidation Appropriations Act, which addresses provider directory accuracy, became effective. The Act regulates the responsibility of both health plans and providers regarding provider information that appears in health plan provider directories. Referred to as the No Surprises Act (NSA), the Act requires the following as it applies to provider directories:

Provider Requirements

Providers must maintain business processes to submit provider directory information to health plans as follows:

- When the provider begins OR terminates a network agreement with a health plan or issuer with respect to certain coverage;
- When there are material changes to the content of provider directory information of the provider; or
- At any other time (including upon the request of the health plan or issuer) determined appropriate by the provider or the Secretary of Health and Human Services.

GHC-SCW's vendor, facility, and provider rosters include the information GHC-SCW is required to include in its provider directory pursuant to the No Surprises Act, QHP issuer requirements, the Wisconsin Department of Health Services for BadgerCare Plus enrollees, and other contractual obligations.

Health Plan Requirements

GHC-SCW must:

- Verify all provider directory data every 90 days;
- Process updates within two business days of receiving updated information; and
- Remove providers from the directory if their information has not been verified during a period specified by the health plan.

Verification of directory information will be required even if information has not changed. GHC-SCW will remove providers from the directory if information has not been verified within 180 days of the last verification. Providers will be re-added to the directory once verification has been completed.

Provider directory content updates and/or provider directory verification questions may be e-mailed to **providernetworks@ghcscw.com**.

The information provided is not, and is not intended to, constitute legal advice; instead, all information, content, and materials are for general informational purposes. If you have questions about how the No Surprises Act applies to your organization, please consult your legal counsel.

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 two 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 for many GHC-SCW plans.

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

- Asthma and COPD
- Diabetes Education and Management
- Nutrition Counseling
- Genetic Counseling
- Breastfeeding Support

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.

12.2 Disease Management

GHC-SCW has 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 is voluntary. GHC-SCW provides a variety of services for at-risk members with chronic conditions with a goal 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. Members will receive ongoing educational mailings regarding important health information.

Provider resources and services include:

- Clinical Practice Guidelines (CPG): CPG's are developed by an interdisciplinary group of recognized local leaders based on a nationally-recognized, evidence-based recommended guideline.

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 or asthma.

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 six major areas of performance measured in HEDIS® are:

- Effectiveness of Care
- Access/Availability of Care
- Experience of Care
- Utilization and Risk Adjusted Utilization
- Health Plan Descriptive Information
- Measures Reported Using Electronic Clinical Data Systems

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: **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, such as labs, screenings, immunizations and physicals. These reminders, based on a member's unique medical needs, are sent via GHCMyChart, letter or telephone.

Eligible members may participate in the GHC-SCW Wellness Rewards Program through ManageWell. You may learn more at **ghcscw.com/member-owner-rewards/wellness-rewards/.**

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

12.5 Provider Advocacy

GHC-SCW may not prohibit, or otherwise restrict, a provider acting within the lawful scope of practice, from advising or advocating on behalf of a member who is his/her patient, including any of the following:

- The member's health status, medical care, or treatment options, including any alternative treatment that may be self-administered.
- Any information the member needs in order to decide among all relevant treatment options.
- The risks, benefits, and consequences of treatment or non-treatment.
- The member's right to participate in decisions regarding his/her health care, including the right to refuse treatment, and to express preferences about future treatment decisions.

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 their 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, 7 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 their 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 their 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.

13.1 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 use their best efforts to comply with these appointments, telephone access, practitioner availability and linguistic service standards. GHC-SCW monitors its providers for compliance with these standards. GHC-SCW may 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 15 business days after the date of request
Behavioral Health	Within 10 business days after the date of request
Specialty care	Within 30 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

Access standards may differ per the member's coverage type. Contact the GHC-SCW Member Services Department for additional information.

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	If recorded message: "If you feel that this is an emergency, hang up and dial 911 or go to the nearest emergency room." If live after-hours attendant and call is an emergency: • 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.

13.2 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**.

13.3 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.

13.4 Language 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 Language Services:

Regulations require that GHC-SCW health network providers offer free interpreter services to limited English proficient members, and ensure that the interpreters are certified by one of the two main certifying agencies, The National Board of Certification for Medical Interpreters or the Certification Commission for Healthcare Interpreters, and professionally trained and 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 certified and professionally-trained interpreters and documenting the use of the interpreter (their full name, in the case of an in-person interpreter or the interpreter ID, in the case of a video remote or phone interpreter) in the member's medical record.
2. If the member was offered an interpreter and refused the service, it is important to ask the member to sign a refusal of medical interpreter form. GHC-SCW staff should send it to the Language Services department, who will document the refusal in their medical record.
3. Using a family member or friend to interpret should be discouraged. If the member insists on using a family member or friend, it is extremely important to document this in the medical record. **Please Note:** The Office of Civil Rights policy guidance states that any hospital or clinic that receives federal funds may expose itself to liability under Title VI if it requires, suggests or encourages a person with limited English proficiency to use friends, minor children or family members as interpreters.
4. Even if the patient or patient's representative refuses to use a GHC-SCW approved interpreter, GHC-SCW staff can still request the presence of an interpreter to ensure accurate communication.
5. For all limited English proficient members, it is best practice to document the member's preferred language in their electronic medical records.
6. For more information about Language services, please view the **Language Services Policies and Procedures**.

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, based on census and/or community-level data.
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.

13.5 GHC-SCW Fraud, Waste, and Abuse Program

Introduction:

Group Health Cooperative of South Central Wisconsin ("GHC-SCW") recognizes the importance of detecting, preventing, investigating, and reporting fraud, waste, and abuse ("FWA"). It is the policy of GHC-SCW that contracted providers, vendors, and all other individuals or partners affiliated in any manner with GHC-SCW comply with application provisions of federal and state laws and regulations regarding the detection and prevention of FWA. This section of the GHC-SCW Provider Manual provides background into how these laws and regulations may impact you as a contracted partner of GHC-SCW, and your agreement to comply with our FWA Prevention Program per your provider agreement with GHC-SCW.

The GHC-SCW Fraud, Waste, and Abuse Subcommittee ("FWA Subcommittee"), as a subcommittee of the Compliance Committee, and with oversight of GHC-SCW's Special Investigations Unit ("SIU") is responsible for GHC-SCW FWA Prevention Plan. The SIU staff investigates potential FWA and works with appropriate GHC-SCW staff, vendors (e.g. pharmacy benefit manager), state, federal, and government law enforcement agencies when investigating potential health care FWA.

Fraud, Waste Abuse Laws and Regulations:

False Claims Act [31 U.S.C. § § 3729-3733]

- This law establishes civil liability for offenses related to acts of false or fraudulent claims, records or statements to the government. No specific intent to defraud the government is required.
- It includes actual knowledge, as well as deliberate ignorance or reckless disregard for truth.

Physician Self-Referral Law [42 U.S.C. § 1395nn]

- This law prohibits providers from referring patients to receive health services payable to Medicare or Medicaid in which the provider or an immediate family member has a financial relationship.
- It is a strict liability law, which means proof of specific intent to violate law is not required.

Anti-Kickback Statute [42 U.S.C. § 1320a-7b(b)]

- This law prohibits knowing and willful offers, payments, solicitations or receipt of any remunerations in cash or kind, to induce or in return for referring an individual for the furnishing or arranging of any item or service for which payment may be made under a federal health care program.
- Remuneration means anything of value and can include gifts, under-market value for the services provided.

Exclusion Statute [42 U.S.C. § 1320a-7]

- All health care programs, individuals, and entities convicted of: Medicare or Medicaid fraud, as well as any other offenses related to the delivery of items or services under Medicare or Medicaid; patient abuse or neglect; felony convictions for other health-care-related fraud, theft, or other financial misconduct; and felony convictions for unlawful manufacture, distribution, prescription, or dispensing of controlled substances are excluded from participation in the Federal health care programs.
- Excluded physicians may not bill directly for treating Medicare and Medicaid patients, nor may their services be billed indirectly through an employer or a group practice.

Civil Monetary Penalties Law [42 USC § 1320a-7a]

- Allows OIG to seek civil monetary penalties for conducting any kind of Fraud, Waste, or Abuse of Federal Health Care Programs.

Definitions:

Fraud is defined as knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program or to obtain (by means of false or fraudulent pretenses, representations, or promises) any of the money or property owned by, or under the custody or control of, any health care benefit program.

Examples of Fraud:

- Billing for services that were never rendered,
- Misrepresenting who provided the services, altering claim forms, electronic claim records or medical documentation, and
- Falsifying a patient's diagnosis to justify tests, surgeries or other procedures that aren't medically necessary.

Waste is defined as expenditure, consumption, mismanagement, use of resources, practice of inefficient or ineffective procedures, systems, and/or controls to the detriment or potential detriment of entities. Waste is generally not considered to be caused by criminally negligent actions but rather the misuse of resources.

Examples of Waste:

- Performing large number of laboratory tests on patients when the standard of care indicates that only a few tests should have been performed on each of them,
- Medication and prescription refill errors, and
- Failure to implement standard industry waste prevention measures.

Abuse is defined as actions that may, directly or indirectly, result in: unnecessary costs, improper payment, payment for services that fail to meet professionally recognized standards of care, or services that are medically unnecessary. Abuse involves payment for items or services when there is no legal entitlement to that payment and the provider has not knowingly and/or intentionally misrepresented facts to obtain payment.

Examples of Abuse:

- Misusing codes on the claim (i.e., the way the service is coded on the claim does not comply with national or local coding guidelines or is not billed as rendered),
- Waiving patient co-pays or deductibles and over-billing the plan, and
- Billing for items or services that should not be paid for by the plan such as never events.

Technical Denial:

The Explanation of Benefits (EOB) code "NODOC – Supporting Documentation Needed – Medical Records are being requested for the services" signifies a Technical Denial. This EOB code can be applied at either the header, or detail line for services and requests that providers submit supporting documentation (Appendix A) to substantiate the billed services.

WI-Medicaid Department of Health Services – Office of the Inspector General (DHS-OIG) – Network Provider Audit:

DHS-OIG and DHS-OIG's contracted program integrity (PI) vendors may conduct audits of the GHC-SCW's network providers for services rendered to GHC-SCW WI-Medicaid (BadgerCare Plus) members. GHC-SCW is responsible for coordinating the Network Provider Audit between the provider and DHS-OIG.

Member FWA:

Members can engage in fraudulent behavior as well. Examples of Member FWA:

- Falsification of information
- Forging or stealing prescription drugs
- Prescription stockpiling – obtaining and storing large quantities to avoid costs
- Adding an ineligible dependent to the plan
- "Loaning" or using another person's insurance card
- Identity theft

Fraud, Waste, Abuse Prevention Mechanisms:

GHC-SCW Claim Review & Editing:

GHC-SCW utilizes a code editing system to automatically detect claim errors which may result in fraud, waste, or abuse. These edits may include, but are not limited to, unbundling, modifier appropriateness, or medically unlikely edits. When an issue is identified, the code edit system will pend a claim for review by the GHC-SCW Claims Department, and a provider may be required to submit supporting documentation for the service. Routine updates keep the editing rules current with regulatory and coding guidelines.

GHC-SCW monitors for providers whose claims are routinely flagged by the code editing system. An expanded audit of a provider's services may occur if a provider is routinely flagged by the code editing system.

Prepayment Review Activities:

In addition to GHC-SCW's Claim Review and Editing system, a contracted partner of GHC-SCW may be placed on prepayment review. This action could be taken at the discretion of the GHC-SCW FWA Subcommittee and/or Special Investigation Unit or in consultation with a Federal or State Office of the Inspector General or other governmental agencies.

A provider will receive an EOB of "NODOC," requesting that medical records be submitted, which support the billed charges and validate that the medical record is in compliance with all applicable federal and state regulations, guidelines and manuals, as well as American Medical Association coding rules. An EOB of "NODOC" is a technical denial, and a provider's claim will remain denied until supporting documentation is received. When supporting documentation is received which supports the billed charges, the claim denial is reversed. However, if the billed charges are not supported by the medical record documentation, an applicable denial EOB is applied to the claim.

Postpayment Review/Audit

Provider agrees to cooperate with GHC-SCW, the Department of Health Services – Office of the Inspector General (DHS-OIG), and other governmental agencies and their representatives in support of provider audits. Cooperation includes, but is not limited to, providing access to examine, review, and copy all records deemed by GHC-SCW or the governmental agency necessary to confirm compliance with the GHC-SCW Provider Agreement and/or Federal or State laws, regulations, guidelines, and manuals for the purpose of investigating potential FWA. This includes, but is not limited to, medical records, patient charts, billing records, and coordination of benefit information. The provider agrees to respond to all record requests in a timely manner as specified in the GHC-SCW, DHS-OIG, or other governmental agency record request letter.

Audit Close / Claim Audit Findings:

It is the responsibility of the GHC-SCW SIU to develop a Findings Report for submission to the FWA Subcommittee for approval. This report includes detailed claim level findings and recommended next steps for the provider. Once approved, the provider will receive a summary letter of the audit, inclusive of next steps, which may include overpayment recoveries, provider education, placement on prepayment review or a follow-up postpayment review to confirm compliance with the Provider Audit findings. Additionally, the GHC-SCW FWA Subcommittee may have the responsibility to report Provider Audit findings to a Federal or State Office of the Inspector General or other governmental agencies. Continued non-compliance with GHC-SCW Claim Audits Findings may result in the provider being terminated from GHC-SCW's network.

In the event of network provider audit findings that require recoveries, the GHC-SCW FWA Subcommittee and SIU may utilize a statistically valid random sampling to extrapolate the number of claims paid in error. GHC-SCW may utilize this sample to determine the overall overpayment to the provider. The provider may appeal a recovery through GHC-SCW's Claim Appeal process, as well as any appeal processes available through the member's health coverage, including the State of WI Medicaid Managed Care Provider Appeal Process. Notwithstanding any time frames generally applicable to payment adjustment requests by the parties, GHC-SCW shall have the right to pursue FWA payment adjustments identified in any final audit finding for a period of 3 years from the claim received date. The provider agrees to return overpayments within 60 days of the provider receiving written notification of the overpayment or, if self-identified by the provider, within 60 days of the provider's discovery of the overpayment.

In the event the provider is audited due to a WI-Medicaid - Department of Health Services – Office of the Inspector General (DHS-OIG) – Network Provider Audit and there are findings, the provider may submit a rebuttal to the initial findings for consideration by DHS-OIG or DHS-OIG's contracted Program Integrity (PI) vendors. The provider must submit the rebuttal documentation to DHS-OIG or DHS-OIG's contracted PI vendors by the date specified in the preliminary findings letter or amended preliminary findings letter.

Notwithstanding the claim appeal process which exists with the State of WI BadgerCare Plus / SSI Program, the Wisconsin Department of Health Services is not party to complaints, lawsuits, or other actions taken by GHC-SCW as a result of GHC-SCW Program Integrity Program.

FWA Provider Education:

At least quarterly, GHC-SCW strives to provide education to providers about Fraud, Waste, and Abuse. The GHC-SCW FWA Subcommittee and SIU encourage providers to review the FWA educational materials to ensure their billing practices are up-to-date and in line with the GHC-SCW Provider Agreement, as well as applicable federal and state regulations, guidelines, and manuals, and American Medical Association coding rules.

GHC-SCW continually works to develop more robust FWA education and resources for GHC-SCW's contracted providers, vendors, consultants, and all other individuals or stakeholders affiliated in any manner with GHC-SCW. The FWA training and educational resources aim to increase awareness and promote the reporting of suspected FWA. The training and educational resources are reviewed quarterly and revised as needed when laws or regulations change.

FWA educational materials are communicated to contracted providers through GHC-SCW's provider newsletters and found on GHC-SCW's website at **ghcscw.com/report-fraud-waste-abuse/**.

Reporting FWA to GHC-SCW:

Health care FWA is a national issue that impacts GHC-SCW. We seek to uphold the highest ethical standards when providing care and services to our members. However, preventing FWA is an organizational effort which requires every employee, member, insurance agent and contracted provider to be knowledgeable about what FWA involves and looks like.

If you are questioning if something is FWA, please report it! By submitting a FWA report GHC-SCW will investigate the situation to determine if FWA has occurred. If it is an error that occurred because of our mistake or a mistake by another entity, the FWA team will connect you with the GHC-SCW Member Services Department to resolve the issue.

You can submit an online FWA Report by visiting **ghcscw.com** and clicking **"Report Fraud"** at the bottom of the landing page, or by directly visiting **ghcscw.com/report-fraud-waste-abuse/.**

SECTION 14

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/hipaa/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**.

14.1 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 online and 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.

14.2 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

14.3 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**.

14.4 Safeguarding PHI

PHI in Paper Form	
In the Office	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. Paper PHI should never be left in an unattended exam room or patient care area.
Fax	Verify fax numbers prior to sending the fax. Outgoing faxes must include a fax cover sheet, which contains a confidentiality disclaimer. Incoming faxes should not be left unattended on fax machines or common work areas during non-business hours and retrieved promptly during business hours.
Mail	Verify the accuracy of contents to envelope information prior to sending. Envelopes or packages must be securely sealed prior to sending.
Handling PHI Offsite or a Remote Location	Paper PHI utilized in remote (e.g. home or travel) locations must be afforded heightened privacy protections. If unattended, PHI must be properly secured. If paper PHI is lost or stolen, it must be reported immediately to the proper person in authority at that facility. Loss or theft of paper containing PHI must be evaluated in accordance with the HIPAA Breach Notification Rule.
Portable Electronic Devices	Portable electronic devices containing PHI, such as laptops, tablets or cell phones, must be encrypted and password-protected. If such devices are lost or stolen, it must be reported immediately to the proper person in authority at that facility. Loss or theft of portable devices containing PHI must be evaluated in accordance with the HIPAA Breach Notification Rule.
Disposal	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.

14.5 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

14.6 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 their 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 and sign the Confidentiality Agreement. Other activities and publications designed to emphasize expectations for privacy protections occur throughout the year.

14.7 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.

14.8 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.

14.9 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.