



## CHD Provider Portal

With our Provider Portal, you have the convenience of helpful online services such as reviewing claim status and submitting non-urgent prior authorization requests.

### [Community Health Direct Provider Portal](#)

\*Please note, if you previously had an ePower login and password, you will need to set up a new login and password for the updated Community Health Direct provider portal.

Review the [Provider Portal registration](#) guide for helpful instructions on how to register for the new provider portal.

Please contact us at [CHDProviderRelations@ecomunity.com](mailto:CHDProviderRelations@ecomunity.com) or 317-621-7581 if you need further assistance.

*VISION: We strive to simply deliver an exceptional experience - with every life we touch.*

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## **Credentialing of NEW Providers:**

Credentialing through Community Health Direct for ALL new providers takes anywhere from 90 to 120 days from notification until completion. You can find helpful forms and answers to frequently asked questions on our website.

### [Provider Credentialing Website](#)

*Community Health Direct  
Provider Relations Department*

[CHDProviderRelations@ecomunity.com](mailto:CHDProviderRelations@ecomunity.com)

*Phone: (317) 621-7581*

## **Monthly Provider Roster Updates:**

- NEW providers joining Community Health Direct—Click [HERE](#)
- TERMED Community Health Direct providers—Click [HERE](#)

**Community Health Direct  
PPO, HDHP and EPO Health Plans  
2022 Authorization Quick Reference Guide**

Community Health Direct supports the concept of the PCP as the "medical home" for its members. Services from Out-of-Network providers will only be considered for coverage at the In-Network level if those services are unavailable with an In-Network provider.

**Please submit requests as soon as possible to allow time for review. Fax your request with CPT and ICD-10 codes along with clinical documentation. Routine requests for authorizations are processed within 3 business days after receipt of all needed clinical information.**

**Contact information**

Medical Management: 317-621-7575  
Provider Relations: 317-621-7581

Medical Management Fax: 317-621-7984  
Benefits/ Eligibility: 317-621-7565

Authorizations Required	No Authorizations Required
<p><b>Requests for Out-of-Network services at In-Network coverage:</b></p> <ul style="list-style-type: none"> <li>Any requests for services not provided by the Community Health Network or In-Network providers as listed in directory</li> </ul> <p><b>Durable Medical Equipment</b></p> <ul style="list-style-type: none"> <li>Durable medical purchases over \$500 –this includes CGM sensors, wheelchairs, CPAP (initial rental/purchase <b>ONLY</b>), hospital beds, insulin pump (initial purchase <b>ONLY</b>)</li> <li>Prosthetics and Custom Orthotics</li> </ul> <p><b>Inpatient Notification</b></p> <ul style="list-style-type: none"> <li>All inpatient admissions, including clinical updates for continued stay</li> <li>Rehabilitation and Skilled Nursing Facilities</li> </ul> <p><b>Medications</b></p> <ul style="list-style-type: none"> <li>Spinraza (nusinersen)</li> <li>Prolia (denosumab)</li> <li>Entyvio (vedolizumab)</li> </ul> <p><b>Outpatient</b></p> <ul style="list-style-type: none"> <li>Tonsillectomies and Adenoidectomies</li> <li>Cosmetic/Aesthetic Procedures</li> <li>Transplant Requests</li> <li>Genetic testing (Excludes prenatal tests outlined in the American College of Obstetricians / Gynecologists (ACOG) guidelines, and biopsy specimens submitted at the time of surgery)</li> <li>Routine labs/genetics tests performed by out-of-network laboratories</li> <li>Endoscopy services</li> <li>Colonoscopies in patients under the age of 45 and those that are not for colorectal cancer screening</li> <li>Investigational and experimental procedures</li> <li>Infertility</li> <li>Surgeries of the neck and back</li> <li>Rhinoplasties and Septoplasties</li> </ul> <p><b>Radiology</b></p> <ul style="list-style-type: none"> <li>MRI - Spine (includes cervical)</li> <li>Non-oncology related PET Scans</li> </ul> <p><b>Behavioral Health</b></p> <ul style="list-style-type: none"> <li>All inpatient admissions for behavioral health treatment – this includes inpatient hospital and partial hospitalizations (PHP) for mental health and substance use disorder</li> </ul>	<p><b>Urgent Care at Urgent Care Centers, such as Med Check and Community Clinic at Walgreens Laboratory</b></p> <ul style="list-style-type: none"> <li>Genetic pre-natal tests outlined in the American College of Obstetricians/Gynecologists (ACOG) guidelines, and biopsy specimens submitted at the time of surgery</li> </ul> <p><b>Durable Medical Equipment</b></p> <ul style="list-style-type: none"> <li>Medical purchases less than \$500</li> <li>Bilirubin blankets for newborns</li> <li>Nebulizers</li> <li>CPAP supplies after initial authorization</li> <li>Insulin pump supplies after initial authorization</li> <li>Catheters</li> <li>Other disposable supplies after initial authorization</li> </ul> <p><b>Outpatient</b></p> <ul style="list-style-type: none"> <li>Colonoscopies for colorectal cancer screening except for patients under the age of 45</li> <li>Dialysis and Epogen administration with dialysis</li> </ul> <p><b>Home Health Care</b></p> <ul style="list-style-type: none"> <li>Home Health Services</li> <li>Hospice Care (Outpatient and Inpatient)</li> <li>Total Parental Nutrition (TPN)</li> <li>Home oxygen</li> </ul> <p><b>Radiology</b></p> <ul style="list-style-type: none"> <li>All radiology services <b>except</b> MRI(s) Spine (includes cervical) and non-oncology related PET Scans</li> </ul> <p><b>Miscellaneous Services</b></p> <ul style="list-style-type: none"> <li>Sleep studies performed at in-network sleep labs</li> <li>Sleep studies performed in home under the direction of an in-network sleep lab</li> </ul> <p><b>Behavioral Health</b></p> <ul style="list-style-type: none"> <li>Neuropsychological testing</li> <li>Applied Behavior Analysis (ABA)</li> </ul>

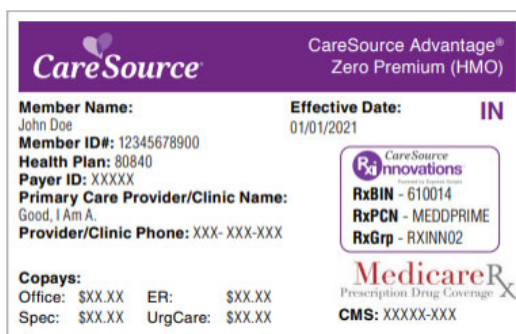
The Community Health Direct 2022 Quick Reference Guide for PPO, HDHP and EPO plans has been updated this year to account for the change in screening colonoscopies to age 45 and older. Additionally, intensive outpatient behavioral care services will no longer require a prior authorization. The final change has been a prior authorization requirement for many years, but not listed on the Quick Reference Guide previously. For clarification, continuous glucose monitor sensors (CGM sensors) have been added to the list of durable medical equipment that need to be prior authorized. For more detailed questions at the CPT code level, please refer to the Procedures Requiring Prior Authorization list found on the Provider Portal.

## BE ON THE LOOKOUT...

### CareSource Exiting the Indiana Medicare Advantage Market

CareSource is exiting the Indiana Medicare Advantage market effective January 1, 2022. In the next few months, CareSource Medicare Advantage members in Indiana will transition to other Medicare coverage. Because of this change, it is important to carefully check all patients' ID cards and verify their eligibility before rendering services.

***Providers should no longer accept the following CareSource Medicare Advantage member ID card:***



Please note that this change does not alter providers' existing contract with CareSource in any way. This action does not affect the following CareSource plans:

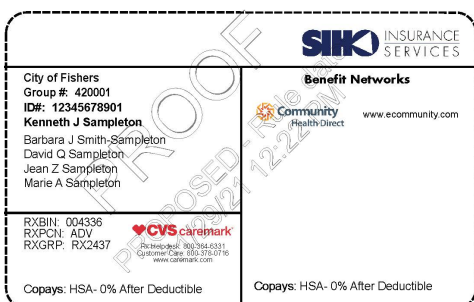
- Indiana Hoosier Healthwise and Healthy Indiana Plans
- Indiana Marketplace
- Indiana Dual Advantage

If you have questions about the CareSource Medicare Advantage plan or services for CareSource Medicare Advantage members, please contact Provider Services at: 1-844-679-7865 or visit CareSource.com.

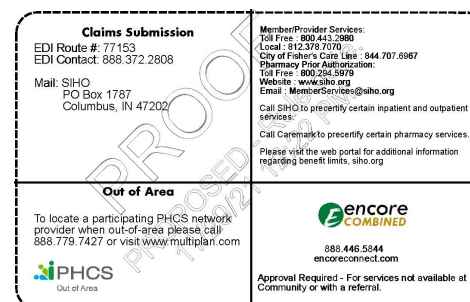
### Change to City of Fishers Plans ID Cards

The third-party administrator for the City of Fishers plans is changing from Unified Group Services to SIHO, **effective 1/1/2022**. Please see the updated member ID cards below. If you have any questions, please contact SIHO at 800-443-2980.

#### **FRONT**



#### **BACK**





## EpiphanyRx Prior Authorization Tips

EpiphanyRx is the pharmacy benefit manager for the community Health Direct plans. When submitting prior authorizations to EpiphanyRx, to streamline the process, please provide the following on every case:

- Full chart notes
- Diagnosis, severity (i.e. mild, moderate, severe) supported with documentation and clinical presentation (i.e. area of the body affected)
- All previously tried and currently utilized therapy for diagnosis with dates and duration of trial and failure

If request is for continuation of therapy detailed, specific information about out-comes must be included such as:

- Quality of Life
- Historical chart notes
- Change in symptoms
- Change in scoring, imaging, or lab values

Prior authorization forms can be found [HERE](#). You *must* fax prior authorizations to (855) 668-8551.  
**Please note: Covermyeds is NOT available at this time for prior authorizations for medications.**

For specific diagnoses below, we recommend you include:

- Migraine - Number of migraine or headache days per month and description and duration of migraines
- Psoriasis/Eczema - BSA

## Tips for Using Walgreens Pharmacy

Staffing issues effecting the healthcare industry are also impacting pharmacies in Indiana. This can lead to longer wait times at the pharmacy and longer processing time when obtaining medications. Here are some helpful tips for trying to obtain medications at Walgreens Pharmacies for Community Health Direct Members.

- **Ask your provider to prescribe your medication as a 90-day supply (if appropriate).**
- **Order your refills before you run out of medications.**
  - For Community Health Direct members:
    - 30-day supply medications can normally be refilled up to 7 days before the medication is expected to run out. **In response to current pharmacy concerns, this has been temporarily increased to 9 days early.**
    - 90-day supply medications can be refilled up to 3 weeks early.
- **Prior to going to the pharmacy, check their operating hours.**
- **Consider having your completed prescription sent to your house via FedEx.**
- **Consider the use of mail-order pharmacies.**
  - For Community Health Direct members, you can get set up with AllianceRx Walgreens Prime Home Delivery by calling customer service at 877-787-3047 or visiting <https://www.alliancerxwp.com/home-delivery>
- **Use technology and/or automated systems to communicate with your pharmacy.**
  - Consider downloading the Walgreens app to request refills. Text RXSTATUS to 21525 to receive text alerts on your medication status.

*MISSION: We're deeply committed to enhancing health and well-being in the communities we serve.*



## MEDICARE - Prior Authorizations

The PA program is applicable to HOPDs billing on a 13x type of bill in all US states and territories. CMS established a Prior Authorization (PA) program for the following services performed in a Hospital Outpatient Department (HOPD):

- Blepharoplasty
- Botulinum Toxin Injections
- Panniculectomy
- Rhinoplasty
- Vein Ablation
- Cervical Fusion with Disc Removal
- Implanted Spinal Neurostimulators (Spinal Cord Stimulators)

### **Prior authorization request and documentation submission instructions:**

[Prior Authorization for Hospital Outpatient Department Services \(HOPD\) Overview](#)

### **WPS GHA Form:**

[Prior Authorization \(PA\) Request Form](#)

*PRIIDE VALUES: Patients first. Relationships. Integrity. Inclusion. Diversity. Excellence.*

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