

Community Care Health Participating Provider **Quick Reference Guide – HMO** 



## **CCH Participating Provider Quick Reference Guide - HMO**



The Community Care Health (CCH) **HMO Quick Reference Guide** provides an overview of key information for participating providers when treating CCH members. For more detailed information, please reference the CCH Provider Operations Manual: www.communitycarehealth.org/provider-resources/

Service	Contact Information
Secure Provider Portal	CCH's web-based provider portal provides a 24/7 centralized location for eligibility and claims status.
	Please check for updates to the Provider Portal as CCH continues to enhance the tool.
	You can access the portal through the CCH website at communitycarehealth.org or through the link provided below:
	https://cch.trizettoconnect.com/tzf/provider/uiprovider/
	If you encounter any issues with the registration process, please contact CCH Customer Service at (559) 724-4995 or toll-free at 1 (844) 516-0181.
Member Eligibility	Providers may verify CCH member eligibility through the following methods:
	Online via the provider portal, which gives provider offices the ability to view member-specific eligibility information, including effective date, benefits and copayments.
	To log on to the provider portal, go to https://cch.trizettoconnect.com/tzf/provider/uiprovider/
Utilization Management / Physician Referral & Prior Authorization	Self-Referrals  Members can self-refer to the following in-network specialists without a referral from their PCP: Dermatologists, most Behavioral Health and Substance Abuse providers (Halcyon), Allergists, Chiropractors and OB/GYNs. In addition, members can self-refer for emergency and urgent care. A PCP referral is required to access all other specialists.
	Specialty Referrals  The PCP is responsible for referring the member to the appropriate specialist by initiating a referral request to the specialist. This can occur via phone, email or by completing a referral form. A copy of the CCH Referral Form can be found in section VI Utilization Management of the Provider Operations Manual located at www.communitycarehealth.org/for-providers. Any subsequent visits or additional specialized care, such as certain lab tests, imaging services or therapy, might require a new referral or prior authorization.
	In some cases, the member's condition will qualify for a standing referral to a specialist or specialty care center. Standing referrals require prior authorization from CCH.  See Section VI Utilization Management of the Provider Operations Manual located at www.communitycarehealth.org/for-providers for information on standing referrals.  Prior authorization is also required for certain services as described below.
	Prior Authorization A list of services for which CCH requires Prior Authorization can be found at www.communitycarehealth.org/for-providers. If you have questions regarding the Prior Authorization process, or do not see a specific procedure or service on the list, please contact Community Care Health Customer Service at (559) 724-4995 or toll-free at 1 (844) 516-0181.
	If a request for Prior Authorization is necessary, please see the following instructions:  Request for Prior Authorization
	Step 1: Complete form found at: www.communitycarehealth.org/PriorAuthRequest
	Step 2: FAX completed form to: Primary: (559) 724-4750   Secondary: (559) 724-4751
	For questions, call Community Care Health Customer Service at: (559) 724-4995 or toll-free at 1 (844) 516-0181
	For details on which services require prior authorization, please go to www.communitycarehealth.org/PriorAuthList



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Claims Submission Requirements	Claims timeliness requirements and claims submission information: Contracted Providers:  • Must submit claims within 90 days or according to the terms of their CCH agreement.  • Claims submitted outside of these time frames may be denied as untimely.  • Claims must be submitted on the most current version of standard claim forms CMS 1500 (non-institutional Providers and suppliers) or UB-04 (institutional Providers).  • Forms should be completed legibly in black ink with standard fonts on forms printed in red "dropout" ink.  • Submit claims with all reasonably relevant information to determine payor liability and to ensure timely processing and payment.  If CCH is the secondary payor, then Providers must submit the primary payor Explanation of Benefits (EOB) with applicable claims to facilitate coordination of benefits.		
	Medical Claims: Community Care Health P.O. Box 45016 Fresno, CA 93718 Behavioral Health Claims: SimpleBehavioral	Electronically using Payor ID: CCH25  Electronically through:	
	PO Box 25159 Fresno, CA 93729-5159 Physical Medicine Claims: SimpleMSK PO Box 25220 Fresno, CA 93729-5220	OfficeAlly - Payor ID: HALCY Fax: (855) 486-1341 Electronically through: OfficeAlly - Payor ID: PM001 Fax: (855) 486-1343	
Customer Service	Community Care Health Customer Service has helpful representatives available Monday - Friday from 8 a.m. to 5 p.m. and can be reached at (559) 724-4995, toll-free at 1 (844) 516-018 or by email: customerservice@communitycarehealth.org.		
	Community Care Health PO Box 45016 Fresno, CA 93718  They are trained to assist both members of the second	Customer Fax: (559) 603-7368  pers and providers with information about:  • No cost/free interpreter services for members  • Status of medical referrals & authorizations  • Community resources and support groups	
Prescription Drugs	For detailed information on member https://www.communitycarehealth.or. CCH utilizes MedImpact's MedPerform https://www.communitycarehealth.or. For prior authorizations, the prescrib Drug Prior Authorization Form" by f 1 (800) 788-2949 along with suppor available on the website at https://w	n Formulary which can be downloaded from the website at g/for-providers.  Doing provider must complete and submit the "Prescription"	



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Behavioral Health	CCH has partnered with SimpleBehavioral for both mental health and substance abuse disorders.		
	Members have direct access to participating providers for behavioral health services without obtaining a PCP referral. Providers, or members, can call SimpleBehavioral at 1 (888) 425-4800 for pre-certification of services. The line is available 24/7/365. halcyonbehavioral.com.		
	Questions Call: 1 (855) 424-4457		
Physical Medicine	CCH has partnered with SimpleMSK to manage the physical medicine benefit for members of CCH.		
	SimpleMSK specializes in managing physical therapy, occupational therapy, speech-language therapy, chiropractic, and acupuncture benefits.		
	Phone: 1 (877) 519-8839		
Provider Credentialing & Data Management	For demographic changes, or to report a discrepancy (i.e., incorrect address, phone number, Tax ID number), please utilize the Provider Update Form, located on our Find a Provider page > "Notice of Discrepancy" tab when accessing each specific provider.		
	For all other inquires: Email: CCHDataManagement@CommunityCareHealth.org		
Provider Relations	For assistance with any other questions related to your participating provider agreement, please email: ProviderRelations@CommunityCareHealth.org		
CCH Provider Directory	To locate a CCH Participating Provider, go to https://www.communitycarehealth.org/find-a-provider.		
_	You can also search for providers who speak a certain language in the event a member has such a request.		
Language Assistance Services	CCH Participating Providers may request no cost (free) interpreters at all points of contact for CCH members, whose primary language is other than English, by calling Community Care Health Customer Service at (559) 724-4995 or toll-free at 1 (844) 516-0181.		
Tools & Resources	Visit our public website at https://www.communitycarehealth.org/for-providers/ for:		
	The Provider Toolkit     Provider Operations Manual     24/7 Secure Web Portal     Prior Authorization Forms		
	Provider Newsletters     Timely Access to Care Standards		
	Healthier Living/Weigh Loss		
Sample HMO ID Card			
for CCH Members	Front Back		
	Community commun		