



COMMUNITY CARE
HEALTH

INSTRUCTION TO PROVIDERS FOR SUBMISSION OF A PROVIDER DISPUTE

- All Provider Disputes must be submitted in writing within 365 days from the date of the payment of denial being disputed (EOB date)
- The “Provider Dispute Resolution Request” form is preferred. All fields must be completed and all supporting documentation must be attached.
- If the dispute is for multiple claims with the same issue, the “Multiple ‘Like’ Claims” spreadsheet is required in addition to the dispute form.
- If the “Provider Dispute Resolution Request” form is not used, the written request for reconsideration must include:
 - Provider name
 - Provider Identification (TIN) number
 - Provider contact information
 - Clear identification of the disputed item
 - Date of service
 - Clear explanation of the basis for provider’s feeling that the payment, request for overpayment return, request for additional information, contest, denial, or adjustment is incorrect
 - Documentation supporting dispute
- The provider dispute must be submitted to:

Attention to: Community Care Health
P. O. Box 45020
Fresno, CA 93718
Toll Free (855) 343-2247

We will send acknowledgement of receipt of your dispute within 15 working days from the date it is received. We will notify you of our determination regarding your dispute within 45 working days from the date it is received. *Please do not call for status of your dispute.* However, if you need forms, have questions regarding the process or the instructions provided for submission of disputes, please call (855) 343-2247.

INSTRUCTION TO PROVIDERS ON AB1324 TREATMENT AUTHORIZATIONS

If services were denied due to Member Eligibility and you obtained prior authorization for this specific service, please contact Community Care Health immediately for possible reconsideration at (855) 343-2247.