CCH Participating Provider Quick Reference Guide

Effective January 1, 2022

COMMUNITY
CARE HEALTH

The Community Care Health (CCH) 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:

https://www.communitycarehealth.org/wp-content/uploads/2021/11/CCH-Provider-Operations-Manual_2022.pdf

Service	Contact Information
Secure Provider Portal	**CCH's web-based provider portal provides a 24/7 centralized location for eligibility and claims status.** **To verify eligibility** 1. In a web browser, navigate to: https://hconline.healthcomp.com/CCH 2. Enter your Username and Password and click Log In. If you do not have a HCOnline account, please see section titled "Register on HCOnline" below. 3. In the menu bar, click Verify Eligibility. 4. Enter the member's SSN or Subscriber ID in the textbox; select the corresponding radio button. Click Search. **Look up a claim** 1. Navigate to: https://hconline.healthcomp.com/CCH 2. Click on "Are you a provider trying to look up a claim?" on the bottom (effective January 1, 2022). 3. In the bottom menu bar, click Claim Search. 4. Enter your search criteria and click Search. **Register on HCOnline** 1. Navigate to: https://hconline.healthcomp.com/CCH 2. Click on "Don't have an HCOnline account? Sign Up. 3. In the upper-right corner, click Sign Up. From the dropdown menu, click Provider. This will open the New User Registration wizard. 4. Follow the step-by-step instructions to create your account. 5. To complete your registration, HCOnline will send a confirmation to your email address. Access your email and click the link within the email confirmation. This will complete the registration process. For assistance, please contact us at: 1 (800) 442-7247. Please check for updates to the Provider Portal as CCH continues to enhance the tool.
Member Eligibility	**Providers may verify CCH member eligibility through the following methods:** 1. 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://hconline.healthcomp.com/CCH 2. You may also contact CCH's Customer Service Department at: 1 (855) 343-2247 to verify member eligibility.
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.

Service	Contact Information
Utilization Management / Physician Referral & Prior Authorization (cont'd)	**Prior Authorization** A list of services for which Community Care Health 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 Customer Service at (855) 343-2247. 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/for-providers --> 2022 Provider Toolkit Step 2: FAX completed form to: Primary: (559) 243-7012	Secondary: (559) 499-1001 For questions, call CCH Customer Service at: 1 (855) 343-2247 For details on which services require prior authorization, please go to www.communitycarehealth.org/for-providers --> 2022 Provider Toolkit
Claims Submission Requirements	**Paper claims for contracted providers can be mailed to: P.O. Box 60007, Los Angeles, CA 90060-0007 or submitted electronically using Payor ID 47198** 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 payer liability and to ensure timely processing and payment. If CCH is the secondary payer, then Providers must submit the primary payer Explanation of Benefits (EOB) with applicable claims to facilitate coordination of benefits.
Customer Service	**CCH's Customer Service Department has helpful representatives available Monday - Friday from 8am to 5pm and can be reached at 1 (855) 343-2247 or by email: customerservice@communitycarehealth.org.** **Community Care Health** PO Box 45026 Fresno, CA 93718 Customer Fax: (559) 599-0022 They are trained to assist both members and providers with information about: • Eligibility • No cost/free interpreter services for members • Premium billing questions • Status of medical referrals & authorizations • Grievances and appeals process • Community resources and support groups • Benefits
Prescription Drugs	**CCH has partnered with MedImpact for pharmacy benefit management services. For detailed information on members' pharmacy coverage, please refer to CCH's website at https://www.communitycarehealth.org/for-providers/#pharm** CCH utilizes MedImpact's MedPerform Formulary which can be downloaded from the website at https://www.communitycarehealth.org/for-providers. For prior authorizations, the prescribing provider must complete and submit the "Prescription Drug Prior Authorization Form" by fax 1 (858) 790-7100, or by phone: 1 (800) 788-2949 along with supporting medical documentation to MedImpact. The form is available on the website at https://www.communitycarehealth.org/for-providers. For questions on the formulary, or prior authorization process, please contact MedImpact: 1 (855) 873-8739

Service	Contact Information
Behavioral Health	**CCH has partnered with Halcyon Behavioral 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 Halcyon Behavioral 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 **Behavioral Health Claims** Send claims to: Halcyon Behavioral PO Box 25159 Fresno, CA 93729-5159 Electronically through: OfficeAlly – Payor ID: HALCY Fax: (855) 486-1341
PhysMetrics	**CCH has partnered with PhysMetrics to manage the physical medicine benefit for members of CCH.** Physmetrics specializes in managing physical therapy, occupational therapy, speech-language therapy, chiropractic, and acupuncture benefits. Phone: 1 (877) 519-8839 **Physical Medicine Claims** Send physical medicine claims to: PhysMetrics PO Box 25220 Fresno, CA 93729-5220 Electronically through: OfficeAlly – Payor ID: PM001 Fax: (855) 486-1343
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 access the CCH Provider Directory (prior to January 1, 2022): https://www.communitycarehealth.org/for-providers/ --> Provider Toolkit To locate providers after January 1, 2022, you can also use: 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 CCH at 1 (855) 343-2247.
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/ Weight Loss	All CCH members have access to three Weight Watchers (WW Reimagined) programs through a special partnership: myWW, WW for Diabetics, Kurbo by WW for adolescents and teens. CCH subsidizes at least 50% of the membership costs for members, and 100% for Kurbo. https://www.communitycarehealth.org/weight-watchers-reimagined/
Sample ID Card for CCH Members	