



# CCH Participating Provider **Quick Reference Guide – EPO**



**COMMUNITY**  
CARE HEALTH

The Community Care Health (CCH) **EPO Quick Reference Guide** provides an overview of key information for participating providers when treating CCH members enrolled in our EPO plan. For more detailed information, please reference the CCH Provider Operations Manual:

[www.communitycarehealth.org/EPO\\_QRG](http://www.communitycarehealth.org/EPO_QRG)

Service	Contact Information
<p><b>Secure Provider Portal</b></p>	<p>CCH’s web-based provider portal provides a 24/7 centralized location for eligibility and claims status.</p> <p><b>To verify eligibility</b></p> <ol style="list-style-type: none"> <li>1. In a web browser, navigate to: <a href="https://hconline.healthcomp.com/CCH">https://hconline.healthcomp.com/CCH</a></li> <li>2. Enter your Username and Password and click Log In. If you do not have a HCOonline account, please see section titled "Register on HCOonline" below.</li> <li>3. In the menu bar, click Verify Eligibility.</li> <li>4. Enter the member’s SSN or Subscriber ID in the textbox; select the corresponding radio button. Click Search.</li> </ol> <p><b>Look up a claim</b></p> <ol style="list-style-type: none"> <li>1. Navigate to: <a href="https://hconline.healthcomp.com/CCH">https://hconline.healthcomp.com/CCH</a></li> <li>2. Click on "Are you a provider trying to look up a claim?" on the bottom</li> <li>3. In the bottom menu bar, click Claim Search.</li> <li>4. Enter your search criteria and click Search.</li> </ol> <p><b>Register on HCOonline</b></p> <ol style="list-style-type: none"> <li>1. Navigate to: <a href="https://hconline.healthcomp.com/CCH">https://hconline.healthcomp.com/CCH</a></li> <li>2. Click on "Don't have an HCOonline account? Sign Up.</li> <li>3. In the upper-right corner, click Sign Up. From the dropdown menu, click Provider. This will open the New User Registration wizard.</li> <li>4. Follow the step-by-step instructions to create your account.</li> <li>5. To complete your registration, HCOonline 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.</li> </ol> <p>For assistance, please contact us at: 1 (800) 442-7247.</p> <p>Please check for updates to the Provider Portal as CCH continues to enhance the tool.</p>
<p><b>Member Eligibility</b></p>	<p><b>Providers may verify CCH member eligibility through the following methods:</b></p> <ol style="list-style-type: none"> <li>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 <a href="https://hconline.healthcomp.com/CCH">https://hconline.healthcomp.com/CCH</a></li> <li>2. You may also contact CCH’s Customer Service Department at: 1 (855) 343-2247 to verify member eligibility.</li> </ol>
<p><b>Utilization Management / Physician Referral &amp; Prior Authorization</b></p>	<p><b>Self-Referrals</b> Selection of a Primary Care Physician is not required for EPO members. As a result, members can self-refer to in-network specialists without a referral from a primary care physician.</p> <p><b>Specialty Referrals</b> A referral <b>IS NOT</b> required to provide consultative care to EPO members. However, subsequent visits or additional specialized care, such as certain lab tests, imaging services or therapy might require prior authorization.</p> <p>In addition, 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 <a href="http://www.communitycarehealth.org/for-providers">www.communitycarehealth.org/for-providers</a> for information on standing referrals and prior authorization.</p>

Service	Contact Information
<p><b>Utilization Management / Physician Referral &amp; Prior Authorization (cont'd)</b></p>	<p><b>Prior Authorization</b>                      A list of services for which CCH requires Prior Authorization can be found at <a href="http://www.communitycarehealth.org/for-providers">www.communitycarehealth.org/for-providers</a>. 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 1 (855) 343-2247.</p> <p>If a request for Prior Authorization is necessary, please see the following instructions:  <b>Request for Prior Authorization</b>                      Step 1: Complete form found at:  <a href="http://www.communitycarehealth.org/PriorAuthRequest">www.communitycarehealth.org/PriorAuthRequest</a>                      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 <a href="http://www.communitycarehealth.org/PriorAuthList">www.communitycarehealth.org/PriorAuthList</a></p>
<p><b>Claims Submission Requirements</b></p>	<p><b>Claims timeliness requirements and claims submission information:</b>                      Contracted Providers:</p> <ul style="list-style-type: none"> <li>• Must submit claims within 90 days or according to the terms of their CCH agreement.</li> <li>• Claims submitted outside of these time frames may be denied as untimely.</li> <li>• 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).</li> <li>• Forms should be completed legibly in black ink with standard fonts on forms printed in red “dropout” ink.</li> <li>• Submit claims with all reasonably relevant information to determine payor liability and to ensure timely processing and payment.</li> </ul> <p>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.</p> <hr/> <p><b>Medical Claims:</b>                      Community Care Health                      P.O. Box 45026                      Fresno, CA 93718                      Electronically using Payor ID 85729</p> <hr/> <p><b>Behavioral Health Claims:</b>                      Halcyon Behavioral                      PO Box 25159                      Fresno, CA 93729-5159                      Electronically through:                      OfficeAlly – Payor ID: HALCY                      Fax: (855) 486-1341</p> <hr/> <p><b>Physical Medicine Claims:</b>                      PhysMetrics                      PO Box 25220                      Fresno, CA 93729-5220                      Electronically through:                      OfficeAlly – Payor ID: PM001                      Fax: (855) 486-1343</p>
<p><b>Customer Service</b></p>	<p><b>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: <a href="mailto:customerservice@communitycarehealth.org">customerservice@communitycarehealth.org</a>.</b></p> <p><b>Community Care Health</b>                      PO Box 45026                      Fresno, CA 93718                      Customer Fax: (559) 599-0022</p> <p>They are trained to assist both members and providers with information about:</p> <ul style="list-style-type: none"> <li>• Eligibility</li> <li>• Premium billing questions</li> <li>• Grievances and appeals process</li> <li>• Benefits</li> <li>• No cost/free interpreter services for members</li> <li>• Status of medical referrals &amp; authorizations</li> <li>• Community resources and support groups</li> </ul>

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<p><b>Prescription Drugs</b></p>	<p>CCH has partnered with MedImpact for pharmacy benefit management services. For detailed information on members' pharmacy coverage, please refer to CCH's website at <a href="https://www.communitycarehealth.org/for-providers/#pharm">https://www.communitycarehealth.org/for-providers/#pharm</a></p> <p>CCH utilizes MedImpact's MedPerform Formulary which can be downloaded from the website at <a href="https://www.communitycarehealth.org/for-providers">https://www.communitycarehealth.org/for-providers</a>.</p> <p>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 <a href="https://www.communitycarehealth.org/for-providers">https://www.communitycarehealth.org/for-providers</a>.</p> <p>For questions on the formulary, or prior authorization process, please contact MedImpact: 1 (844) 348-8510</p>												
<p><b>Behavioral Health</b></p>	<p>CCH has partnered with Halcyon Behavioral for both mental health and substance use disorder services.</p> <p>Members have direct access to participating providers for most behavioral health services. Providers, or members, can call Halcyon Behavioral at 1 (888) 425-4800 for pre-certification of services. The line is available 24/7/365.</p> <p>Questions Call: 1 (855) 424-4457 or visit Home - Halcyon Behavioral</p>												
<p><b>PhysMetrics</b></p>	<p>CCH has partnered with PhysMetrics to manage the physical medicine benefit for members of CCH.</p> <p>Physmetrics specializes in managing physical therapy, occupational therapy, speech-language therapy, chiropractic, and acupuncture benefits.</p> <p>Phone: 1 (877) 519-8839</p>												
<p><b>Provider Credentialing &amp; Data Management</b></p>	<p>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 &gt; "Notice of Discrepancy" tab when accessing each specific provider.</p> <p>For all other inquires: Email: <a href="mailto:CCHDataManagement@CommunityCareHealth.org">CCHDataManagement@CommunityCareHealth.org</a></p>												
<p><b>Provider Relations</b></p>	<p>For assistance with any other questions related to your participating provider agreement, please email: <a href="mailto:ProviderRelations@CommunityCareHealth.org">ProviderRelations@CommunityCareHealth.org</a></p>												
<p><b>CCH Provider Directory</b></p>	<p>To locate a CCH Participating Provider, go to <a href="https://www.communitycarehealth.org/find-a-provider">https://www.communitycarehealth.org/find-a-provider</a>.</p> <p>You can also search for providers who speak a certain language in the event a member has such a request.</p>												
<p><b>Language Assistance Services</b></p>	<p>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.</p>												
<p><b>Tools &amp; Resources</b></p>	<p>Visit our public website at <a href="https://www.communitycarehealth.org/for-providers/">https://www.communitycarehealth.org/for-providers/</a> for:</p> <ul style="list-style-type: none"> <li>• The Provider Toolkit</li> <li>• 24/7 Secure Web Portal</li> <li>• Provider Newsletters</li> <li>• Healthier Living/Weigh Loss</li> <li>• Provider Operations Manual</li> <li>• Prior Authorization Forms</li> <li>• Timely Access to Care Standards</li> </ul>												
<p><b>Sample EPO ID Card for CCH Members</b></p>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px dashed gray; padding: 10px; width: 45%;"> <p style="text-align: center;">Front</p> <p><b>Member</b> Member ID: Group: X01</p> <p><b>Pharmacy Plan</b> RxBIN: 003885 RxCN: ASPROD1 RxCRP: CCP Tier 1: 5, 7 Tier 2: 10% coinsurance Tier 3: 20% coinsurance</p> <p><b>Medical Plan</b> Plan Name: Value EPO Deductible IND/FAM: \$1,500/\$3,000 Out-of-Pocket IND/FAM: \$5,000/\$10,000 Primary Care Visit: \$20 Specialist Visit: \$40 ER: \$400/visit</p> </div> <div style="border: 1px dashed gray; padding: 10px; width: 45%;"> <p style="text-align: center;">Back</p> <p><b>Medical Claims Submission</b> This card does not guarantee coverage. To receive maximum plan benefits, use in-network hospitals and providers. To find in-network providers, please visit <a href="https://www.communitycarehealth.org">communitycarehealth.org</a> or call customer service. Rgr ID: 85729 Submit Behavioral Health and Substance Use Prior Authorization: PO Box 40026, Fresno, CA 93718 Halcyon - Payer ID: HALCY Submit Behavioral Health and Substance Use Disorders Claims: PO Box 21159, Fresno, CA 93729-5159 PhysMetrics - Payer ID: PM011 Submit Physical Medicine Claims: PO Box 20220, Fresno, CA 93729-5220</p> <p><b>Contact Information</b></p> <table border="0"> <tr> <td>CCH Customer Service, Eligibility &amp; Prior Authorization</td> <td>855-343-2247</td> </tr> <tr> <td>Pharmacy Customer Service</td> <td>844-348-8510</td> </tr> <tr> <td>TeleDoc 24/7</td> <td>800-TELAADC</td> </tr> <tr> <td>TeleDoc (Mental Health and Substance Use Disorders) Prior Authorization</td> <td>888-425-4800</td> </tr> <tr> <td>Halcyon Customer Service</td> <td>855-424-4457</td> </tr> <tr> <td>PhysMetrics (PT, OT, ST, Chiropractic and Acupuncture)</td> <td>877-519-8839</td> </tr> </table> </div> </div>	CCH Customer Service, Eligibility & Prior Authorization	855-343-2247	Pharmacy Customer Service	844-348-8510	TeleDoc 24/7	800-TELAADC	TeleDoc (Mental Health and Substance Use Disorders) Prior Authorization	888-425-4800	Halcyon Customer Service	855-424-4457	PhysMetrics (PT, OT, ST, Chiropractic and Acupuncture)	877-519-8839
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