

## CCH Participating Provider Quick Reference Guide – HMO





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: http://www.communitycarehealth.org/HMO\_QRG

Service	Contact Information
Secure Provider Portal	CCH's web-based provider portal provides a 24/7 centralized location for eligibility and claims status.
	<ul> <li>To verify eligibility</li> <li>1. In a web browser, navigate to: https://hconline.healthcomp.com/CCH</li> <li>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.</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> </ul>
	<ul> <li>Look up a claim</li> <li>1. Navigate to: https://hconline.healthcomp.com/CCH</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> </ul>
	<ul> <li>Register on HCOnline</li> <li>1. Navigate to: https://hconline.healthcomp.com/CCH</li> <li>2. Click on "Don't have an HCOnline 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, 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.</li> <li>For assistance, please contact us at: 1 (800) 442-7247.</li> </ul>
	Please check for updates to the Provider Portal as CCH continues to enhance the tool.
Member Eligibility	<ul> <li>Providers may verify CCH member eligibility through the following methods:</li> <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 https://hconline.healthcomp.com/CCH</li> <li>2. You may also contact CCH's Customer Service Department at: 1 (855) 343-2247 to verify member eligibility.</li> </ul>
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.         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 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 Customer Service at 1 (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/PriorAuthRequest         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/PriorAuthList		
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       Electronically using Payor ID 85729 P.O. Box 45026         Fresno, CA 93718       Electronically through: OfficeAlly - Payor ID: 85729 P.O. Box 25159         Pob Box 25159       OfficeAlly - Payor ID: HALCY Fresno, CA 93729-5159         Physical Medicine Claims:       Electronically through: Pax: (855) 486-1341         Physelat Medicine Claims:       Electronically through: Po Box 25220         Po Box 25220       OfficeAlly - Payor ID: PM001         Fresno, CA 93729-5220       Fax: (855)486-1343		
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		



Service	Contact Information		
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 (844) 348-8510		
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		
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		
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 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/Weigh Loss• Prior Authorization Forms		
Sample HMO ID Card	Front Back		
for CCH Members	Member       Medical plan         Member       Primary Care Physician         Member ID:       Friender LD:         Group: X01       Primary Care Physician         Mainte Strate HMD (M2)       Deductible HNDFALL*1, 50:0052,000         Deductible HNDFALL*1, 50:0052,000       Deductible HNDFALL*1, 50:0052,000 </th		