



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

Service	Contact Information
<p>Secure Provider Portal</p>	<p>CCH’s web-based provider portal provides a 24/7 centralized location for eligibility and claims status.</p> <p>To verify eligibility</p> <ol style="list-style-type: none"> 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 HCOOnline account, please see section titled "Register on HCOOnline" 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. <p>Look up a claim</p> <ol style="list-style-type: none"> 1. Navigate to: https://hconline.healthcomp.com/CCH 2. Click on "Are you a provider trying to look up a claim?" on the bottom 3. In the bottom menu bar, click Claim Search. 4. Enter your search criteria and click Search. <p>Register on HCOOnline</p> <ol style="list-style-type: none"> 1. Navigate to: https://hconline.healthcomp.com/CCH 2. Click on "Don't have an HCOOnline 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, 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. <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>Member Eligibility</p>	<p>Providers may verify CCH member eligibility through the following methods:</p> <ol style="list-style-type: none"> 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.
<p>Utilization Management / Physician Referral & Prior Authorization</p>	<p>Self-Referrals 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>Specialty Referrals A referral IS NOT 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 www.communitycarehealth.org/for-providers for information on standing referrals and prior authorization.</p>

Service	Contact Information
<p>Utilization Management / Physician Referral & Prior Authorization (cont'd)</p>	<p>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.</p> <p>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</p>
<p>Claims Submission Requirements</p>	<p>Claims timeliness requirements and claims submission information: Contracted Providers:</p> <ul style="list-style-type: none"> • 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. <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>Medical Claims: Community Care Health P.O. Box 45026 Fresno, CA 93718 Electronically using Payor ID 85729</p> <hr/> <p>Behavioral Health Claims: SimpleBehavioral PO Box 25159 Fresno, CA 93729-5159 Electronically through: OfficeAlly – Payor ID: HALCY Fax: (855) 486-1341</p> <hr/> <p>Physical Medicine Claims: SimpleMSK PO Box 25220 Fresno, CA 93729-5220 Electronically through: OfficeAlly – Payor ID: PM001 Fax: (855) 486-1343</p>
<p>Customer Service</p>	<p>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.</p> <p>Community Care Health 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"> • Eligibility • Premium billing questions • Grievances and appeals process • Benefits • No cost/free interpreter services for members • Status of medical referrals & authorizations • Community resources and support groups

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<p>Prescription Drugs</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 https://www.communitycarehealth.org/for-providers/#pharm</p> <p>CCH utilizes MedImpact's MedPerform Formulary which can be downloaded from the website at https://www.communitycarehealth.org/for-providers.</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 https://www.communitycarehealth.org/for-providers.</p> <p>For questions on the formulary, or prior authorization process, please contact MedImpact: 1 (844) 348-8510</p>												
<p>Behavioral Health</p>	<p>CCH has partnered with SimpleBehavioral 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 SimpleBehavioral 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 - SimpleBehavioral</p>												
<p>Physical Medicine</p>	<p>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.</p> <p>Phone: 1 (877) 519-8839</p>												
<p>Provider Credentialing & Data Management</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 > "Notice of Discrepancy" tab when accessing each specific provider.</p> <p>For all other inquires: Email: CCHDataManagement@CommunityCareHealth.org</p>												
<p>Provider Relations</p>	<p>For assistance with any other questions related to your participating provider agreement, please email: ProviderRelations@CommunityCareHealth.org</p>												
<p>CCH Provider Directory</p>	<p>To locate a CCH Participating Provider, go to https://www.communitycarehealth.org/find-a-provider.</p> <p>You can also search for providers who speak a certain language in the event a member has such a request.</p>												
<p>Language Assistance Services</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>Tools & Resources</p>	<p>Visit our public website at https://www.communitycarehealth.org/for-providers/ for:</p> <ul style="list-style-type: none"> • The Provider Toolkit • 24/7 Secure Web Portal • Provider Newsletters • Healthier Living/Weigh Loss • Provider Operations Manual • Prior Authorization Forms • Timely Access to Care Standards 												
<p>Sample EPO ID Card for CCH Members</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>Member Member ID: [Redacted] Group: X01</p> <p>Pharmacy Plan RxBIN: 003885 RxCN: ASPROD1 RxGRP: CCP Tier 1: 5, 7 Tier 2: 10% coinsurance Tier 3: 20% coinsurance</p> <p>Medical Plan 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>Medical Claims Submission To find in-network providers, please visit communitycarehealth.org and providers. Rgr: ID: 85729 Submit Medical Claims, Inquiries, & Appeals: PO Box 40026 Fresno, CA 93718 Halcyon - Payer ID: HALCY Submit Behavioral Health and Substance Use Disorders Claims: PO Box 21159 Fresno, CA 93729-0159 Pharmacia - Payer ID: PM011 Submit Physical Medicine Claims: PO Box 20220 Fresno, CA 93729-0220</p> <p>Contact Information</p> <table border="0"> <tr><td>CCH Customer Service, Eligibility & 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-TELDADC</td></tr> <tr><td>Halcyon (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>Pharmacia (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-TELDADC	Halcyon (Mental Health and Substance Use Disorders) Prior Authorization	888-425-4800	Halcyon Customer Service	855-424-4457	Pharmacia (PT, OT, ST, Chiropractic and Acupuncture)	877-519-8839
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