

Community Care Health Participating Provider Quick Reference Guide - EPO





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/provider-resources

Service	Contact Information
Secure Provider Portal	CCH's web-based provider portal provides a 24/7 centralized location for eligibility and claims status.
	Please check for updates to the Provider Portal as CCH continues to enhance the tool.
	You can access the portal through the CCH website at communitycarehealth.org or through the link provided below:
	https://cch.trizettoconnect.com/tzf/provider/uiprovider/
	If you encounter any issues with the registration process, please contact CCH Customer Service at (559) 724-4995 or toll-free at 1 (844) 516-0181.
Member Eligibility	Providers may verify CCH member eligibility through the following methods:
	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://cch.trizettoconnect.com/tzf/provider/uiprovider/
Utilization Management / Physician Referral & Prior Authorization	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. 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. 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. 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 Community Care Health Customer Service at (559) 724-4995 or toll-free at 1 (844) 516-0181. 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) 724-4750 Secondary: (559) 724-4751 For questions, call Community Care Health Customer Service at: (559) 724-4995 or toll-free at 1 (844) 516-0181 For details on which services require prior authorization, please go to www.communitycarehealth.org/PriorAuthList



Service	Contact Information		
Claims Submission Requirements	Claims timeliness requirements and Contracted Providers: Must submit claims within 90 days Claims submitted outside of these Claims must be submitted on the result (non-institutional Providers and sure the submitted on the result (non-institutional Providers and sure the submitted on the result (non-institutional Providers and sure the submitted of the submitted outside of these of the submitted outside of the submitted outside of the submitted outside of the submitted outside o	or according to the terms of their CCH agreement. time frames may be denied as untimely. most current version of standard claim forms CMS 1500 ppliers) or UB-04 (institutional Providers). y in black ink with standard fonts on forms printed in red relevant information to determine payor liability and to	
	Medical Claims: Community Care Health P.O. Box 45016 Fresno, CA 93718	Electronically using Payor ID 85729	
	Behavioral Health Claims: SimpleBehavioral PO Box 25159 Fresno, CA 93729-5159	Electronically through: OfficeAlly – Payor ID: HALCY Fax: (855) 486-1341	
	Physical Medicine Claims: SimpleMSK PO Box 25220 Fresno, CA 93729-5220	Electronically through: OfficeAlly – Payor ID: PM001 Fax: (855) 486-1343	
Customer Service	Community Care Health Customer Service has helpful representatives available Monday - Friday from 8 a.m. to 5 p.m. and can be reached at (559) 724-4995, toll-free at 1 (844) 516-0 or by email: customerservice@communitycarehealth.org.		
	Community Care Health PO Box 45016 Fresno, CA 93718	Customer Fax: (559) 603-7368	
	They are trained to assist both members beligibility Premium billing questions Grievances and appeals process Benefits	oers and providers with information about: • No cost/free interpreter services for members • Status of medical referrals & authorizations • Community resources and support groups	
Prescription Drugs		t for pharmacy benefit management services. rs' pharmacy coverage, please refer to CCH's website at org/for-providers/#pharm/	
	https://www.communitycarehealth.or For prior authorizations, the prescri	bing provider must complete and submit the "Prescription	
	available on the website at https://w	rax 1 (858) 790-7100, or by phone: rting medical documentation to MedImpact. The form is rww.communitycarehealth.org/for-providers/. or authorization process, please contact MedImpact:	
	1 (844) 348-8510	or authorization process, please contact Medimpact:	



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Behavioral Health	CCH has partnered with SimpleBehavioral for both mental health and substance use disorder services.		
	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.		
	Forms for benefits needing prior authorization or for case review submission can be found at: https://www.simpletherapy.com/en/behavioral-health-forms/		
	Questions? Call 1 (855) 424-4457 or visit https://www.simpletherapy.com/en/SimpleBehavioral/		
Physical Medicine	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.		
	Forms for PM benefits when Medical Necessity Review can be found at: https://www.simpletherapy.com/en/simpleMSK-forms/		
	Questions? Call 1 (877) 519-8839 or email msk.clinical@simpletherapy.com		
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 Community Care Health Customer Service at (559) 724-4995 or toll-free at 1 (844) 516-0181.		
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		
Sample EPO ID Card for CCH Members	COMMUNITY Member Member Member Member JOHN SMITH Member JOHN SMIT		