Community Care Health Participating Provider

Quick Reference Guide – HMO

COMMUNITY CARE HEALTH

Updated July 2025

CCH Participating Provider Quick Reference Guide – HMO

The Community Care Health (CCH) **HMO 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: **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** 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. **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

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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 P.O. Box 45016 Fresno, CA 93718 Electronically using Payor ID: CCH25 **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) 516-0181 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 and providers with information about: • 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
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

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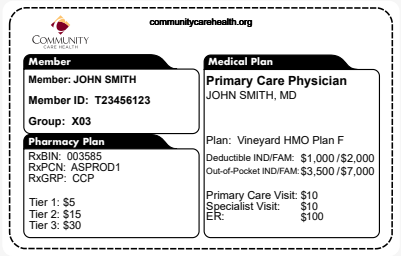
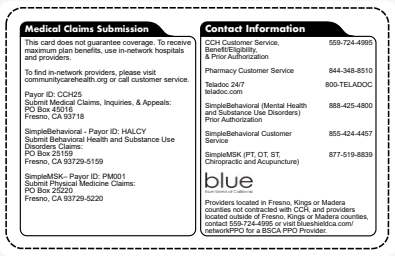
Behavioral Health	**CCH has partnered with SimpleBehavioral for both mental health and substance use disorder services.** Members have direct access to participating providers for most behavioral health services. Providers, or members, can call SimpleBehavioral at 1 (888) 425-4800 for pre-certification 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 • 24/7 Secure Web Portal • Provider Newsletters • Healthier Living/Weigh Loss • Provider Operations Manual • Prior Authorization Forms • Timely Access to Care Standards
Sample HMO ID Card for CCH Members	Front  Back