



Dear Provider:

California Senate Bill 923 (2022) requires health plans, such as Community Care Health (CCH), to make care more accessible to transgender, gender diverse, or intersex communities by displaying in both their print and on-line directories the specific services offered by our contracted providers who offer gender-affirming care.

If you provide gender-affirming care, please complete the enclosed form and return it to ProviderRelations@communitycarehealth.org by November 15th.

If you do not provide gender-affirming care, you do not need to respond to this inquiry. Should your practice change in the future, please reach out to CCH Customer Service at 1-855-343-2247 so we may update our database and display treatment options to our members.

Thank you,

CCH Provider Relations

Enclosure



Please complete the form below by checking the box(es) next to the services you provide and return it to Community Care Health (CCH) Provider Relations at ProviderRelations@communitycarehealth.org by Friday November 15th.

Provider Name: _____

Provider License Number: _____

Provider NPI: _____

I provide the following gender-affirming services:

Surgical

<input type="checkbox"/>	Feminizing mammoplasty
<input type="checkbox"/>	Male chest reconstruction
<input type="checkbox"/>	Mastectomy
<input type="checkbox"/>	Gender-confirming facial surgery
<input type="checkbox"/>	Hysterectomy
<input type="checkbox"/>	Oophorectomy
<input type="checkbox"/>	Penectomy
<input type="checkbox"/>	Orchiectomy
<input type="checkbox"/>	Feminizing genitoplasty
<input type="checkbox"/>	Metoidioplasty
<input type="checkbox"/>	Phalloplasty
<input type="checkbox"/>	Scrotoplasty

Surgical

<input type="checkbox"/>	Voice masculinization or feminization
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Nonsurgical

<input type="checkbox"/>	Voice masculinization or feminization
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Nonsurgical

<input type="checkbox"/>	Hormone therapy related to gender dysphoria or intersex conditions,
<input type="checkbox"/>	Gender-affirming gynecological care
<input type="checkbox"/>	Voice therapy related to gender dysphoria or intersex conditions

Other – please list any other related services

<input type="checkbox"/>	
<input type="checkbox"/>	