

New Small Group Implementation Checklist

Our highest priority is providing you and your employees with a smooth and simple transition. Providing Community Care Health with the following documentation helps us to ensure a complete and quick submission.



Employer Application

The Employer Application must be current and completed in its entirety.



Supporting Business Documents

All enrolling groups must provide documentation showing they're eligible to do business in California. Refer to the back of this checklist to determine which documents are required.



DE 9C/Payroll

All enrolling groups that filed with the EDD must provide a current and reconciled DE 9C to show an employer-employee relationship. To reconcile, note the status of each employee directly on the DE 9C. Payroll records will only be accepted for startups, new hires, or low-wage validation.



Initial Payment

In order to complete implementation and commence coverage, premium for the first month of coverage must be submitted to the broker along with supporting documents.



Employee Applications and/or Declinations

Each eligible employee must provide an enrollment application or declination of coverage.



Implementation Questionnaire

This form contains helpful information for our team and yours and will help to expedite the setup of your coverage with Community Care Health.

Additional Enrollment Tips



Breakaways and Re-enrollment

- Groups breaking away from an existing business may only do so when they're not eligible to file joint state taxes.
- Affiliates will be written under the parent group in the event that they are eligible to file joint state taxes. Groups should update their current contract with the Account Management team if they're:
 - with similar owner/contacts, physical location, and/or members (regardless of new company name and/or tax ID).
 - not breaking away from an existing group that remains active with enrolled membership.

Enrolling Owners/Officers

Enrolling owners/officers are eligible for coverage when at least one W-2 employee (not a spouse or domestic partner) has a minimum of 6 weeks of eligible payroll. The W-2 employee can enroll or waive with valid group coverage. Enrolling owners/officers who aren't on payroll must submit an Owner/Officer Statement and other applicable documents to demonstrate proof of ownership.

Primary Care Physician Selection

All HMO enrollees are required to select a Primary Care Physician (PCP) who will be a partner in all aspects of care. Enrollees who already have a relationship with a physician may be able and are encouraged to select them as their PCP. Please visit communitycarehealth.org/providersearch to find a provider. If no PCP is selected at enrollment, one will be assigned. We encourage all members to make an appointment as soon as possible, especially if they will be a new patient to the PCP. Even if the member is not sick or does not need care at the time, it is helpful to become an established patient with their PCP. Some PCP offices are in high demand and enrollees may have to wait weeks or longer for an appointment. As an established patient they will be able to get in to see their PCP much quicker and will not have to go through the new patient process while ill or injured. We understand that some circumstances may require a new PCP relationship be developed quickly. Our team is here and available to assist in these situation and will make certain you and your employees have access to the care they need. All EPO enrollees are not required to select a PCP.

Contact Us

For general underwriting and sales questions, contact us at (559) 776-7925. For additional questions or all new group submissions, please email Michele Mills, Mmills@communitymedical.org or Mackenzie Hiller, Mhiller@communitymedical.org

Required Supporting Business Documentation

Sole Proprietorship, including Limited Liability Company (LLC) operating as a Sole Proprietorship

- In business less than 1 year
 - Business License
 - Fictitious Business Name Filing
- In business more than 1 year
 - Schedule C (Form 1040)
 - Schedule F (Form 1040)

Partnerships, Limited Partnerships (LP), Limited Liability Partnerships (LLP)

- In business less than 1 year
 - Partnership Agreement and IRS TIN Letter
- In business more than 1 year
 - Schedule K1 (Form 1065)

Limited Liability Company (LLC)

- In business less than 1 year
 - Articles of Organization with Operating Agreement
 - Statement of Information
 - Application of Registration
- In business more than 1 year
 - Schedule K1 (Form 1065)
 - Schedule C (Form 1040)
 - Schedule F (Form 1040)

Corporations

- Articles of Incorporation with Stamped Meeting Minutes
- Meeting Minutes
- Statement of Information
- Schedule K1 (Form 1120S)

Continuity of Care Form

If any enrollees are being treated by a doctor outside of the Community Care Health network at the time of enrollment, they may qualify for continuity of care benefits. There are six conditions which may qualify an enrollee to finish treatment or have a few more visits before fully transitioning to a CCH provider. Qualifying conditions include acute and serious or chronic conditions, pregnancy, terminal illness, surgery or other procedure, or care for child who is newborn to 36 months of age.