



Community Care Health Participating Provider **Quick Reference Guide – EPO**

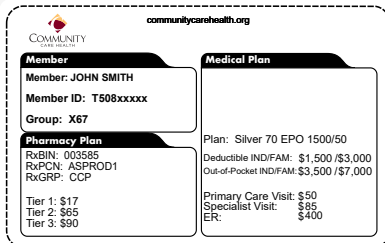



COMMUNITY
CARE HEALTH

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>Please check for updates to the Provider Portal as CCH continues to enhance the tool.</p> <p>You can access the portal through the CCH website at communitycarehealth.org or through the link provided below:</p> <p>https://cch.trizettoconnect.com/tzf/provider/uiprovider/</p> <p>If you encounter any issues with the registration process, please contact CCH Customer Service at 1 (559) 724-4995.</p>
<p>Member Eligibility</p>	<p>Providers may verify CCH member eligibility through the following methods:</p> <p>Online via the provider portal, which gives provider offices the ability to view member-specific eligibility information, including effective date, benefits and copayments.</p> <p>To log on to the provider portal, go to https://cch.trizettoconnect.com/tzf/provider/uiprovider/</p>
<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> <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 Community Care Health Customer Service at 1 (559) 724-4995.</p> <p>If a request for Prior Authorization is necessary, please see the following instructions:</p> <p>Request for Prior Authorization Step 1: Complete form found at: www.communitycarehealth.org/PriorAuthRequest</p> <p>Step 2: FAX completed form to: Primary: (559) 724-4750 Secondary: (559) 724-4751 For questions, call Community Care Health Customer Service at: 1 (559) 724-4995 For details on which services require prior authorization, please go to www.communitycarehealth.org/PriorAuthList</p>

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<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 45016 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>Community Care Health Customer Service has helpful representatives available Monday - Friday from 8 a.m. to 5 p.m. and can be reached at 1 (559) 724-4995 or by email: customerservice@communitycarehealth.org.</p> <p>Community Care Health PO Box 45016 Fresno, CA 93718 Customer Fax: (559) 603-7368</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
<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>

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Behavioral Health	<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>
Physical Medicine	<p>CCH has partnered with SimpleMSK to manage the physical medicine benefit for members of CCH.</p> <p>SimpleMSK specializes in managing physical therapy, occupational therapy, speech-language therapy, chiropractic, and acupuncture benefits.</p> <p>Phone: 1 (877) 519-8839</p>
Provider Credentialing & Data Management	<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>
Provider Relations	<p>For assistance with any other questions related to your participating provider agreement, please email: ProviderRelations@CommunityCareHealth.org</p>
CCH Provider Directory	<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>
Language Assistance Services	<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 Community Care Health Customer Service at 1 (559) 724-4995.</p>
Tools & Resources	<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
Sample EPO ID Card for CCH Members	<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>The front of the card displays the member's name (JOHN SMITH), member ID (T508xxxx), group (X67), and pharmacy plan details (RxBIN: 003585, RxPCN: ASPROD1, RxGRP: CCP). It also lists the medical plan (Silver 70 EPO 1500/50) and deductible/out-of-pocket information for both medical and pharmacy services.</p> </div> <div style="border: 1px dashed gray; padding: 10px; width: 45%;"> <p style="text-align: center;">Back</p>  <p>The back of the card is divided into two sections: Medical Claims Submission and Contact Information. The claims section provides instructions for submitting claims to CCH or SimpleMSK, including payor IDs and addresses. The contact section lists phone numbers for various services like Pharmacy Customer Service, SimpleBehavioral, and SimpleMSK, along with the SimpleBehavioral website and a note about providers in Fresno, Kings, and Madera counties.</p> </div> </div>