

Overview of Contra Costa Health Plan for Community Health Workers (CHW)

A Division of Contra Costa Health Services

A Culture of Caring for Over 40 Years

www.cchealth.org/health-insurance



CONTRA COSTA
HEALTH

Chief Executive Officer **Sharron Mackey, M.P.A, M.H.S**



Contra Costa Health Plan's vision is member centric:

- Keep members as healthy as possible
- Facilitate relationship between providers and members/family
- Assure an integrated system of timely and quality services for both in-patient and outpatient services while managing the cost

CONTRA COSTA
HEALTH



Healthcare System Relationships

Health Plan

Providers

Members

Regulatory Oversight

→ OVERSIGHT AGENCIES

→ CENTER OF MEDICAID & MEDICARE

- Department of Health Care Services
- Department of Managed Health Care
- County Board of Supervisors

→ ACCREDITATION

- National Committee for Quality Assurance (NCQA)
- Healthcare Effectiveness Data and Information System (HEDIS) Measures

→ Accreditation is an evaluative, rigorous, transparent, and comprehensive process in which a health care organization undergoes an examination of its systems, processes, and performance by an impartial external organization (accrediting body) to ensure that it is conducting business in a manner that meets predetermined criteria and is consistent with national standards.

CCHP Facts



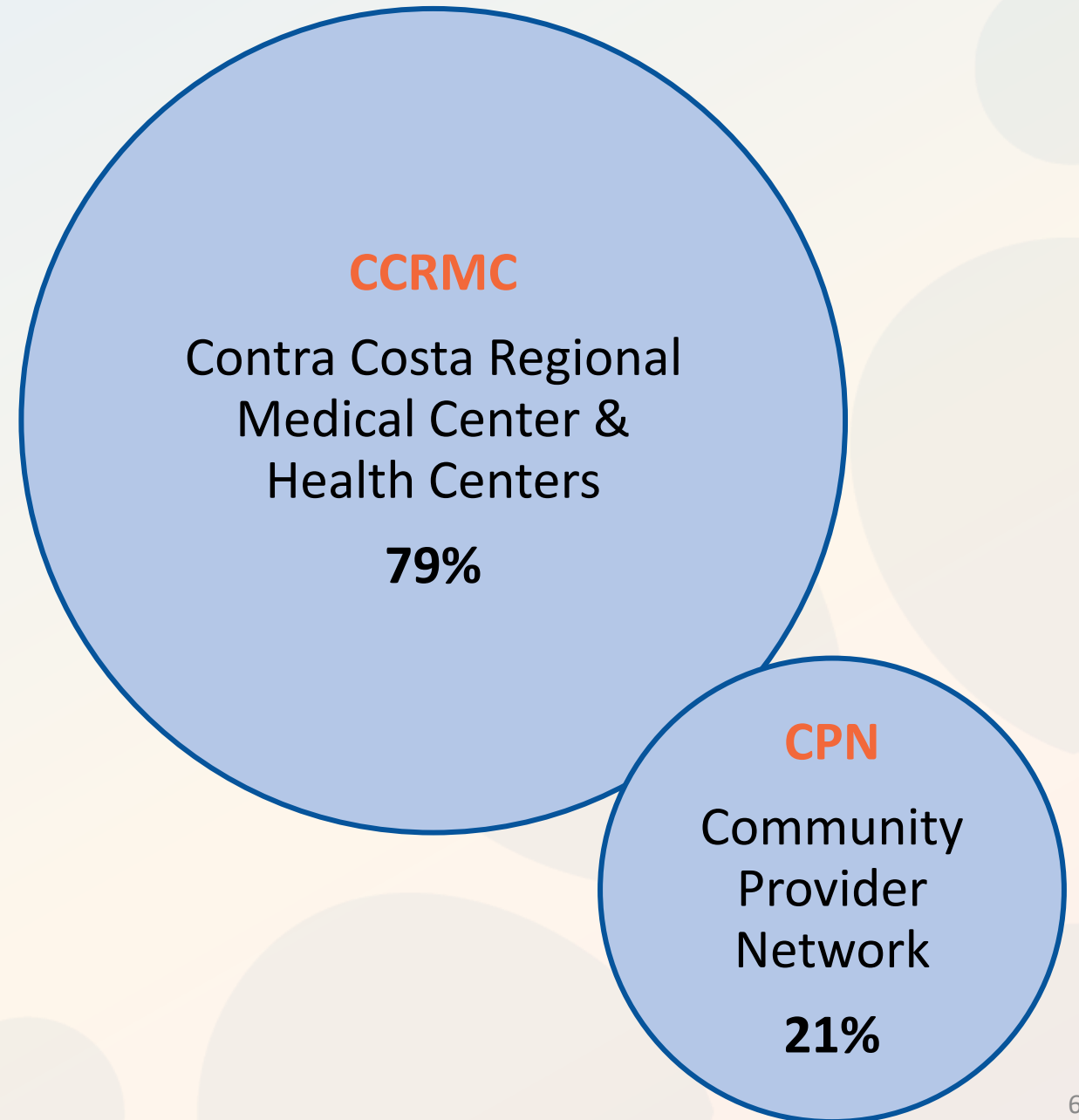
- CCHP is the oldest County-sponsored Federally Qualified Health Maintenance Organization (HMO) in the country. Currently CCHP has multiple product lines – Medi-Cal, Commercial, IHSS.
- CCHP is an integral entity within the Contra Costa County Health Services Department (CCHS) and has over 45 years of collaboration with the County Public Hospital and Federally Qualified Health Center (FQHC) Ambulatory Health Center, as well as the Public Health, Mental Health, and Substance Abuse Divisions within the Health Services Department.
- CCHP is Knox-Keene Licensed.
- CCHP is accredited by NCQA.
- CCHP has over 270,000 Medi-Cal and Commercial members (94% are Medi-Cal).

CCHP offers a choice of two Primary Care Networks for **Medi-Cal and Commercial members** which includes:

- Contra Costa Regional Medical Center (CCRMC)
- Community Provider Network (CPN)

CCHP Provider Network

The distribution of members among our two primary care networks



CCHP Networks Based on Member's Insurance

- **Commercial A, A2, A2-IHSS:**

PCP at CCRMC only, specialty care at CCRMC only (if services not available at CCRMC then prior authorization needed to go to CPN)

- **Commercial B:**

PCP at CCRMC or CPN, specialty care at CCRMC or CPN

- **Medi-Cal:**

PCP at CCRMC or CPN, specialty care at CCRMC + CPN (for CCRMC or CPN assigned)

- All networks need prior authorization for tertiary care. Authorization is reviewed and approved on a case-by-case basis.

Our Contracted Hospitals

- Alta Bates Medical Center – Berkeley & Summit Oakland Campus
- Contra Costa Regional Medical Center (CCRMC)
- John Muir – Concord & Walnut Creek Medical Center
- Stanford Health Care – ValleyCare Medical Center
- Sutter Delta Medical Center – Antioch
- Sutter Solano Medical Center – Vallejo
- UCSF Benioff Children’s Hospital – Oakland Campus

Behavioral Health Centers

- John Muir Health, Behavioral Health Center
- St. Helena Hospital Center for Behavioral Health

Tertiary Care Only Facilities (Prior Auth Required, only available for services NOT available at other contracted, non-tertiary care facilities)

- Cal Pacific Medical Center
- Lucile Packard Children's Hospital at Stanford
- Stanford Hospital & clinics
- UCSF Medical Center

Contra Costa Health Plan Regional Medical Center and Community Provider Network

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UC
DAVIS



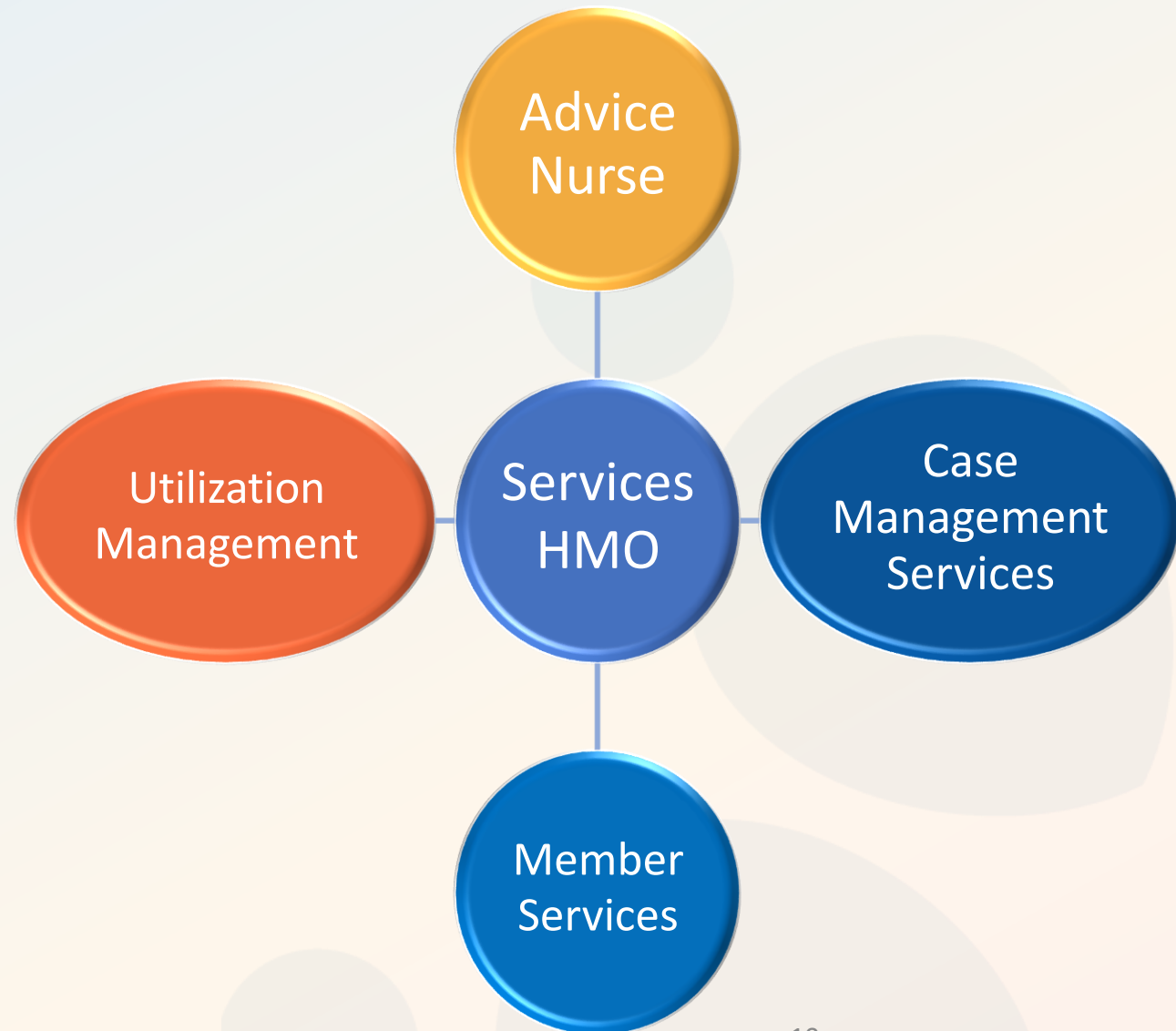
Legend

- Contra Costa Regional Medical Center
- Community Provider Network (CPN) Hospital
- CCRMC Health Center
- Community Health Center
- Urgent Care Center
- CPN Primary Care Providers (n=172)
- 1 Star = 2
- CPN Primary Care Provider
- CPN Specialists (n=1,398)
- 1 Dot = 6
- CPN Specialists

Health Maintenance Organization Services

Gatekeeper Model

- **Advice Nurse - 24/7 Operations**
Phone: (877) 661-6230, Option 1
- **Case Management Services**
Phone: (925) 313-6887
- **Member Services**
Phone: (877) 800-7423, Option 1
- **Utilization Management**
Phone: (877) 800-7423, Option 3
- **Health Education Services**
Phone: (925) 313-6019
- **Disease Management Program**
Phone: (925) 313-6968



Advice Nurse

24X7 Members Can Call to Speak to a Nurse



- Team of experienced nurses at member's fingertips
- Health Care Advice and get a prescribed order for medications
- Infectious disease exposure questions with a clinical answer
- Vaccine information for children
- Health resources within the County
- Connect you to a physician or urgent care

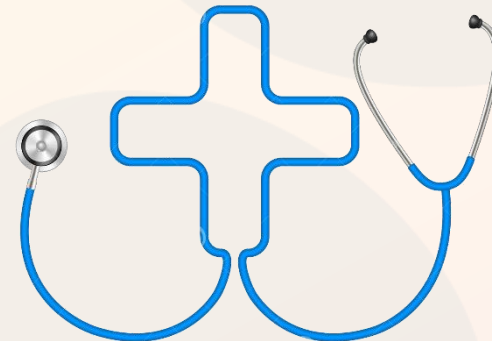
Advice Nurse Phone: (877) 661-6230, Option 1

Case Management

Assists Members to Navigate the Health Delivery System and Keep Members from Hospital Stays and Emergency Room Usage

- Referrals mostly come from Primary Care Physicians for members with chronic conditions and serious health problems (asthma, diabetes, cancer, surgery)
- Members can self-refer to have a Case Manager
- Family members can refer members for services
- The Health Services Division, such as Public Health and California Children Services, can refer members to enroll in Care Management
- Monitors high incidents of health care services usages – members frequently going to the ER for care

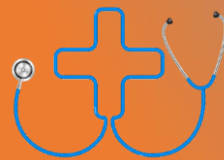
Case Management Phone: (925) 313-6887



Complex Case Management Services

Complex Case Management services are provided by CCHP Nurses and Medical Social Workers to support members who need assistance with managing and navigating their health and health-related services.

**Case Management Phone:
(925) 313-6887**



- Eligibility criteria listed below are used to identify members who may benefit most from Complex Case Management services.
- However, any member may be referred to Complex Case Management, (either by self-referral or provider referral), to be evaluated and assessed for available care management programs.
- Services are provided only with the consent of the member and are limited to telephonic communications.

2+ hospitalizations within the last 12 months with one related to a chronic condition

Currently taking 15+ medications

3 ED visits in the last 6 months with one related to a chronic condition.

Transplant candidate, recipient or donor.

Supplemental Case Management Services: Transitions

- Transitions is a service within Case Management that assists Members transitioning through the health care continuum.
- Contra Costa Health Plan case managers & care coordinators facilitate Members' transition from one healthcare environment to another until placement in the most appropriate setting is achieved.
- The goal is to prevent institutionalization & re-institutionalization of Members.



ACUTE CARE

- Hospital
- Long Term Acute Care
- Post Acute Care (Acute Rehabilitation)

LONG TERM CARE

- Intermediate Care/Developmental Disabilities
- Subacute Care
- Skilled Nursing Facility

COMMUNITY

- Assisted Living
- Board & Care
- Home (with support)

California Children's Services (CCS)

- California Children's Services (CCS) offers medical coverage and case management services to children for catastrophic or chronic illness on a financial sliding scale.
- When a CCHP Medi-Cal child has a CCS condition, the medical services related to the CCS condition are covered by CCS.
- CCHP will cover eligible medical services until CCS eligibility is determined and will cover services that are not related to the CCS condition.
- Submitting a Prior Authorization Form through the Web Portal assures the request will be evaluated by the Utilization Review Team and referred to CCS for ongoing medical supervision if the condition is eligible.
- The physician's office can also send a direct referral by fax to CCS. In either instance, copies of medical documentation must accompany the referral.
- A listing of CCS eligible providers can be found on the CCS website here:
<https://www.dhcs.ca.gov/services/ccs/Pages/CCSProviders.aspx>
- CCS reimburses only CCS-paneled providers and CCS-approved hospitals within Plan's network; and only from the date of referral.
- The PCP is responsible for performing an appropriate baseline health assessment and diagnostic evaluation for children who are identified with conditions that may be CCS eligible.
- Early identification of possible CCS eligible conditions is an important step to timely specialty care with a CCS provider. Once CCS determines that a child has a CCS medically eligible condition, the provider can fax prior authorization requests related to the CCS, to the local CCS Office.

Member Services

Front Line Communications for Member Interactions

- Gateway to members accessing services daily Monday – Friday, 8am – 5pm
- Members can get assigned a Primary Care Physician to manage their health care
- Members can access information on providers that are part of the CCHP Provider Network
- Members can get information on the Medi-Cal Benefit Plan that shows what services are covered
- Members can get access to Transportation services

Member Services Phone: (877) 800-7423, Option 1



How do I check member eligibility?

Prior to providing services, check eligibility by either:

- Using the online [ccLink Provider Portal](#)
- If you do not have access to the ccLink Provider Portal, please download the ccLink Provider Portal Agreement form here:

[ccLink Provider Portal Information](#)

- Calling the automated eligibility line at:

1-877-800-7423

Option 1

The ccLink Provider Portal provides:

- On-line access to CCHP Member information
- Real-time eligibility inquiries
- Ability to submit and check the status of any required referral
- Ability to check the status of a submitted claim
- A list of patients that are assigned to you if you are the Member's PCP or if you are the referred to Specialist
- Facilitation of communication & streamlines patient care across location and disciplines

A Member's Rights

Among a member's rights is also the member's right to:

- Talk to someone who speaks his or her own language.
- See the files pertaining to their concern, such as medical records, plan policies, and any information maintained by CCHP.
- Designate a friend, family member, or lawyer to help them.
- Have the member's Evidence of Coverage (EOC) made available for them to read more about the complaints and grievances process.

Refer members to Member Services if they would like a copy of the CCHP Grievance Policy.

Member's phone number for Member Services: (877) 661-6230, Option 2

Member Complaints and Grievances

As a reminder, **ALL expressions of member dissatisfaction must be submitted to CCHP for investigation** and should also be reported to the clinic supervisor.

The member should be offered the CCHP grievance form to complete. If completed, the form should be returned immediately to CCHP's Member Services Department.

Members have the option to submit their grievances:

- Online at <https://www.cchealth.org/health-insurance/my-contra-costa-health-plan/member-services>
- By calling Member Services at **(877) 661-6230, Option 2**
- By faxing the completed form to **(925) 313-6047**
- By going to the CCHP office to talk to Member Services staff in person
- Or by mailing the printed form to:

CCHP Member Services Department
595 Center Avenue, Suite 100
Martinez, CA 94553

Interpreter Services

Why Using Family Members as Interpreters is Not Best for the Patient?

CCHP has received grievances from non-English speaking members who experienced misunderstanding and miscommunication. These members used family members as interpreters instead of a qualified interpreter.

Providers are required by regulations to offer free interpreter services as provided by CCHP. Please discourage patients from using their own interpreters, such as family members, friends or minors. If patient insists that they want to use their adult family member, you must document in the patient chart.

Why are Family and Friends Not Recommended as Interpreters?

- They can make serious mistakes
- May have their own agenda
- They may hold information from patient due to embarrassment, protection, emotional involvement
- May cause guilt or trauma if they make a mistake
- May create liability issues

Getting Proper Linguistic Access Helps to:

- Reduce medical errors
- Increase patient satisfaction
- Increase compliance
- Decrease costs for diagnostic testing and unnecessary admissions
- Create more efficient member interactions

To use our Telephonic Interpreter Services, call: **(866) 874-3972** and provide your 6-digit Client ID
(Call 877-800-7423, Option 4 for the Client ID)

To see the Guidelines for Face-to-Face Interpreter Services, go to:

<https://www.cchealth.org/health-insurance/information-for-providers/interpreter-services>



Benefits for Medi-Cal Transportation Services

- Non-Emergency Transportation
- Emergency Transportation
- Non-Medical Transportation

Transportation Phone:

(855) 222-1218



Community Health Workers



- CHWs are skilled and trained health educators who work directly with individuals who may have difficulty understanding and/or interacting with providers due to cultural and/or language barriers.
- CHWs can assist those individuals by helping them to navigate the relationship with their health care providers, assist them in accessing health care services, and provide key linkages with other similar and related community-based resources.
- CHWs can encourage early detection of disease through health education about appropriate screening, and promote effective, timely management of chronic conditions, which helps people avoid unnecessary care and complications that lead to costly emergency room visits.



CHW Services

- **Health Education**: Promoting a Member's health or addressing barriers to physical and mental health care
- **Health Navigation**: Providing information, training, referrals, or support to assist Members to access health care, understand the health care delivery system, or engage in their own care. Under Health Navigation, CHWs can also:
 - Serve as a cultural liaison or assist a licensed health care Provider to participate in the development of a plan of care.
 - Perform outreach and resource coordination to encourage and facilitate the use of appropriate preventive services; or
 - Help a Member enroll or maintain enrollment in government or other assistance programs that are related to improving their health, if such navigation services are provided pursuant to a plan of care.
- **Screening and Assessment**: Providing screening and assessment services that do not require a license and assisting a Member with connecting to appropriate services to improve their health.
- **Individual Support or Advocacy**: Assisting a Member in preventing the onset or exacerbation of a health condition or preventing injury or violence. This includes peer support as well if not duplicative of other covered benefits.

CHW – Criteria

CHWs must have “**lived experience**” that provides a connection between the CHW and the member or population being served.

This may include, but is not limited to

- Experience related to incarceration
- Pregnancy and birth
- Foster system placement
- Mental health conditions or substance use
- Military service
- Disability
- Homelessness
- Survivor of violence / abuse / exploitation

Lived experience may also include:

- Shared race
- Sexual orientation
- Language
- Ethnicity
- Gender identity
- Cultural background

CHW **Required Qualifications** can come from one of the following:

- CHW Certificate
- Violence Prevention Certificate
- Work Experience Pathway (2,000 hours of CHW services in the last three years)

CHWs must complete a minimum of six hours of additional training annually.

CHWs are not required to enroll as Medi-Cal Providers.



CHW – Referral Process

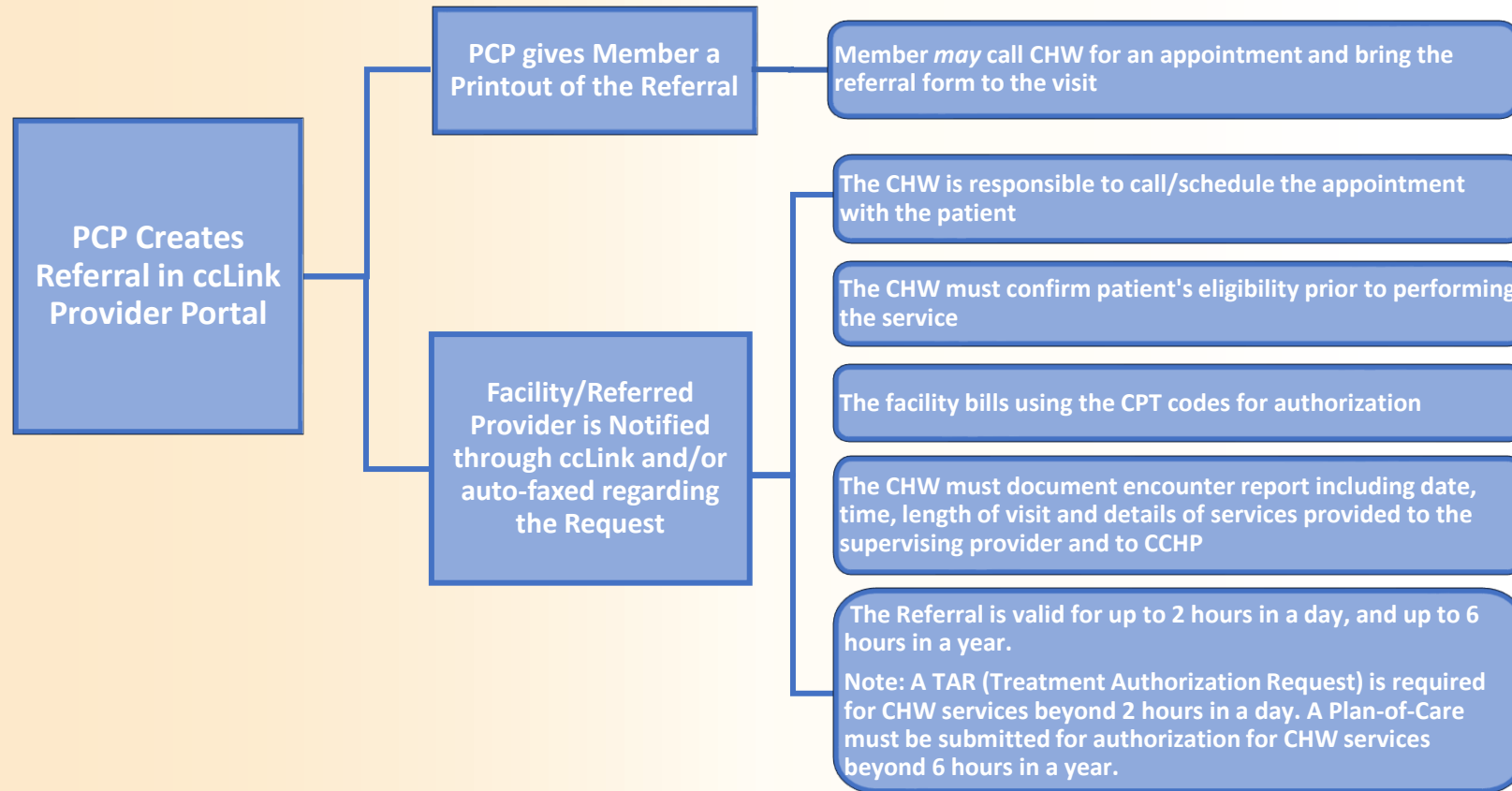
- CHW automatic referral process in ccLink (Epic), when you add an order, type “CHW Community Health Worker and Case Management Referral”.
- Choose the applicable boxes and answer the questions
- Also include any specific requests, directions, relevant information, best time to reach the member, language preference, and indicate if you prefer the CHW to work with your patient via:
 - Telehealth
 - In-person
 - Hybrid support for your patient

CPT code	Description	Length	Number of Patients	Rate
98960	self-management education and training, face-to-face, 30 mins	30 mins	1	\$26.66
98961	self-management education and training, face-to-face, 30 mins	30 mins	2-4	\$12.66
98962	self-management education and training, face-to-face, 30 mins	30 mins	5-8	\$9.46

What About Receiving Electronic Referrals from Primary Care providers?

- All our specialists are listed in our Online Search Engine at: <https://www.cchealth.org/health-insurance/my-contra-costa-health-plan/provider-directory>
- Any specialist out-of-network FOR THE MEMBER, requires both a referral and prior authorization.
- Licensed Care Providers submit Community Health Workers Services (CHW) referrals through the ccLink Provider Portal. CHW services require a referral and are valid for up to two hours in a day and up to 6 hours in a year.
- CHW services beyond **2 hours in a day** require an approved TAR (Treatment Authorization Request) for medical necessity which may be submitted after the services are rendered. The TAR is to be submitted to CCHP's Authorization Unit directly in the ccLink Provider Portal.
- CHW services beyond **6 hours within a year** require authorization and a Plan-of-Care. The Plan-of-Care is to be submitted to CCHP's Authorization Unit directly in the ccLink Provider Portal and must be reviewed by a licensed provider at least every six months.
- Be sure to check member eligibility via the ccLink Provider Portal or by calling **(877) 800-7423, Option 1** prior to seeing a CCHP member.

Referral Process to Community Health Workers (CHW)



Authorization Process

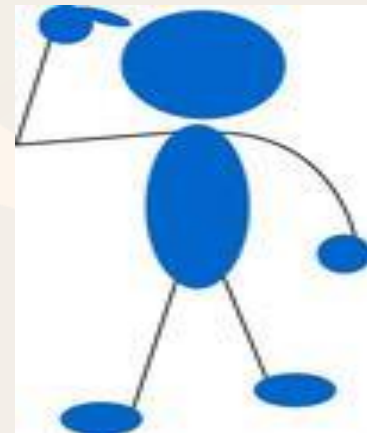
Community Health Workers (CHW) services require a written recommendation by a licensed practitioner based on medical need, but do not require prior authorization up to 4 units (2 hours) in a day or 12 units (6 hours) in a year.

If additional CHW services are needed, you can submit a TAR (Treatment Authorization Request) for more than **2 hours in a day**. If more than **6 hours in a year** are needed, Plan-of-Care must be submitted for Authorization. The communication needs to be submitted electronically through the ccLink Provider Portal.

- The ccLink Referral Entry Process can be found here:
<https://cchealth.org/health-insurance/information-for-providers>
- For questions regarding the ccLink Provider Portal, email: CCHPportalsupport@cchealth.org

For questions regarding referrals or authorizations, please contact the CCHP Authorization Unit at:

Email: CCHPauthorizations@cchealth.org
Phone: **(877) 800-7423, Option 3** (M – F, 11 am – 5 pm)
Voice messages will be returned within 24 hours.



CHW – Supervising Provider

- Does not have to be the referring provider
- Must provide direct or indirect oversight to the CHWs.
- Must ensure that the CHW maintains all qualifications outlined in the APL.
- Management and day-to-day supervision of CHWs as employees may be delegated as determined by the Supervising Provider.
- Is responsible for ensuring the provision of CHW services complies with all applicable requirements.
- CHWs are required to document the dates and time/duration of services provided to Members. Documentation should also reflect information on the nature of the service provided and support the length of time spent with the patient that day.

CHW – Supervising Provider

- CHW services require a written recommendation or referral by a physician or other licensed practitioner of healing arts which can also include physician assistants, nurse practitioners, clinical nurse specialists, podiatrists, nurse midwives, licensed midwives, registered nurses, public health nurses, psychologists, licensed marriage and family therapists, licensed clinical social workers, licensed professional clinical counselors, dentists, licensed educational psychologists, licensed vocational nurses, and pharmacists.
- CHW services **must be medically necessary** and rely on data driven approaches to determine and understand priority populations eligible for CHW services. There must be a diagnosis of one or more chronic health conditions (including behavioral health)
- CHW services are **preventative** and therefore **do not** require prior authorization (quantity limits can be applied).

CHW – Limits

- Frequency is **four units** (2 hours) per day per beneficiary, any provider. Additional units per day may be provided with an approved Treatment Authorization Request for medical necessity
- A written plan of care is required for more than **12 units** of service per member and may not exceed a period of a year.
- Claims must be submitted by the Medi-Cal enrolled supervising provider.

CHW – Plan of Care

A CHW Plan of Care **MUST**:

- Specify the condition that the service is being ordered for and be relevant to the condition;
- Include a list of other health care professionals providing treatment for the condition or barrier;
- Contain written objectives that specifically address the recipient's condition or barrier affecting their health;
- List the specific services required for meeting the written objectives;
- Include the frequency and duration of CHW services (not to exceed the Provider's order) to be provided to meet the plan's objectives; and
- Be reviewed by a licensed Provider at least every six months from the effective date of the initial plan of care.

Utilization Management

Heartbeat of the HMO Operations

- Referrals for specialty care are authorized by the UM Department
- Three classes of services:
 - No referral/no auth needed (in network only)
 - Referral needed/no auth needed (in network only)
 - Referral + Prior Auth needed (in and out of network)
- Team of Physicians, Nurses and Health Plan Representatives that work daily on meeting prior authorization requests from physicians:
 - Urgent referrals may take up to 72 hours
 - Routine referrals may take up to 5 business days
- Concurrent review of all inpatient hospital stays
- Provide authorizations for Long Term Acute Care, Skilled Nursing Facilities, DME and Home Health Services

Utilization Management

- Phone: **(877) 800-7423, Option 3**
- E-mail: **CCHPauthorizations@cchealth.org**



Provider Disputes

Providers and facilities may submit a dispute regarding unsatisfactory, disputed, or resubmission of a claim payment. If a provider has never requested a clinical review, they can submit a request within **180 days** from DOS to initiate a Retrospective Review process.

The disputing party must submit a **written provider dispute** request within **365 days** from the receipt of a service or claim denial or modification, or in case of inaction, the expiration of the applicable claim/authorization filing period. Failure to submit a dispute within the **specific timeframe** may result in the denial of a dispute request. No punitive action is taken against a provider who submits a dispute.

Submitted disputes are resolved within **45 business** days.

All other provider disputes need the following:

- A written letter of dispute with correspondence mailing address and a contact person
- The date(s) of service(s) being disputed
- Copy of denial letter (if available) within the dispute timeframe
- Any pertinent medical records or justification for date(s) being disputed
- Clinic notes, pertinent labs or diagnostics, MD/RN notes, MAR, hospital face sheet, discharge summary)
- Note: CCHP is now accepting medical records on disc

You may call the CCHP Authorization Unit at **1-877-800-7423, option 3** if you have any questions.

Provider Disputes

Providers and Facilities must submit Provider Disputes through the ccLink Provider Portal

- The ccLink Appeal and Dispute Entry Process can be found here: [ccLink Submitting Appeals and Disputes](#)
- For questions regarding submitting a provider dispute, email: Appeals@cchealth.org
- For questions regarding the ccLink Provider Portal, email: CCHPportalsupport@cchealth.org

Provider is Appealing on "behalf" of a Member Appeals

- This appeal must be filed within 60 days of Receipt of Notice of Action.
- Provider needs to have written consent form signed by member.
- Consent forms can be found here:

<https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms1696.pdf>

Contra Costa Health Plan
Member Services Department
595 Center Avenue, Suite 100
Martinez, CA 94553
Phone: (877) 661-6230

What About Medi-Cal Member Pharmacy Coverage?

- How Pharmacies Submit Prescriptions
 - Medi-Cal Rx
 - Processing through Magellan
 - Formulary (Contracted Drug List) available on the Medi-Cal Rx website
 - Large network of pharmacies throughout California including Walgreens, Rite Aid, CVS and Walmart (network available on the Medi-Cal Rx website)

If experiencing problems, please call the CCHP Pharmacy Department at **(925) 957-7260, option 1**

To reach the DHCS Medi-Cal Rx Customer Service Department call **(800) 977-2273** or go to <https://medi-calrx.dhcs.ca.gov/home/>.

And my reimbursement?

Claims can be submitted:

- **Electronically through a clearinghouse**
 - Claims are accepted in CMS 1500 and UB04 formats or [CalAIM Program Invoice Template](#) when unable to use other formats.
 - Contra Costa Health Plan (CCHP) uses Availity as our clearinghouse. You must register with [Availity](#) in order to submit EDI claims to CCHP. You may [begin your registration process here](#). The CCHP payer IDs is **CCHS**.
 - To get set up with electronic claims submissions and for questions directed to CCHP regarding electronic submissions, email EDIsupport@cchealth.org
- **Electronically through the cLink Provider Portal**
 - Instructions regarding the claim entry process:
<https://www.cchealth.org/health-insurance/information-for-providers/claims-information>
- **USPS**

	Contra Costa Health Plan
	Attn: Claims
	PO Box 5122
	Lake Forest, CA 92609
• Claim Questions:	Call (877) 800-7423, Option 5
• Phone hours:	8:00 am – 1:00 pm



Introducing the CCHP New Website!

<https://www.cchealth.org/health-insurance>

This is for you.

The Website

[Information for CCHP Providers](#) | [Contra Costa Health \(cchealth.org\)](#)



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[Pharmacy and Therapeutics](#)

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[Provider Manual](#)

[Provider Portal](#)



[Health Insurance](#) »

INFORMATION FOR CCHP PROVIDERS

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ccLink Provider Portal

Members of our Community Provider Network: use the ccLink Provider Portal to file a claim, make an appeal, and more.

Information for CCHP Providers

Authorization and Referrals Department

CaAIM Programs

Case Management Programs

Claims Information

Claims Information - Mother and Newborn

Clinical Guidelines

Contact Us - For CCHP Providers

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CLAIMS INFORMATION

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Submitting Claims

The claim submission timeframe for Contra Costa Health Plan is 180 days from the date of service, or primary explanation of benefits (EOB), for both contracted and non-contracted providers. Claims received after 180 days will be denied for untimely filing. Providers have 365 days to dispute claim processing.

Using Availity

- Contra Costa Health Plan (CCHP) uses [Availity](#) as our clearinghouse.
- You must register with Availity in order to submit EDI claims to CCHP. You may begin your registration process on the [Availity site](#).
- The CCHP payer ID is **CCHS**.

Step 1 to file for claims.

Other information on this page includes:

- Using the ccLink Portal
- Filing paper claims
- How to establish electronic payments, (this function will expedite your payments).

ccLink-Provider Portal

<https://www.cchealth.org/health-insurance/information-for-providers>

Pharmacy and Therapeutics

Provider Network News

Provider Manual

Provider Portal

Provider Preventable Conditions Reporting Form

Telehealth Information

+ Trainings

Uncompensated Care Relief Payment Program

ccLink Provider Portal

Members of our Community Provider Network: use the ccLink Provider Portal to file a claim, make an appeal, and more.

Enter the Provider Portal

ccLink New Account Agreement and Forms *(New Account and Add/Delete Users):*

- [ccLink Provider Portal Access Agreement](#)
- [ccLink Provider Add/Delete Request Form](#)
- [ccLink Provider Portal Access Agreement – 3rd Party Biller](#)
- [ccLink Provider Portal for 3rd Party Billers Instructions](#)

For technical support or to reset your password, call 925-957-7272.

For general ccLink questions, email CCHPortalSupport@cchealth.org

On the information for providers tab in the blue menu on the left you will find this information. You will need to complete all these requirements for portal access.

Once you have access to the portal you can access from this page.

The Portal

https://cclinkproviderportal.cchealth.org/Planlink/common/epic_login.asp



Provider Complaints

Complaints regarding CCHP Members or network Providers should be sent to CCHP for resolution.

Please use the Provider Complaint Form (located in Appendix O of the Provider Manual):

[CCHP Provider Complaint Form](#)

Email the completed form to

NetworkManagementTeam@cchealth.org

Quarterly Provider Network Updates

- CCHP is mandated by the Department of Health Services (DHCS) to survey all contracted providers quarterly to verify the information on file for your practice. Please be sure to complete these electronic surveys within 5 business days of receipt of the email.
- In between quarterly surveys, changes should be emailed to CCHPcredentialing@cchealth.org.



Physical Accessibility Survey

- CCHP performs Physical Accessibility Review Survey (PARS) to all High-Volume specialist sites, ancillary groups, and hospitals every 3 years.
- PARS is performed to collect information about office access for members with disabilities. This information is accessible to members via our provider directories and online search engine.
- CCHP shares PARS information with other Medi-Cal Managed Care plans to avoid duplication of audits.



Cultural Competency Training

Effective July 1, 2017, due to new regulations under Final Rule, 42CFR 431.10, H/1/vii, the California State Department of Health Care Services (DHCS) now requires all health plans to list in their on-line and hard copy directories if a contracted provider has completed Cultural Competency training.

To meet this requirement, CCHP is offering a **FREE** and easy **Cultural Competency Training** (*no more than 15 minutes*):

[Click here](#) to complete the Cultural Competency Training

Be sure to click the link on the last page (Attestation Requirements) to complete the training. Your submission automatically updates our database and directories stating you completed the training.

If you have already taken a similar training for another health plan, please send the documentation to CCHPcredentialing@cchealth.org, along with the name of the training and the other health plan's name, and we will accept it as completion of the training.

Fraud, Waste, and Abuse Training

On January 1, 2009, The Centers for Medicare and Medicaid Services (CMS) requirements for Fraud, Waste and Abuse (FWA) training for all contracted entities became effective. The requirements can be found in 42 C.F.R. 422.503 (b) (4) (VI) and 42 C.F.R. 423.504 (b) (4) (VI). The review and acknowledgment of completion is required on a yearly basis.

CCHP views the integrity of its staff, providers, contractors and members to be paramount and uncompromising. The materials provided reiterate the procedure for handling discovery of fraudulent activity involved with CCHP and to remind contracting entities that you must also have appropriate policies and procedures to address FWA.

You will receive an email yearly requesting acknowledgment of receipt of this information. For reference, the Fraud, Waste, and Abuse documents (also available in the Provider Manual) are available here:

[Policy 705-C CCHP Fraud, Waste, and Abuse](#)

Contact Us

We are here to help! Below is the contact information of the various CCHP departments who can help answer your questions. Email and usage of our [ccLink Provider Portal](#) is the preferred method of communicating with CCHP staff. It is our goal as a health plan to embrace and leverage technology. We are requesting that providers send us a quick email when you have a question. We will respond within 1 to 3 business days, as opposed to having your staff call and wait on the lines. By sending us written questions it can also help us develop educational tools such as Frequently Asked Questions.

**Please note that our response time may be delayed if we experience a high number of requests or inquiries.*

Authorization Department / Hospital Transition Nurse

Phone:

(877) 800-7423, option 3

Medi-Cal Member Authorization eFax Numbers:

- Inpatient (Hospital)/Face Sheet (out of network hospitals only):
- Mental Health:

Fax: **(925) 313-6645**

Fax: **(925) 313-6196**

Commercial Member Authorization eFax Numbers:

- Confidential Mental Health:
- Email Auth Questions (**do not email auth requests**):

Fax: **(925) 313-6196**

CCHPauthorizations@cchealth.org

Claims Department

- Phone:
- Email Claims Questions:
- Email Claim Disputes:
- Email Electronic Claims/Payments (EDI program):

(877) 800-7423, option 5

ClaimStatus@cchealth.org

ProviderDispute@cchealth.org

EDIsupport@cchealth.org

Appeals and Grievances Department

- Email Appeals Questions:

Appeals@cchealth.org

Facility Site Review Department

- Email:

CCHPfsr@cchealth.org

Contact Us (cont.)

ccLink Provider Portal

- ccLink Portal Application:
- Email ccLink Application and Questions:
- IT Support to reset password or access issues:

<https://www.cchealth.org/health-insurance/information-for-providers>
CCHPportalsupport@cchealth.org
(925) 957-7272

Interpreter Services

- Phone:

(877) 800-7423, option 4

Member Eligibility and Primary Care Physician Assignment

- Phone:

(877) 800-7423, option 1

Member Services Department (calling on behalf of a member that is with you)

- Phone:

(877) 800-7423, option 7

Pharmacy Department

- Phone:

(877) 800-7423, option 2

Provider Relations Department

- Phone:
- Fax:
- Email General Questions:
- Email Contract Related Questions:
- Email Credentialing Related Questions:

(877) 800-7423, option 6

(925) 608-9411

ProviderRelations@cchealth.org

CCHPcontracts@cchealth.org

CCHPcredentialing@cchealth.org

Additional resources can be found on the CCHP website:

www.cchealth.org/health-insurance