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Chinese  
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CCHP



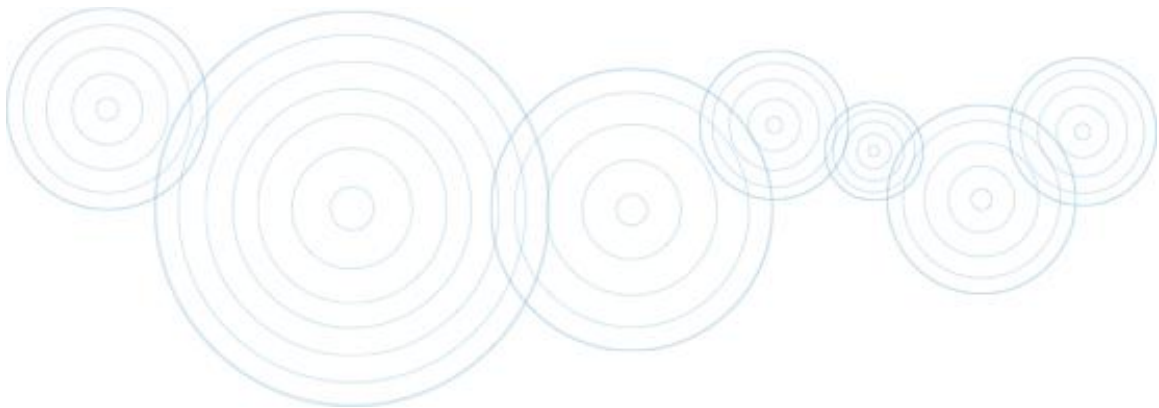
# SECTION 1



## INTRODUCTION AND HOW TO CONTACT US

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## Welcome to Chinese Community Health Plan

Chinese Community Health Plan (CCHP) is a health maintenance organization (or HMO) delivering culturally sensitive, bilingual managed health care since 1986. Our service area includes the City and County of San Francisco County and northern San Mateo County.

CCHP is committed to serving our community and is devoted to delivering the highest quality health plan to the people and organizations we serve. We consider our health care providers as our customers and vital partners in serving our members.

CCHP is a California licensed Knox-Keene health plan and offers CCHP offers a variety of commercial products for small and large group employers as well as products for individuals. In addition, CCHP is contracted with the Centers for Medicare and Medicaid Services (CMS) to offer a Medicare Advantage HMO plan (Part C), a Medicare Advantage Special Needs Program (HMO SNP), and an integrated Medicare Advantage Prescription Drug Plan (Part D). CCHP's Senior Program (HMO) is for people with Medicare Parts A and B. CCHP's Senior Select Program (HMO SNP, Special Needs Plan) is for people with Medi-Cal and Medicare Parts A and B. Please refer to Section 3, Products and Benefits, for more information.

## Purpose of the Manual

This manual is intended to provide CCHP participating physicians, allied health care providers and facilities with information necessary for serving and coordinating the care of Chinese Community Health Plan members.

## CCHCA Contracted Providers

Physicians and other health care providers and facilities that provide services to CCHP members through their contract with Chinese Community Health Care Association (CCHCA) Medical Group should consult the CCHCA Provider Handbook.

***In the event of any conflicts between this Manual and the CCHCA Physician Handbook or Provider Contract, the CCHCA Physician Handbook or Provider Contract shall govern. Any provision hereof that is in conflict with state or federal law is automatically amended to conform to such law.***



## How to Contact Us - Helpful Resources

<b>Chinese Community Health Plan</b>		<b>Phone</b>	<b>Ext.</b>
445 Grant Avenue, Ste. 700 San Francisco, CA 94108	Main Office	415-955-8800	
Web site	<a href="http://www.cchphmo.com">www.cchphmo.com</a>		
<b>Verify Eligibility and Benefits</b>			
Verify Member Eligibility & Benefits	<a href="http://www.cchphmo.com/eligibility_inquiry">www.cchphmo.com/eligibility_inquiry</a> Member Services	415-834-2118	
<b>Member Services</b>			
General Inquiries Request Language Assistance File a Member Appeal or Grievance	Member Services  <a href="http://www.cchphmo.com/memberservices">www.cchphmo.com/memberservices</a>	415-834-2118	
<b>Provider Relations</b>			
General Inquiries	Member Services	415-834-2118	
Request Username & Password for Web site	Provider Relations	415-955-8800	3289
Request Service Authorization Forms Request Referral Forms	Provider Relations	415-955-8800	3214 3214
Provider Directories	<a href="http://www.cchphmo.com/cchp_physicians_hospitals">www.cchphmo.com/cchp_physicians_hospitals</a>	415-955-8800	3289
Notification of Changes in Information	Submit in writing to Contracts Associate	415-955-8800	3277
<b>Claims</b>			
Check Claims Status	<a href="http://www.cchphmo.com/claims">www.cchphmo.com/claims</a>	415-955-8800	3322
Claims General Inquiries	Member Services	415-834-2118	
Submit Electronic Claims	CCHP Capario Payer ID Number: 94302		
Submit Paper Claims	Claims Department 445 Grant Avenue, Suite 700 San Francisco, CA 94108		
<b>Provider Disputes</b>			
Provider Dispute Forms & Instructions	<a href="http://www.cchphmo.com/dispute_resolution">www.cchphmo.com/dispute_resolution</a>	415-955-8800	3214
Submit a Provider Dispute  Dispute must be submitted on Dispute Form	Provider Disputes 445 Grant Avenue, Suite 700 San Francisco, CA 94108		
<b>Clinical Services</b>			
Request Prior Authorization	Fax Service Authorization Form to: >	415-398-3669	FAX
Service Authorization Questions	UM Department	415-955-8800	3289
View Authorizations Online	<a href="http://www.cchphmo.com/eligibility_inquiry">www.cchphmo.com/eligibility_inquiry</a>		
<b>Pharmacy</b>			
Request Prior Authorization for RX	Senior & Senior Select: MedImpact Commercial Program: MedImpact	800-788-2949 800-788-2949	
Formulary Questions	CCHP Manager of Pharmacy	415-955-8800	3242
CCHP Formularies Pharmacy Directory	<a href="https://www.cchphealthplan.com/cchp-formulary-pharmacy">https://www.cchphealthplan.com/cchp-formulary-pharmacy</a>		
<b>Sales</b>			
	Sales Department	415-955-8800	
<b>Compliance</b>			
Report Suspected Fraud, Waste or Abuse Report Privacy or Security Issue	Compliance Hotline – Confidential or CCHP Compliance Officer	415-955-8810 415-955-8800	3253



## Notification of Provider Information Changes

Any change in your provider information must be reported to Chinese Community Health Plan (CCHP) or Chinese Community Health Care Association Medical Group (CCHCA) in writing as soon as possible. Some examples of these changes include practice location, phone number, Tax Identification Number, claims payment address, hours of operation, status as open to newly assigned members (for Primary Care Physicians), affiliated or covering physicians, physician assistants and nurse practitioners. Please submit a written notice to the CCHP Contracts Department for CCHP contacts and to the CCHCA Department Assistant for CCHCA contracts.

If terminating your participation, you must submit a termination notice to CCHP or CCHCA in the time frames stated in the Chinese Community Health Plan or Chinese Community Health Care Association Agreement.

**Providers with CCHP Contracts** should notify the CCHP Contracts Associate.

CCHP Contracts Associate  
**Chinese Community Health Plan**  
445 Grant Avenue, Suite 700  
San Francisco, CA 94108

**Providers with CCHCA Contracts** should notify the CCHCA Department Assistant.

CCHCA Department Assistant  
**Chinese Community Health Care Association**  
445 Grant Avenue, Suite 300  
San Francisco, CA 94108  
415-216-0088