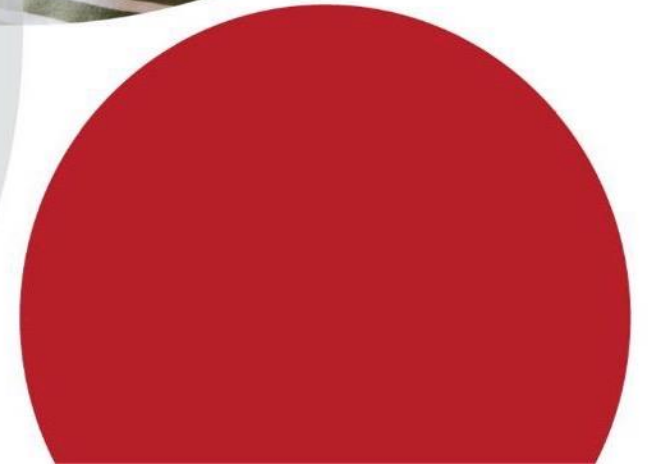


Baycare Provider Meeting

April 15, 2026





Agenda

- Introduction to Commonwealth Care Alliance
- Senior Care Options (SCO) and One Care Plan Updates
- Care Partnership & Updates
- instED
- Prior Authorization Requirements
- Claims Billing Overview
- Provider Resources



Introduction to Commonwealth Care Alliance

Introduction to Commonwealth Care Alliance (CCA)

- Commonwealth Care Alliance® (CCA) is a mission-driven healthcare services organization that offers innovative health plans and care delivery programs designed for individuals with the most significant needs.
- CCA delivers comprehensive, integrated, and person-centered care by coordinating the services of local staff, provider partners, and community organizations.
- The CCA uncommon care® model is consistently recognized as one of the best in the country at finding and engaging traditionally hard-to-reach individuals. It includes a community focus to ensure the most appropriate site of care, seamless integration of care coordination, care delivery, and innovation to address members' unmet needs, particularly related to non-clinical drivers of health, such as food, housing, and transportation.
- Our most significant development has been CCA's affiliation with CareSource, a nationally recognized, nonprofit managed care organization. As part of the CareSource family of companies, CCA's members and patients continue to receive best-in-class, disability-competent care and coordination from their same care teams – enhanced and strengthened through shared resources and expertise to address the critical needs of members and the broader community. The linchpin in all of this is our robust network of providers – our valued partners who share our deep understanding of the complex needs of those we serve across the Commonwealth.



Senior Care Options (SCO) and One Care Plan Updates

Brenda Carroll



Fully Integrated Dual Eligible Special Needs Plans (FIDE-SNP)



CCA One Care

Dual Eligible, age 21-64

Must be eligible for Medicare and MassHealth Standard or CommonHealth

Service area: All counties EXCEPT Dukes and Nantucket counties

CCA Senior Care Options

Dual Eligible, age 65+

Must be eligible for Medicare and MassHealth Standard

Service area: All counties EXCEPT Berkshire, Barnstable, Dukes, and Nantucket counties

As a fully-integrated plan, CCA delivers both Medicare and Medicaid benefits to our members.



2026 CCA One Care Benefits

With CCA One Care, members pay \$0 cost share for:



Doctor Visits



Hospital Stays



Prescription Drugs



Annual Exams

Many additional benefits beyond what Medicare and/or MassHealth cover are available as well, some of which are listed here:



Hearing: \$500 per hearing aid for a combined (ears) benefits of \$1,000 every 60 months



Dental: Unlimited coverage, including preventative services, dentures, and crowns



Transportation: \$0 unlimited rides to medical appointments; non-medical services only covered if authorized as part of care plan



Vision: \$75 every 24 months for frames or contact lenses

2026 CCA One Care Benefits



Covered Benefits	CCA One Care
Over-the-Counter (OTC) Card	<i>Not Covered</i>
Routine Vision Allowance	\$75 per 24 months Frames or contact lenses only
Fitness Benefit	Not Covered
Hearing Aids (Medicaid Covered)	\$1,000 for 2 aids per 60 months (\$500 p/ear)
Transportation (non-emergent)	Medical: Unlimited up to 50 miles Non-Medical: Not covered unless authorized as part of care plan
Worldwide Emergency & Urgent Care	<i>Not Covered</i>
Annual Wellness/Physical Exam Visit Reward	\$25 reward via Reward Card via Nations Benefits (mailed to member upon qualifying visit)
Telehealth	Via Teladoc for general medical urgent service & CCA providers if offered as a mode



2026 CCA SCO Benefits



With CCA Senior Care Options (SCO), members pay \$0 cost share for:



Doctor Visits



Hospital Stays



Prescription Drugs



Annual Exams

Many additional benefits beyond what Medicare and/or MassHealth cover are available as well, some of which are listed here:



Healthy Savings (OTC) Card: **\$420** added every calendar quarter for covered health products, food items, and utilities*



Dental: **Unlimited** coverage, including dentures, crowns, and four implants per year**



Transportation: **\$0 unlimited rides** to medical appointments and **10 one-way trips per month** for non-medical services*



Vision: **\$300** a year for eyewear, including contacts or frames



Hearing: **\$500** per hearing aid for a combined (ears) benefits of **\$1,000** every 60 months



Fitness: **\$0 membership to Silver&Fit®** that also includes a home fitness kit, access to in-network fitness facilities, and online workout videos

2026 CCA SCO Supplemental Benefits



Highlighted Benefits

indicate SSBCI Benefits.

Members approved for SSBCI by CCA can use their Healthy Savings Card towards healthy **groceries** and **utilities**.

Additionally SSBCI approved members can access **non-medical non-emergent transportation** without PA and Care Plan approval

Member(s) must be approved by the plan prior to accessing SSBCI benefits.

Covered Benefits	CCA SCO
Over-the-Counter (OTC) Card	\$420 per quarter includes food and utilities
Routine Vision Allowance	\$300 combined allowance per year for frames, lenses, contact lenses and upgrades
Fitness Benefit	Silver & Fit programs, including weight management
Hearing Aids (Medicaid Covered)	\$1,000 for 2 aids per 60 months (\$500 p/ear)
Transportation (non-emergent)	Medical: Unlimited up to 50 miles Non-Medical: 10 1-way trips per month 50 mile limit otherwise PA and Care Plan required
Worldwide Emergency & Urgent Care	\$100,000 in coverage per year
Annual Wellness/Physical Exam Visit Reward	\$25 reward on the Healthy Savings Card
Telehealth	Via Teladoc for general medical urgent service & CCA providers if offered as a mode



Special Supplementary Benefits for the Chronically Ill (SSBCI)



CMS allows plans to offer special supplementary benefits for the chronically ill (SSBCI).

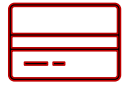
SSBCI is an opportunity to offer non-primarily health related benefits that would benefit chronically ill members.

CCA SSBCI Benefit	Plans
Food, by purchase on the Healthy Savings Card	SCO
Utilities, by purchase on the Healthy Savings Card	SCO
Non-Medical Non-emergent Transportation	SCO

Members must be approved by CCA and meet all 3 of the following criteria:

1. Have an active qualifying chronic condition (Diabetes, Chronic lung disorder, Chronic heart failure and/or Cardiovascular disorders)
2. Require intensive care coordination
3. Be at risk of hospitalization or other adverse outcomes





Healthy Savings (OTC) Card

SCO ONLY



Healthy Savings Card: One Card with all allowance-based benefits

Cards are mailed upon member enrollment & take 14 days to be received

**Card is automatically loaded at the beginning of each calendar quarter:
Jan 1, April 1, July 1, October 1.**

Card must be treated like cash. Funds are not replaced if lost or stolen.

Benefit Type:	OTC	Groceries*	Utilities*	Incentive
In network retailer required	Yes	Yes	Visa	Yes
Frequency	Quarterly	Quarterly	Quarterly	Annual
Benefit Amount	-	\$420 Shared across the 3 categories		\$25



Card Benefit Type:	OTC	Groceries	Utilities*	Incentive
How to use the benefit?	Use card at any NationsBenefits network retailer		Use card at any Water/Electric/Broadband/Gas that accepts Mastercard	Use card at any Nations Benefits network retailer

* = **SSBCI Benefits**. Members approved for SSBCI can use the Card towards healthy food items and utilities. Member(s) must be approved by the plan prior to accessing benefits.





Transportation (Non-emergent) SCO & One Care

CCA partners with Coordinated Transportation Solutions “CTS” to administer non-emergent medical and non-medical transportation benefits.

Key Highlights related to 2026 Changes

- Transportation must be booked through CTS to be covered.
- All rides must be booked 72 hours in advance, not including the day of booking.
- Medical trips are limited to destinations for services covered by Medicare and/or MassHealth Standard
- Trips to AA meetings and prescription pick-ups are covered as a non-medical trips

Transportation is only for members without access to alternate modes of transportation which include, family, friends, public or private transportation.

CTS Phone Number: 855-204-1410 (TTY 711)



Medicaid E.A.S.Y. (Eligibility Assistance & Support for YOU)



- CCA has an established program to support our agents and brokers in assisting prospects with navigating their eligibility for MassHealth and completing the application process. This program is designed to provide a seamless experience from start to finish.
- Our MassHealth eligibility experts will work with prospects 1:1 by:
 - ✓ Meeting with prospects in their home
 - ✓ Assisting prospects in obtaining the necessary documentation, as required by MassHealth
 - ✓ Working directly with MassHealth to facilitate the application process on behalf of prospects and ensure timely determinations
 - ✓ Conducting a preliminary screening to determine if prospects are eligible for a Frail Elder Waiver (FEW)
 - ✓ Working directly with Elder Services agencies (ASAPs) to facilitate the clinical screening for prospects who may be eligible for a Frail Elder Waiver
- Send referrals to medicaideasy@commonwealthcare.org

Supporting You Is A Priority!



Let us support YOU and YOUR Patients

Brenda Carroll, Business Development Partner

Brcarroll@commonwealthcare.org

617.564.5603

Care Partnership & Updates

Melissa Rusin





Care Management

CCA Care Team & the Interdisciplinary Care Team

Each SCO & One Care member has a CCA Care Team member assigned to support them & their coordination of care. Additionally, there are other licensed and non-licensed team members to support the member with assessments and in-depth expertise to help the member with their goals.

The CCA Care Team works with the member and the broader Interdisciplinary Care Team (ICT), which has the member at the center and includes the member's Primary Care Provider, practitioners, GSSC/LTSC, and other formal and informal supports.

What to expect from the CCA Care Team:

- ✓ Maintaining and distributing copies of the member's Individualized Care Plan
- ✓ Sharing updates on changes to the member to the ICT, as needed and appropriate

If you need to reach CCA's Care Team about a member, call Provider Services (866-420-9332) #4, who can help connect you to the correct team member.

2026 Plan Operational Changes - Prior Authorization

For 2026, CMS reduced the timeframes for decisioning standard prior authorization requests.

- **Standard Requests are now decisioned within 7 calendar days**
 - Previously decisioned within 14 calendar days
 - Rationale: Faster response improves care coordination
- **Expedited Requests (no change)**
 - Decision within 72 hours
 - For cases where delay may cause serious harm

Please refer to *CCA's Prior Authorization Requirements* (Section 4 of the Provider Manual) for more detail.

Durable Medical Equipment

CCA has partnered with **Tomorrow Health** to improve the ordering, tracking, and fulfillment of **Durable Medical Equipment, Prosthetics, Orthotics, and Medical Supplies (DMEPOS)**

Tomorrow Health offers an easy-to-use Online Ordering Platform:

- Available to CCA's provider network
- **Automatically** matches medically necessary DMEPOS orders to high-quality suppliers
- **Provides real-time visibility** into order status, logistics, and the full DME lifecycle
- **Accelerates delivery** of high-quality, medically necessary equipment
- Enhances the overall **DMEPOS experience** for providers, suppliers, and members

Need Assistance?

The Tomorrow Health Team is here to support you!

- Available **7 days a week**
- **8:00 AM – 5:30 PM EST**
- **Phone:** 844-402-4344
- **Email:** support@tomorrowhealth.com
- CCA SCO and One Care Members can also call **CCA Member Services** at 866-610-2273 (TTY 711) for further assistance





2026 Plan Operational Changes - Deeming Period

- A **deeming period** is a temporary continuation of health plan enrollment for individuals who lose Medicaid eligibility and are reasonably expected to regain it. A deeming period is intended to reduce disruption, in anticipation of members regaining eligibility.
- In 2026, CCA will continue coverage of **Medicare** benefits for a deeming period of one additional month to allow members to regain **MassHealth** coverage. During this period, **Medicaid** benefits will not be covered, until the member's MassHealth is reinstated.
- If a member **regains eligibility**, in many cases eligibility can be reinstated retroactively.
 - For example, if the member regains eligibility during the month of deeming, MassHealth eligibility is often reinstated retroactively through MassHealth fee-for-service so that there is no gap in coverage until CCA resumes the following month.
- CCA's focus is on **assisting members** with the MassHealth renewal process – before and during deeming – to help them keep their coverage.

For your reference, a recorded *Medicaid Deeming Overview* and *Deeming FAQs* are posted on CCA's Provider Portal.

2026 Updates – Located On Provider Portal



CCA introduced important updates for providers about benefit changes for Senior Care Options (SCO) and One Care plans in 2026 and Medicaid deeming periods.

See these resources on the Provider Portal for more detail.

- Access CCA's Provider Portal
 - Find Portal on CCA's Website under *For Providers* → *Provider Portal*
 - A recent EOP is required for initial registration
- Go to *Office Management Menu* → *Provider Training*

Recorded Trainings

- *2026 CCA Medicaid Deeming Training*
- *2026 CCA SCO and One Care Benefits Overview*

Reference Documents

- *2026 CCA Medicaid Deeming FAQ for Providers*
- *2026 CCA SCO and One Care Benefits FAQs for Providers*
- Frequently asked questions (FAQs) to answer common questions

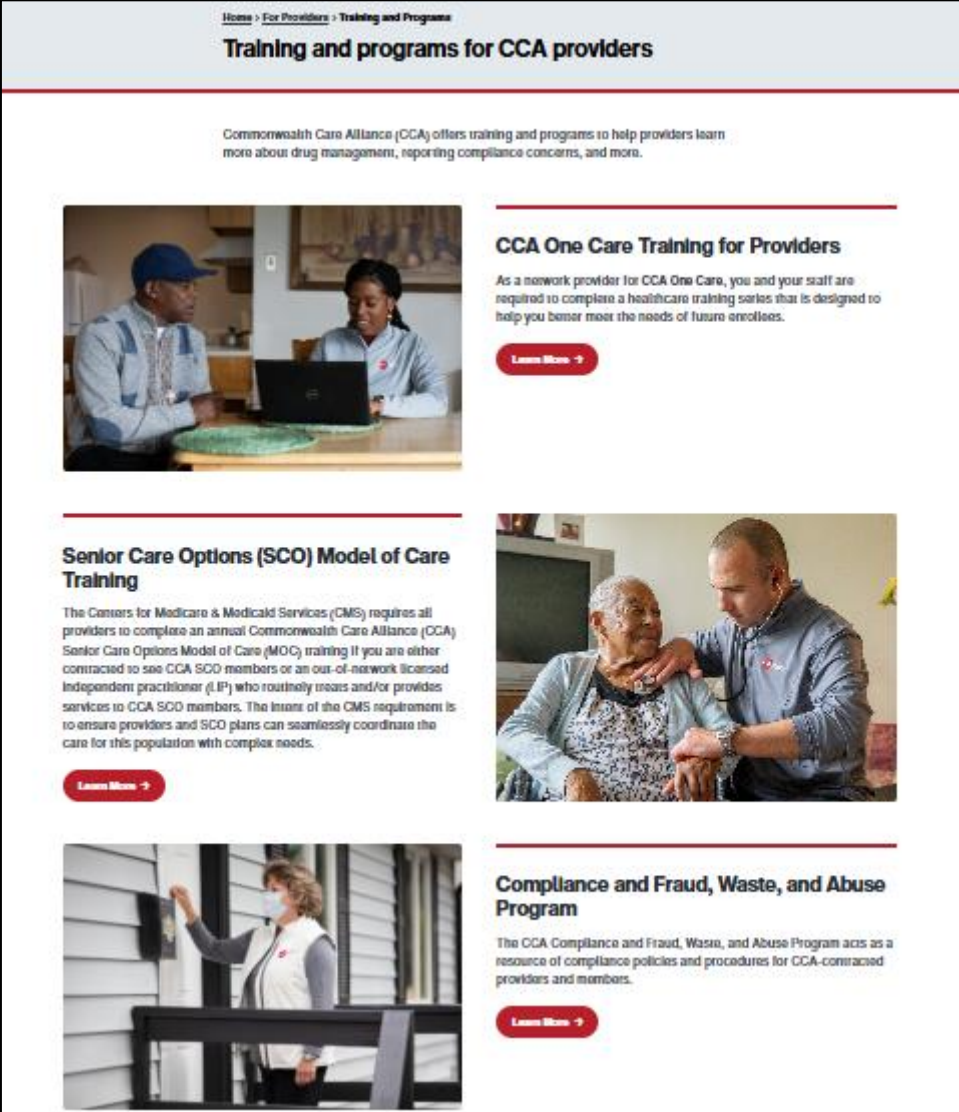
Provider Trainings – CCA Website

CCA provides several trainings to our contracted providers to support quality of care, safety, and compliance.

CCA's required and recommended trainings can be found on our website in the *For Providers > Training and Programs* and *Language Services Cultural Support Resources for Providers* sections

Trainings that require completion include:


- Fraud, Waste, and Abuse
- Compliance
- Cultural Competency
- Model Of Care
- One Care Specific Training for Providers Serving on Interdisciplinary Care Teams



Home > For Providers > Training and Programs

Training and programs for CCA providers


Commonwealth Care Alliance (CCA) offers training and programs to help providers learn more about drug management, reporting compliance concerns, and more.



CCA One Care Training for Providers

As a network provider for CCA One Care, you and your staff are required to complete a healthcare training series that is designed to help you better meet the needs of future enrollees.


[Learn More →](#)



Senior Care Options (SCO) Model of Care Training

The Centers for Medicare & Medicaid Services (CMS) requires all providers to complete an annual Commonwealth Care Alliance (CCA) Senior Care Options Model of Care (MOC) training if you are either contracted to see CCA SCO members or an out-of-network licensed independent practitioner (LIP) who routinely treats and/or provides services to CCA SCO members. The intent of the CMS requirement is to ensure providers and SCO plans can seamlessly coordinate the care for this population with complex needs.

[Learn More →](#)



Compliance and Fraud, Waste, and Abuse Program

The CCA Compliance and Fraud, Waste, and Abuse Program acts as a resource of compliance policies and procedures for CCA-contracted providers and members.

[Learn More →](#)

Please refer to *CCA's Provider Training Requirements* (Section 17 of the Provider Manual) for more detail.

Provider Data Management



Practitioners and facilities are responsible for notifying CCA of any changes to provider enrollment information.

- All requests must be sent to the Provider Data Management (PDM) department by email at PNMDepartment@commonwealthcare.org 45 days prior to the change or update.
- Detailed information on changes, e.g., adding and terminating providers, adding and terminating a practice or facility, adding or terminating NPIs, changes to demographic information and panel status and the appropriate forms needed are located in Section 14 of the Provider Manual.
- As part of CCA's provider data validation process, you can receive a monthly provider roster.
 - To request a monthly roster for your organization:
 - Email PNMDepartment@commonwealthcare.org with the subject line "*Interest in Monthly Provider Roster.*"
 - Provide your group NPI and Tax ID Number.
 - Include an email distribution list for your roster

Please refer to *CCA's Provider Enrollment and Credentialing* (Section 14 of the Provider Manual) for more detail

instED

Lauren Gray



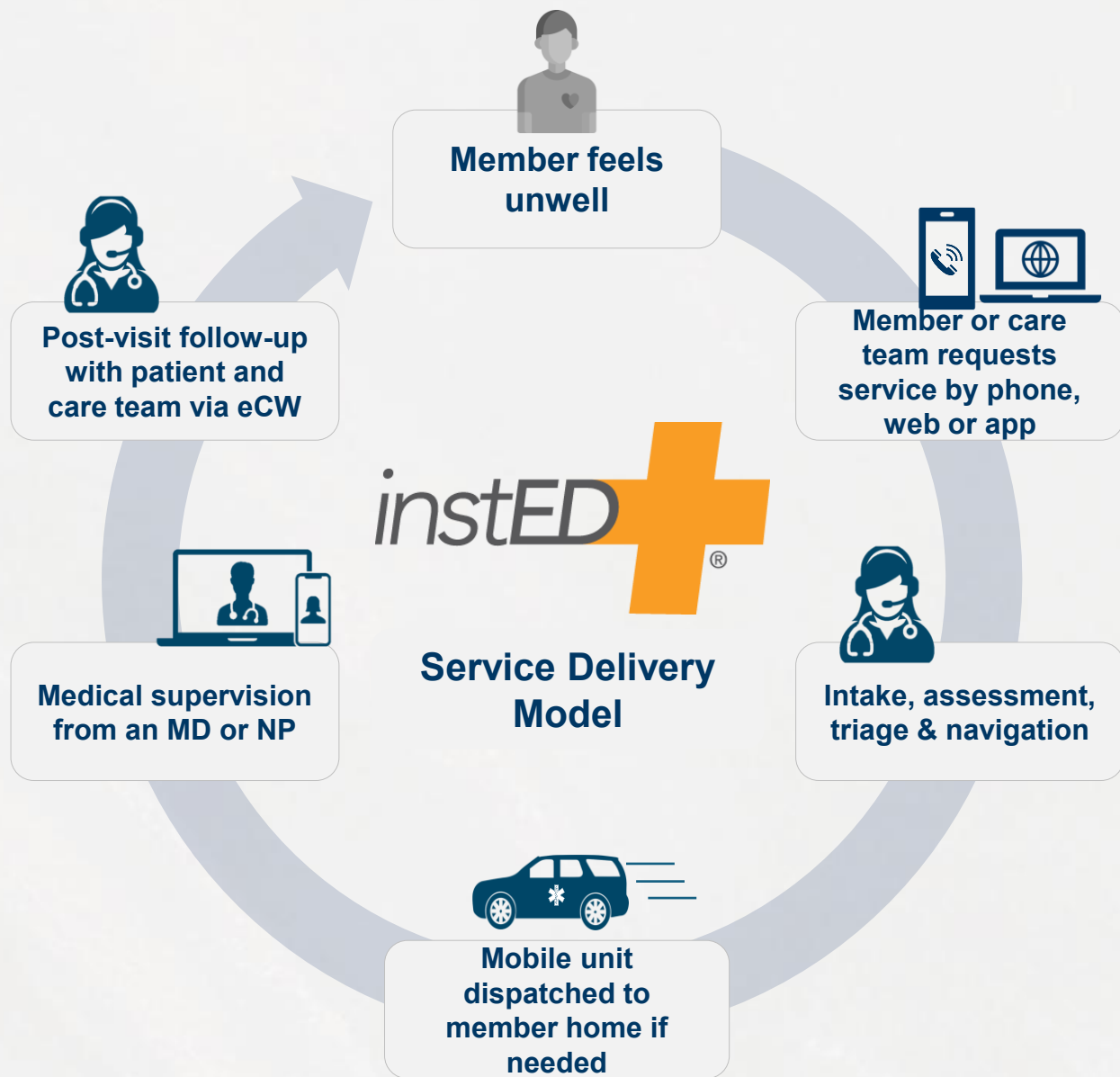


On demand in home emergency department alternative

For CCA SCO and One Care Members

April 15, 2026

The instED care delivery model for CCA SCO and One Care Members



Expert, Customized Triage



Registered nurses in our **Clinical Resource Center** triage every referral using proprietary clinical protocols

Local MIH Partners



Specialized mobile integrated health providers make up instED's **Care Delivery Network** employed by local EMS companies licensed in MIH

Experienced Medical Oversight



In-home clinicians are guided by **Virtual Medical Control** physicians and NPs, all with emergency or family medicine background

Tech-enabled Integration



Our purpose-built, proprietary **instED NOW platform** connects patients, providers, and longitudinal care teams in real time, enabling follow-up care and coordination

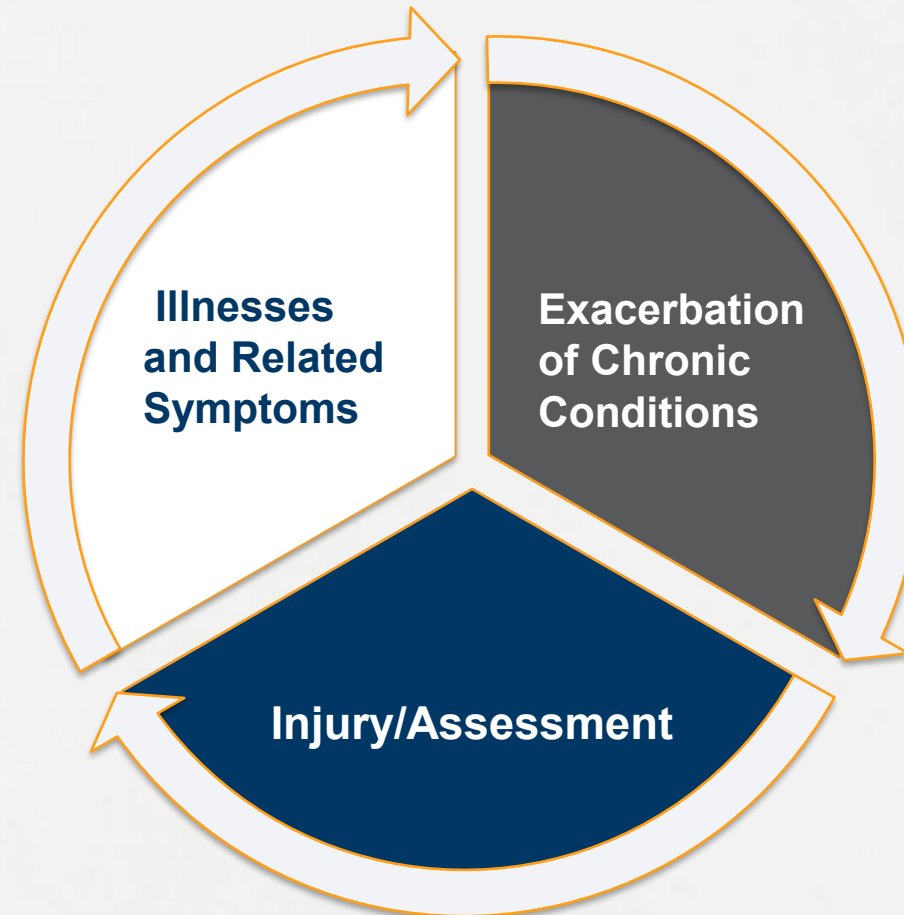


What instED can treat

Mobile providers carry a full array of diagnostic testing & treatment capabilities, including point-of-care testing, EKGs, IVs, first-dose medications and more.

ILLNESSES & SYMPTOMS

- Urinary tract infections
- Abdominal pain
- Shortness of breath
- Cough
- Weakness/lethargy
- Dehydration
- Nausea/Vomiting
- Altered mental status
- Flu-like illness
- COVID-related symptoms
- Edema
- Fever/chills
- Cellulitis
- Anxiety/depression
- Ear pain



CHRONIC CONDITIONS

- Congestive Heart Failure
- Asthma/COPD
- Migraine Headaches
- Diabetes
- Hyper/Hypotension
- Electrolyte Imbalance
- Behavioral Health

INJURIES

- Sprains and Strains
- Fall Assessment
- Back Pain
- Basic Wound Care
- Burns

Triage: Three levels of urgency

Response time is based on patient acuity.

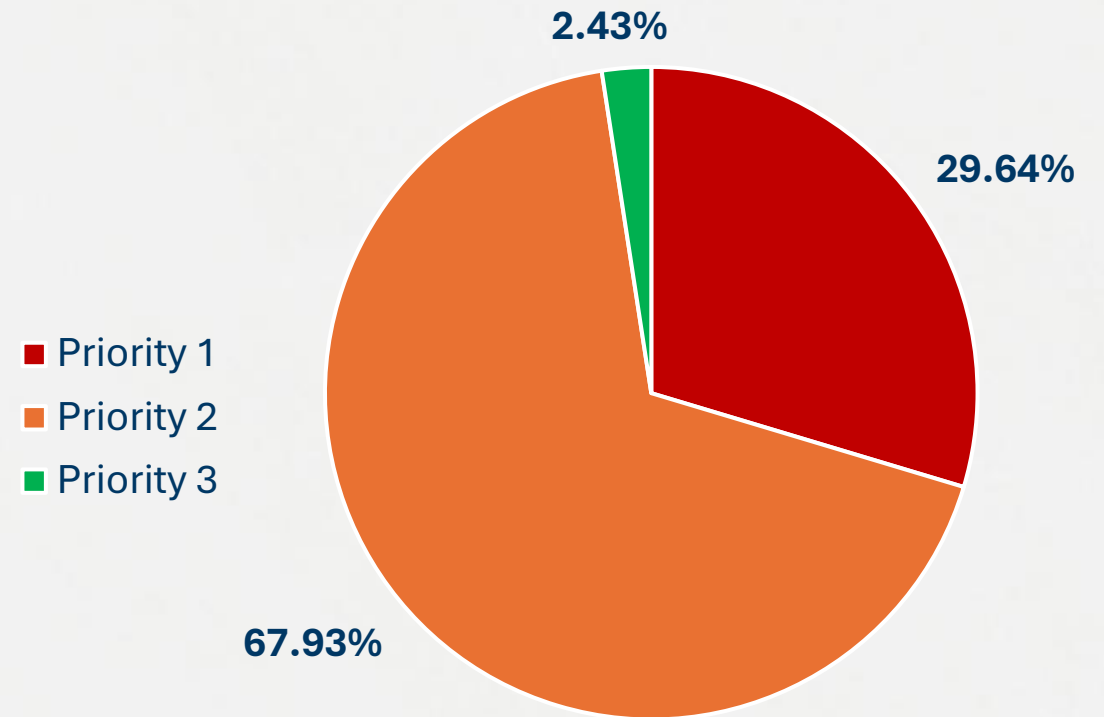
- **Priority 1:** Within 3 hours
- **Priority 2:** Within 6 hours
- **Priority 3:** Within 14 hours; typically, same day

No lights or sirens!

Mobile Health Providers arrive in an SUV or van, not an ambulance, and cannot transport.



In 2025, most visits were P1 or P2.



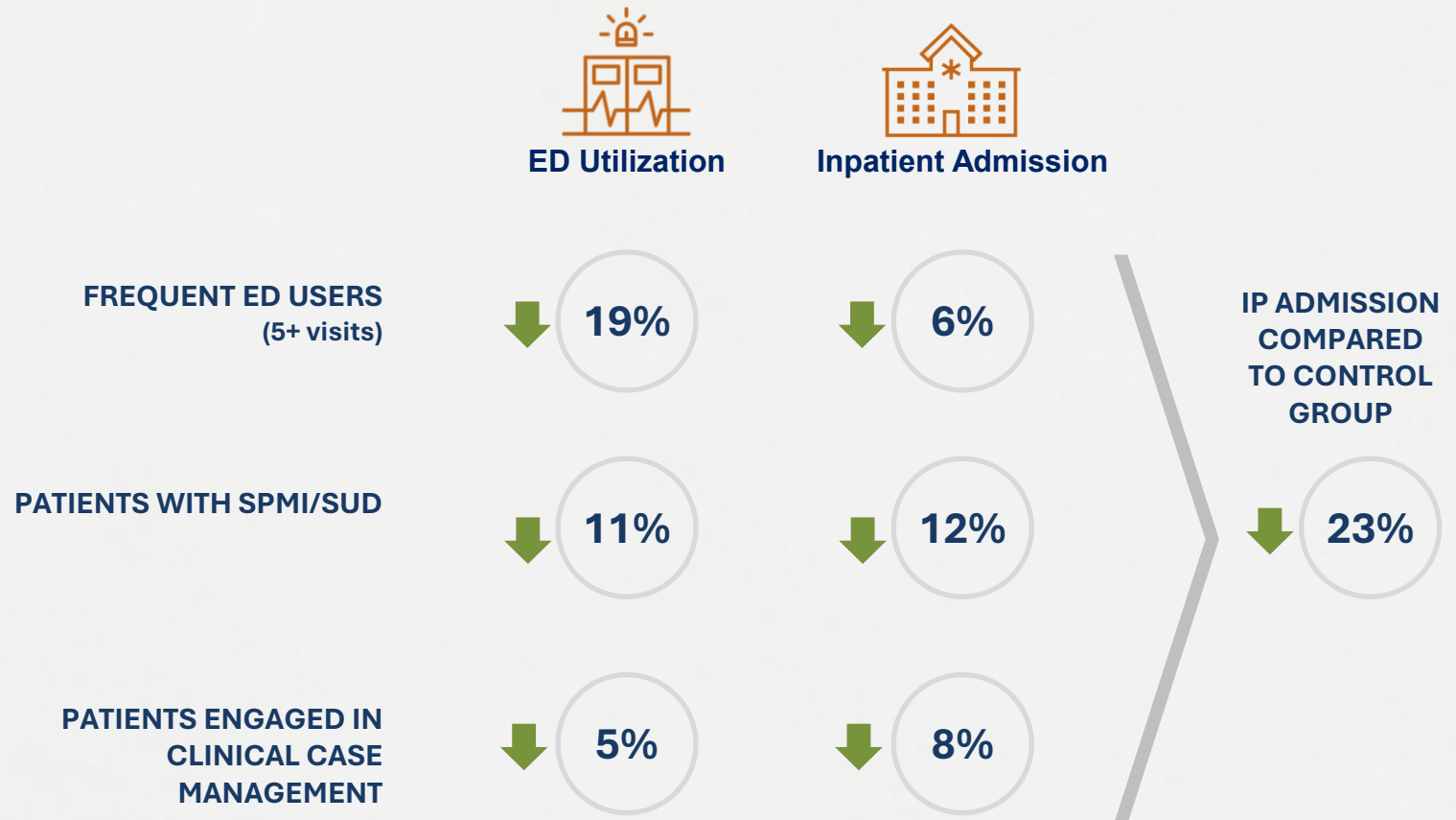
Average visits last for one hour

Post-Visit Outcomes: 90 Days

High-risk, high-need patients who used instED had

lower ED utilization and inpatient admissions

in the three months after intervention.

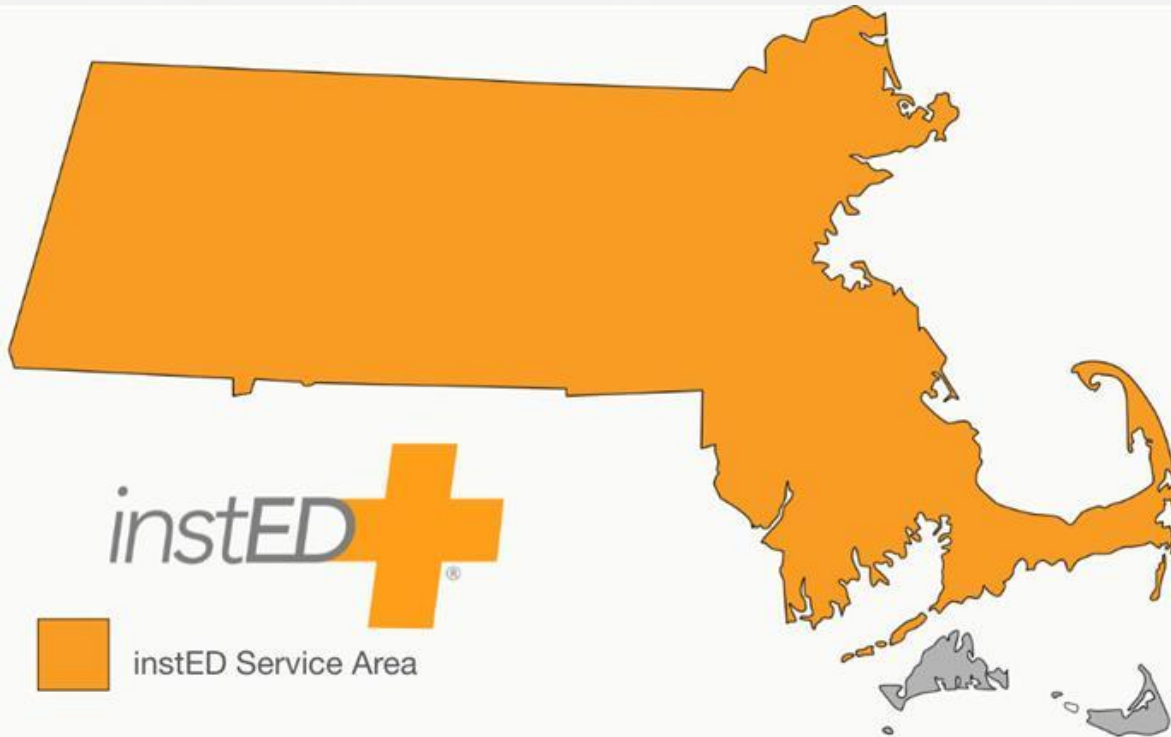


SCOPE: ED use and inpatient admission impact 3 months pre- and post-instED intervention across 2.1K unique, dually eligible patients.

Service Area

All of Massachusetts

(except the Islands)



Hours of Operation

Phone lines are open

8 a.m. – 10 p.m.

7 days/week

365 days/year

833-946-7833

Online requests (via portal and app) are accepted 24/7.

After hours requests are triaged and scheduled the next morning.

Patient Story: Randall*

instED helps members with significant medical needs, who face difficulty accessing care

Randall* is a 48-year-old spinal cord injury survivor living with paraplegia. Severe UTIs have put him in the ICU multiple times. One morning, he began to feel familiar symptoms of chills, sweats, and fluctuating blood pressure.

His PCP couldn't see him right away, so he called instED.

The instED mobile health provider arrived at Randall's home in a few hours, assessed him and briefed the Virtual Medical Control (VMC) instED physician, who ordered a point-of-care test – which was positive for a UTI.

Test results and visit notes were shared with Randall's PCP and care team via the instEDNOW Provider Portal.

Randall received his first dose of medication during the visit from the Mobile Health Provider, and an e-prescription was sent to his pharmacy. When an instED VMC physician followed up the next day, he reported feeling much better.

In the past, Randall would have gone to the ED and likely would have been admitted to the hospital. With timely care in place from instED, he was able to stay at home.



**Patient name and likeness changed for privacy.*

Thank you!

Please reach out if you would like patient materials, staff training, or have any questions – now or in the future!

WEBSITE

www.instED.us

EMAIL

LAGRAY@instED.us

SOCIAL MEDIA



instED LLC



instED

Prior Authorizations

Reed Neray





Prior Authorization Requirements

Certain items and services require review by CCA before they are covered. This ensures that our members receive the right item or service, with the best value, for their condition.

- Please see *CCA SCO and One Care Prior Authorization List* for services that require prior authorization.
- List is posted on CCA's website in the "*For Providers*" → *Forms and Referrals* section.
- Please call CCA at 866-420-9332 for any clarifications.
- An authorization should be obtained prior to performing the service to avoid an administrative claim denial.
- Providers are responsible for requesting a new authorization at least 14 days before the current approved authorization expires if the service needs to continue.
- Retro-authorizations requests will not be accepted.
- Medical Necessity Guidelines are posted at CCA's website

Please refer to *CCA's Prior Authorization Requirements* (Section 4 of the Provider Manual) for more detail.

Services Requiring Prior Authorization



The requesting physician must obtain prior authorization for the following services:*

- All elective inpatient admissions
- All unlisted CPT-4 and unspecified HCPCS codes
- Behavioral Health Services – see section 11 of the Provider Manual
- Elective hospital/facility same-day surgery and ambulatory procedures on the procedure codes list
- High-tech imaging
- Neuropsychological testing
- Non-emergent ambulance
- Oral surgery services and treatment
- Oxygen
- Plastic reconstructive surgery and treatment
- Specified durable medical equipment
- Transplant services

**Note: this is not an all-inclusive listing; please refer to the provider manual for a complete list.*

Please refer to *CCA's Prior Authorization Requirements* (Section 4 of the Provider Manual) and *Behavioral Health Providers* (Section 11 of the Provider Manual) for more detail.

Prior Authorization Submission



Prior Authorization Requests may be submitted by CCA's Provider Portal or fax

- Once CCA receives a complete PA submission, the request is reviewed and decision is faxed to requesting provider
- CCA decisions standard requests within 7 calendar days; expedited requests within 72 hours

Request Type	Submission Method	Fax Number
Outpatient Services	Fax or Provider Portal's <i>"Authorization Request"</i> section*	855-341-0720
Home Care Services (LTSS, PCA, DME, HCBS)		855-341-0720
Inpatient Medical Notifications/Observation		855-811-3467
Behavioral Health Inpatient		617-830-0118
Part B Medications	Fax	855-341-0720

Please send all requests with clinical documentation.
If faxing, please also include the appropriate Prior Authorization Request form.

*Available for in-network providers; must be registered in the portal

Please refer to *CCA's Prior Authorization Requirements* (Section 4 of the Provider Manual) for more detail.

Claims & Billing Overview

Reed Neray



Claims Billing Overview

- CCA accepts both electronic (EDI) and paper claim submissions.
 - Electronic billing is preferred.
 - Mail paper claims to: *Commonwealth Care Alliance – Claims*
P.O. Box 3085
Scranton, PA 18505
 - Contracted providers must file claims no later than 90 days from date of service unless the filing limit is otherwise stipulated in their contract.
- Provider shall not seek or accept payment from a CCA member for any covered service if the member is wholly enrolled and eligible for both Medicare and MassHealth.

Please refer to *CCA's Claims and Billing Procedures* (Section 6 of the [Provider Manual](#)) for detail.

Member Eligibility Verification



Providers are required to confirm member eligibility on a regular basis prior to rendering services, even if prior authorization is on-going.

Member Eligibility Verification Resources
Availity Essentials Provider Portal* To register, click on "Get Started" in the upper right corner and follow the instructions
MassHealth Provider Online Service Center
MMIS/Eligibility Verification System (EVS)
NEHEN Provider Portal*
CCA Provider Portal Detailed deeming eligibility is not available here
CCA Provider Services at 866-420-9332 8 am to 5 pm ET, Mon-Weds, Fri; Thurs 8:30 am to 5pm ET
<i>*Supports batch eligibility transactions</i>

Please refer to *CCA's Claims and Billing Procedures* (Section 6 of the [Provider Manual](#)) for detail.

Electronic Data Interchange (EDI) Claims

CCA prefers to receive claims by EDI as electronic billing results in fewer errors, lower costs, and increased efficiency for businesses on both ends of the transaction.

Using EDI

Initial EDI Setup - Register with *Availity Essentials* to view member eligibility, claims status and submit claims electronically to CCA. <https://essentials.availity.com>

EDI Specifications - see Section 6 of the [Provider Manual](#) - *CCA's Claims and Billing Procedures*

CCA's Payer ID - A2793 (all products)

EDI Submission - CCA offers three options for submitting EDI claims:

- 1-Clearinghouse Submitters
- 2-Direct Submitters*
- 3-Single Claims Submitters*

**Uses our automated secure web portal interface to transmit HIPAA-compliant claims for processing and provides the ability to view data and claim processing status, per level of authorization.*

Please refer to *CCA's Claims and Billing Procedures* (Section 6 of the [Provider Manual](#)) for more detail.

Payspan

Commonwealth Care Alliance (in partnership with Payspan) has implemented an enhanced online provider registration process for Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) services.

- Payspan deposits CCA reimbursement payments into the provider's designated bank account(s) by EFT.
- Payspan gives providers online access to Explanation of Payments (EOPs) and payment reconciliation reports.
- To access remittance advice, providers must register with Payspan.

Three Ways to register:

1. Go to payspanhealth.com
2. Call 877-331-7154, option 1
3. Email providersupport@payspanhealth.com

Please refer to *CCA's Claims and Billing Procedures* (Section 6 of the [Provider Manual](#)) for more detail.



Checking Claim Status

Providers requesting information on the status of a claim have the below options.

Checking Claims Status
Payspan If providers use billing agencies to manage their accounts, please access Payspan
Availity Essentials Provider Portal* To register, click on "Get Started" in the upper right corner and follow the instructions
CCA Provider Portal
CCA Provider Services at 866-420-9332 Provider Services can provide clarification on EOPs 8 am to 5 pm ET, Mon-Weds, Fri; Thurs 8:30 am to 5pm ET

Please refer to *CCA's Claims and Billing Procedures* (Section 6 of the [Provider Manual](#)) for more detail.



Corrected Claims

- To modify a paid, denied, or rejected claim, providers must submit a corrected claim electronically or on paper.
 - If the correction requires additional information such as an invoice or prescription, the corrected claim must be submitted on paper.
- Corrected and rejected claims submissions should include:
 - Original claim number
 - Any necessary modifications from the original claim
 - CMS-1500/HCFA-1500 or UB-04 paper claim with the corrections
 - *CCA Request for Claim Review* form
 - Any required supporting documentation
- Mailing address for corrected and rejected paper claims: Commonwealth Care Alliance – Claims
P.O. Box 3085
Scranton, PA 18505

Please refer to *CCA's Claims and Billing Procedures* (Section 6 of the [Provider Manual](#)) for more detail.



Provider Payment Disputes

- Contracted Providers may file a payment dispute for CCA's reconsideration if they disagree with CCA's decision of denial or reimbursement of a claim.
 - Disputes must be submitted in writing to providerdisputes@commonwealthcare.org
 - Payment dispute requests will be considered when received within 90 days from the original payment or denial date, as indicated on the EOP, with supporting documentation and the *Request for Claim Review* form.
- Contracted providers may file a dispute for CCA's reconsideration if they believe CCA is paying an amount different than contractually agreed upon.
 - Please direct correspondence to CCAContracting@commonwealthcare.org.
- Contact CCA Provider Services with any questions on provider payment disputes.

Please refer to *CCA's Claims and Billing Procedures* (Section 6 of the [Provider Manual](#)) for detail.

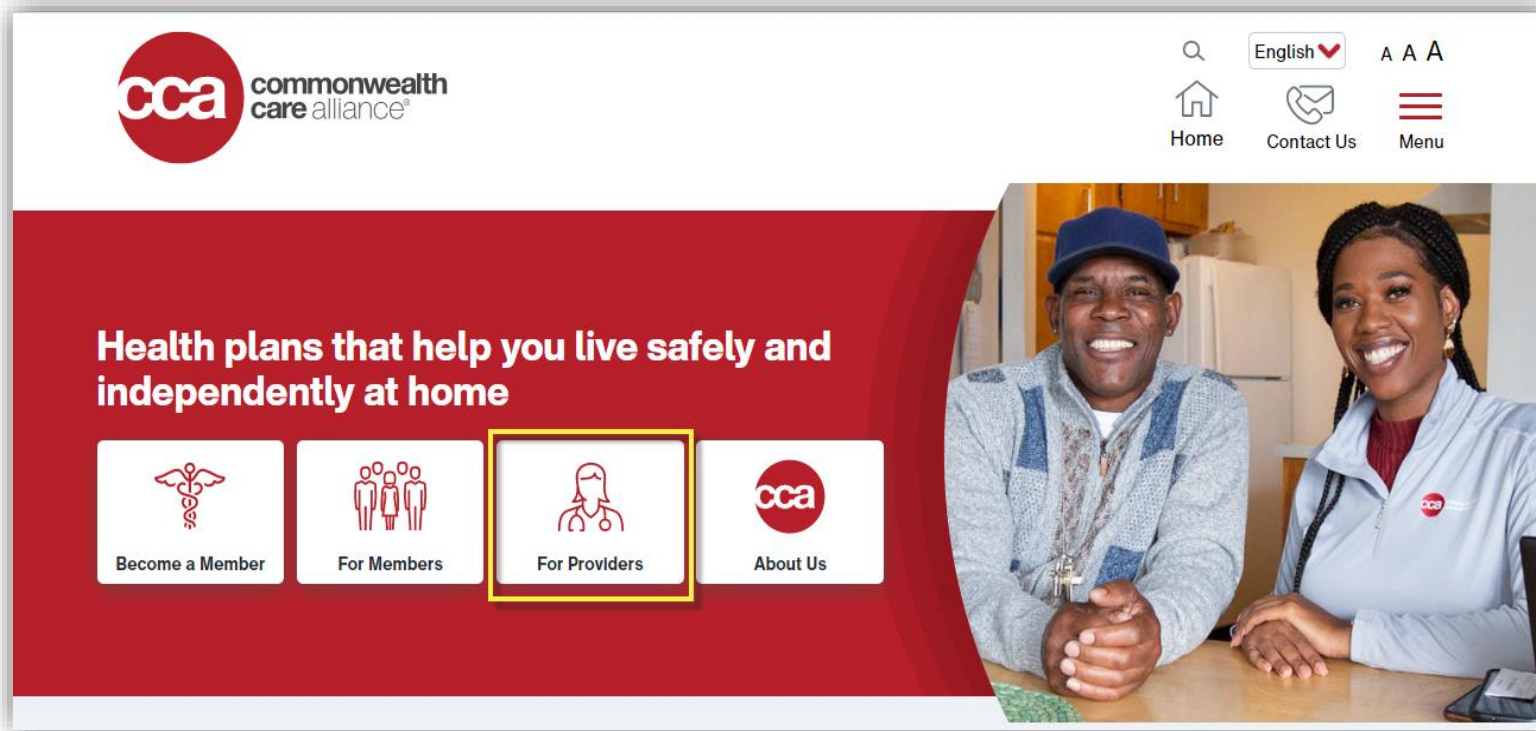
Provider Resources

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Navigating the CCA Website "For Providers"

See the "For Providers" tab on the CCA's website for:



- Provider manuals
- Forms and referrals
- Payment policies
- Provider portal
- Provider directory

commonwealthcarealliance.org

Provider Portal

commonwealthcarealliance.healthtrioconnect.com

cca commonwealth care alliance

Log in to CCA Provider Portal

Username [Forgot Username?](#)

Password [Forgot Password?](#)

Log in → Register

Log in to access provider self-service tools:

- Verify eligibility for single and multiple members
- Member authorizations
- Credentialing form submission
- Secure messaging
- Remittance and payment
- Manage portal access
- Generate reports
- Self-service training
- Educational documentation



Provider News

CCA emails *Provider News* with policy updates and information about the unique role our organization plays in healthcare.

- Go to commonwealthcarealliance.org/ma/providers to view current and archived News and to sign up for distribution.

The screenshot shows the 'For Providers' section of the CCA website. It features a red header with the text 'Home > For Providers' and 'Welcome CCA providers'. Below this is a paragraph: 'We're committed to supporting our providers, so that together we deliver the highest-quality, individualized care to your patients. Thank you for the opportunity to partner with you.' There are four navigation buttons: 'Provider Manual', 'Forms and Referrals', 'Provider News' (highlighted with a purple box), and 'Provider Portal'. Below these is a 'Quick Links' section with ten buttons: 'Provider Updates', 'Our Approach to Care', 'Policies and Guidelines', 'Training and Programs', 'Provider Directory', 'Pharmacy Information', 'Provider Resource Guides', 'SSBCI Form', 'Language Services and Cultural Support', and 'Frail Elder Waiver (FEW) Form'. A photograph of two women smiling is on the right side of the page.

The thumbnail features the title 'CCA Provider News' at the top. Below it is a photograph of a person in blue scrubs typing on a laptop. Underneath the photo, the text reads: 'Read recent issues of CCA's provider newsletter' and 'Jan 9, 2026'.



Contact Information for Claims & Billing Support

Provider Claims, Billing Support, and EDI Support

CCA Provider Services at 866-420-9332

8 am to 5 pm ET, Mon-Weds, Fri; 8:30 am to 5 pm ET, Thurs

EDI Support by Availity Client Services at 800-282-4548

8 am to 8 pm, Mon-Fri

Availity Essentials Provider Portal

To register, click on "Get Started" in the upper right corner and follow the instructions

Please refer to *CCA's Claims and Billing Procedures* (Section 6 of the [Provider Manual](#)) for detail.



Contact Information for Supplemental Benefits and Vendors

Benefit	Vendor	Contact Information
Additional Telehealth (urgent general medical)	<i>Teladoc</i>	800-TELADOC (800-835-2362)
Fitness Benefits*	<i>Silver&Fit</i>	877-427-4788
Routine Hearing (exams and aids)	<i>Nations Hearing</i>	877-277-9196
Transportation	<i>CTS</i>	855-204-1410 (TTY 711)
Vision	<i>EyeMed</i>	SCO: 877-493-4586 One Care: 877-493-4588
Dental	<i>Skygen</i>	Call CCA Member Services 866-610-2273 (TTY 711)
Healthy Savings Card*	<i>Nations Benefits</i>	

*SCO Benefit only

Key CCA Contacts



Member Services: 866-610-2273 (TTY 711)

Oct 1 to Mar 31: 8:00 am to 8:00 pm, 7 days a week.

April 1 to Sept 30: 8:00 am to 8:00 pm, Mon-Fri, and 8:00 am to 6:00 pm, Sat and Sun

Interpretation services are available.

memberservices@commonwealthcare.org

Provider Services: 866-420-9332 (Mon, Tue, Wed, Fri 8:00 am to 5:00 pm and Thur 8:30 am to 5:00 pm)

providerservices@commonwealthcare.org

Providers can call or email with inquiries about covered services, authorization status, service denials, claims, and benefits

For clinical concerns or to contact the care partner team, select option 4

Provider Relations: providerrelations@commonwealthcare.org

Providers can email with inquiries and questions. Send an email here to be added to the Provider News.

Contracting: ccacontracting@commonwealthcare.org

Providers can email with inquiries and questions related to their contract

CCA-CareSource Transition



What is Changing on July 1, 2026

- CareSource will provide operational support for the CCA SCO and One Care plans (including key administrative functions and provider-facing operations).
- Providers will be supported through the CareSource Provider Portal for secure online functionality (eligibility/benefits, claims, care coordination tools, and more).
- Some submission pathways and processes (e.g., portal workflows, select fax/mail addresses, and payment-related processes) will be updated as we integrate operations.

What is Not Changing

- Members will remain enrolled in the CCA SCO and CCA One Care plans.
- Your current CCA contract terms are expected to continue to apply (unless you are notified otherwise through standard contracting communications).
- Member access to covered services and care coordination will continue, with an emphasis on supporting individuals with complex needs.

Save the date!

Transition Orientation is coming and sign ups will be on our provider page of our website at CommonwealthCareAlliance.org and clicking *Transition Support*.

Date	Time
June 16 th	12-12:45 pm est
June 25 th	12-12:45 pm est
July 7 th	12-12:45 pm est
July 21 st	12-12:45 pm est

Be on the Lookout!

Mailings such as welcome letters and transition guides forthcoming. Please ensure you are on our mailing list by providing your email address to

providerrelations@commonwealthcare.org

Thank you



Contact Information

Melissa Rusin
Program Manager, Provider Engagement
mrusin@commonwealthcare.org