

# News & Updates

February 2022

Please find COVID-19 updates and resources at the end of this newsletter. Going forward, CCHA will send COVID-19 updates as a separate communication.

## Marshall & Middle Fork Fire Resources

### Assistance for Members Affected by the Marshall and Middle Fork Fires

As the regional organization for Boulder and Broomfield counties, CCHA is committed to meeting the needs of Health First Colorado (Colorado's Medicaid Program) members affected by the fires. If you have a patient in need of assistance, please direct them to our [Marshall & Middle Fork Fire Assistance webpage](#) or [CCHA Member Support Services](#) for help.

Your patients can connect with [CCHA Members Support Services](#) at 303-256-1717. If you would like to refer a Health First Colorado member for care coordination services, please complete a region-specific referral form.

- [Referral form for members attributed to providers in Boulder, Broomfield, Clear Creek, Gilpin and Jefferson counties \(Region 6\)](#)
- [Referral form for members attributed to providers in El Paso, Park and Teller counties \(Region 7\)](#)

### Prescription Refills for Fire Evacuees

Health First Colorado will cover any needed refills for members affected by the fires. Health First Colorado members should contact their pharmacy to advise them of their circumstances and request refills as soon as possible.

Some new medications may need prior authorization before the pharmacy can fill the new prescription. If the pharmacy cannot receive the prior authorization approval in a timely manner, the Department of Health Care Policy & Financing (HCPF) has authorized its enrolled pharmacies to dispense a 72-hour emergency supply (3 days).

[Read more about prescription refills for evacuees.](#)

## CCHA Updates

### Member Dismissal Policy

CCHA recently updated our dismissal form. The dismissal process and newly updated [dismissal form](#) can be found at [CCHAcres.com/providertools](#) > Primary Care Providers > Manuals and Resources.

If you have questions about the policy or form, please contact [Providers@CCHAcres.com](mailto:Providers@CCHAcres.com) or your CCHA practice transformation coach.

### Early and Periodic Screening, Diagnostic and Treatment Benefit Webinar

CCHA recently recorded an Early and Periodic Screening, Diagnostic and Treatment (EPSDT) webinar to provide an overview of the EPSDT benefit, including what services are covered, the components of the benefit and how the benefit can be utilized to furnish services to Health First Colorado-eligible

children. The webinar also provides an overview of CCHA and how we can assist with the EPSDT process.

[View the CCHA EPSDT webinar here](#). The webinar is also available at [CCHAcared.com/providertools](#) > General Resources for All Providers > Provider Education and Training.

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## Cultural Competency Resources

Are you looking for guidance on how to provide quality, effective and compassionate care to LGBTQ patients? The National Center for Biotechnology Information offers a continuing education activity called [Cultural Competence in the Care of LGBTQ Patients](#).

If you are looking for additional cultural competency resources, CCHA has developed cultural competency resources to help providers address the particular operational needs that often arise in a busy practice because of the changing service requirements and legal mandates. Find CCHA cultural competency resources at [CCHAcared.com/providertools](#) > General Resources for All Providers > Cultural Competency Resources.

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## CCHA Career Opportunities

CCHA is hiring for the positions listed below. Please consider sharing these opportunities with your professional network. [Learn about these and other career opportunities](#).

- Application Support Specialist, Denver
- Care Coordinator, RN, Denver
- Health Care Data Analyst III, Denver
- Medicaid Care Coordinator, Pediatric RN, Community Based
- Medicaid Care Coordinator, MSW, Community-Based
- Outreach & Referral Coordinator, Colorado Springs
- Risk Adjustment Coding Specialist, Denver

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## Department of Health Care Policy and Financing (HCPF)

### Ordering, Prescribing and Referring Providers

Providers are reminded that the Affordable Care Act (ACA) requires physicians and other eligible practitioners to enroll in Health First Colorado.

This applies to all rendering, attending, ordering, prescribing and referring providers.

All National Provider Identifiers (NPIs) listed on a claim must be enrolled with Health First Colorado.

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### Provider Termination of Enrollment

All provider enrollments as a Case Management Agency must be revalidated every five years, even non-billing providers. Providers will be notified by mail about the revalidation application.

If you do not want to be a provider :

- Submit a [Provider Maintenance Request](#) to terminate your enrollment
- Contact Gainwell Technologies (formerly DXC) at **1-844-235-2387**
- See the [Gainwell Provider Resources webpage](#)

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### CNA Prior Authorization Requests Temporarily Paused

HCPF recently met with Health First Colorado members and families, providers, and other stakeholders about concerns related to the certified nursing assistant (CNA) pediatric long-term home health (LTHH) benefit prior authorization request (PAR) process. Based on these conversations, HCPF has decided to temporarily pause the CNA pediatric LTHH PAR process effective November 1, 2021, until June 1, 2022, at the earliest. Read [HCPF's January 24 communication for additional information](#).

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## Keep in the Know About New Legislation on the Horizon

Sign up for HCPF's latest newsletter highlighting Maternal, Child and Reproductive Health legislation. The new monthly publication offers updates, information and stakeholder engagement opportunities related to [SB 21-194](#), [SB 21-009](#), [SB 21-025](#), [SB 21-016](#) and [SB 19-195](#), the Maternal Opioid Misuse Grant, and the Maternal Advisory Committee.

To register, email [HCPF\\_HPO\\_Comms@state.co.us](mailto:HCPF_HPO_Comms@state.co.us) and request to be added to the distribution list. In the meantime, check out the [Maternal, Child and Reproductive Health webpage](#) for the latest information.

## New Redetermination Process

In March 2022, HCPF will implement a new redetermination process for all Health First Colorado and Child Health Plan *Plus* (CHP+) members. The new process will be called "renewal" because member feedback shows "renewal" was more understandable than "redetermination" for most surveyed members.

Renewal is a case review that happens at least every 12 months to determine whether Health First Colorado and CHP+ members will continue to qualify for benefits. HCPF has developed a new process and packet to adhere to federal regulations and make it easier for members to navigate and complete.

For more information, see the Renewal Revamp presentation, workbook and FAQ on [HCPF's Eligibility Partner Trainings webpage](#) or view the [Renewal Guidance for Medical Assistance Memo](#).

## Behavioral Health Updates

### Questions or need support?

Contact your [CCHA behavioral health provider experience representative](#).

## December 2021 Listening Session Update

In December 2021, CCHA held behavioral health (BH) listening sessions for the provider community. We would like to thank the providers who participated in the open dialogue. Since December, CCHA has begun to operationalize changes based on provider input.

### Claims Payment Recoupment Lookback Period

#### *Background*

As fiscal stewards of state and federal funds, Medicaid-managed care organizations are charged with complying with any state and federal regulations regarding Medicaid payments. Medicaid managed care organizations are subject to recovering any known overpayments regardless of error or fault as outlined in CRS 25.5-4-301, the Patient Protection and Affordable Care Act, and the False Claims Act. Medicaid is federally dictated to be the payor of last resort, and can only pay after any and all applicable commercial and Medicare coverage is applied to a service. Without contractual guidance to dictate recoupment lookback periods, the Health First Colorado regional organizations set their own lookback periods to monitor overpayments, proper coordination of benefits, and compliant coding and billing practices. After guidance from multiple state officials and in line with Program Integrity standards, CCHA set our lookback periods ranging from one to three years, depending on the category.

Following the [December 2021 CCHA behavioral health provider listening sessions](#), **CCHA paused all behavioral health claims recoupments** while a review of recoupment projects and their applicable lookback periods was conducted. CCHA has completed its review and has taken the following action.

### Change to lookback period beginning 2022

CCHA conducted a review of the lookback period for behavioral health claims recoupments. The lookback period is defined as how far back CCHA will review a claim for possible recoupment. After reviewing federal and state regulations, as well as weighing guidance provided from HCPF, the following changes have been made:

- Effective January 1, 2022, the lookback period for paid behavioral health claims is 365 days/12 months from the date the claim was paid.
- The initial notice of recoupment will occur within the 12-month lookback period. Providers will continue to receive an initial and final notice before any recoupments take place.

- Exceptions in accordance with state and federal regulations:
  - The Centers for Medicare and Medicaid Services (CMS) allows for recoupments where Medicare is the primary payor up to 48 months.
  - Recoupments, as directed by state and federal officials for confirmed cases of fraud, waste, and abuse, can occur outside of any lookback period.

Note: The fall 2021 recoupments as a result of incorrect rendering provider listed on claims (box 24J project) was halted completely and providers will not experience recoupments for this reason.

### FAQs Available

CCHA BH leadership responded to the questions and issues raised during our December 2021 Region 6 and Region 7 listening sessions in the [Listening Session Responses FAQ](#).

### Who to Contact with Questions

Providers can contact their [CCHA behavioral health provider experience representative](#) for more information.

## GT Modifiers: Modifier Removed and Rates Increased

To additionally clarify this previous communication from our [January provider newsletter](#):

Effective January 1, 2022, providers in the Independent Provider Network (IPN) should discontinue the use of the GT modifier, as this modifier has been removed from the new IPN fee schedule. Facility billers (UB-04 institutional) should only append modifier GT to designate telemedicine.

As of January 1, 2022, CCHA removed the use of a GT modifier that triggered enhanced payment for approximately 20 telemedicine procedure codes. As part of our January 1, 2022 professional fee schedule update, we removed the GT modifier from the fee schedule and increased rates. These rates are now higher than the previous enhanced telemedicine rate.

While the use of the GT modifier will no longer trigger the previous enhanced rate, CCHA is not denying claims where the GT modifier was submitted on the sole basis of using the GT modifier. If the GT modifier is billed with a procedure code that never allowed the use of the GT modifier, it will deny. We strongly recommend that our IPN discontinue use of the GT modifier, as use of the GT modifier no longer has an impact on enhanced reimbursement.

## Correct Coding and Billing Reminders for Behavioral Health Providers

CCHA wants to remind you of important coding and billing considerations for BH providers:

- For residential services, the HK modifier is appropriate for adults with mental health issues that are severe enough to require a 24-hour structured program but do not require hospitalization. Each code page in the [Uniform Service Coding Standards Manual \(USCSM\)](#) provider manual includes a section titled *Applicable Populations* which includes definitions of adult and young adult. Please reference this information to ensure you are using the appropriate modifier.
- Codes H0010, H0011 and H2036 must be billed with the modifier HF in the primary position. If you do not include the HF modifier, these claims will not be accepted into the CCHA processing system, and they will be rejected from the clearinghouse.
- You should always bill units of service to CCHA in whole numbers. Claims billed with non-integer units will be rejected. These claims will not be accepted into the CCHA processing system, and they will be rejected from the clearinghouse.
- Both professional billers and facilities have **120 days** from the date of the service to submit a clean claim to CCHA for processing when CCHA is the primary payer.
  - Claims are defined as clean when they are submitted without any defects, with all required information for processing, and in the timely filing period.
- Providers who have been overpaid need to send either payment or notification to CCHA within 60 days of the date the overpayment was identified.

If you realize you have been overpaid, you can use either a [Behavioral Health Refund Notification Form](#) and submit a check or the [Behavioral Health Recoupment Notification Form](#) for a payment offset. Both forms can be found at: [CCHAcres.com/providertools](https://CCHAcres.com/providertools) under Behavioral Health Providers > Claims and Billing.

Please note:

- Do not bill CCHA for services rendered in a prison/correctional facility (place of service 09).
- Modifiers 59, XE, XP, XS and XU should be used to designate Distinct Procedural Service modifiers. Generally, these modifiers are not applicable to BH codes. Please review the use of these modifiers on the claims you are billing to CCHA. CCHA may deny and/or recoup your claim due to incorrect use of Modifiers 59, XE, XP, XS and XU.

The CPT® guidelines for Distinct Procedural Service modifiers say: *Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-evaluation and management (E/M) services performed on the same day. Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used.*

Please keep in mind:

- Documentation should support the procedure code and modifier(s) usage. Depending on the episode of care, more specific documentation, in compliance with federal and state regulations, may be required for the medical records to be considered complete.
- While every effort is made to deny claims if they are not billed using correct coding guidelines, and with the direction provided in the [Uniform Services Coding Standards Manual](#), incorrectly billed claims are subject to future recoupment. Please check the *Uniform Services Coding Standards Manual* before billing any service to CCHA.

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## SUD Provider Action Needed: Claim Submission Request

HCPF has asked CCHA and all other regional organizations to check in with contracted substance use disorder (SUD) providers about unsubmitted claims. Because the SUD benefit is new, HCPF wants all SUD services to be accounted for in the upcoming rate-setting process to help ensure the benefit is appropriately funded for future years. The rate-setting process is now underway, and we want to ensure that your claims are captured.

If you bill CCHA under the new SUD benefit and you are holding claims for submission, please **reach out to your [Provider Experience representative](#) immediately** with the following information:

- Estimated number of claims needing submission
- Barriers preventing you from submitting these claims to CCHA (for example, a delay with a clearinghouse, etc.)

If there are no barriers preventing claim submission, **please submit outstanding claims to CCHA immediately**. We ask that you also check with your clearinghouses to ensure they are submitting claims timely and the claims are showing as accepted by CCHA on your *Accept* and *Reject* reports.

CCHA provider experience representatives are here to support you. [Please contact us](#) if you have any questions.

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## Evaluation and Management Codes

E/M codes are covered by the Medicaid Capitated Behavioral Health Benefit when they are billed by a BH specialty provider for a primary diagnosis of either a covered mental health or covered substance use disorder, with the exception of codes 99214 to 99245 and 99251 to 99255.

Codes 99281 to 99285 for E/M emergency department codes are reimbursed under the Medicaid Capitated Behavioral Health Benefit when the service is provided for a covered BH diagnosis, regardless of the billing provider.

Add-on codes 90785, 90833, 90836, 90838 are reimbursed under the Medicaid Capitated Behavioral Health Benefit when billed with an E/M code covered under the Medicaid Capitated Behavioral Health Benefit.

CCHA may deny or recoup claims billed for E/M services by non-BH specialty provider types.

Providers who are eligible to submit rosters for loading should check for a confirmation of receipt email. Please look for any follow-up emails from our Provider Data team requesting additional information to complete with your request. If no response is received, your request will be closed out.

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## Behavioral Health Areas of Expertise Profile Improves Referral Process

The Behavioral Health Areas of Expertise Profile (BHAEP) is designed to highlight BH network providers' services, cultural preferences, race, languages spoken and other specialties to our members by enhancing our online provider directory. The goal is to help our members find the right BH provider to fit their unique needs.

Contracted Health First Colorado providers are asked to answer a brief online survey on their clinical areas of expertise, demographics, modalities and accessibility. The data collected provides insight into our BH providers' capabilities, which assists in member referral, provider network strategy development and proposal support. Completion of the BHAEP does not affect a provider's credentialing materials/status or contract.

By capturing this information, we can:

- Improve identification of specific services and/or specialties
- Improve the referral process by better identifying provider capabilities
- Align with competitors that provide this data in their online provider directories

Currently, the BHAEP is administered in 18 Medicaid markets. While data gathered through this tool has proven helpful to members, providers and the health plan, response rates remain low.

View [Colorado Community Health Alliance's BHAEP survey here](#).

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## Behavioral Health Appeals Fax Line Turning Off April 1, 2022

CCHA's BH department is moving away from using our current fax lines for member and provider appeal submissions. Our goal is to turn off the current fax lines on April 1, 2022. You may continue to submit provider and member appeals via fax until April 1. After April 1, please submit appeals to CCHA via phone, mail, and Availity (for providers). If you have any questions, please reach out to your [provider experience representative](#) for assistance.

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## Behavioral Health Provider Open Mic Calls

Our provider relations staff will be available to provide updates and respond to your questions about CCHA and the Health First Colorado program during our behavioral health open mic calls.

The next open mic call will take place on **March 10, 2022, from noon - 1 pm**. [Please register here](#).

If you cannot attend but have questions, please email [CCHA@anthem.com](mailto:CCHA@anthem.com).

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## Patient Education and Provider Tools

### Get Ahead Colorado

It's that time of year again! The IRS opened at the end of January and families can file their taxes now. The sooner they file, the sooner they'll be able to get their Child Tax Credit or Earned Income Tax Credit payments. These payments go a long way to help Colorado families and working people make ends meet. Your patients can use Get Ahead Colorado to file their taxes for free, get free tax help and find other resources to help make their taxes easier. Help your patients and their families get an early start by telling them about [GetAheadColorado.org](https://getaheadcolorado.org).

Learn more and get access to free campaign resources, including brochures, social media content and newsletter messages to help [spread the word](#).

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## Denver Metro YMCA Offers Diabetes Prevention and Blood Pressure Self-Monitoring Programs

CCHA is working with the Denver Metro YMCA to offer diabetes prevention and blood pressure self-monitoring programs to Health First Colorado members.

Learn more about the programs below. These programs are free to Region 6 (Boulder, Broomfield, Clear Creek, Gilpin, Jefferson counties) CCHA members. If you have an interested patient, please use the [YMCA Referral form](#) to refer them to the appropriate program.

### **Diabetes Prevention Program YMCA of Metro Denver**

The Diabetes Prevention Program can help your patients lose weight and become more active to delay or prevent the onset of type 2 diabetes.

Through this program, your patients will meet regularly with a certified lifestyle coach to learn about:

- Nutrition
- Physical activity
- Overcoming stress
- Staying motivated

See the [Diabetes Prevention Program flyer](#) or visit this [webpage](#) for more information.

### **Blood Pressure Self-Monitoring Program YMCA of Metro Denver**

The Blood Pressure Self-Monitoring program is designed to help adults with hypertension lower and manage their blood pressure. Your patients will meet with a trained Healthy Heart Ambassador to:

- Measure and record their blood pressure at least two times per month
- Attend two personalized consultations per month
- Attend monthly nutrition education seminars

See the [Blood Pressure Self-Monitoring Program flyer](#) or visit this [webpage](#) for more information.

## **Health First Colorado Provider Academy**

### **Exploring Implicit Bias in Health Care for Historically Marginalized Communities**

Join CCHA to hear from a diverse panel of experienced professionals about the impact of racial inequities on our health and well-being.

Wednesday, March 16 from 2 - 3:30 pm

[Register here.](#)

## **Funding Opportunities**

### **HHS Announces Availability of \$13 Million to Increase Behavioral Health Care Access in Rural Communities**

The U.S. Department of Health and Human Services (HHS), through the Health Resources and Services Administration (HRSA), recently announced the availability of \$13 million in funding to increase access to BH care services and address health inequities in rural America, including through evidence-based, trauma-informed treatment for substance use disorder.

HRSA's Federal Office of Rural Health Policy will make awards through the [Rural Communities Opioid Response Program \(RCORP\)—Behavioral Health Care Support](#). Eligible applicants include entities such as Rural Health Clinics, federally recognized tribes, tribal organizations and community- and faith-based organizations.

Applicants can begin the RCORP-Behavioral Health Care Support application process on Grants.gov and must apply by Tuesday, April 19, 2022. Visit the [Notice of Funding Opportunity for more information](#).

### **CMS Commits More Than \$49 Million to Reduce Uninsured Rate Among Children and Boost Medicaid Enrollment Among Parents and Pregnant Individuals**

CMS is committing \$49.4 million to fund organizations that can connect eligible children, parents and pregnant individuals to health care coverage through Medicaid and the Children's Health Insurance Program (CHIP). Awardees, including state/local governments, tribal organizations, federal health safety net organizations, non-profits, schools and others, will receive up to \$1.5 million each for three years to reduce the number of uninsured children by advancing Medicaid/CHIP enrollment and retention.

CMS will accept applications through March 28, 2022. For more information, visit the [grant application page](#) and the [CMS press release](#).

## COVID-19 Vaccine Updates

The Food and Drug Administration (FDA) [fully approved the Moderna COVID-19 vaccine](#) on January 31, 2022. The Moderna vaccine has been available under emergency use authorization (EUA) for individuals 18 years of age and older since December 18, 2020.

The COVID-19 Pfizer **booster** is approved for anyone 12 and older. The [Colorado Department of Public Health and Environment \(CDPHE\)](#) encourages all Coloradans age 12 and up to get a booster dose as soon as possible if it has been at least six months since they got their second dose of Pfizer or Moderna or at least two months since they got the Johnson & Johnson vaccine.

As a reminder, **children ages 5-11 are eligible for the COVID-19 vaccine**. Vaccines and boosters are common practice in routine childhood vaccination, and many vaccines require multiple doses at specific intervals to be most effective. Those with questions about boosters are encouraged to speak with their health care provider.

[Get the most current list of billing codes, payment allowances and effective dates for COVID-19 vaccines.](#)

[Learn more about COVID-19 vaccines and boosters and where to find them](#). Anyone who needs help making a vaccine appointment should call **1-877-268-2926**. Health First Colorado members who need help finding a ride to get to a vaccine appointment can use the [Non-Emergent Medical Transportation benefit](#).

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## Health First Colorado & CHP+ Coverage of At-Home COVID Tests

Health First Colorado and CHP+ began paying for [at-home COVID-19 tests](#) for members in January. Each enrolled Health First Colorado member can get up to 15 free at-home tests per month from pharmacies that serve Health First Colorado. There are no out-of-pocket costs or co-pays for Health First Colorado or CHP+ members. Health First Colorado and CHP+ will reimburse the pharmacies after members receive the free tests.

Due to the high demand, at-home tests have been in short supply, and pharmacies are having difficulty getting them from their suppliers. Members are encouraged to call the pharmacy ahead of time to see if they have at-home tests in stock.

The federal government recently launched [an online program](#) allowing each household address to receive a maximum of four tests. This program is limited to a one-time order of four tests per household arriving by US mail, usually within seven to 10 days.

CDPHE also has [an online program](#) where Coloradans can order two tests per week. If members are interested in receiving multiple tests, they will need to reorder tests. Tests do not automatically ship on a recurring basis, and because of high demand, tests will usually arrive in two weeks. Health First Colorado does not manage the federal program or the CDPHE program.

Please visit the [Health First Colorado webpage](#) for more information on at-home test coverage, a list of enrolled pharmacies and FAQs.

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## Free KN95 and Surgical Grade Masks

The Colorado Division of Homeland Security and Emergency Management (DHSEM) offers KN95 and surgical-grade masks for free at public libraries and other community sites across the state that have agreed to be local redistribution points. [Visit CDPHE's webpage for a list of locations](#).

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## CDPHE Launches Test to Stay School Testing Program

On February 1, CDPHE launched a school testing program to supplement testing resources, help students and staff continue in-person learning and reduce the burden on parents. Learn more about the [CDPHE Test to Stay school testing program](#).

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## Tools to Determine if Vaccine Requirements Apply

In light of the recent Supreme Court ruling on January 13, 2022, employee vaccination requirements from the Centers for CMS now apply to certain Medicare or Medicaid providers and suppliers. Please see the [CMS Current Emergencies page](#) for new and updated tools and resources to help you navigate and determine if these vaccine requirements apply to you.

## Public Health Emergency Extended

Health and Human Services Secretary Xavier Becerra has [formally extended the Public Health Emergency \(PHE\)](#). The PHE can be extended for up to 90 days at a time. This extension started January 16, 2022, and would end, unless extended again, on April 16, 2022. The Biden administration has indicated they will continue to extend the PHE and there will be a 60-day notice period before any end to the PHE.

The PHE designation is important as it allows HCPF to extend continuous coverage, maintenance of effort (MOE), and other helpful policies and waivers approved by the federal government. It also provides additional enhanced federal funding, which is critical during this economic downturn.

## COVID-19 Resources

### COVID-19 CDC Communication Toolkit

- CDC | Vaccination Communication Toolkit | [For Medical Centers, Pharmacies, and Clinicians](#)

### COVID-19 Vaccine General Information

- CDC | [COVID-19 Vaccine FAQs for Health Care Professionals](#)

### COVID-19 Vaccine Communication Tools for Vaccine Hesitancy and Misinformation

- CDC | [12 COVID-19 Vaccination Strategies for Your Community](#)
- CDC | [Quick Conversation Guide on COVID-19 Vaccines for Children](#)
- CDC | [How to Address COVID-19 Vaccine Misinformation](#)

### COVID-19 Fact Sheets and Resources

- CDC | [Communication Resources for COVID-19 Vaccines](#)
- CDPHE | [COVID-19 Vaccine Planning and Promotion Toolkit](#)
- CDPHE | [Vaccine Campaigns and Educational Toolkits](#)

### COVID-19 Stress

- CDC | [Coping with Stress](#)
- CDC | [Emergency Responders: Tips for Taking Care of Yourself](#)

## Support for Providers and Members

| For Providers   | For Members  |
|---|--|
| <a href="#">Provider Resources &amp; Training</a>       | <a href="#">Find a Provider</a>                      |
| <a href="#">Free Educational Materials</a>              | <a href="#">Connect with a CCHA Care Coordinator</a> |
| <a href="#">Behavioral Health Provider Contact List</a> | <a href="#">Support and Resources</a>                |
|   | <a href="#">Join the Member Advisory Committee</a>   |

Connect with us



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