

CCH Standard Plan Out of Network (OON)

Provider Guide

Key Reminder:

All OON provider services are subject to Prior Authorization (PA), with the exception of:

- Emergency Department
- Urgent Care Center
- Family Planning services billed with a Contraceptive Management diagnosis.
- Local Health Departments services for sexually transmitted infections and/or tuberculosis

How to Submit PA's as an OON Provider:

1. Call Provider Services at **1-833-552-3876**
2. Submit a manual PA using the [CCH Standard Plan Prior Authorization Form](#) and fax to the appropriate number indicated on the form.

NOTE: All OON PA requests are reviewed for medical necessity. When approved, providers can render the service and must submit the claim within:

- 180 calendar days from the date of service
- 180 calendar days after the date of the members discharge from the healthcare provider facility

How to Submit a First Time Claim as an OON Provider:

1. EDI Clearinghouse: Submit CCH claims using Payer ID 68069
2. [Availity Essentials](#)
3. Paper Form

Mail to:

Carolina Complete Health
PO Box 8040
Farmington, MO 63640-8040

Please Note:

- OON Providers are subject to Electronic Visit Verification (EVV) requirements and must submit claims through EVV systems. Please visit our [Home Health and Personal Care Service provider page](#) for more information.
- Refer to the [CCH Billing Manual](#) for detailed claim submission requirements, including paper form protocol.

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Payment:

- OON may be subject to a reduced reimbursement rate of **90%** of Medicaid Fee Schedule rate.
- OON Indian Health Providers are reimbursed **100%** of Medicaid Fee Schedule rate.
- Family planning and Emergency services are reimbursed at 100% of Medicaid Fee Schedule regardless of in or out of network status.

Not Contracted?

To contract with Carolina Complete Health please visit [Become a Provider](#).

For OON Provider Guidance for Physical Health Tailored Plan providers with Partners or Trillium, reference the following provider guides:

- [Partners Out-of-Network \(OON\) Provider Guide \(PDF\)](#)
- [Trillium Out-of-Network \(OON\) Provider Guide](#)

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