

PROVIDER TRANSITION INFORMATION



MA-Multi-P-5535527a



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CCA + CareSource

- Last year CareSource®, an Ohio-based nonprofit managed care health plan, finalized the acquisition of Commonwealth Care Alliance® (CCA) with the intent to ensure that residents of Massachusetts with complex health needs maintain access to high-quality health care services.
- The affiliation between CareSource and CCA leverages **combined resources** and **expertise** to address the critical needs of members and the broader community. By integrating CareSource's expertise with CCA's specialized programs, members will benefit from **enhanced care coordination**, access to **innovative health solutions**, and a **more robust support network** that prioritizes their unique needs.
- Effective June 28, 2026, Commonwealth Care Alliance® Senior Care Options (HMO D-SNP) and Commonwealth Care Alliance® One Care (HMO D-SNP) plans will be operationally supported by CareSource.



MEET CARESOURCE®



About CareSource®

MISSION DRIVEN

CareSource is a nonprofit, nationally recognized managed care organization with more than 35 years of Medicaid managed care experience and over 2.3 million enrollees. Since its founding in 1989, CareSource administers one of the largest Medicaid managed care plans in the U.S., offering Medicaid, Health Insurance Marketplace (Qualified Health Plans), and Medicare products. As a mission-driven organization, CareSource is committed to enrollee-centric care and transforming health care with innovative programs that address social drivers of health and access to care.

HEALTH CARE WITH HEART

As a national leader in managed care, CareSource firmly believes the future of health care will be shaped by those who innovate and drive value for consumers and the states they serve.

Operations Performance

Key Performance Indicator (KPI)	Claims First Pass Accuracy	Financial Accuracy	Claim Average Days to Pay	Prompt Pay Timeliness	Encounters Submitted in 14 Days	Encounter Completeness and Accuracy
Current Rate	99%	99.96%	10 Days	> 100%	> 99.9%	> 99.9%



4-STAR
CMS Medicare Rating



More than **7,000**
employees in **46 states**



\$39 million invested in
nonprofits and communities through
the CareSource Foundation



Corporate Headquarters:
Dayton, Ohio



Locations:
Arkansas, Florida, Georgia,
Indiana, Massachusetts,
Michigan, Mississippi, Nevada,
Ohio, and Wisconsin



Year Established:
1989



PARTNER with *Purpose*



A Partnership with Heart

At CareSource and CCA, we recognize a true partnership can only exist when we listen to and understand your needs. We are dedicated to partnering with you to improve member outcomes and make it easier for you to care for our members.

“The CareSource and Commonwealth Care Alliance partnership ensures residents of Massachusetts with complex health needs continue to have access to high-quality health care.”

Erhardt Preitauer, President and CEO of CareSource





What's Not Changing?

Not everything is new. Some things will remain **exactly the same**.

- Our commitment to our provider partners
- Your Senior Care Options and One Care contract
- Our plans: CCA Senior Care Options, CCA One Care, and associated member benefits
- The CCA Uncommon Care® Model
- Care Management services for all members
- Access to instED mobile acute care services
- Provider Services and Provider Relations — no change to how you reach us
- Provider annual training requirements
- Pharmacy Benefit Manager (PBM) CVS Caremark®
- CCA Senior Care Options and CCA One Care formularies
- Durable Medical Equipment (DME) platform: Tomorrow Health
- Benefit administrators for transportation, routine vision, dental, and hearing



NEW INFORMATION FOR CURRENT CCA PROVIDERS



Navigating the CCA Provider Website



cca commonwealth care alliance

Massachusetts English

Home Contact Us

Home > For Providers

Welcome CCA providers

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.

Provider Manual Forms and Referrals Provider News Provider Portal

Transition Information →

Home > For Providers > Transition Information

Transition Information

This page contains important information you need to know for CCA Senior Care Options (HMO D-SNP) and CCA One Care (HMO D-SNP) business starting June 26, 2026.

- What You Need to Know First +
- Provider Transition Communications +
- Transition Orientation +
- New & Improved Provider Portal – Education & Resources +
- Important Reminders +

Visit the [Transition Information webpage](#) on the CCA website.

Electronic Visit Verification (EVV)

CMS requires EVV for Personal Care and Home Health services per the 21st Century Cures Act. Accurate data entry is critical to avoid claim denials. CCA is dedicated to helping providers navigate this process successfully.

To Ensure Compliant Claims:

- Enter correct procedure codes, units, and date of service into the aggregator
- Claim data must match what is reflected in the aggregator
- Verify correct provider and member Medicaid IDs in the aggregator
- Confirm the correct payer is listed for the member in the aggregator
- Ensure EVV visit records match submitted claim data

Claims that do not match risk denial.

The image shows a screenshot of the Commonwealth Care Alliance (CCA) provider portal. The top navigation bar includes a search icon, a dropdown for 'Massachusetts', a dropdown for 'English', and links for 'Home', 'Contact Us', and 'Menu'. The main content area is titled 'Welcome CCA providers' and includes a message: '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.' Below this message are four icons representing 'Provider Manual', 'Forms and Referrals', 'Provider News', and 'Provider Portal'. On the right side, a 'For Providers' menu is displayed, listing various resources: 'Welcome CCA Providers', 'Provider Manual', 'Forms and Referrals', 'Provider News', 'Policies and Guidelines', 'Training and Programs', 'Electronic Visit Verification' (which is circled in red), 'Pharmacy Information', 'Refer a Patient to CCA', and 'Join Our Network'. A red arrow points to the 'Menu' link in the top navigation bar, another red arrow points to the 'For Providers' menu header, and a third red arrow points to the 'Electronic Visit Verification' option in the menu. The CCA logo is visible in the bottom right corner, and the page number '10' is in the bottom left corner.

cca commonwealth care alliance

Home > For Providers

Welcome CCA providers

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.

Provider Manual Forms and Referrals Provider News Provider Portal

For Providers

Welcome CCA Providers

Provider Manual

Forms and Referrals

Provider News

Policies and Guidelines

Training and Programs

Electronic Visit Verification

Pharmacy Information

Refer a Patient to CCA

Join Our Network

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cca

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NEW PROVIDER PORTAL





Provider Portal | Value

SAVE TIME AND MONEY

The Provider Portal is a robust, encrypted, and secure online tool available to all providers who serve our members. With our secure online Provider Portal, you can:

Check member eligibility and benefit limits	Submit claims and verify claim status
Submit prior authorization requests	View and update care management and service plans
Check prior authorization status	Verify/update coordination of benefits
View member gap-in-care alerts	And much more!

Review the content on the **Transition Information** web page under **New & Improved Provider Portal - Education and Resources**.

Access the Provider Portal 24 hours a day, seven days a week at
ProviderPortal.CareSource.com/GL/User/Login.aspx/.

Provider Portal | Registration

1. Click the **Sign-up** link on the page.
2. Complete the **Create Account/Sign Up** table and click **Register/Sign Up**.
3. Enter the email address you want to associate with your account. You will use this email to log into the portal.
4. Create a **Password** with a minimum of 12 characters.
 - Contain one lowercase and one capital letter
 - One number, one special character (!, @, \$, or %) not part of your username (email).
5. Enter **First** and **Last Name**.
6. Enter the verification code you receive per your selected Multi-Factor Authentication method.
7. To associate your account with a **Billing ID**, select the **Provider Type**, **Practitioner's First Name**, **Practitioner's Last Name**, **Tax ID**, **CareSource Provider ID Number**, and **ZIP Code** to link a provider to your account and then click **Next**.

*Required fields are marked with a red asterisk.

The image displays three overlapping screenshots of the CareSource Provider Portal registration process. The top screenshot shows the 'Log in' and 'Sign up' buttons. The middle screenshot shows the 'Sign up' form with fields for First name, Last name, Email, and Password, along with password requirements. The bottom screenshot shows a 'Verification email sent' confirmation screen with a 'Back to sign in' link.

MASSACHUSETTS
PROVIDER PORTAL

Log in

CCB
HAP CareSource
TRUECARE

CareSource

Sign up

First name

Last name

Email

Password

Password requirements:

- At least 12 characters
- A lowercase letter
- An uppercase letter
- A number
- A symbol
- No parts of your username

Sign Up

CareSource

Verification email sent

To finish signing in, check your email.

Back to sign in

Provider Portal | MFA Setup

1  **CareSource**
CareSource PASSE OCA COMMUNITY HEALTH PLANS CARESOURCE HAP CareSource TRUECARE

Sign up

First name

Last name

Email

Password

Password requirements:

- At least 12 characters
- A lowercase letter
- An uppercase letter
- A number
- A symbol

Already have an account?
[Registration Instructions](#)

2  **CareSource**
CareSource PASSE OCA COMMUNITY HEALTH PLANS CARESOURCE HAP CareSource TRUECARE

Set up multifactor authentication

Your company requires multifactor authentication to add an additional layer of security when signing in to your account.

 **Okta Verify**
Use a push notification sent to the mobile app.
[Setup](#)

 **Google Authenticator**
Enter single-use code from the mobile app.
[Setup](#)

 **SMS Authentication**
Enter a single-use code sent to your mobile phone.
[Setup](#)

[Back to sign in](#)

3  **CareSource**
CareSource PASSE OCA COMMUNITY HEALTH PLANS CARESOURCE HAP CareSource TRUECARE



Verify with Email Authentication

Send a verification code to l...6@gmail.com.

[Send me the code](#)

[Back to sign in](#)

4  **CareSource**
CareSource PASSE OCA COMMUNITY HEALTH PLANS CARESOURCE HAP CareSource TRUECARE



Verify with Email Authentication

A verification code was sent to l...6@gmail.com. Check your email and enter the code below.

Verification code

☐ Do not challenge me on this device for the next 30 days

[Verify](#)

[Back to sign in](#)

For additional details, refer to the Provider Portal Registration Guide found by clicking the **Registration Instructions** link.

Provider Portal | Home Page



[Switch state-specific portal](#)

 **PROVIDER PORTAL**

[Home](#) / [Claims](#) / [Claim Information and Attachments](#)

MEMBER SEARCH +

CLAIMS -

- Online Claim Submission
- Claim Information and Attachments
- External Review Request
- Rejected Claims
- Real Time Claims
- Payment History
- Recovery Request
- Disputes
- Pharmacy Appeals
- Post Service Appeals

MEMBER REPORTS +

USERS +

Claim Information and Attachments

Please select one of the following search methods and enter the requested information to check the status of any claim you have submitted in the last 36 months. We update our claim status daily.

Claim submissions are reviewed within prompt pay guidelines. Please allow 30 days for processing.

You can also upload attachments for denied claims while you are viewing a specific claim or upload attachments proactively for a claim in the **Claim Summary** section after locating a member record.

[Claim Information and Attachments](#)

Recent Claims

Claim Search

Active Credit Balance

Payment Plan/Settlement Request

Recent Claims

Claims displayed below for the last 30 days from the date of service. Use the filter option to review additional claims.

 **Claims submitted in the past:** **30** 60 90 120

Denied - Documentation Required

Denied - Other

Pending Recovery

Paid

Review the claim and attach appropriate documentation for claim review. Use the filter option to review additional claims.

CareSource ID ▾

Search

Reset

Provider Portal | Provider Data

Practitioners, provider groups, 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 via the **Provider Portal** or by email at PNMDepartment@CommonwealthCare.org 45 days prior to the change or update.

MASSACHUSETTS
PROVIDER PORTAL

/ Providers / Provider Maintenance

MEMBER SEARCH +

CLAIMS +

MEMBER REPORTS +

USERS +

PROVIDERS -

- Care Management Referral
- File Grievance
- Laboratory
- Pharmacy
- Prior Authorization and Notifications
- Provider Documents
- Provider Maintenance

Provider Maintenance

Provider Maintenance

Participation Demographic Change Provider Add Cultural/Linguistic

Plan Participation

Providers: Please Select

Complete provider roster plan participation: PDF

CareSource

Submit provider
data
maintenance via
the portal.

Please refer to CCA's *Provider Enrollment and Credentialing* ([Section 15 of the Provider Manual](#)) for more detail.

Provider Portal | Eligibility Status



Verify that members are eligible for care on the date of service prior to rendering services.

Member Search / Member Eligibility

MEMBER SEARCH

- Member Eligibility
- Coordination of Benefits
- Community Transition Program
- Member File Upload

CLAIMS

MEMBER REPORTS

HEALTH HOMES/COMMUNITY MH

USERS

PROVIDERS

ASSESSMENTS

PROGRESS NOTES

CONTENT

ADMINISTRATION

Member Eligibility

Member ID: 500000012
Date of Service: 6/4/2026
Search

Member Information

Member has not consented to sharing sensitive health information. Because the member has not consented to sharing their health information, you may not share this information with other providers. They may also contact CareSource Member Services with questions or to obtain additional information.

Member Name: TestHSCorpTDM TestMemberSVCNTDM Address:

Member ID: 11321131400 County: Middlesex
Medicaid ID: 1604743138 Phone: (617) 298-1473
Medicare ID: THC790C2A

Case Number: Date of Birth: 12/9/1957
Gender: Male Relationship to Subscriber: Subscriber/Insured
Program Details: Not a coordinated services Member.
Original Effective Date: 1/1/2026 12:00:00 AM Member Eligibility Date Span Last Updated: 2/12/2026 11:20:07 AM

Redetermination Date:

Program: Massachusetts - Medicare Medicaid - CCA One Care (SMO D-SNP)

Member Alerts:

- 1 Past due mammogram
- 2 Past due PAP test

Language Preference: Please Select Alternate Communication Format Needed: N/A

Special Communication Needs:

Primary Care Provider (PCP): Quinn, Hayes P Phone: (111) 111-1111
NPI #: 1750600412

Case Manager: Case Manager Phone Number:

Subscriber Information

Member Dental & Vision Services History

EPSDT Alerts

Upload Consent Form

COB Information

Eligibility Spans



Provider Portal | Membership List

PROVIDER PORTAL

Member Reports / Provider Membership List

MEMBER SEARCH +

CLAIMS +

MEMBER REPORTS -

Provider Membership List

Clinical Practice Registry

USERS +

PROVIDERS +

ASSESSMENTS +

Provider Membership List

Providers: Default Provider - 999999999999

Filter By Redetermination Date: [] - []

Export Options: [Entire Group's Member List as CSV](#)

Page 1 of 3

Alerts	Details	First Name	Last Name	CareSource Id	Medicaid Id	Gender	Birth Date	Effective Date	Redetermination Date	Lang Type	Member Phone
--------	---------	------------	-----------	---------------	-------------	--------	------------	----------------	----------------------	-----------	--------------

Alert Legend

- New Assessment
- New Care Treatment Plan
- Updated Care Treatment Plan

To locate member information:

1. Select **Provider Membership List** from the menu.
2. Choose the provider's name associated with the member.
 - Note that providers not associated with a group will only see their name.

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Provider Portal | Training Resources

The **new** Provider Portal is a robust, secure, and encrypted online tool available for all providers who serve our members.

- Available Documents
 - Provider Portal Solutions
 - Clinical Practice Registry Flier
 - Provider Portal User Guide
 - Provider Portal Quick Start Guide
 - Provider Portal Registration Guide
 - Provider Portal: Managing User Access
- Available Training Videos
 - Portal Overview
 - Provider Portal: Service Plan Reviews Prior Authorizations
 - Provider Portal: Managing User Access
 - Provider Portal Service Plan Review

Visit the Transition Information page at CCA's website to access these resources.

The screenshot displays the Commonwealth Care Alliance (CCA) website's 'Transition Information' page. The header features the CCA logo, a search bar, and navigation links for Home, Contact Us, and Menu. The main content area is titled 'Transition Information' and includes a sub-header 'Home > For Providers > Transition Information'. Below this, a list of resources is presented in a vertical stack, each with a red plus icon to its right. The resource 'New & Improved Provider Portal - Education & Resources' is highlighted with a red rectangular box. The footer contains social media icons for Facebook, Twitter, LinkedIn, YouTube, and Instagram, along with the CCA logo and a copyright notice.

cca commonwealth care alliance

Massachusetts English

Home Contact Us Menu

Home > For Providers > Transition Information

Transition Information

This page contains important information you need to know for CCA Senior Care Options (HMO D-SNP) and CCA One Care (HMO D-SNP) business starting June 26, 2026.

What You Need to Know First +

Provider Transition Communications +

Transition Orientation +

New & Improved Provider Portal - Education & Resources +

Important Reminders +

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Provider Portal | Training





MASSACHUSETTS
PROVIDER PORTAL

 / Users / Prov

USERS

Link Account

Manage Users

Update My Account

Impersonate User

Provider Training

PROVIDERS

Provider Portal Resource Library

CCA wants you to have the tools you need to manage your CCA members efficiently. The Provider Portal makes it easy for you to work with us 24/7 and has critical information and tools to save time.

Access the links below to learn about resources on the portal, how to use them and which ones will work best for your practice!

If you are having trouble viewing the training materials and are using Chrome, please try to use Firefox or Microsoft Edge.

Using the Provider Portal

[Provider Portal User Guide](#)

[Claims Transition Overview](#)

Additional Guides

[FirstSource Claims User Guide](#)

[FirstSource Claims Instructional Video](#)

[Medicaid Deeming FAQs](#)

[CCA Senior Care Options and CCA One Care Benefit FAQ](#)

[2026 CCA Products and Benefits Overview](#)

[2026 CCA Medicaid Deeming Overview](#)

Member Incentives and Rewards Programs

Using the Provider Portal:

[Provider Portal User Guide](#)

[Claims Transition Overview](#)

Additional Guides:

[First Source Claims User Guide](#)

[FirstSource Claims Instructional Video](#)

[Medicaid Deeming FAQs](#)

[CCA Senior Care Options and CCA One Care Benefits FAQ](#)

[2026 CCA Products and Benefits Overview](#)

[2026 CCA Medicaid Deeming Overview](#)

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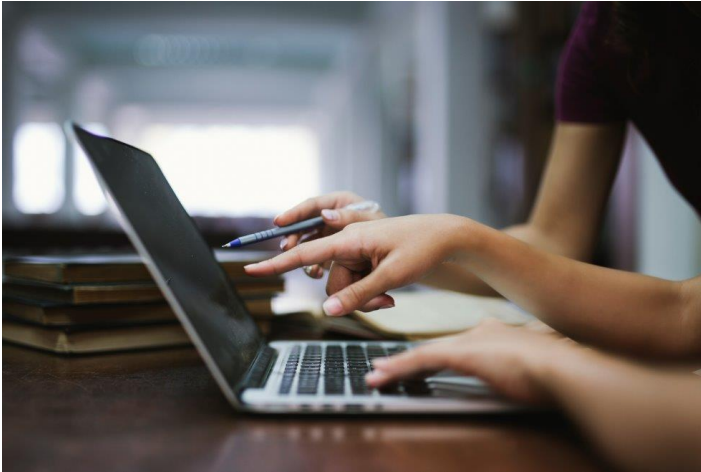


PRIOR AUTHORIZATION SUBMISSION





Prior Authorization | Submission Requirements



All retrospective authorization requests must be submitted within 30 calendar days of the date of service or date of discharge or as specified in a provider contract. The only exception is a Coordination of Benefits (COB) denial. In this case we allow 90 days from the other insurance notification. Providers must submit rationale for retrospective authorizations.

Submit prior authorizations via:

- **New Provider Portal**
ProviderPortal.CareSource.com/GL/User/Login.aspx/ - preferred method
- Select **Providers > Prior Authorizations and Notifications**

Alternative methods via:

- Phone: 1-866-420-9332
- Fax: 1-855-341-0720

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

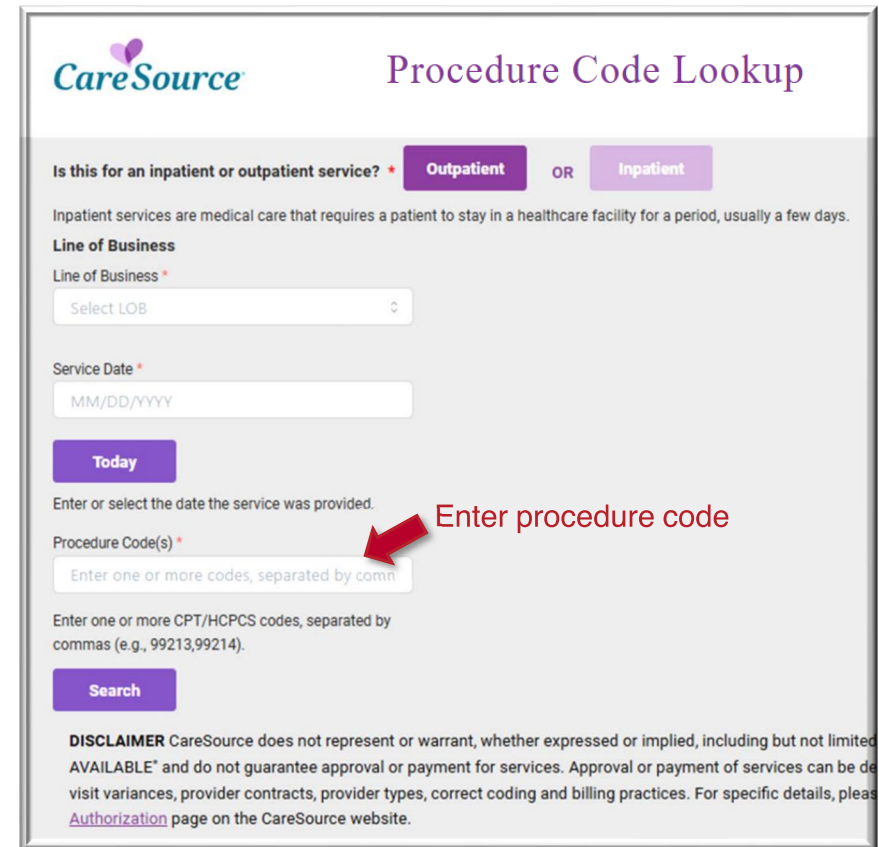
Prior Authorization | Procedure Code Lookup Tool

Utilize the **Procedure Code Lookup Tool** to verify prior authorization requirements before entering your request for an outpatient or inpatient procedure.

1. Visit ProcedureLookUp.CareSource.com.
2. Select service type
3. Select plan
4. Enter date of service
5. Enter procedure code

The Procedure Lookup Tool will identify requests that need to be submitted to **TurningPoint**, our Third-Party Administrator (TPA) for Cardiac & Musculoskeletal procedures. It will also identify the codes that need to be submitted to our other UM TPA partners.

If you have any additional questions or would like additional training on prior authorization submission, email CiteAutoAssistance@CareSource.com.

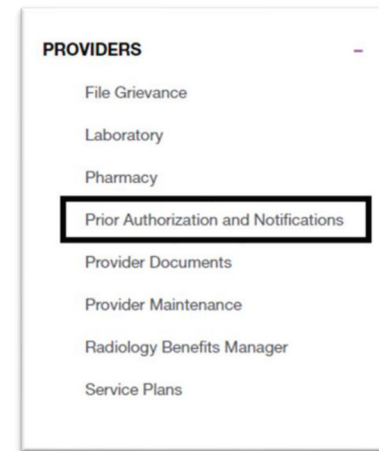


The screenshot shows the CareSource Procedure Code Lookup tool interface. At the top, the CareSource logo is on the left and the title "Procedure Code Lookup" is on the right. Below the title, there are two buttons: "Outpatient" (selected) and "Inpatient", separated by "OR". A note states: "Inpatient services are medical care that requires a patient to stay in a healthcare facility for a period, usually a few days." Below this is the "Line of Business" section with a dropdown menu labeled "Select LOB". The "Service Date" section has a date input field with the placeholder "MM/DD/YYYY" and a "Today" button. A red arrow points to the "Procedure Code(s)" input field, which has the placeholder "Enter one or more codes, separated by commas", with the text "Enter procedure code" next to it. Below this is another input field for "Enter one or more CPT/HCPCS codes, separated by commas (e.g., 99213,99214)". A "Search" button is at the bottom. A disclaimer at the bottom states: "DISCLAIMER CareSource does not represent or warrant, whether expressed or implied, including but not limited to the availability of services. CareSource is not a provider of services and does not guarantee approval or payment for services. Approval or payment of services can be determined by visit variances, provider contracts, provider types, correct coding and billing practices. For specific details, please refer to the Prior Authorization page on the CareSource website."

Prior Authorization | Submission via the Provider Portal



Select **Providers > Prior Authorization and Notifications** from the left-hand navigation menu.



Enter the member's CCA ID and start date of service in the fields provided. Click **Search**. Confirm eligibility and click **Verified**.

Prior Authorization and Notifications

Medical (Inpatient & Outpatient) | Newborn Delivery Notification | Notification Of Pregnancy | Observation | Status

An authorization or notification is not a guarantee of payment, but is based on medical necessity, appropriate coding and benefits. Benefits may be subject to limitation and / or qualifications and will be determined when the claim is received for processing.

Member Id | Medicaid Id | Member Info

Member ID

Start Date of Service



Prior Authorization | Select the Care Setting

Select the Care Setting and enter the authorization details based on the type of request.

Authorization Request

Select Care Setting

☒ Inpatient
☐ Outpatient

Inpatient Emergency Start Dates of Service cannot be in the future.

Select Type of Prior Authorization Request

--Select One--

- Select One--
- Detox
- Hospice
- Institute Of Mental Disease
- Long Term Acute Care
- Medical Elective
- Psychiatric
- Rehabilitation
- Skilled Nursing Facility

Authorization Request

Select Care Setting

☐ Inpatient
☒ Outpatient

Select Category

--Select Category--

- Select Category--
- Behavioral Health
- DME
- Genetic Testing
- Home Health Care
- Hospice
- Outpatient Services
- Pain Management Services
- Physician Administered Pharmacy Codes
- Surgery Or Procedures



Prior Authorization | Complete the Required Fields

Requesting/Ordering Provider Information

Search: Provider Name * Required

Facility Information ☐ Same As Requesting/Ordering

Search: Provider Name * Required

Dates of Service

An authorization or notification is not a guarantee of payment, but is based on medical necessity, appropriate coding and benefits. Benefits may be subject to limitation and / or qualifications and will be determined when the claim is received for processing.

Start Date: 2/28/2022 ?

Treatment Type

Treatment Type: --Choose One-- * Required

Diagnosis Codes

Code Type: ICD10 Diagnosis Codes

Search By: Code * Required

Procedure Codes

Code Type: All Procedure Codes

Search By: Code

For clarification regarding unit definitions for your specific prior authorization type, please refer to the medical policy.

Primary	Code	Description	Requested Units	Modifiers	Action
☒	23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))		22 23 24	Delete

Prior Authorization | Choose File

Click **Choose File** to locate document.

Click **Upload** to attach to case and close.

File Name will show.

Repeat process to add additional files.

Click **Continue** to submit form.

Clinical

Are you prepared to document clinical indications at this time?

☐ Yes

☐ No

Note: You will be able to attach clinical no matter your selection

Clinical Document Uploads:

*** Required**

Choose File No file chosen

File sizes must be limited to 100 MB.

Files Uploaded:

Additional Information

3000 Characters maximum: Characters Remaining 3000

Save Draft

Continue



Prior Authorization | Results Screen

Prior Authorization request has been successfully submitted. If clinical information to support this request has not been submitted, please send (via e-mail, fax or telephone) clinical review to the Medical Management Department within one business day.

Your reference ID for this submission request is: [REDACTED]

An authorization or notification is not a guarantee of payment, but is based on medical necessity, appropriate coding and benefits. Benefits may be subject to limitation and / or qualifications and will be determined when the claim is received for processing.

To submit another prior authorization request please return to the top of the page and enter the member's CareSource ID, Medicaid ID or Member info.

Member Info

Member ID:

Member Name:

Member DOB:

Reference #: [REDACTED]

Reference #:

Description:

Place Of Service:

Submitting Provider:

Requesting/Ordering Provider:

Servicing/Rendering Provider:

Facility:

Member Information

Member Name:

CareSource ID:

Birth Date:

Gender:

Service Event

Diagnosis Code:

Procedure:

Line #1

Requested Received Date:

4/11/2022 9:00:00 AM

Requested Units:

2

Start Date of Service:

4/28/2022

Authorized Units:

0

End Date of Service:

7/28/2022

Status:

Pending

Results will display with Case Reference number and status.



Prior Authorization | Checking Status

Select **Prior Authorization and Notifications**.

Click **Status** tab, then select the **Authorization Number**. Click **Search**.

Case will display at bottom of screen.

Click **View Details | Update** to review case information.

You may also search Prior Authorization status by facility.

1. Under the **Status** tab, select **Facility**.
2. Use the drop-down menu to **Select the Facility**.
3. Choose your **Start** and **End Dates**, and all prior authorizations that are associated with the facility during the given date range will populate.

The screenshot shows the 'Prior Authorization and Notifications' interface. At the top, there are four tabs: 'Medical (Inpatient & Outpatient)', 'Newborn Delivery Notification', 'Observation', and 'Status'. The 'Status' tab is selected. Below the tabs, there is a table with columns: 'Member Id', 'Medicaid Id', 'Member Info', 'Authorization Number', and 'Facility'. The 'Authorization Number' column is highlighted. Below the table, there is a search form with a label 'Authorization Number:' and a text input field. A red arrow points from the 'Status' tab to the 'Authorization Number' column, and another red arrow points from the 'Authorization Number' column to the search input field. Below the search form, there is a 'Search' button. A red arrow points from the 'Search' button to a table of results. The table has columns: 'Details', 'Authorization Number', 'Member ID', 'Description', 'Service Start Date', and 'Status'. The first row of the table shows 'View Details | Update | Letters' in the 'Details' column, '1234567890' in the 'Authorization Number' column, '1234567890' in the 'Member ID' column, 'Inpatient Elective' in the 'Description' column, '1/31/2022' in the 'Service Start Date' column, and 'Fully Approved' in the 'Status' column. A red arrow points from the 'Search' button to the first row of the table. Another red arrow points from the bottom of the table to the 'View Details | Update | Letters' link.

Prior Authorization and Notifications

Medical (Inpatient & Outpatient) Newborn Delivery Notification Observation **Status**

Member Id	Medicaid Id	Member Info	Authorization Number	Facility
Authorization Number:				
Search				

Page(s): 1 Record(s):1

Details	Authorization Number	Member ID	Description	Service Start Date	Status
View Details Update Letters	1234567890	1234567890	Inpatient Elective	1/31/2022	Fully Approved

Page(s): 1 Record(s):1



Prior Authorization | Request for Change or Update

Select **Prior Authorization and Notifications**.

Click **Status** tab, then select the **Authorization Number**. Click **Search**.

Case will display at bottom of screen.

Prior Authorization and Notifications

Medical (Inpatient & Outpatient) | Newborn Delivery Notification | Observation | **Status**

Member Id | Medicaid Id | Member Info | **Authorization Number** | Facility

Authorization Number:

Search

Click **View Details | Update**.

Access is restricted to those authorizations affiliated with each tax ID number.

Page(s): 1					Record(s):1
Details			Authorization Number	Member ID	Status
View Details Update Letters			1000000000	1000000000	Fully Approved
Page(s): 1					Record(s):1



Prior Authorization | Change Details

Select Change Request type: --Choose One--

- Choose One--
- Attach Additional Clinical
- Continued Stay Review Request
- Discharge Details
- Start Date of Service Change
- Other

Select Change Request type: --Choose One--

- Choose One--
- Attach Additional Clinical Request For Change

- Use the dropdown to select **Change Details**.
- Complete changes and required fields. Click the dropdown to select the type of attachment.
- Choose **File** and locate the electronic saved copy. (There's no limit on the number of attachments).
- Click **Submit**. The request will be sent to the Utilization Management (UM) team to review the case and complete the process.

Change requests for approved authorizations are accepted when the service intent is the same/similar and does not require a new medical necessity review.

Note: if the case status is Denied or Voided, you will be unable to update the case.
You must submit a new case.

Prior Authorization | When to Contact the Care Manager or Submit by Fax

Some services follow a different authorization process.

Certain HCBS, LTSS, and related services cannot be submitted through the Provider Portal Prior Authorizations and Notifications page yet.

Use the correct process based on service type.

CONTACT MEMBER'S ASSIGNED CARE MANAGER

Chore
Companion
Personal Care Agency (PC)
Homemaker
Grocery Shopping and Delivery
Home Delivered Meals (HDM)
Supportive Home Care Aide (SHCA)

CONTINUE TO SUBMIT VIA FAX

Adult Day Health (ADH)
Day Habilitation
Personal Care Attendant (PCA)
Adult Foster Care (AFC)
Group Adult Foster Care (GAFC)

Prior Authorization | Standard Prior Authorization Forms

Prior authorization requests require a completed Standard Prior Authorization Request form and supporting clinical documentation in accordance with relevant Medical Necessity Guidelines.

As part of the transition, the **Servicing Provider TIN is now required** on all prior authorization request forms. The **Referring Provider TIN is not required**. Please ensure you fill out all required fields in the form.

If any required information is missing, we will continue processing your request and will contact you for the additional information.

The screenshot displays the CCA Provider Portal interface. At the top, a red banner reads 'Welcome CCA providers' with the message 'We're committed to supporting our providers the highest-quality, individualized care to you opportunity to partner with you.' Below this, two white buttons are visible: 'Provider Manual' (with a book icon) and 'Forms and Referrals' (with a clipboard icon). The 'Forms and Referrals' button is highlighted with a red rectangular box, and a large red arrow points upwards towards it from below. To the right of the buttons, a section titled 'Prior Authorization Forms' lists several forms with links to view them:

- Esketamine Prior Authorization Request (View: [English PDF](#) | Updated 11/7/2025)
- Out of Network ECT Authorization Request (View: [English PDF](#) | Updated 11/7/2025)
- PA Form - Repetitive Transcranial Magnetic Stimulation Request (View: [Repetitive Transcranial Magnetic Stimulation Request Form](#))
- PA Form - Out of Network Psychological and Neuropsychological Assessment (View: [English PDF](#))
- PA Form - Cardiac Imaging (View: [English PDF](#) | Updated 11/7/2025)
- PA Form - CT/CTA/MRI (View: [English PDF](#) | Updated 11/7/2025)
- PA Form - PET - PET CT (View: [English PDF](#) | Updated 11/7/2025)
- Standard Prior Authorization Request Form (View: [English PDF](#))

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



Prior Authorizations | Cardiac & Musculoskeletal Surgery

CCA utilizes **TurningPoint** to implement cardiac and musculoskeletal surgical procedures.

TurningPoint Authorization	Turnaround Times	Required Information
Phone: 1-304-603-4673 1-855-578-7350 Fax Intake Form: 1-304-553-7061 1-844-472-0481 TurningPoint Portal	• Standard non-urgent = seven calendar days • Expedited Requests = 72 hours • Retrospective requests = 30 calendar days from the date on which the vendor received the authorization request	• Provider information • Facility information • Anticipated surgery date • Health plan information • Member demographics • Requested procedures/diagnosis • Clinical Information
Turning Point Customer Service Phone: 1-866-422-0800 Email: ProviderSupport@tpshealth.com		

See [CCA and TurningPoint announcement](#) for additional information.

Please contact CCA directly for appeals and claims

CLAIM SUBMISSION





Claims | Billing Overview

CCA accepts claim submissions through the electronic data interchange (EDI), Provider Portal, or via paper claim submissions.

- Electronic billing is preferred. Use Payer ID **A2793**.
- Mail paper claims to: **Commonwealth Care Alliance**
Attn: Claims Department
P.O. Box 1127
Dayton, OH 45401-1127
- 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 7 of the Provider Manual](#)) for detail.



Claims | Submissions

ELECTRONIC CLAIM SUBMISSIONS

- It is encouraged to use electronic claim submission as the primary submission method.

Portal Submission

- Providers can submit claims through our **NEW** secure, online Provider Portal at [CCA Provider Homepage | Commonwealth Care Alliance MA](#) > [Provider Portal](#). Here, providers can submit claims along with any documentation, track payments, and more.

CLEARINGHOUSES

- For EDI transactions, CareSource accepts electronic claims through our clearinghouse, Availity. Providers can also use their existing clearinghouse if they are configured to accept the CCA Payer ID (A2793). Providers can find a list of EDI vendors online at: [availity.com/ediclearinghouse](https://www.availity.com/ediclearinghouse).

Please refer to CCA's *Claims and Billing Procedures* (Section 7 of the [Provider Manual](#)) for more detail.



Claims | Electronic Funds Transfer (EFT)

ECHO Health offers three payment options:

1. EFT – preferred
2. [Default] Virtual Card Payment (QuicRemit) – Standard bank and card issuer fees apply*
3. Paper Checks

We partner with ECHO Health for electronic funds transfer (EFT). You must enroll with ECHO Health to participate.

Sign up for ECHO Health online at enrollments.echohealthinc.com/EFTERADirect/CareSource to complete your enrollment in EFT with your tax ID, bank information, ECHO payment draft number, and payment amount. For questions, call ECHO Support at: 1-888-485-6233.

*Payment processing fees are what you pay your bank and credit card processor for use of a payment terminal to process payments via credit card.

Providers who elect to receive EFT payment can also choose to receive an EDI 835 (Electronic Remittance Advice) through a designated clearinghouse. Providers can download the PDF version of the Explanation of Provider Payment (EPP) from the [Provider Portal](#).

**Notice: Email notifications are not sent when a deposit/payment is made.
Deposits/payments are made twice weekly.**

EPP | ECHO



1. Click the **Search Type** drop-down list and choose appropriate search criteria.
 - The below search options may provide the best results:
 - **ECHO Draft Number:** this is the payment check number on the Remittance tab on the claim.
 - **Provider ID:** the provider's tax ID number.
 - **Claim Number:** CareSource's claim number.
2. Input the appropriate information in the **Search Criteria** field.
3. Click **Search**.
4. Locate the appropriate payment.
5. Click **EPP**.

Advanced Search

Search Type **1** Claim Number Search Criteria **2** 2525405TLL00 **3** **SEARCH**

Please enter your search criteria

Produced

Filtered Search:

Claim Number	Insured	Patient	Certificate No	Group ID	Provider Name	Payee Name	Amt Paid	Check No	ECHO Draft	EOB Prepared	EOB	EOD	EPP	Draft	OD	835	Payment Details
4 2525405TLL00			11261856600	MS-CSMS	EyeMed	EyeMed (Routine Vision)	\$103.34	25263B10005060870ECPT0	1209489598				5 EOD EPP Draft	OD	835	Details	

Payment Details

ECHO Draft #	Type	Payment Date	Payee	Address	Status	Status Date	Remarks	Activity By	Draft
1209489598	ACH/EFT Notification Date: 09/23/2025	09/22/2025	EyeMed (Routine Vision)	PO Box 74008410 Chicago IL 60674	Clear	09/23/2025			Draft

Rows per page: 100

« First « Prev 1 Next » Last »

Claims | Explanation of Payment (EOP)

Past CCA EOP

Claim Identifier: MA							Provider Name: LG NEWCORP INC						
Claim#: 260170206700							Provider ID: 1033936810						
DRG:							Insured Name:						
Patient Name:							Insured ID:						
Patient Account #:													
Service Date From - To	Procedure Code	Service Code	Modifier(s)	Total Charge	Excluded Amount	Reason Codes	Allowed Amount	Other Carrier Amount	Deductible Amount	Copay Amount	Coinsurance Amount	Payment Amount	
11/19/25 - 11/25/25	0124			\$8,088.00	\$0.00	94, 253	\$12,724.29	\$0.00	\$0.00	\$0.00	\$0.00	\$12,724.29	
11/19/25 - 11/25/25	0259			\$1,620.46	\$1,620.46	M15, N1, M15, N1, 97	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
11/19/25 - 11/25/25	0301			\$357.00	\$357.00								
11/19/25 - 11/25/25	0307			\$28.00	\$28.00								
11/19/25 - 11/25/25	0450			\$2,154.00	\$2,154.00								
Patient Responsibility													
Totals				\$12,247.46									
Claim Interest				\$0.00									

Claim Identifier: MA							Provider Name: LG NEWCORP INC						
Claim#: 260170206800							Provider ID: 1033936810						
DRG: 885							Insured Name:						
Patient Name:							Insured ID:						
Patient Account #:													
Service Date From - To	Procedure Code	Service Code	Modifier(s)	Total Charge	Excluded Amount	Reason Codes	Allowed Amount	Other Carrier Amount	Deductible Amount	Copay Amount	Coinsurance Amount	Payment Amount	
10/31/25 - 11/13/25	0124			\$18,226.00	\$5.00								
10/31/25 - 11/13/25	0259			\$2,803.58	\$2.00								
10/31/25 - 11/13/25	0301			\$1,843.00	\$1.00								

The new CCA EOP will display Medicare and Medicaid adjudication results separately, giving you clearer visibility into coordination of benefits. You will also see Claim Adjustment Reason Codes (CARCs) and Remittance Advice Remark Codes (RARCs) broken out for each payer.

New CCA EOP

Patient: [REDACTED]							Insured: [REDACTED]						
Patient Acct #: [REDACTED]							Product Name: CareSource MyCare Ohio (HMO D-SNP)						
Rendering Provider: [REDACTED]							Payor Claim #: 2605702YGN00						
Line of Business	Line Number	Service Date	Procedures (Modifiers)	Units	Total Charge	Allowed Amount	Provider Discount (Disallowed)	Other Plan Payment (COB)	Other Adjustment	Patient Obligation	Net Payment Amount	Adjustment Reason	Remark
MCR	1	1/3/2026 - 1/3/2026	71045(26)	1	\$79.00	\$0.00	\$79.00	\$0.00	\$0.00	\$0.00	\$0.00	CO39	
MED	1	1/3/2026 - 1/3/2026	71045(26)	1	\$79.00	\$0.00	\$79.00	\$0.00	\$0.00	\$0.00	\$0.00	CO45	N219
Total:					\$158.00	\$0.00	\$158.00	\$0.00	\$0.00	\$0.00	\$0.00		

Patient: [REDACTED]							Insured: [REDACTED]						
Patient Acct #: [REDACTED]							Product Name: CareSource MyCare Ohio (HMO D-SNP)						
Rendering Provider: [REDACTED]							Payor Claim #: 260570332H00						
Line of Business	Line Number	Service Date	Procedures (Modifiers)	Units	Total Charge	Allowed Amount	Provider Discount (Disallowed)	Other Plan Payment (COB)	Other Adjustment	Patient Obligation	Net Payment Amount	Adjustment Reason	Remark
MCR	1	1/10/2026 - 1/10/2026	71260(26)	1	\$510.00	\$0.00	\$510.00	\$0.00	\$0.00	\$0.00	\$0.00	CO198	N640
MED	1	1/10/2026 - 1/10/2026	71260(26)	1	\$510.00	\$0.00	\$510.00	\$0.00	\$0.00	\$0.00	\$0.00	CO109	N36
Total:					\$1,020.00	\$0.00	\$1,020.00	\$0.00	\$0.00	\$0.00	\$0.00		

Patient: [REDACTED]							Insured: [REDACTED]						
Patient Acct #: [REDACTED]							Product Name: CareSource MyCare Ohio (HMO D-SNP)						
Rendering Provider: [REDACTED]							Payor Claim #: 26057033HJ00						
Line of	Line	Service	Procedures	Units	Total	Allowed	Provider Discount (Disallowed)	Other Plan	Other	Patient	Net Payment	Adjustment	Remark



Claims | Corrected Claims

To modify a paid or denied claim, providers must submit a corrected claim electronically or on paper.

- If the correction requires changes to the original data, the new claim can be sent via the EDI/clearinghouse.
- If the correction requires additional information (e.g., invoice, prescription, Medicaid records, or primary carrier explanation of benefit) the corrected claim can be submitted on paper or in the **Provider Portal**.

Corrected submissions should include:

- Original claim number for the claim you are correcting (most recent claim iteration available)
- Any necessary modifications from the original claim
- Any required supporting documentation

Mailing address for corrected and rejected paper claims: **Commonwealth Care Alliance**
P.O. Box 1127
Dayton, OH 45401-1127

Please refer to CCA's *Claims and Billing Procedures* ([Section 7 of the Provider Manual](#)) for more detail.

Claims | Claim Appeals and Disputes



ALL CLAIM APPEALS MUST BE:

- Must be submitted within **60 calendar days** of the original adjudication date
 - Coordination of Benefit (COB) denials must be submitted within 60 days of the COB denial date (retro-authorization policy still applies)
- Non-contracted providers must include a signed Waiver of Liability form holding the member harmless regarding the outcome of the appeal.
- Submitted via one of these methods:
 - Provider Portal (preferred method)
 - Mail: Commonwealth Care Alliance
P.O. Box 1127
Dayton, Ohio 45401-1127
 - Fax: 857-453-4517

CLAIM DISPUTES

- Used for payment-related issues (e.g., incorrect adjustments, timely filing denials, overpayment recovery)
- Must be submitted in writing within 90 days of the payment or denial date (per EOP)
- Must include supporting documentation and Request for Claim Review form
- Submit via portal, fax or the address above

NOTE: If you are responding to a denied authorization that required medical necessity review, please submit an appeal.

- The Provider Portal is the most efficient method of submission to ensure timely receipt and resolution of the appeal.
- As a CCA provider, you may submit a dispute or appeal for a member.
- Providers must obtain a member's written consent to appeal an adverse benefit determination on their behalf.
- We may contact you to obtain documentation when a member has filed a request for one of these. CCA does not retaliate or discriminate against any member or provider for utilizing the grievance and appeals process.



Claims | 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 via fax, portal or mail. Disputes should be sent to:
 - Mail:
Commonwealth Care Alliance
Attn: Appeals Department
P.O. Box 1947
Dayton, OH 45401-1947

Fax: 857-453-4517
 - Payment dispute requests will be considered when received within 90 days from the original payment or denial date, as indicated on the EPP, 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.

For additional questions on provider Payment Disputes or Appeals, please contact CCA Provider Services at 1-866-420-9332 on Mondays, Tuesdays, Wednesdays, and Fridays from 8 a.m. to 5 p.m. Eastern Time (ET) and on Thursdays from 8:30 a.m. to 5 p.m. ET.

Please refer to CCA's *Claims and Billing Procedures* ([Section 7 of the Provider Manual](#)) for detail.



Claims | Contact & Billing Support

Provider Claims, Billing Support, and EDI Support

CCA Provider Services at 1-866-420-9332

Weekdays, excluding Thursday, 8 a.m. to 5 p.m., ET and Thursdays, 8:30 a.m. to 5 p.m., ET

EDI Support by Availity Client Services at 1-800-282-4548

Monday through Friday, 8 a.m. to 8 p.m. ET

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 7 of the Provider Manual](#)) for detail.

Claims | Transition Impact



Transition Impacts

- EPP format
- Accessing EOPs/835/EPP
- Portal Submission Options
- Recovery Letter Format
- Claims/Payment Policy Updates
- Application of CMS Claim Standards
 - *Be sure to follow CMS submission guidelines to ensure no interruption in claim processing*
- Mailing Addresses

Not Impacted

- Member IDs
- Deeming
- Benefits
- Opt-Out/Medicaid Run Out
- Payor ID
- Wholesale Policy
- Accessing Payment Policies Online

Find more Claims Transition Information training at
commonwealthcarealliance.org/ma/providers/transition-information/.

KEY CCA CONTACTS AND UPDATES





Key CCA Contacts

Member Services: 1-866-610-2273 (TTY: 711) MemberServices@CommonwealthCare.org

- April 1 to Sept 30: Monday through Friday, 8 a.m. to 8 p.m., ET; Saturday and Sunday from 8 a.m. to 6 p.m.
- Interpretation services are available

Provider Services: 1-866-420-9332 ProviderServices@CommonwealthCare.org

- Monday, Tuesday, Wednesday, and Friday, 8 a.m. to 5 p.m., ET and Thursday, 8:30 a.m. to 5 p.m., ET
- Providers can call with inquiries about covered services, authorization status, service denials, claims, and benefits

Provider Relations: ProviderRelations@CommonwealthCare.org

- Email us with questions and inquiries
- Send us an email to be added to the Provider News

Contracting: CCAContracting@CommonwealthCare.org

- Providers can email with inquiries and questions related to their contract

Reminder: Provider Resources Available Online

Bookmark this page as your hub for transition materials, trainings, communications, and key reminders.

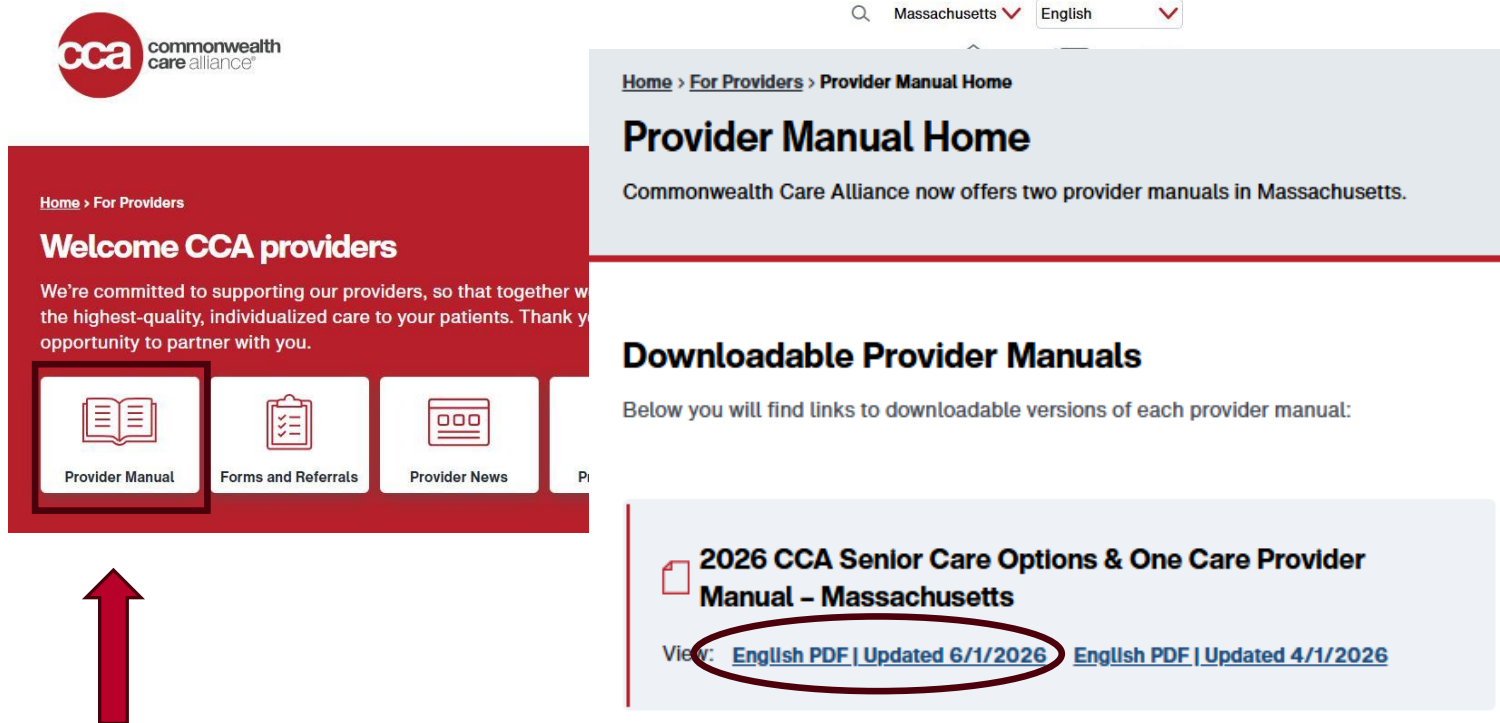
The screenshot shows the CCA website interface. On the left, a red sidebar contains the CCA logo and a 'Welcome CCA providers' message. Below this are icons for 'Provider Manual', 'Forms and Referrals', 'Provider News', and 'Provider Portal'. A purple arrow points from the 'Transition Information' button in the sidebar to the main content area. The main content area has a search bar at the top with 'Massachusetts' and 'English' selected. Below the search bar is the 'Transition Information' heading, followed by a brief description. A list of resources is displayed in a grid:

- What You Need to Know First**
 - Transition Guide*
 - Quick Start Guide*
- Provider Transition Communications**
 - What to Expect Letter*
 - Transition Welcome Letter*
- Transition Orientation**
 - Network Notice for Orientation*
 - Register for an Orientation Session*
 - Transition Orientation Presentation*
- Provider Portal - Education & Resources**
 - Provider Education Series: Portal Overview*
 - Provider Education Series: Prior Authorizations*
 - Provider Education Series: Provider Portal Service Plan Review*

Bookmark the [Transition Information webpage](#) on the CCA Website for resources, trainings, and important updates.

Provider Manual

The CCA Provider Manual serves as the primary source of information for participating providers, offering guidance on claims, prior authorization, billing, operational requirements, and provider responsibilities throughout the transition and beyond.



The image shows a screenshot of the CCA Provider Manual Home page. On the left, a red sidebar contains the CCA logo and a 'Welcome CCA providers' message. Below the message are three buttons: 'Provider Manual', 'Forms and Referrals', and 'Provider News'. A red arrow points to the 'Provider Manual' button. The main content area has a search bar at the top with 'Massachusetts' and 'English' selected. Below the search bar is the 'Provider Manual Home' heading and a subheading 'Commonwealth Care Alliance now offers two provider manuals in Massachusetts.' Further down is the 'Downloadable Provider Manuals' section, which states 'Below you will find links to downloadable versions of each provider manual:'. A red arrow points to a link in this section: 'English PDF | Updated 6/1/2026', which is circled in red. The link is for the '2026 CCA Senior Care Options & One Care Provider Manual - Massachusetts'.

cca commonwealth care alliance

Home > For Providers

Welcome CCA providers

We're committed to supporting our providers, so that together we can provide the highest-quality, individualized care to your patients. Thank you for the opportunity to partner with you.

Provider Manual Forms and Referrals Provider News

Home > For Providers > Provider Manual Home

Provider Manual Home

Commonwealth Care Alliance now offers two provider manuals in Massachusetts.

Downloadable Provider Manuals

Below you will find links to downloadable versions of each provider manual:

2026 CCA Senior Care Options & One Care Provider Manual - Massachusetts

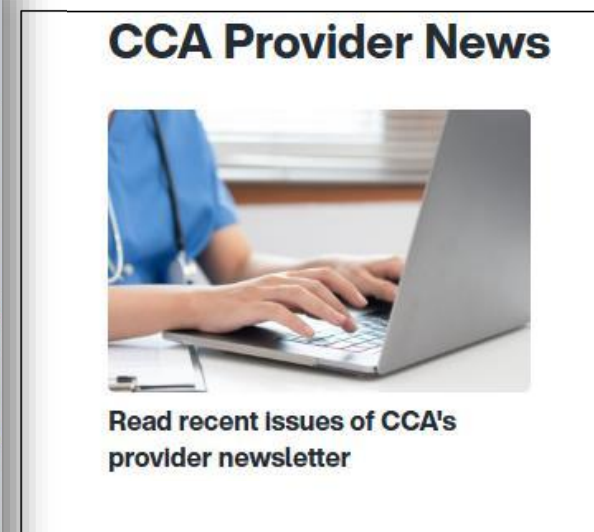
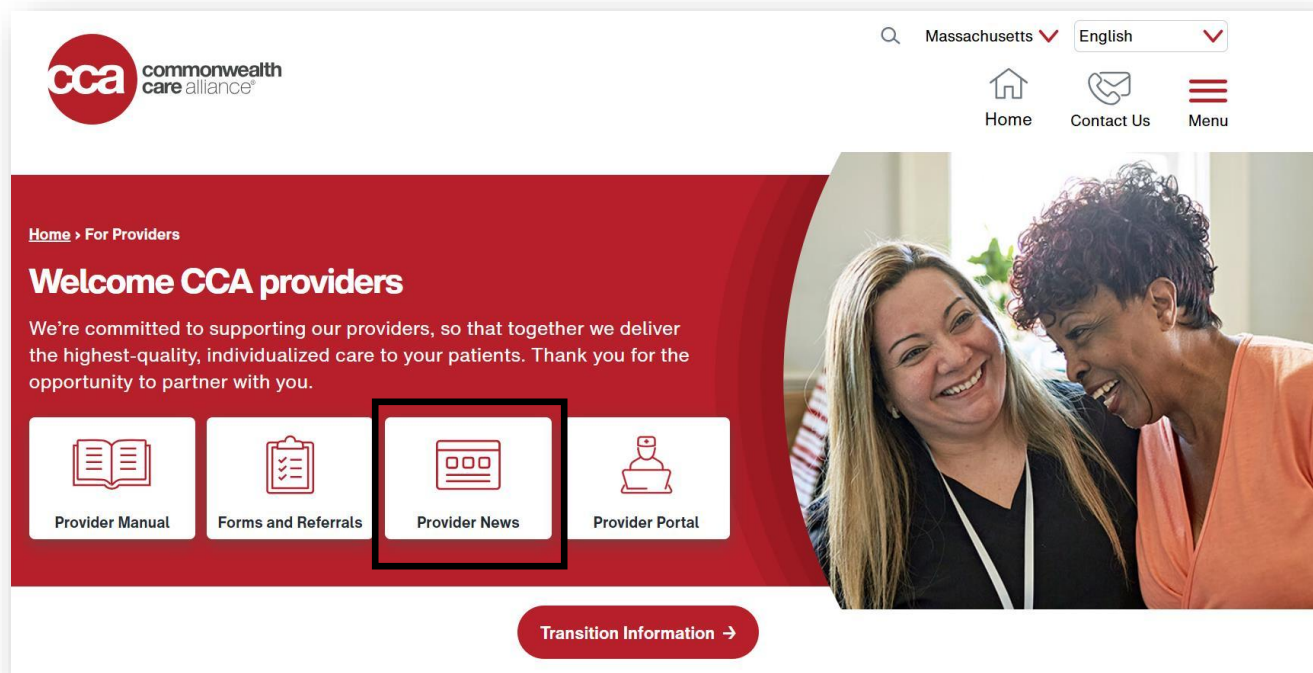
View: [English PDF | Updated 6/1/2026](#) [English PDF | Updated 4/1/2026](#)



Provider News and Updates

CCA communicates with providers through *Provider News* and *Provider Updates* to highlight the unique role our organization, network team, and providers play in delivering quality care. We also use these tools to communicate about key policy changes, program updates, operational guidance, and time-sensitive announcements that may require action.

View current and archived news and sign up for email distribution preferences at the [CCA Provider Homepage](#).



Thank you!