



Community Care Plan

The **Health Plan** with a Heart
For CCP **MMA Providers** 2025

Training Topics

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Who is Community Care Plan (CCP)?

Established in 1998

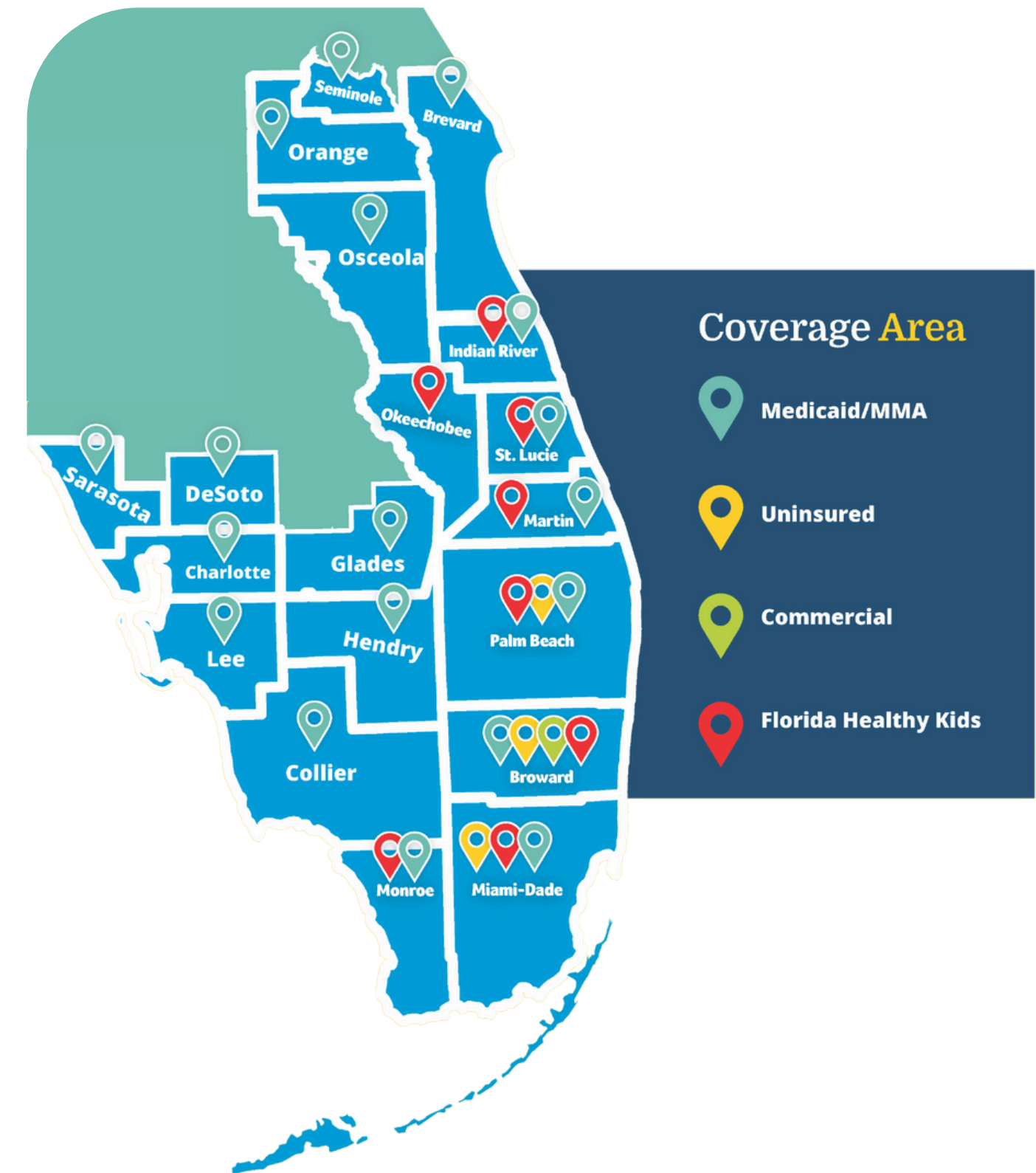
Non-Profit, Provider Service Network

Owned By



Member

Florida Association of Health Plans (FAHP)
Association of Community-Affiliated Plans (ACAP)



Mission

To promote
healthier communities

Vision

Be the driving force to ensure
that every community
has access to equitable,
high-quality, affordable
healthcare

Accreditation

- The National Committee for Quality Assurance (NCQA) for service and clinical quality that meets NCQA's rigorous requirements for consumer protection and quality improvement.
- Health Equity Accreditation for our Medicaid Health Plan from the National Committee for Quality Assurance (NCQA).
- Accreditation Association for Ambulatory Healthcare as a Health Plan (AAAHC).



COVERED SERVICES



MMA Covered Services

CCP Florida Medicaid offers a comprehensive range of standard benefits to ensure our members receive quality healthcare services.

Advanced Practice Registered Nurse
Ambulatory Surgical Center Services
Assistive Care Services
Behavioral Health Services
Birth Center and Licensed Midwife Services
Clinic Services
Chiropractic Services
Child Health Check Up
Immunizations
Early Intervention Services
Emergency Services
Family Planning Services and Supplies
Healthy Start Services
Hearing Services
Home Health Services and Nursing Care

Hospice Services
Hospital Services
Medical Foster Care Services
Medical Supplies, Equipment, Protheses
Orthoses
Nursing Facility Services
Optometric and Vision Services
Physician Assistant Services
Physician Services
Podiatric Services
Prescribed Drug Services
Renal Dialysis Services
Therapy Services
Transportation Services
Laboratory and Imaging Services



MMA Expanded Benefits

Expanded benefits refers to additional goods or services that we provide at no cost to our members, enhancing their healthcare experience.

- Acupuncture
- Behavioral health medical services (drug screening, medication management, verbal interaction)
- Biometric equipment
- Chiropractic services
- Computerized cognitive behavioral analysis
- Financial literacy
- Group therapy (behavioral health)
- Individual therapy sessions for caregivers
- Massage therapy
- Medication-assisted treatment services
- Psychosocial rehabilitation
- Substance abuse treatment or detoxification services (outpatient)
- Targeted case management
- Therapeutic behavioral on-site services
- Therapy/Psychotherapy (Group)
- Therapy/Psychotherapy (Individual/Family)
- Tutoring K-12



Telemedicine Coverage

CCP reimburses for telemedicine services via interactive audio and video features, allowing two-way, real-time communication between patient and practitioner.

Telephone conversations, chart reviews, email messages, or faxes are not considered telemedicine and are not reimbursed.

Florida Medicaid reimburses the practitioner who provides the evaluation, diagnosis, or treatment recommendation and is at a site other than where the recipient is located. Practitioners must include a modifier GT procedure code.

The practitioner must implement telemedicine fraud and abuse protocols

Benefits of Telemedicine Utilization

- Enhanced Revenue
- Improved patient follow-up and health outcomes
- Reduction in missed appointments and cancellations



Pharmacy Program

We cover prescription drugs and certain over-the-counter (OTC) medications prescribed by CCP providers. Certain medications may require prior authorization or have limitations related to dosage, maximum quantities, or the member's age.

CCP adheres to the Agency for Health Care Administration (AHCA)'s Preferred Drug List (PDL), also known as the formulary.

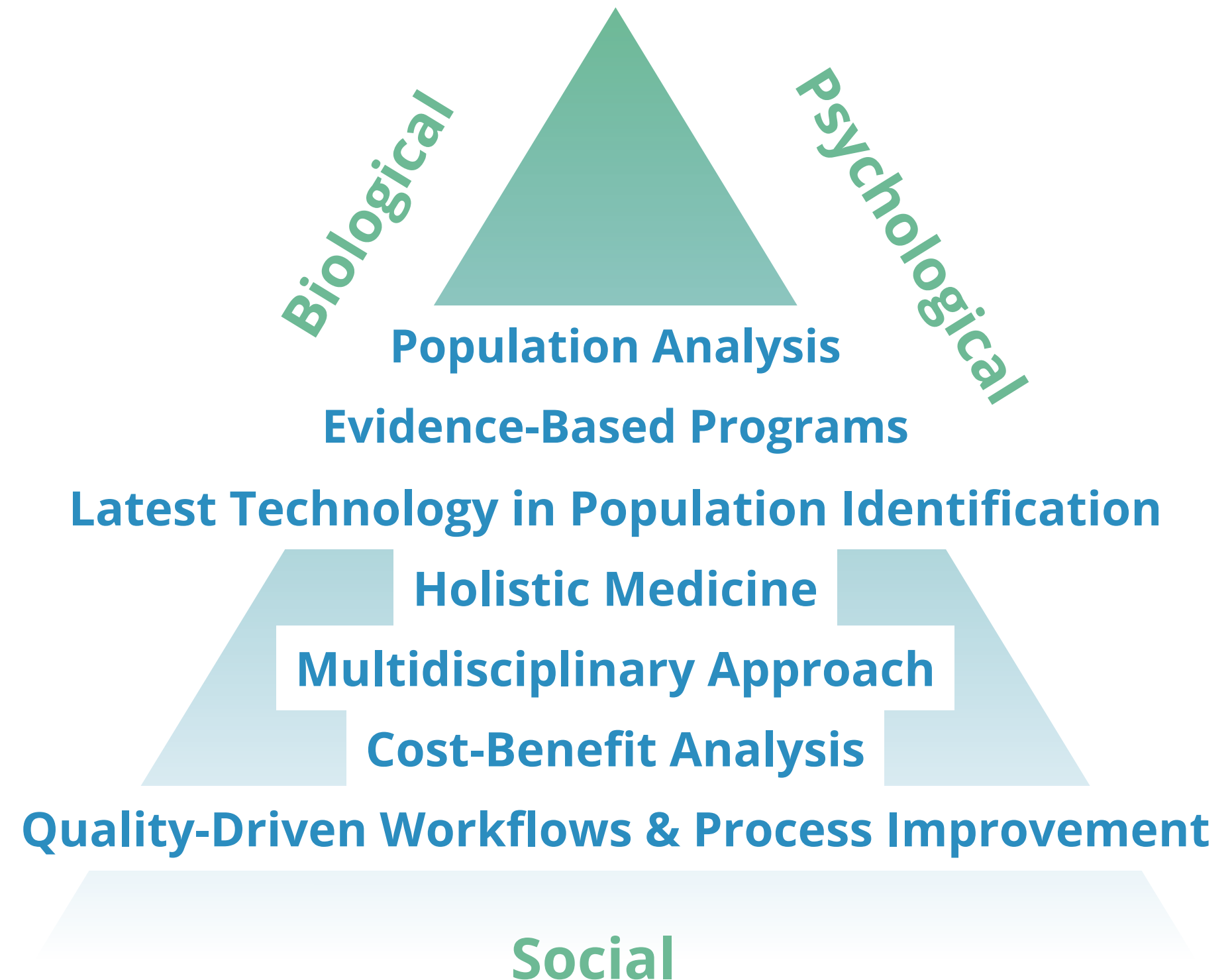


Concierge Care Coordination (C3)

Comprehensive, well-structured, evidence-based program centered on Population Analysis to identify special populations and their specific needs to guide the development of programs tailored to these needs.

- Multidisciplinary, collaborative, and holistic methodology to determine the most suitable interventions based on the enrollee's risk stratification level
- Quality-driven performance

Case Management: 1-866-899-4828
Monday-Friday, 8:30 AM - 5 PM EST.



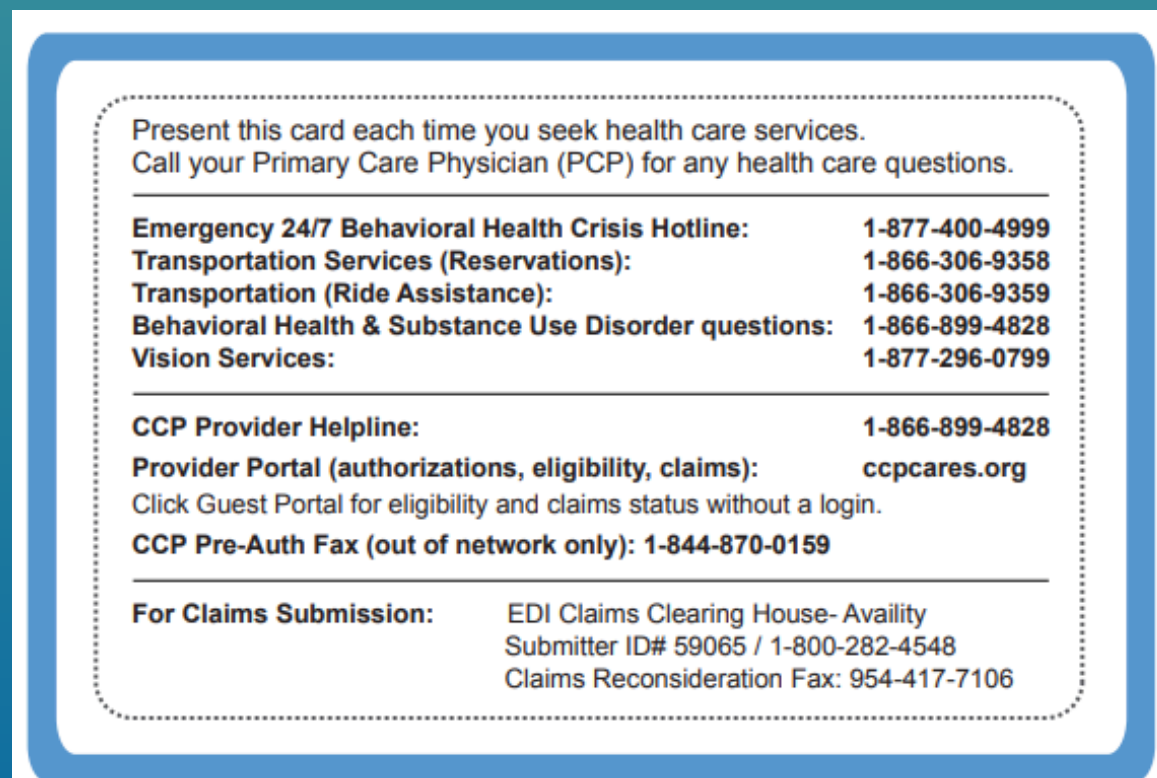
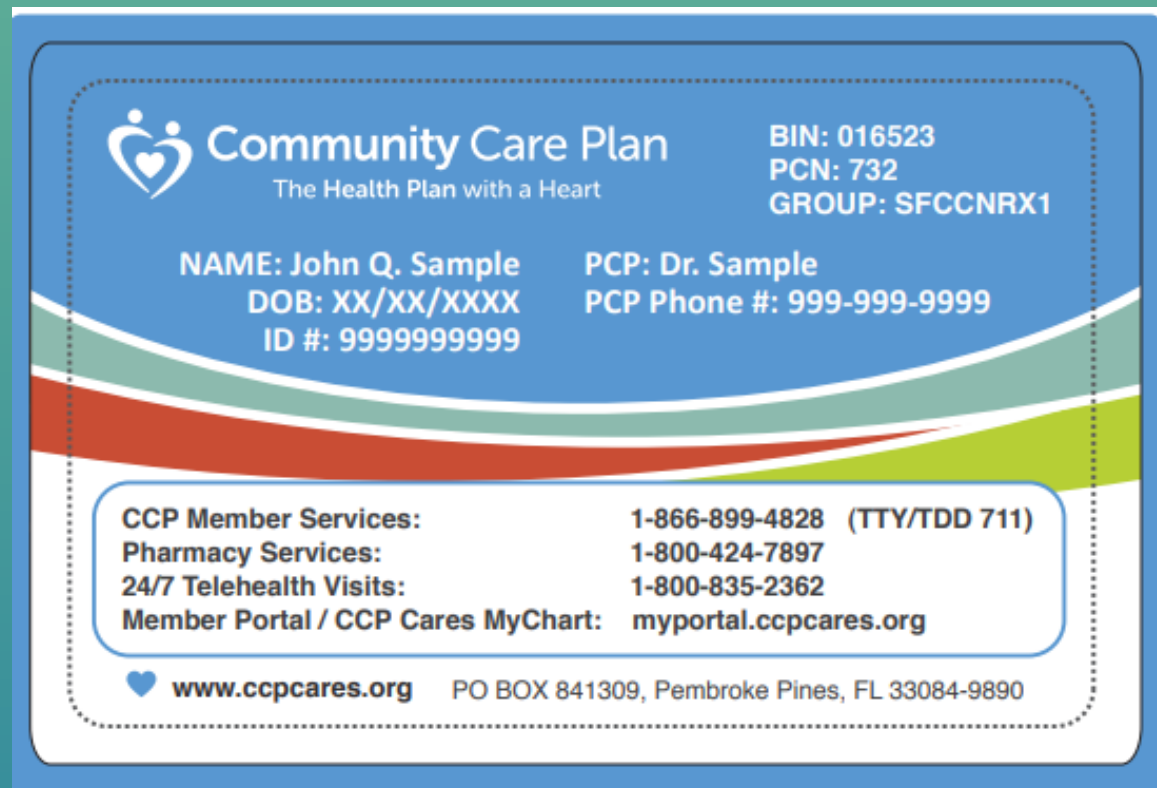
Member ID Cards

Each CCP enrollee is issued an identification card, which serves to verify their identity and eligibility with CCP.

However, it's important to note that simply having this card does not confirm active eligibility.

Providers are encouraged to verify member eligibility using our Secure Provider Portal, Guest Eligibility Portal, or calling Customer Experience at 866-899-4828.

We recommend that enrollees carry their identification cards consistently to ensure they can be properly identified and receive the services they are eligible for.



CCPcares.org

Visit our website to access:

- Provider Manual
- Provider Newsletter
- Provider Notices and Updates
- Updated Provider Forms
- Services Requiring Prior Authorization
- Provider Academy
- and more!



Provider Manual

Manual Updates

We regularly review and update to ensure accuracy.

Accessing the Manual

You can download the latest handbook from our website under the “Providers” section.

Requesting a Copy

Providers can request a copy at any time

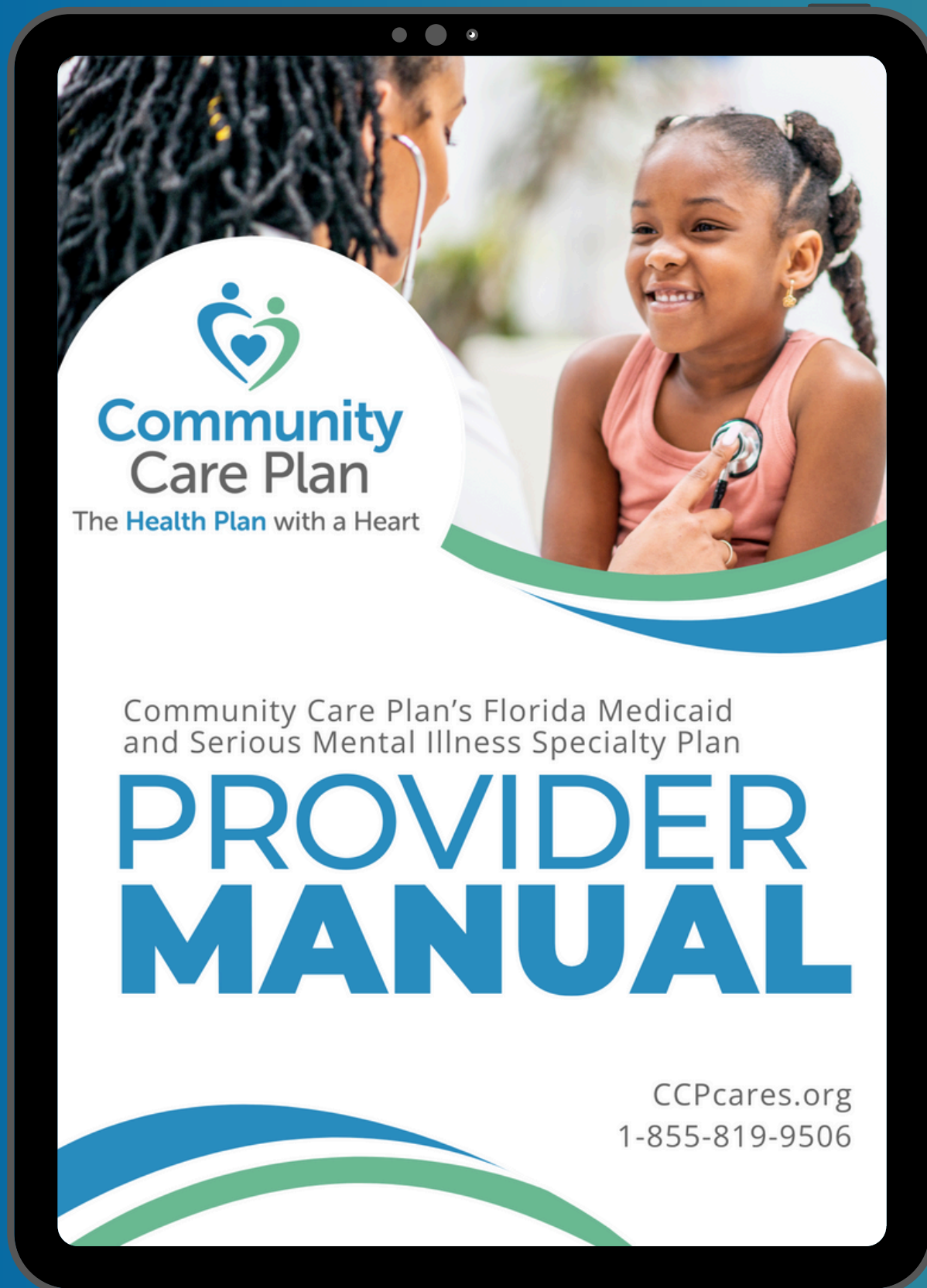
- Email ccp.provider@ccpcares.org or
- Call 866-899-4828

Notice of Changes

Providers receive at least a 30-day notice before any updates are made

Important Reminder

Please save ccp.provider@ccpcares.org to your email contacts. **We use this email address to share important notices, updates, and provider communications.**



Translation Services

CCP provides translation services for various languages.

If you need an interpreter for a member, please contact our Customer Experience team at [866-899-4828](tel:866-899-4828).

Remote Video
Interpreting

Onsite
Interpreting

Translation
Services

Interpreter
Assessment

Over-the-Phone Interpreting



Contracted Providers



Adding Facilities

To add your facilities including Ancillary, Behavioral Health, and Hospital providers to your existing participating contract:

- Download and complete our [HDO Application](#)
- Email it to CCP.Provider@ccpcares.org.



Adding Practitioners

To add practitioners to your current contract:

- Download and complete our [Provider Data Form](#), [Provider Roster Template](#), and a [W-9 Form](#) dated within the last 12 months
- Email all three forms to CCP.Provider@ccpcares.org.



Recredentialing

Providers in our network must undergo recredentialing every three years to maintain quality standards. This involves submitting updated credentials and reporting any practice changes or disciplinary actions.

Contractual & Demographic Changes

Contracted providers are required to notify CCP of legal and demographic changes to ensure the accuracy of the provider directory and claim processing. You must notify your Provider Operations Representative of changes in your practice before the effective date of the change.

Please email information on newly added or terminated providers and demographic changes to CCP.Provider@ccpcares.org within 30 days of the change.

Address	Accepting New Patients	Enrollment/Disenrollment
Phone Number	Practice or Name Change	Credentialing Updates
Tax ID Number	Effective Date of Change	Hospital Privileges



Prior Authorization

**Providers must request
authorizations through our
Secure Provider Portal, PlanLink.**

Submit Online Requests

planlink.ccpcares.org

Updated List of Services Requiring Prior Authorization:

[CCPcares.org/services-requiring-
prior-authorization](https://CCPcares.org/services-requiring-prior-authorization)

Online Verification of Authorization Status:

planlink.ccpcares.org/ or call 866-899-4828



Funds Transfer (EFT)

CCP provides electronic funds transfers (EFTs) and electronic remittance advices (ERAs) at no charge.

Electronic Funds Transfer registration: [EFT Request form](#)



Timely Filing

Submit claims within 60 days;
after six months, claims will be
denied



Electronic Remittance

[Availity.com](https://www.availity.com)



Verify Claims

planlink.ccpcares.org

866-899-4828



Electronic Claims Submission

Clearinghouse: Availity

Payer Name: Community Care Plan (CCP)

Payer ID: 59065

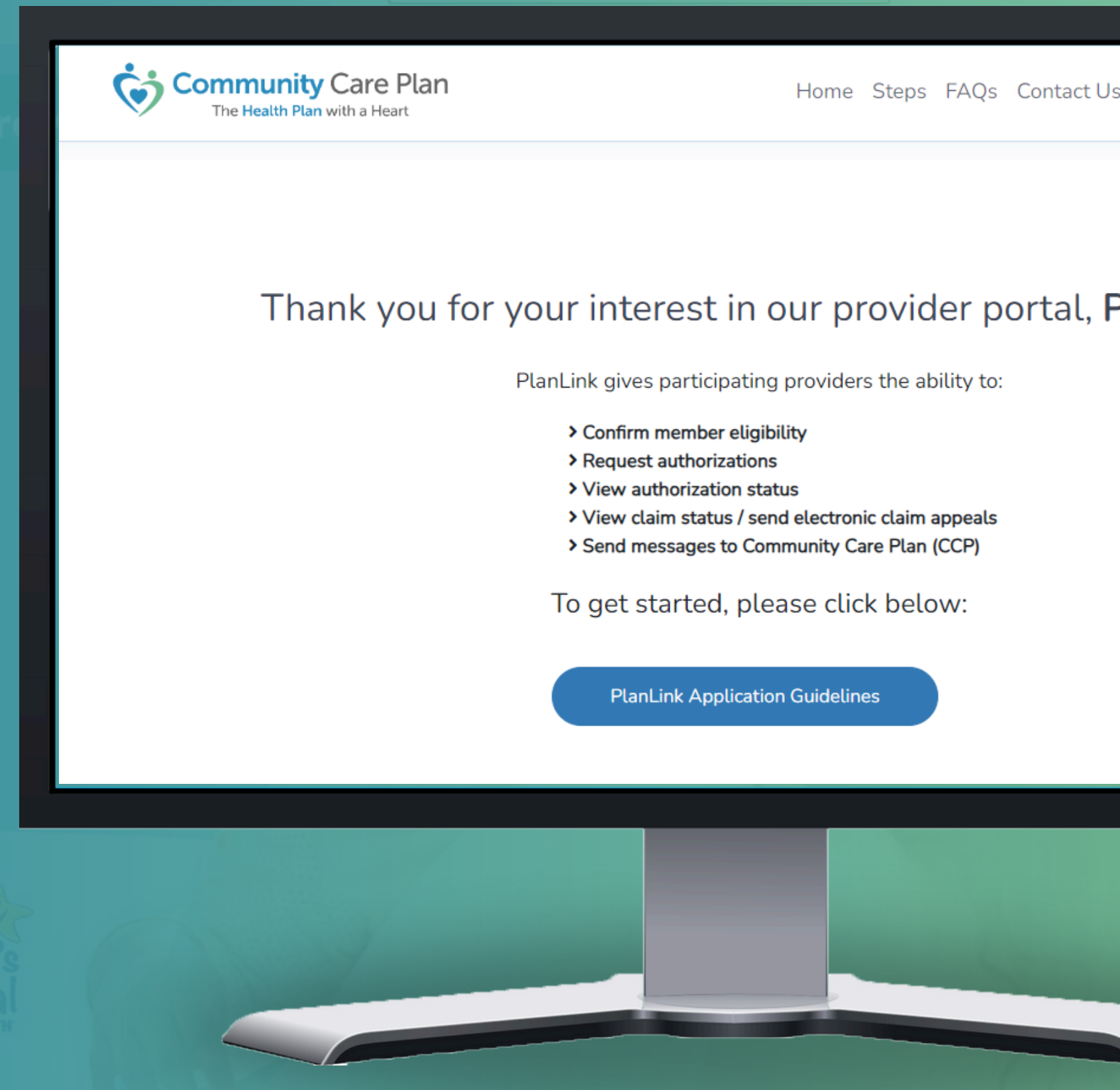
Claims Registration: [Availity.com](https://www.availity.com)

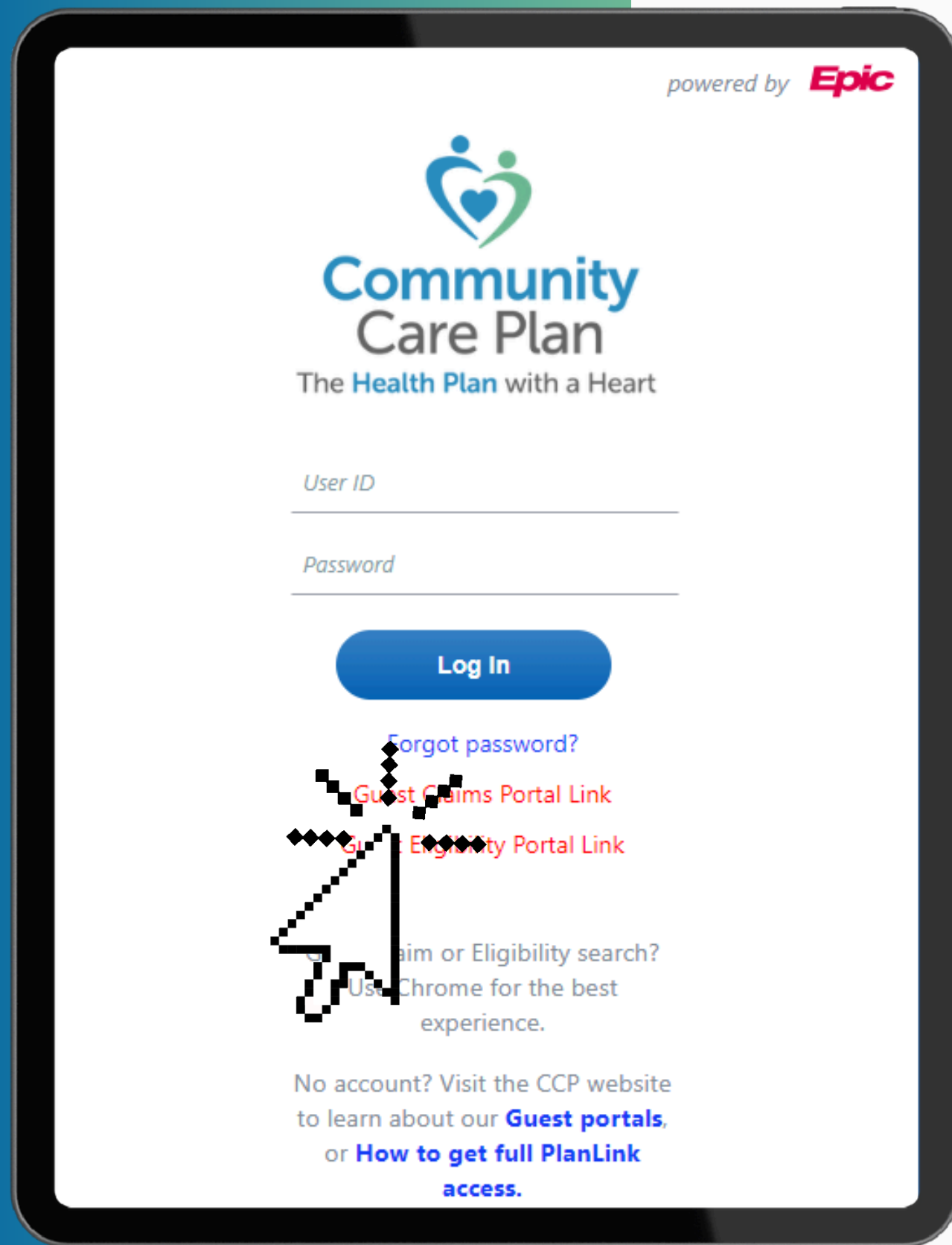
PlanLink

PlanLink is CCP's preferred method for online transactions:

- Confirm member eligibility
- Request authorizations
- View authorization status
- View claim status & send electronic claim appeals
- Apply for Provider Portal access: [E-apply](#).

For provider portal, please visit:
e-apply.ccpcares.org





PlanLink Guest Portal for Eligibility & Claims

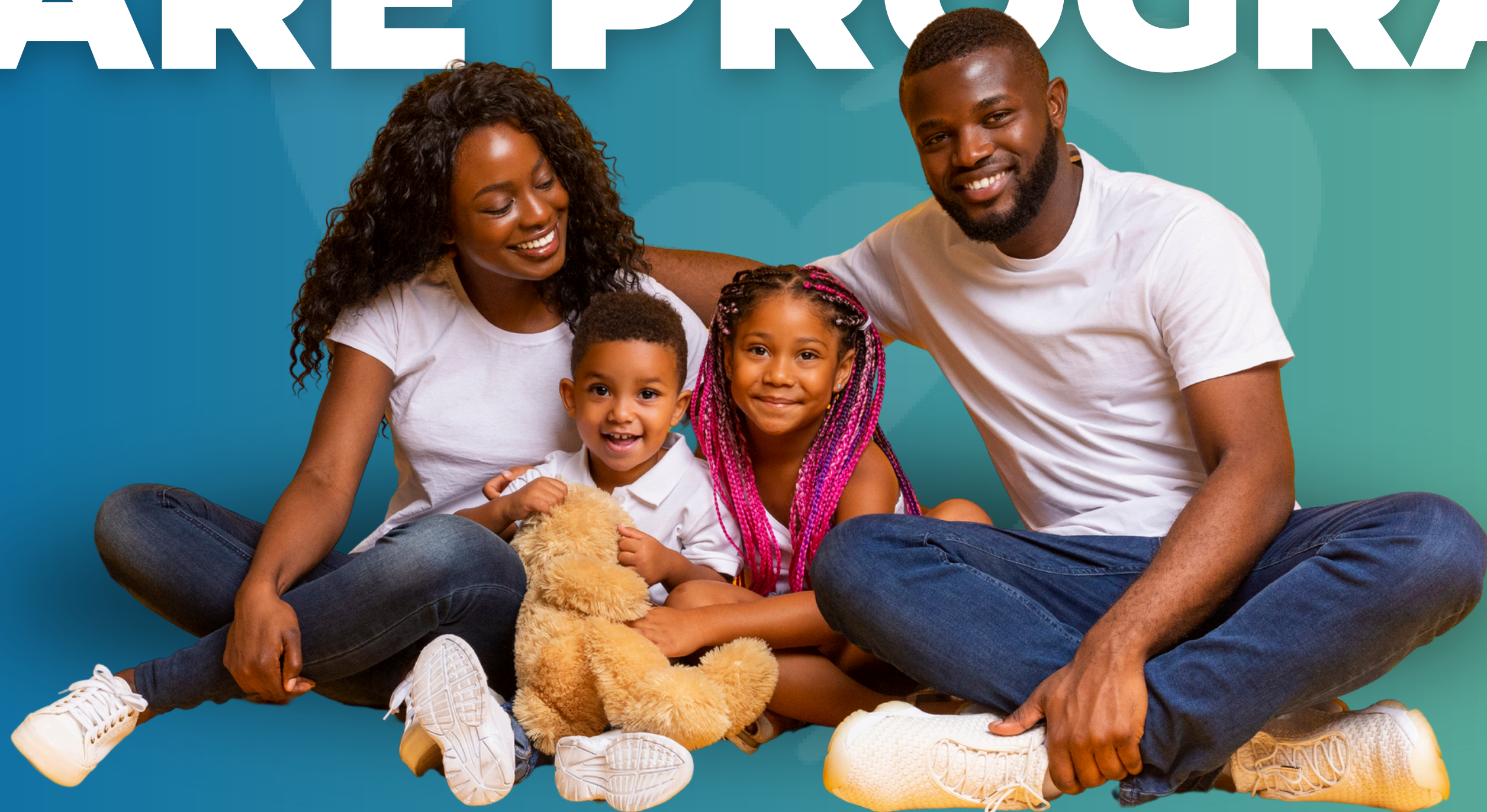
Provider office staff without portal login credentials can check member eligibility via the CCP Guest Eligibility Portal

Provider office staff without portal login credentials can check claims status via the CCP Guest Claims Portal.

Use the portal to verify

- Member Eligibility
- Claim Status
- Claims Appeals

VALUE-BASED CARE PROGRAM



Primary Care Providers

We provide a range of Value-Based Care programs aimed at motivating providers in various sectors.

Earn incentives by meeting HEDIS measures and addressing care gaps in specific measures on a quarterly basis.

Patient-Centered Medical Home (PCMH) incentives to back PCMH practices and those striving for PCMH recognition, including covering consultant fees.

Social Determinants of Health (SDOH) incentives are accessible for providers achieving a 90% patient assessment rate annually using G and Z codes.

Health Risk Assessments (HRA) receive incentives by offering payments for new patient assessments once an 80% rate is reached, with data sharing with Community Care Plan as a requirement.

Behavioral health integration is promoted, providing incentives to practices offering behavioral health services, along with risk adjustment incentives for completing assessments, with quarterly payouts.

OBGYN Providers

We provide a range of Value-Based Care programs aimed at motivating providers in various sectors.

Earn incentives by meeting HEDIS measures and addressing care gaps in specific measures on a quarterly basis.

Incentives are granted for Screening, Brief Intervention, and Referral to Treatment (SBIRT) upon achieving a 90% assessment rate.

Bonuses are available for Medication-Assisted Treatment (MAT) based on eligible patients receiving care.

Utilization metrics like NICU and C-section rates are assessed, with bonuses awarded for meeting set goals.

OB/GYN practices can also earn HEDIS measure incentives for closing care gaps.

Paid for Performance



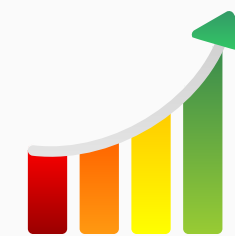
Earn Rewards

Recognizes and rewards providers who deliver exceptional care, superior patient outcomes, and maintain operational efficiency, thus enhancing the overall quality of the SMMC program.



Evaluation

Providers are evaluated annually based on quality of care, access, compliance with regulations, and operational efficiency. KPIs include adherence to clinical guidelines, preventive care services, management of chronic conditions, timely access to care, and low rates of hospital readmissions and ED visits.



High-Performing Providers

Acknowledged through incentives such as financial bonuses, enhanced reimbursement rates, and public recognition on websites and directories. They may also receive awards, certificates of excellence, and invitations to participate in advisory committees.

Access to Care

To help our members get the care they need, we require our in-network primary care providers (PCPs) and specialists to provide an after-hours phone number.

Members must have timely access to PCP services and referrals to specialists for medical and behavioral health services. At least quarterly, CCP monitors complaints and addresses any access issues.

Appointments for urgent medical or behavioral healthcare services shall be provided:

- Within 48 hours of a request for medical or behavioral health services that do not require PA
- Within 96 hours of a request for medical or behavioral health services that do require PA

Appointments for non-urgent medical or behavioral healthcare services shall be provided:

- Within seven days post-discharge from an inpatient behavioral health admission for follow-up treatment
- Within 14 days for initial outpatient behavioral health treatment
- Within 14 days of a request for ancillary services for the diagnosis or treatment of injury, illness, or other condition
- Within 30 days of a request for PCP appointment
- Within 60 days of a request for a specialist appointment after the appropriate referral is received by the specialist

Compliance, Fraud, Waste, and Abuse

Our compliance program is essential to prevent, detect and correct non-compliance, fraud, waste and abuse, and our providers are a vital component. We provide Provider Compliance Training to assist in meeting compliance program requirements, including [FWA Training](#).

CCP Compliance Officer

954-622-3489

CCP.Compliance@ccpcares.org

CCP.SIU@ccpcares.org

Report Anonymously

855-843-1106

lighthouse-services.com/ccpcares

Partners in Care Contact Information

PRIME

Pharmacy

800-424-7897

COASTAL CARE SERVICES, INC

DME/Home Health

833-204-4535

ICARE-SOUTH FLORIDA VISION / 2020

Vision

877-296-0799

HEALTH NETWORK ONE (HN1)

**PT/OT/ST/
Podiatry/Dermatology**

888-550-8800 opt 2

MODIVCARE

Transportation

866-306-9358

Provider Support & Contact Information

Claims, Customer Experience, PA Inquiries

866-899-4828

24/7 Behavioral Health Crisis Hotline

877-400-4999

Credentialing Department

844-618-5773

credentialingdept@ccpcares.org

Provider Operations

[855-819-9506](tel:855-819-9506)

ccp.provider@ccpcares.org

Fraud, Waste & Abuse Hotline

888-419-3456



Thank You

Thank you for choosing to partner with Community Care Plan. We're committed to supporting your practice so, together, we can provide the highest standard of care for our members.

If you have any further questions or need assistance, please don't hesitate to reach out to our Provider Operations team.

Welcome aboard!

THANK YOU

