TO: All Community Care Plan Providers & Office Managers

DATE: January 7, 2021

SUBJECT: State of Emergency Related to Coronavirus (COVID-19) – FHK

As we continue to deal with the COVID-19 State of Emergency in South Florida, Community Care Plan (CCP) would like to update its participating providers regarding several interim operational procedures that will remain in effect through April 30, 2021, for our Florida Healthy Kids (FHK) line of business. This decision was made to help reduce/eliminate the administrative burden on you and your staff and ensure that our members have access to care during this very difficult time. CCP will continue to monitor the effects of the pandemic on our community, members, and provider network. When operational procedures are reinstated, we will notify you.

Prior Authorization Requirements

To help reduce the administrative burden on CCP’s participating providers and allow providers to redeploy the resources for these functions as necessary, CCP is waiving the prior authorization requirements for:

- Medically necessary physician and hospital services
- Advanced practice registered nursing services
- Physician assistant services
- Telehealth
- Home health services
- Durable medical equipment and supplies
- Behavioral Health

In addition to the services listed above, CCP is also waiving prior authorization requirements for all services (except pharmacy) necessary to appropriately evaluate and treat CCP FHK enrollees diagnosed with COVID-19.
Limits on Services

- During the state of emergency, CCP will lift all limits on early prescription refills for maintenance medications, except for controlled substances, to assist CCP members who may need to self-quarantine.

- When available at the pharmacy, CCP will reimburse for a 90-day supply of maintenance prescriptions. CCP members must request that the pharmacy dispense a 90-day supply. CCP is also waiving any limits on mail-order delivery of maintenance prescriptions.

Co-payments

For the FHK line of business, CCP is also waiving co-payment requirements for:

- Emergency Room Visits
- Inpatient Care
- Urgent Care Centers
- Hospital services
- Telehealth
- Durable medical equipment and supplies

As a general reminder, CCP's standard policy includes zero copayments for all primary care provider visits to help ensure that our members have access to their PCPs for any medical care.

In-person Provider Site Visits

To help reduce community-spread of the virus, CCP will also postpone in-person provider-site visit requirements (e.g., enrollment, credentialing, etc.) until further notice. However, your assigned Provider Operations Representative will be contacting you soon to schedule a Site-Visit via WebEx or telephone at a mutually convenient time.

Reimbursement of Telemedicine/Telehealth services

CCP reimburses for telemedicine/telehealth services that use interactive telecommunication equipment such as, at a minimum, audio and video equipment that permit two-way, real-time, interactive communication between the patient and practitioner.

PCPs must include modifier GT on the CMS-1500 claim form.

Example: 99213 GT
Telemedicine/telehealth services must also be documented appropriately in the member’s medical record. Medical records for services provided via telemedicine/telehealth will be reviewed against the telemedicine/telehealth claims to ensure that the services rendered are documented to:

- The same standard used for in-person services;
- Ensure the member’s choice to receive services via telemedicine/telehealth;
- Ensure that appropriate measures are taken by the provider to have the appropriate telecommunication equipment and technical safeguards in place; and
- Ensure the authenticity and security of the information received and how that information is used.

Should you have any questions or concerns, please call our Provider Operations Hotline at 1-855-819-9506 or email CCP.Provider@ccpcares.org.

Thank you for your patience and cooperation in working with us to keep our community healthy and safe!