



# Community Care Plan

The **Health Plan** with a Heart

## Billing, Claims & Appeals

# Training Topics

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# 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**

**888-550-8800 opt 2**

**CLAIMS INQUIRIES & CUSTOMER EXPERIENCE  
PRIOR AUTHORIZATION INQUIRIES**

**866-899-4828**



# Verifying Member Eligibility

Community Care Plan (CCP) requires all providers to verify a member's eligibility before rendering any services. This verification must be completed each time a member schedules an appointment and again upon their arrival for services. Verifying eligibility is essential to ensure that the member is actively enrolled in the plan and that the services provided will be covered



- Providers should use the PlanLink provider portal to verify eligibility
- If you are the Primary Care Provider (PCP) of record, your name will be displayed in the PlanLink portal as the member's "CCP-Assigned PCP," confirming your designation within the CCP network
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- Registered providers verify member eligibility by using [CCP secure provider portal](#)  
Office staff without portal login credentials can go to [CCP guest eligibility portal](#)

# Authorizations

Providers may request authorizations through our secure provider portal PlanLink

Please note that all services by out of network providers require prior authorization from CCP

To determine services that required authorization, please refer to our [Service Requiring Prior Authorization List](#)

- Submit online authorization requests: <http://planlink.ccpcares.org/>
- For cases where a participating provider is not available in our network or a non-participating provider is submitting the request, please use our: [Pre-Certification/Authorization Request Form](#)
- For Behavioral Health and Substance Use Services that require prior authorization, please review our: [Behavioral Health Authorization Guidelines](#)
- For Physician Administered Drugs, please refer to the: [Pharmacy Services Requiring Prior Authorization](#)
- Online verification of authorization status: <http://planlink.ccpcares.org/> or you may also contact Community Care Plan at 1-866-899-4828 Customer Experience

# Timelines of Decision

Requests for prior authorization are managed by the CCP Utilization Management (UM) Department

UM addresses authorization requests within the timeframes set by NCQA guidelines and AHCA requirements for all Medicaid services

The turnaround times for authorization of requested services are as follows:

- Expedited requests will be processed within 2 business days
- Standard requests will be processed within 5 calendar days
- Retrospective/Post Service requests will be finalized within 30 calendar days

# Electronic Claim Submission

Claims Clearinghouse	Availity
Payer Name	Community care Plan (CCP)
Payer ID	59065
Claims Registration	www.Availity.com or 1800.282.4548
<p><b>Claims should be submitted within 60 days from the date of service</b> <b>Claims submitted after six months will be denied</b> <b>Ensure claims include :</b> Enrollee ID Diagnosis codes highest level of authenticity and authorization numbers</p>	



# Timely Filing

To ensure prompt processing, adhere to the specified timeframes in your provider agreement when submitting claims. For Medicare claims transitioning to Medicaid, the filing limit is 36 months from the service date or 12 months from Medicare's adjudication date

## Guideline

Participating Providers

Plan as secondary payor

Medicare crossover

Corrected claims

Return of additional information

## Filing Deadline

6 months from DOS/discharge from hospital setting

90 days from the primary determination

36 months from the original Medicare submission

90 days from denial

90 days from denial



# Claims Reconsideration

To correct claims, use the Planlink provider portal within 90 days of the original explanation of payment

## Guideline

Medical necessity appeals

Billing Disputes Appeals

Authorization Appeals

## Filing Deadline

90 days from EOB/Remit  
exception: 365 days from underpayment disputes

90 days from EOB/Remit

90 days from EOB/Remit

# Claims Payment: EFT & ERA



## Direct Deposits

Receive payments via direct deposit into the bank account of your choice



## Faster Payments

Get paid up to 7 days faster than mail



## Reduce risk

Reduce the risk of lost or stolen checks

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



## HIPPA Complaint

Receive HIPAA compliant ERA transactions



## View Online

Have remittances sent to your clearinghouse or view them online



## Save Time

Reduce paper mail and time spent on manual processes

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

# Provider Changes

Notify CCP of any billing information changes at least **30-60 days in advance**

Submit a new W-9 for address or TIN changes

Email W-9 forms to CCP Provider

Operations at [ccp.provider@ccpcares.org](mailto:ccp.provider@ccpcares.org)

Providers must maintain current billing information with CCP to ensure accurate claims processing and reimbursement

## **Required information includes:**

- Provider name (as per current W-9)
- National Provider Identifier (NPI)
- Group NPI (if applicable)
- Tax Identification Number (TIN)
- Physical location address
- Billing name and address



# Thank You

