



# Community Care Plan

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

# Training Topics

- 1 CCP Overview
- 2 Covered Services, Telemedicine, & Pharmacy
- 3 Concierge Care Coordination (C3)
- 4 Provider Portal & Translation Services
- 5 Contracted Provider & Contractual changes
- 6 Prior Authorization, Billing Overview, & Provider Portal
- 7 Value Based Care Programs & Paid for Performance
- 8 Access to Care Requirements
- 9 Fraud, Waste and Abuse
- 10 Provider Support & Contact Information



# Who is Community Care Plan (CCP)?

**Established in 1998**

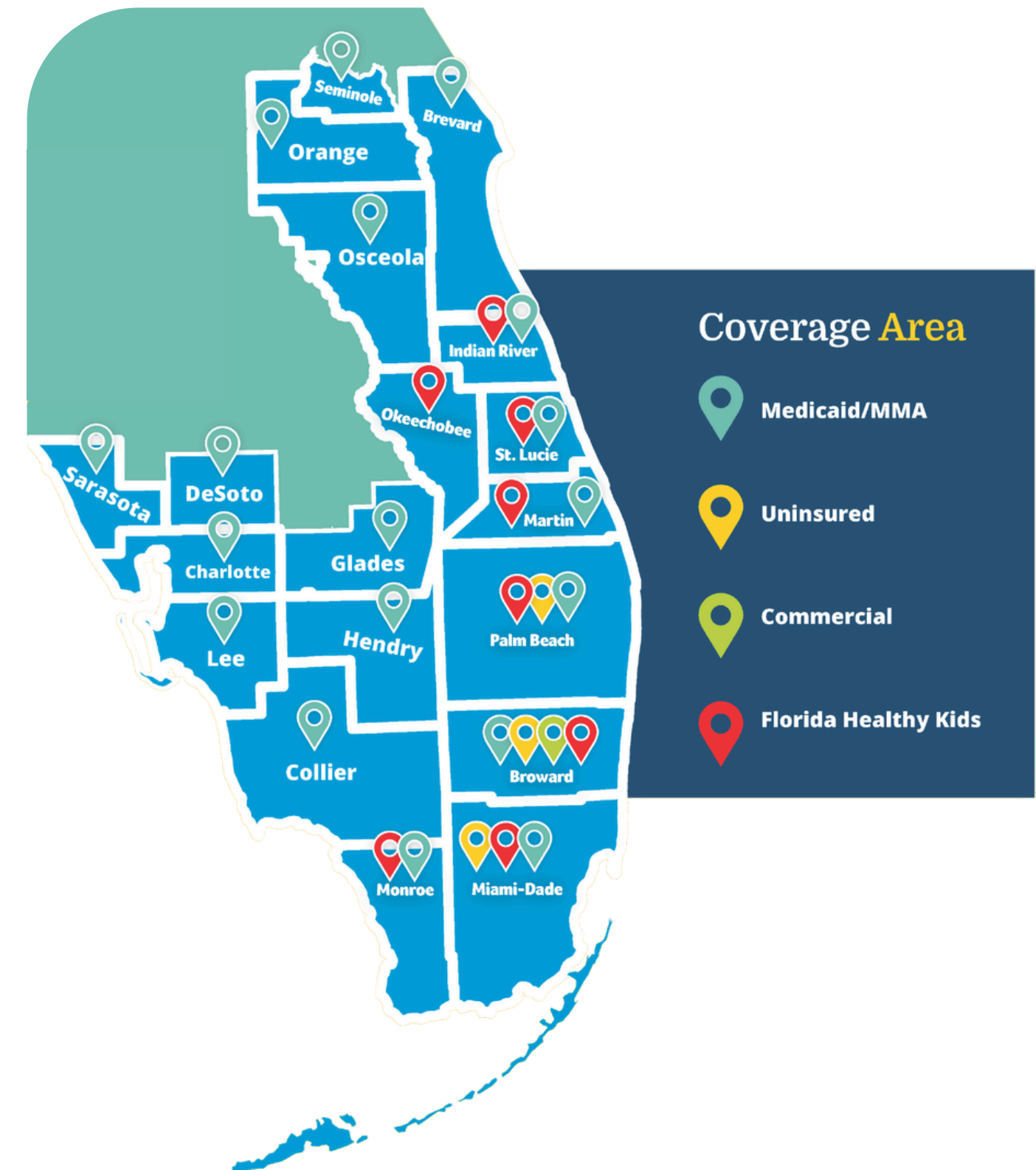
Non-Profit, Provider Service Network

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).

*Accredited by*



ACCREDITATION ASSOCIATION  
*for* AMBULATORY HEALTH CARE, INC.



# 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, Prosthesis  
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](#).

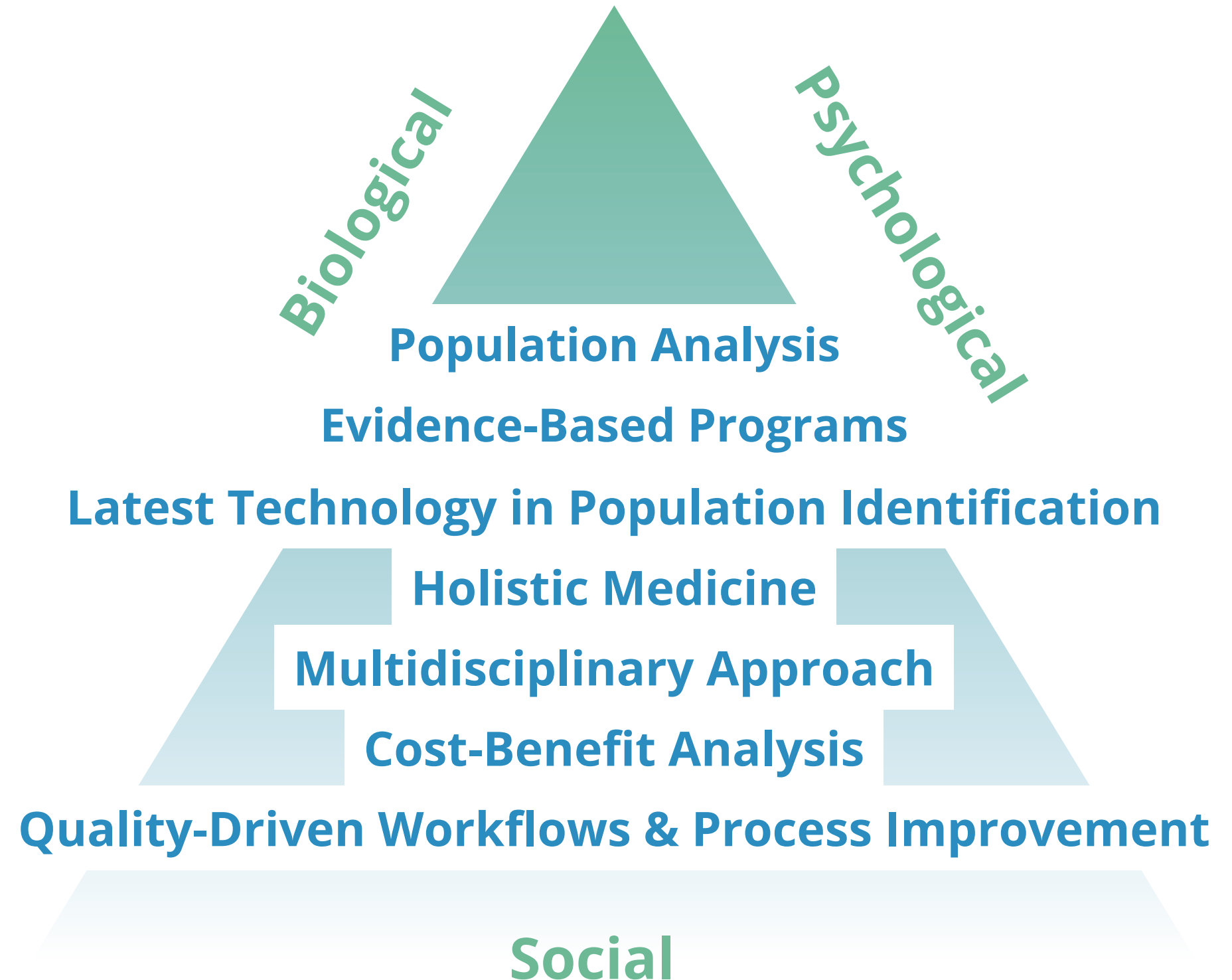


# Concierge Care Coordination (C3)

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.



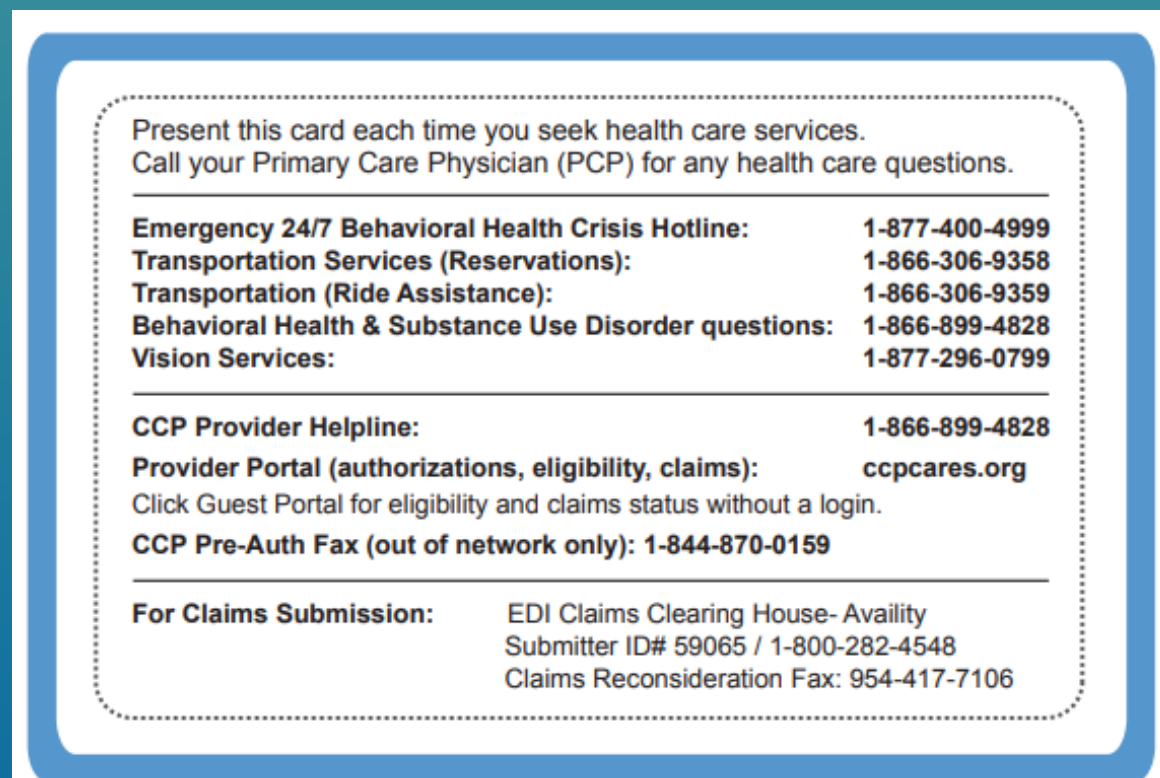
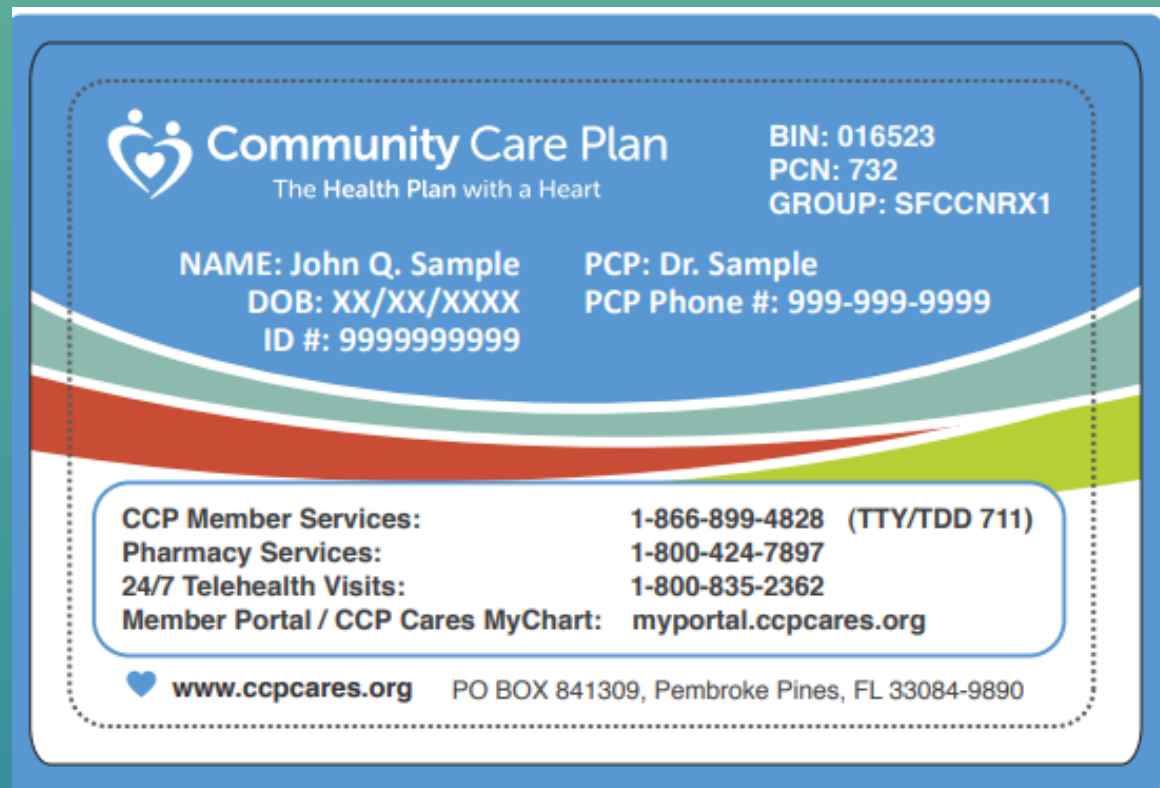
# Member ID Cards

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

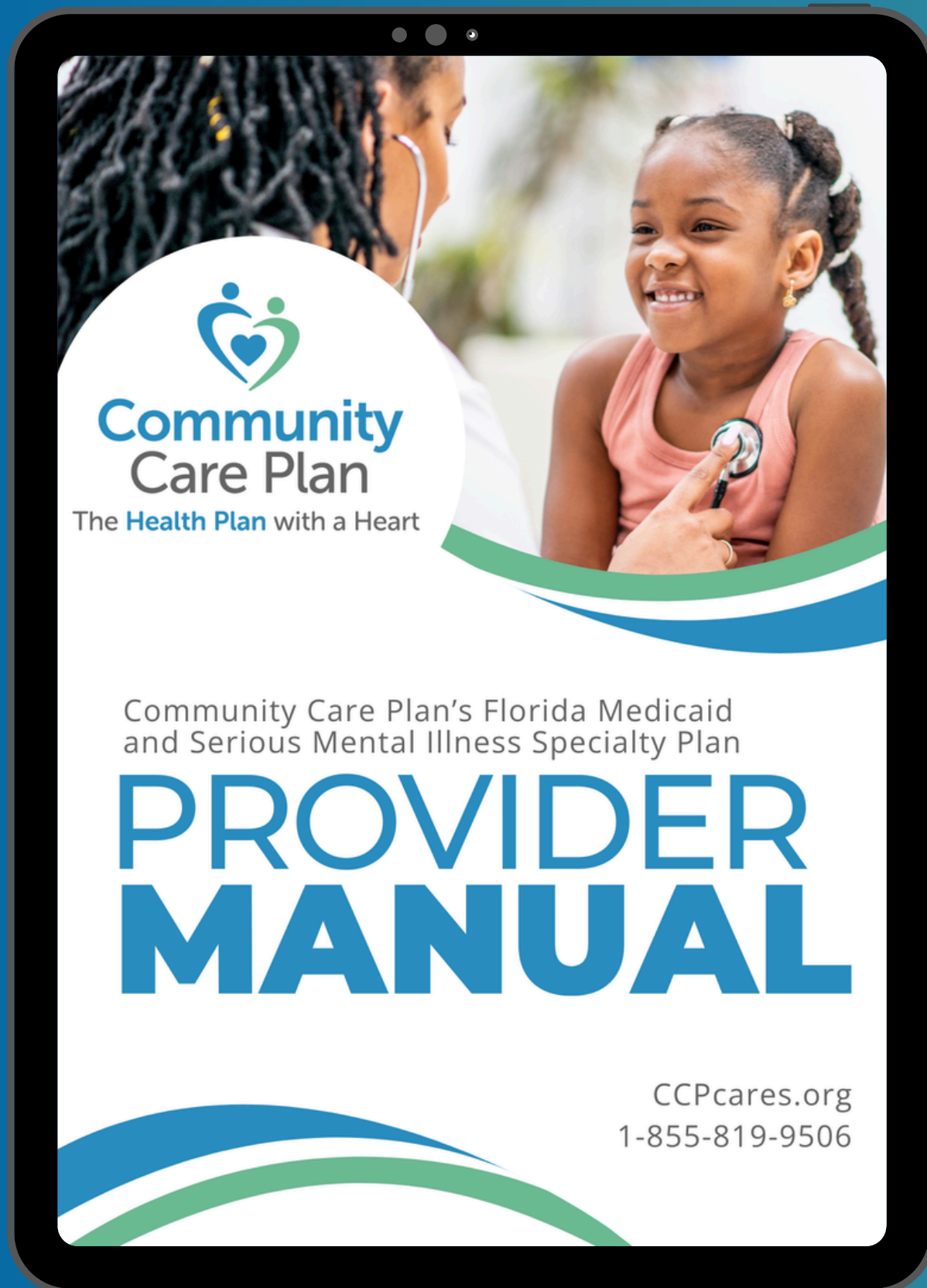
- Email [ccp.provider@ccpcares.org](mailto:ccp.provider@ccpcares.org) or
- Call 866-899-4828

## Notice of Changes

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

## Important Reminder

Please save [ccp.provider@ccpcares.org](mailto: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](mailto: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](mailto: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](mailto:CCP.Provider@ccpcares.org) within 30 days of the change.

Address

Phone Number

Tax ID Number

Accepting New Patients

Practice or Name Change

Effective Date of Change

Enrollment/Disenrollment

Credentialing Updates

Hospital Privileges



# Prior Authorization

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

## **Submit Online Requests**

[planlink.ccpcares.org](http://planlink.ccpcares.org)

## **Updated List of Services Requiring Prior Authorization:**

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

## **Online Verification of Authorization Status:**

[planlink.ccpcares.org/](http://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.ccpcare.org](https://planlink.ccpcare.org)

866-899-4828



## Electronic Claims Submission

Clearinghouse: Availity

Payer Name: Community Care Plan (CCP)

Payer ID: 59065

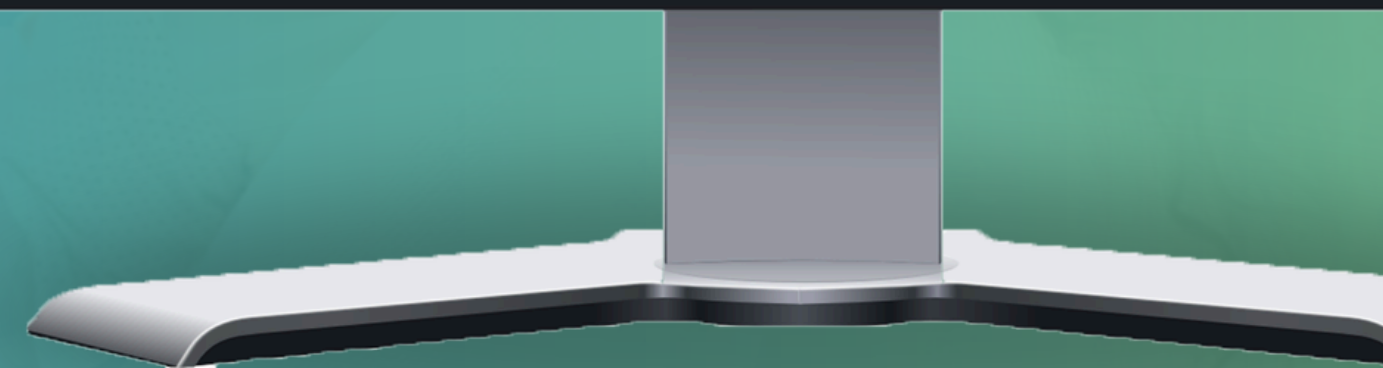
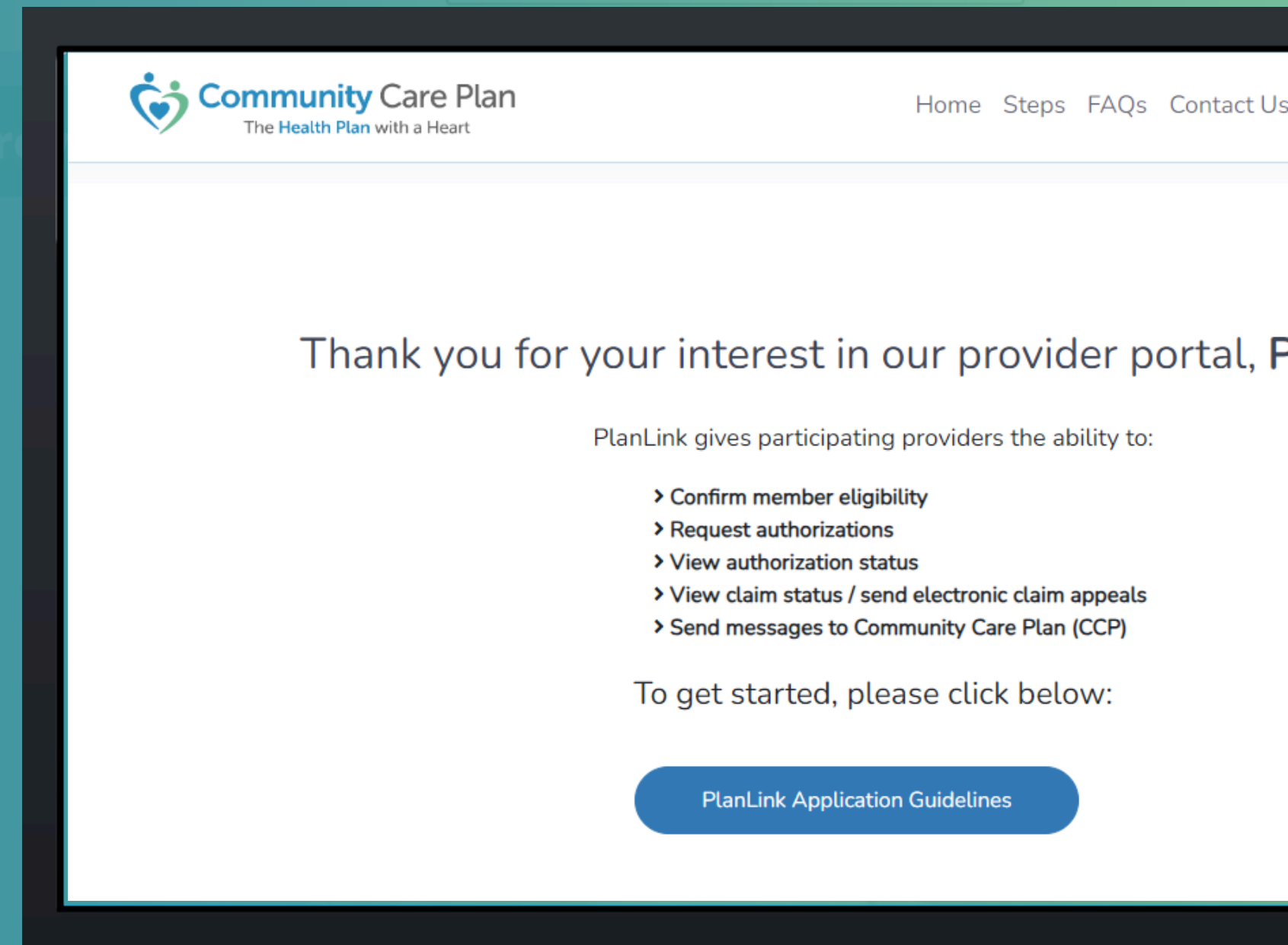
Claims Registration: [Availity.com](https://www.availity.com)

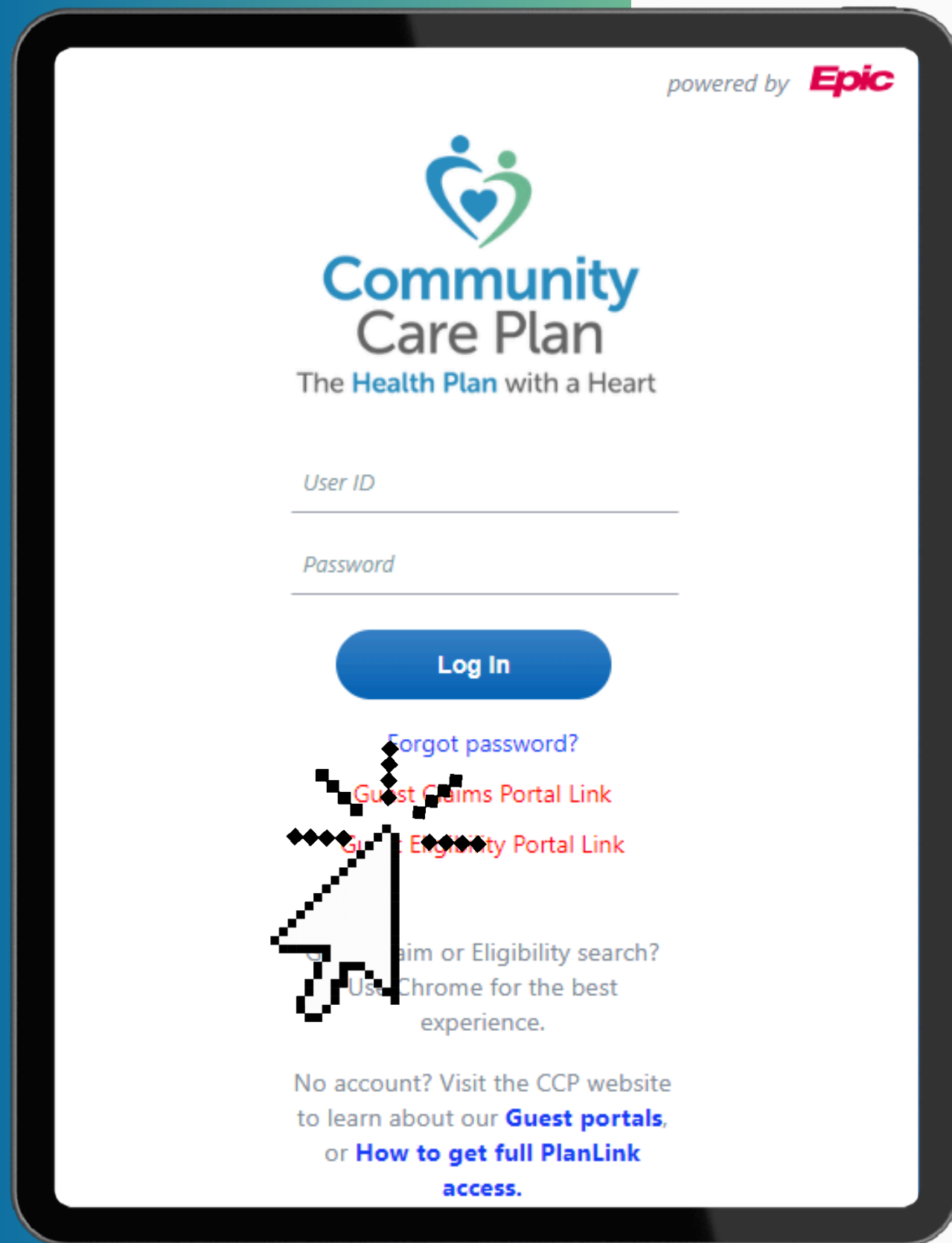
# PlanLink

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](http://e-apply.ccpcares.org)





# PlanLink Guest Portal for Eligibility & Claims

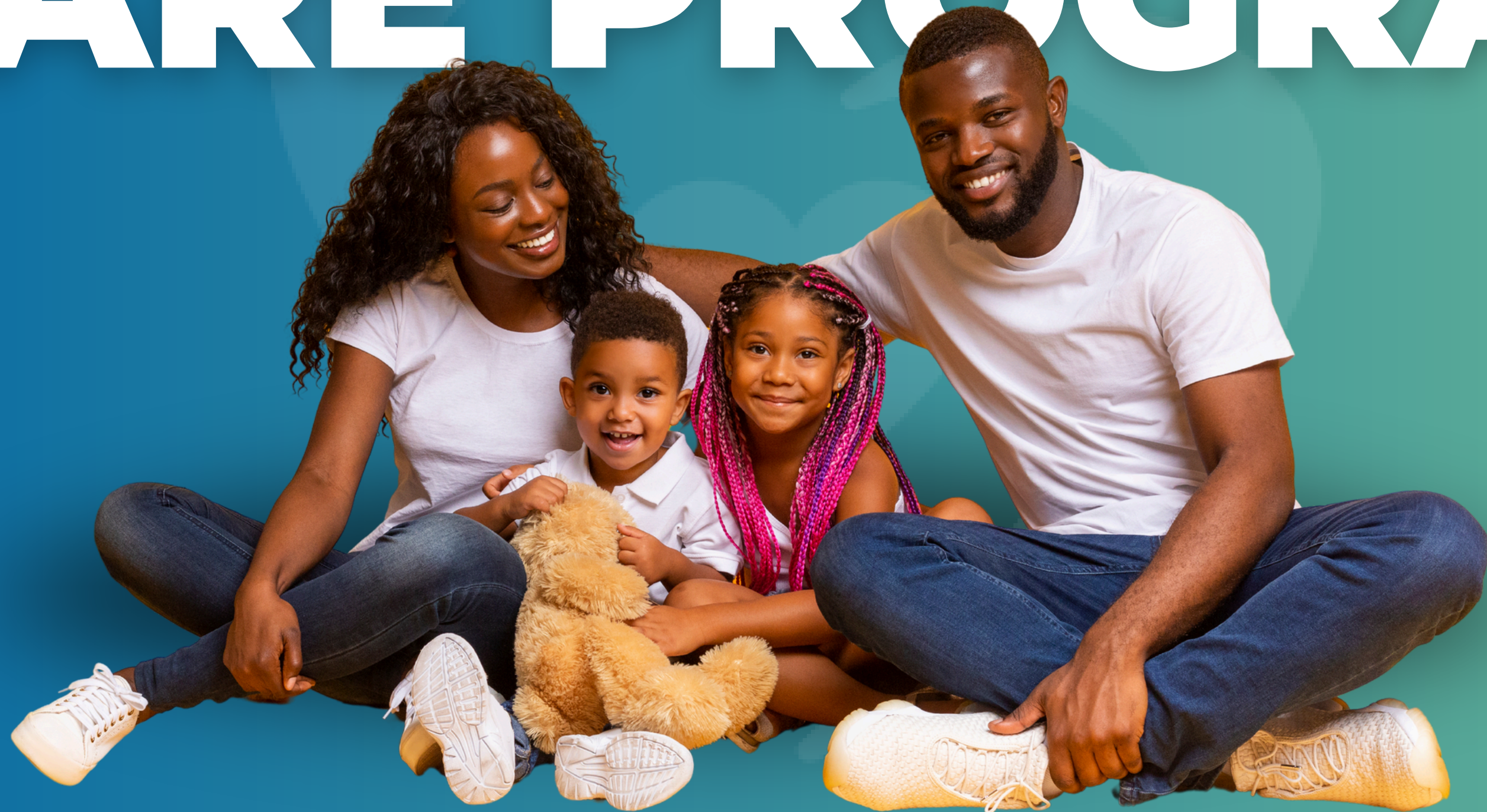
**Provider office staff without portal login credentials can check member eligibility via the CCP Guest Eligibility Portal**

**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.

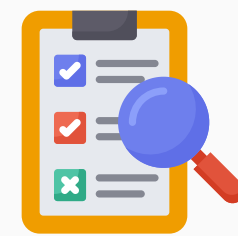
OB/GYN practices can also earn HEDIS measure incentives for closing care gaps.

# Paid for Performance



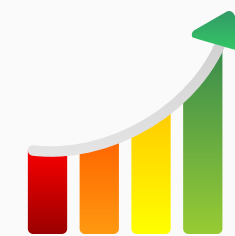
## Earn Rewards

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](mailto:CCP.Compliance@ccpcares.org)

[CCP.SIU@ccpcares.org](mailto:CCP.SIU@ccpcares.org)

## **Report Anonymously**

855-843-1106

[lighthouse-services.com/ccpcares](https://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](mailto:credentialingdept@ccpcares.org)

## **Provider Operations**

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

[ccp.provider@ccpcares.org](mailto: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**

