

PROVIDER NEWSLETTER

Serving our CCP Provider Community - Summer Edition 2022

Announcements & Reminders

- **Preferred Primary Care Group:** For more information on how you can participate, please contact your assigned Provider Operations Representative.
- **Well Visits:** May be completed via telemedicine/ telehealth, a service that uses interactive tele-communication equipment, such as, at a minimum, audio and video equipment that permit two-way, real time, interactive communication between the patient and practitioner.
- **COVID-19 Office Closures:** If your office is closed due to COVID-19, please notify your assigned Provider Operations Representative or contact the Provider Operations Hotline at 855-819-9506.
- **PlanLink Provider Portal:** PlanLink provides real-time web access to see claims, referrals, coverages, and benefits. To set up your PlanLink account, please contact PlanLink@ccpcares.org or visit e-apply.ccpcares.org.
- **Provider Absence:** In-Network providers are required to provide alternative coverage for our members by a participating CCP provider.
- **Authorization Requests:** CCP is no longer accepting authorization requests via fax. Providers must request authorizations via EPIC/PlanLink only.
- **Provider Webinars:** We are currently hosting Provider webinars on various topics. If you would like to receive invitations to participate in upcoming webinars, please speak to your Provider Operations Representative or contact the Provider Operations Hotline. You may also access our previous webinars on [our website](#). From the top menu, simply select “For Providers” and then, select “Provider Academy”.
- **OB Providers – Continuing Medical Education (CME) Opportunity:** AHCA is offering an online CME learning event emphasizing SBIRT practice tips in the evaluation and management of pregnant women. For additional information and to complete the course, visit [SBIRT CME Course](#).
- **Gold Card Provider Program:** CCP has implemented and maintains a program that reduces or eliminates service authorizations requirements for high performing providers meeting quality performance criteria established by CCP. Providers deemed to be high performing by meeting the quality performance goals set by CCP as to further the Agency’s goals, are exempt from specific prior authorization requirements listed below.
 - *All Imaging Procedures (CT/MRI) on the Plan’s Prior Authorization List*
 - *All elective OB-GYN procedures on the Plan’s Prior Authorization List*
- **Virtual Community Resource Center:** To help address the social determinants of health, CCP has launched a virtual Community Resource Center, HEART (Health – Education – Access – Resources – Tools). Heart offers free online events and resources and is open to non-members. Learn more at OurHeart.org.



Submit all claims electronically to:

- EDI Clearinghouse Availity
- CCP Medicaid payer ID = **59065**
- CCP FHK Payer ID = **FHKC1**
- CCP payer ID for all others = **59064**

Proudly representing our owners:



Announcements & Reminders (continued):

- **Partners in Care:** Coastal Care Services, Inc. (CCSI) and Health Network One (HN1) are our Partners in Care vendors for the clinical administration of Home Health, Home Infusion, Durable Medical Equipment, Outpatient Occupational, Speech and Physical Therapy services for our MMA and FHK line of business.

Coastal Care Services, Inc. (CCSI)	Home Durable Medical Equipment, Health, Home Infusion	Phone: 833-204-4535 Authorization Fax: 855-481-0606	Website: www.ccsi.care
HN1	Outpatient Occupational, Speech, and Physical Therapy	Phone: 866-899-4828 Authorization Fax: 855-410-0121	Website: www.ataflorida.com

- **Florida Medicaid Web Portal – New and Enhanced Self-Service Features:** Effective February 25, 2022, the secure Florida Medicaid Web Portal has had enhancements completed in the following self-service features:
 - *NPI Self-Service Tool*
 - *NPI to Medicaid ID Search Engine*
 - *Change of Address Wizard*
 - *Discontinued NPI Registration Form (with Exceptions)*

Visit the [Florida Medicaid Web Portal](#) for more information.

- **Virta Health:** Virta will work with members to sustainably and safely reverse type 2 diabetes. It is offered to members ages 18 to 79. Treatment includes a dedicated health coach, diabetes testing supplies, physician-led team care, dietary resources, community support and more, at no cost to the member. Providers can refer members who qualify. Contact your Provider Operations Representative for more information.
- **New List of HCPCS Codes Requiring Prior Authorization:** Effective May 15, 2022, a list of Healthcare Common Procedure Coding System (HCPCS) codes for medications requiring prior authorization has been added to the "[Services Requiring Prior Authorization](#)" page of the Providers, Providers for MMA section of the our website. The new HCPCS code list replaces the previous authorization requirement for infusion or injectable medications. Visit [Service Requiring Prior Authorization](#) to view the list.

How to Become a Participating Provider

- If you are interested in becoming a participating provider with CCP, please visit the [LOI instructions on our website](#). For any questions, contact our Provider Operations Hotline at (855) 819-9506.

Quality Updates – Contact your Quality Management Specialist with Questions

- For 2022 Dates of Service, NCQA is still accepting telehealth services as indicators of a member being in a measure, as well as measure compliance. Be sure to add modifier GT and place of service 02.
- Anticipatory guidance is still needed for young adult members who may have phased out of seeing a pediatrician but are still a minor. Be sure to talk to these young adults about risky activities or habits.
- Children born in or after 2009 (last chance for HPV) need to complete the HPV series before their 13th birthday.
- A physical can be done at the same time as a sick visit using modifier 25.

Practice Changes

To maintain our Provider Directory and continuity of care for our members, it is essential that you notify Provider Operations of certain changes prior to the effective date of the change for these items:

- Provider Roster Changes
- Group or Provider Demographics
- Tax ID #
- Medicaid ID #