

Provider Notice

Date: December 11, 2023

To: MMA, MMCP/MCHP, CCP/CCP HSA, PCC, Upfund, FHK, and BHCHS/PPUC
Participating Providers

RE: New Fax Option for Provider Claim Appeals

Community Care Plan (CCP) is pleased to announce a new fax option for submitting provider claim appeals.

If your office uses a third-party to request claim appeals, please advise them that as of Monday, December 11, 2023, claim appeals should be sent to CCP via fax per the instructions below:

Must include a completed Provider Claim Appeal Form, which can be downloaded from the Provider > Resources > Forms section of our website:

<http://www.ccpcares.org/ProviderClaimAppealForm.pdf>

- For the CCP-MMA (Medicaid) line of business (Payor ID 59065), fax to:
 - (954) 417-7106
- For all other lines of business (Payor ID FHKC1), (Payor ID: BHPP1), or (Payor ID 59064: MMCP/MCHP/CCP/CCP HSA/PCC/Upfund), fax to:
 - (954) 417-7187

IMPORTANT

- **Claim appeals sent to the incorrect fax line or with an incomplete Provider Claim Appeal Form will NOT be accepted.**
- **Participating providers with access to our provider portal, PlanLink, should continue to submit claim appeals electronically via PlanLink at <https://PlanLink.ccpcares.org>**

If you have any questions about this notice, please contact your Provider Operations Representative or CCP Provider Operations at CCP.Provider@ccpcares.org or 855-819-9506.