

# **MMA**

# **Provider Notice**

**TO:** All Community Care Plan Providers & Office Managers

**DATE:** April 23, 2021

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

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 until further notice, for our Florida Medicaid (MMA) 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**

Per AHCA's guidelines, Community Care Plan will continue to waive prior authorization requirements and services limits (frequency and duration) for Medicaid-covered behavioral health services including community behavioral health services, inpatient behavioral health services, and targeted case management. Community Care Plan will continue to follow AHCA's guidelines until further notice.

## **PlanLink**

Providers who are registered to use Community Care Plan's Web Portal, should resume using PlanLink for authorization requests, viewing authorization status, confirming member eligibility, and obtaining claim status. Providers can reach out to Community Care Plan's PlanLink team at: <a href="PlanLink@ccpcares.org">PlanLink@ccpcares.org</a> to get more information and request access. Until PlanLink access has been granted, providers may fax the request to 844-870-0159. The authorization request form can be downloaded from the Community Care Plan website.

#### **DME and Home Health**

Except for exclusions outlined in the MMA Provider Handbook, which is available on the Community Care Plan website, all durable medical equipment and supplies and home health services must be submitted to Coastal Care Services. Coastal Care's Provider services line is 833-204-4535.



## Therapy

All speech, physical and occupational therapy services must be submitted to Health Network One (HN1). HN1's Provider services line is 888-550-8800.

## **Community Care Website:**

The MMA Provider handbook, authorization forms and COVID-19 updates are available on the Community Care Plan website: https://www.ccpcares.org/providers/providers-for-mma/provider-services.

### **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 <a href="mailto:ccp.Provider@ccpcares.org">CCP.Provider@ccpcares.org</a>.

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