

PROVIDER RELATIONS NEWSLETTER

Serving our CCP Provider Community

Summer Edition 2016



Provider Relations Hotline: (855) 819-9506 Website:

www.ccpcares.org

South Florida Community Care Network (SFCCN) Name Change to Community Care Plan (CCP)

South Florida Community Care Network (SFCCN), is pleased to announce that effective **July 15th 2016**, our name has changed to **Community Care Plan (CCP)**: *the health plan with a heart*. CCP continues to serve over 100,000 members and families enrolled in Medicaid, Children's Medical Services (CMS) ,self-insured, uninsured, employee health plans. Headquartered in Sunrise, Florida, CCP is a partnership owned by Broward Health and Memorial Healthcare System. Community Care Plan is led by healthcare industry veteran **John A. Benz, President & CEO**.

This non-profit organization was first launched in 2000 as the first safety-net hospital owned Provider Service Network (PSN) in South Florida. Community Care Plan continues to provide a wide range of health and medical services, offer excellent choice of physicians and other benefits that help enrollees get and remain healthy. CCP is fully accredited by the Accreditation Association for Ambulatory Health Care (AAAHC) as a Health Plan and is currently the only remaining Provider Service Network in the state of Florida.

"At Community Care Plan, we strive to provide the highest level of quality and service to all of our members," said **John A. Benz, President & CEO of Community Care Plan**. "Our new name exemplifies how much we care about the people that we serve. We will continue to be driven by our responsibility to positively impact the health and wellness of those in our communities."

In order to achieve excellence in serving the community, Community Care Plan's Six Core Principles of Excellence (Quality, Customer service, Community, People, Finance and Growth) represent the foundation of its vision to transform the healthcare experience. We pride ourselves on providing a Concierge Care Management team approach and delivering quality service to our members and providers. Our recent provider survey is reflective of such approach.

For more information, please visit www.ccpcares.org.

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SPH Provider Survey Results are In!



At Community Care Plan (CCP) we are committed to providing a high level of provider concierge service, in an effort to meet the needs of our providers. On an annual basis, CCP conducts a provider survey to measure provider satisfaction with our health plan. The results of our most recent Provider Satisfaction Survey completed in May-June 2016, indicated a positive overall satisfaction with Community Care Plan.

Survey Process:

Community Care Plan sent the survey to 600 multi-specialty high volume practices. We received higher provider satisfaction scores in many critical categories compared to last year.

Provider Satisfaction Survey		
All Other Plans (Comparative Rating)	2015	2016
1A. How would you rate SFCCN compared to all other health plans you contract with?	65.3%	82.7%
Finance Issues	72.3%	73.0%
2A. Consistency of reimbursement fees with your contract rates	76.4%	77.3%
2B. Accuracy of claims processing	73.6%	74.8%
2C. Timeliness of claims processing	70.8%	76.3%
2D. Resolution of claims payment problems or disputes	68.3%	63.4%
Utilization and Quality Management	64.1%	71.5%
3A. Access to knowledgeable UM Staff	66.7%	71.7%
3B. Procedures for obtaining pre-certification/referral/authorization information	63.3%	71.3%
3C. Timeliness of obtaining pre-certification/referral/authorization information	58.5%	59.9%
3D. The health plan's facilitation/support of appropriate clinical care for patients	65.2%	79.0%
3E. Access to Case/Care Managers from this health plan	56.1%	69.4%
3F. Degree to which the plan covers and encourages preventive care and wellness	74.9%	77.8%
Network/Coordination of Care	71.3%	75.8%
4A. The number of specialists in this health plan's provider network	71.1%	69.9%
4B. The quality of specialists in this health plan's provider network	77.2%	81.8%
4C. The timeliness of feedback/reports from specialists in this health plan's provider network	65.5%	75.8%
Pharmacy	62.1%	73.2%
5A. Consistency of the formulary over time	63.3%	75.6%
5B. Extent to which formulary reflects current standards of care	66.4%	76.7%
5C. Variety of branded drugs on formulary	56.1%	72.0%
5D. Ease of prescribing your preferred medications within formulary guidelines	62.7%	74.1%
5E. Availability of comparable drugs to substitute those not included in the formulary	62.0%	67.6%
Health Plan Call Center Service Staff	58.9%	83.2%
6A. Ease of reaching health plan call center staff over the phone	56.3%	80.0%
6B. Process of obtaining member information (eligibility, benefit coverage, co-pay amounts)	65.7%	86.1%
6C. Helpfulness of health plan call center staff in obtaining referrals for patients in your care	53.9%	83.2%
The state of the s	59.8%	83.3%
6D. Overall satisfaction with health plan's call center service		
	56.2%	69.3%
6D. Overall satisfaction with health plan's call center service Provider Relations 7A. Do you have a Provider Relations representative from this health plan assigned to your	56.2% 47.8%	69.3% 62.0%
 6D. Overall satisfaction with health plan's call center service Provider Relations 7A. Do you have a Provider Relations representative from this health plan assigned to your practice? 	47.8%	62.0%
6D. Overall satisfaction with health plan's call center service Provider Relations 7A. Do you have a Provider Relations representative from this health plan assigned to your practice? 7B. Provider Relations representative's ability to answer questions and resolve problems	47.8% 62.0%	62.0% 85.2%
6D. Overall satisfaction with health plan's call center service Provider Relations 7A. Do you have a Provider Relations representative from this health plan assigned to your practice? 7B. Provider Relations representative's ability to answer questions and resolve problems 7C. Timeliness of complaint resolution	47.8% 62.0% 51.3%	62.0% 85.2% 68.9%
6D. Overall satisfaction with health plan's call center service Provider Relations 7A. Do you have a Provider Relations representative from this health plan assigned to your practice? 7B. Provider Relations representative's ability to answer questions and resolve problems 7C. Timeliness of complaint resolution 7D. Quality of provider orientation process	47.8% 62.0% 51.3% 54.7%	62.0% 85.2% 68.9% 64.7%
6D. Overall satisfaction with health plan's call center service Provider Relations 7A. Do you have a Provider Relations representative from this health plan assigned to your practice? 7B. Provider Relations representative's ability to answer questions and resolve problems 7C. Timeliness of complaint resolution 7D. Quality of provider orientation process 7E. Quality of written communications, policy bulletins, and manuals	47.8% 62.0% 51.3% 54.7% 56.8%	62.0% 85.2% 68.9% 64.7% 65.7%
6D. Overall satisfaction with health plan's call center service Provider Relations 7A. Do you have a Provider Relations representative from this health plan assigned to your practice? 7B. Provider Relations representative's ability to answer questions and resolve problems 7C. Timeliness of complaint resolution 7D. Quality of provider orientation process	47.8% 62.0% 51.3% 54.7%	62.0% 85.2% 68.9% 64.7%



HEDIS Performance Measures 2017

Pediatric Measures

- ♦ Adolescent Well Care (AWC)
- ♦ Well Child Visits 0-15 months (W15)
- Well Child Visits 3-6 yrs. (W34)
- ♦ Lead Screening in Children (LSC)
- Childhood Immunizations-Combo 3 (CIS)
- Annual Dental Visits (ADV)
- Medication Management for People with Asthma
- Weight Assessment and Counseling for Nutrition and Physical Assessment for Children and Adolescents: Body Mass Index Assessment for Children and Adolescents (WCC)

Adult Measures

- Adults Access to preventative/ambulatory health services (AAP)
- Breast Cancer Screening (BCS)
- Cervical Cancer Screening (CCS)
- ♦ Comprehensive Diabetes Care (CDC)
 - -Poor Control: A1c > 9%
 - -Retinal Eye Exam
- ♦ Controlling Blood Pressure (CBP)
- Medication Management for People with Asthma (MMA)

Pregnancy Related Care: Prenatal & postpartum Care

Mental Health & Substance Abuse:

- Antidepressant Medication Management
- ♦ Follow-up after Hospitalization
- Initiation & Engagement of Alcohol and Other Drug Dependence TX (IET)



Practice Changes

It is imperative that you notify your Provider Relations Associate of changes in your practice, prior to the effective date of the change. This information is essential for Provider Directory revisions and ensures continuity of care for the enrollee. This information should include, but is not limited to:

- Address
- Phone Number
- Tax ID Number
- Change of Name/Practice
 Name
- Date Change Effective
- Provider Leaving/Joining Group Practice
- Addition/Deletion of Hospital Privileges

Appointment Access and Availability Audits

Community Care Plan network providers are required through the Agency of Health Care Administration (AHCA) to meet the following access to care standards:

- Urgent Care: within one day
- Routine Sick Care: within one week
- Well Care: within one month.





Pharmacy Network Changes for Community Care Plan (CCP) Medicaid enrollees: Removal of Walgreens Pharmacy:

Effective **July 5**th, **2016**, Walgreens pharmacies are no longer a part of Community Care Plan's pharmacy network.

Prescription requests must be moved to an in-network pharmacy

As of July 5, all prescription drug requests for retail medications filled at Walgreens Pharmacy must be moved to an in-network pharmacy, such as CVS, Target, and other independents for fulfillment. The enrollee has a 60 day continuity of care period from the effective date of Walgreens termination and can continue to fill their prescriptions at Walgreens through **September 3, 2016**. After that, they will have to pay the full cost for the medication at their next fill if they continue to use Walgreens Pharmacy or any other pharmacy not in network.

To locate an in network pharmacy, please visit www.ccpcares.org.

No change to Prior Authorization process

Our current Prior Authorization (PA) process will remain the same; patients with an existing authorization will not need to request a new PA until the current authorization has expired.

We are here to help

If you have any questions about this change, please call Magellan Rx at: 1-800-424-7897.



News You Can Use

CCP has Changed EDI Clearinghouses

- Submitting claims electronically saves time and money.
- To learn more about these options, please
- contact Hew at 1-877-565-5457, option 1
 or visit www.hewedi.com

Contact Us:

For more information, please contact our Provider Relations:
(855) 819-9506 or
Visit us on the web at www.ccpcares.org