



About Community Care Plan (CCP)

- Regional, Non-Profit, Provider Service Network established in 1998
- Owned by Broward Health and Memorial Healthcare System
- Member of Florida Association of Health Plans (FAHP) and Association of Community-Affiliated Plans (ACAP)
- Full 3-year Accreditation by National Committee for Quality Assurance (NCQA) on first attempt and fully accredited by Accreditation Association for Ambulatory Health Care as a Health Plan



Core Principles of Excellence

Quality:

- Improve clinical excellence to exceed industry standards and customer expectations

Customer Service:

- Provide an excellent experience and superior services to our customers

Community:

- Develop preeminent community partnerships to meet the health and social needs of our members

People:

- Create a values-driven culture that attracts, retains and promotes the best and brightest people, who are committed to CCP's mission and vision

Finance:

- Achieve financial results through the provision of quality healthcare services, new technology and investment in the organization

Growth:

- Promote growth to enhance and sustain excellence in service delivery and to support infrastructure improvements

Third-Party Administrative Services

- Medical Management
- Utilization Management
- Claims Management / Adjudication
- Financial Reporting and Analytics



What is PlanLink ?

PlanLink is a provider portal that allows real-time web access to patient information.

Authorizations

Referrals

Claims

Eligibility

Tutorials and user guides are available to all participating providers.

powered by **Epic**



User ID

Password

LOG IN

Form Submission Reminders

- Print your information legibly.
- Fax the completed application to **954-251-4044** or email the completed application to ccp.provider@ccpcares.org.
- Include a cover page identifying your affiliation, i.e. HCDPBC and include your contact information.
- The PlanLink site administrator you assign should submit new access requests for staff members.

Key PLANLINK Points for Review

Use the this URL to access PlanLink: <https://planlink.ccpcares.org/>

Security

- Accounts are audited regularly for compliance.
- Accessing charts without a valid reason is prohibited.
- Sharing your username and password to anyone is prohibited.
- Inappropriate use will result in termination of access.

The system requirements are:

- Apple Safari 6 and any later versions
- Google Chrome
- Internet Explorer 8.0 through 11
- Firefox 24 and any later versions
- Minimum screen resolution of 1024x768 pixels
- Java-enabled to display graphs and scanned images

PLANLINK ACCESS MAINTENANCE

- If you do not access PlanLink for 30 days, it will automatically lock. You will then need to call MHS Service Desk directly to unlock at **954-276-4848**.
- Your PlanLink password expires every 90 days. You will receive alerts prior and be prompted to change password before accessing PlanLink.
- If your PlanLink expires after 90 days of not using, you will be required to request a new PlanLink access and complete the applications again.

PCP - Gatekeeper Model

- All requests for an office visit(s) to an HCDPBC specialist must be submitted via PlanLink from a PCP of CL Brumback Clinic. Initial request will be for two (2) visits.
- After the initial two (2) visits, if additional visits are needed, the patient must return to their PCP for further evaluation and approval/denial. If additional visits are approved, the same process of submitting the request via PlanLink will apply.
- A benefit maximum of six (6) office visits per specialty / per calendar year apply (exception oncology).
- Any service currently on the precert list can be requested by a specialist and will require CCP's review and approval. Specialists are not permitted to request an authorization for additional visits or a visit to see another specialist.

Authorization Requirements 2019

SERVICE	AUTHORIZATION INDICATOR	LIMITATIONS
Any Inpatient – Acute Care (including Behavioral Health)	Yes / Required	Ten (10) Inpatient days per year for medical/rehab/behavioral (combined).
Any Inpatient – Rehabilitation (hospital setting)	Yes / Required	Ten (10) Inpatient days per year for medical/rehab/behavioral (combined).
Any Outpatient - Cardiac Rehabilitation	Yes / Required	One 12-week (24 visits) occurrence Facility - JFK
Durable Medical Equipment / Supplies	Yes / Required	Must be medically necessary and a covered benefit. Accumulated cost of the rental of DME is not to exceed the purchase price.
Home Care / Home Infusion	Yes / Required	Combined forty-five (45) day limit skilled nursing care and home infusion.
Orthotics	Yes / Required	Restricted to joint immobilization as medically necessary.
Prosthetics	Yes / Required	One (1) prosthetic per limb per lifetime One (1) prosthetic eye per lifetime
Outpatient – Diagnostic (only MRI/CT/PET/SPECT)	Yes / Required	Must meet medical necessity protocols
Outpatient - Surgery	Yes / Required	Must meet medical necessity protocols
Outpatient - Therapy	Yes / Required	Combined modality limits of 30 treatments per calendar year.
Colonoscopy / EGD (any type / any location)	Yes / Required	Must meet medical necessity protocols
Specialty Care Gatekeeper Model	Yes / Required	All specialty care visits must be ordered by a CL Brumback PCP. Specialty care must be provided by a participating physician and meet medical necessity protocols. Benefit limit is six visits per specialty / per calendar year (excluding oncology).

Authorizations via PlanLink

- Attaching documentation to the request in PlanLink
- Inability to select participating “Referred to” Facilities. CCP recognizes this issue and we are working with Epic on a long term solution. In the interim, please use the below workaround: Enter ordering provider in the Refer By and Refer To fields. It is ok to use the ordering provider’s address in the location field (so that the request is complete).

IMPORTANT– For this process to work, you must enter a note in the Provider Comments free text field telling us what the facility is, so that CCP can make that correction when we do our review.

- Always check the status after you finish!
Reminder that all fields with a stop sign 🛑 or yield sign ⚠️ must be completed. If you see the status “Incomplete” this means a field was missed. Send us a message using “Ask a Question” button so that we can make the correction
- Only enter CPT codes for services that require an authorization. If none of the services require an authorization (i.e. they are NOT on the Prior Auth list), do not create a Referral in PlanLink

Questions?

