

# Provider Orientation



# Owned by Trusted Healthcare Leaders

**22Health** is a division of  
A Division of  
Community Care Plan



**Community Care Plan**  
The Health Plan with a Heart

and is proudly owned by



**Broward Health®**

85 years in Broward



**Memorial  
Healthcare System**

70 years in Broward





- ACA Marketplace plan offering affordable, quality health insurance for individuals and families in Broward County
- For 25 years, CCP has supported Florida families through Medicaid and Florida Healthy Kids, ensuring access to care at every stage of life.

*Accredited by*



ACCREDITATION ASSOCIATION  
*for* AMBULATORY HEALTH CARE, INC.

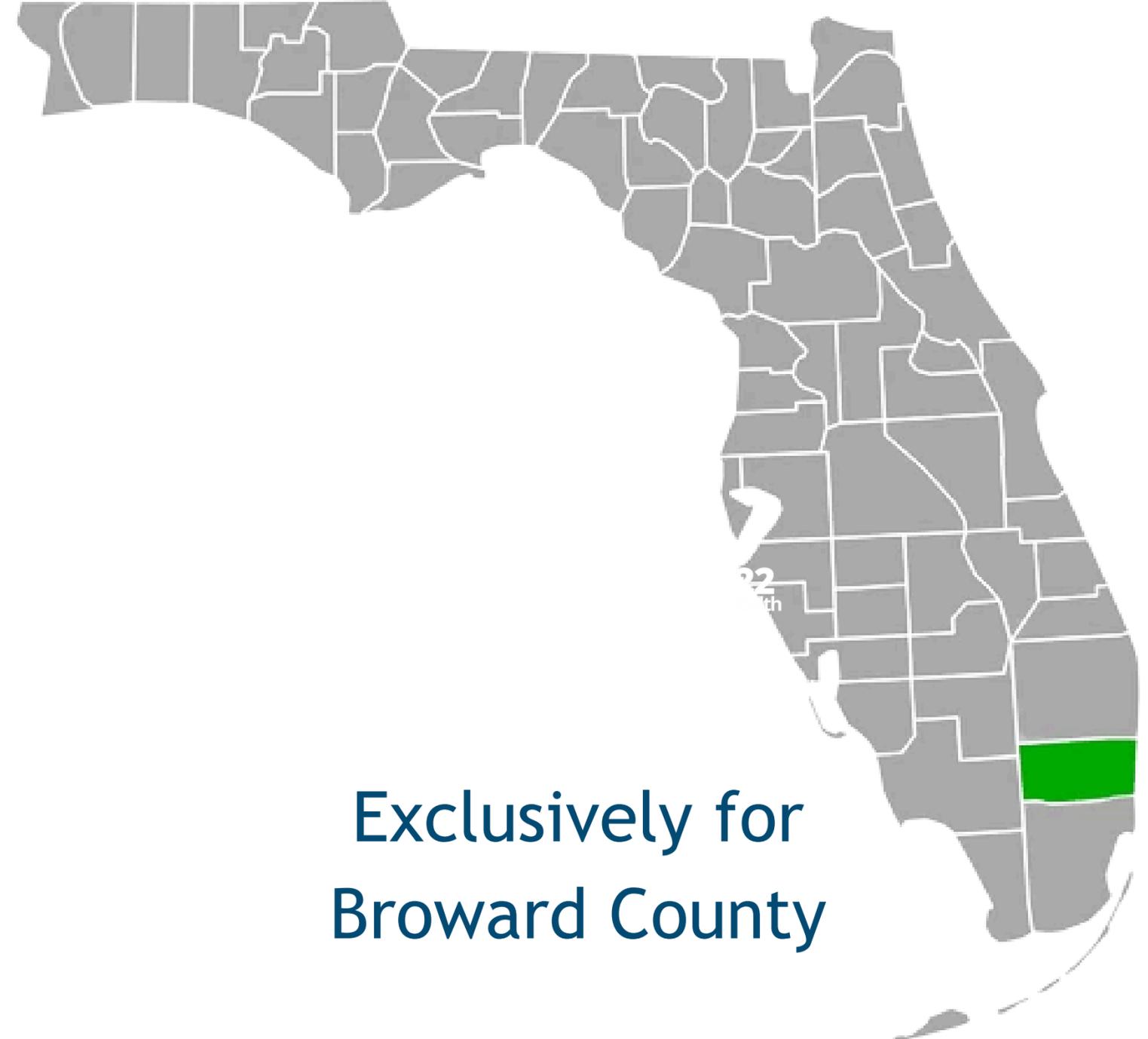
# Our Licensed Broker Network & Coverage Area

Help individuals and families navigate their health coverage options.

Health Family Insurance brokers can help potential members with information:

- Enrollment
- Plan selection
- General coverage option questions

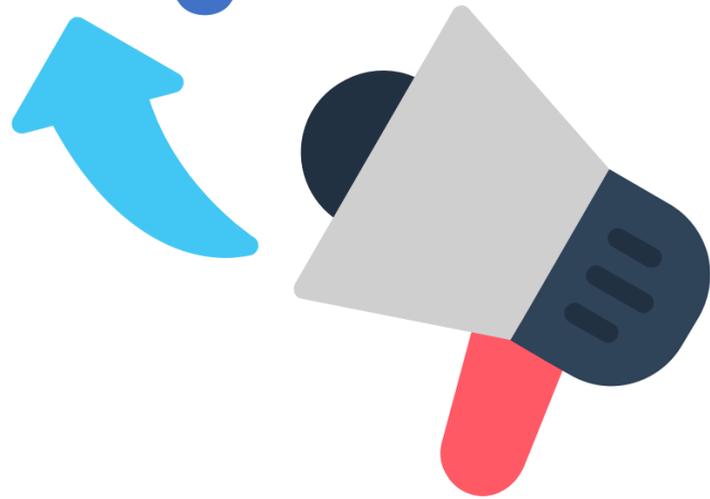
📞 954-800-9075



Exclusively for  
Broward County

# Enrollment Process & Key Dates

**OPEN  
ENROLLMENT**



**November 1, 2025, to January 15, 2026**

**Coverage Begins: January 1, 2026**

- Eligible members can select 22 Health during open enrollment through:
  - **Health Insurance Marketplace (Exchange):** [Healthcare.gov](https://www.healthcare.gov)
  - **22 Health website:** [22healthplan.com](https://www.22healthplan.com)
  - **Health Family Insurance (HFI) brokers:** 954-800-9075 or [LMC@hfifl.com](mailto:LMC@hfifl.com)
- Encourage patients to review their options early to ensure uninterrupted coverage.
- Providers should verify member eligibility and coverage effective dates prior to appointments.

At 22 Health, we understand that affordability is an important part of access to care. Based on income and family size, some members may qualify for federal subsidies.

## Subsidy Types:

- **Advanced Premium Tax Credit (APTC):** Federal tax credit that lowers the amount members pay each month for their 22 Health plan when purchased through the Health Insurance Marketplace (Exchange).
- **Cost-Sharing Reductions (CSR):** Discounts that reduce out-of-pocket costs such as deductibles, copayments, and coinsurance.

All 22 Health benefit plans include cost shares in the form of **copays, coinsurance, and deductibles.**

- Members who qualify for APTC or CSR assistance will have these savings applied directly to their health plan by the federal government.
- **American Indian and Alaska Native members** with income between 100% and 300% of the Federal Poverty Level (FPL) do not have cost shares when receiving care from an Indian Health Care Provider (IHCP).

To learn more about plan-specific copays, coinsurance, and deductibles, visit our website at [22HealthPlan.com](https://22HealthPlan.com) and select “Shop our Plans”.

# COVERED SERVICES



Our provider network provides comprehensive coverage, including but not limited to:

- Primary Care Services
- Behavioral Health Services
- Specialty care Services
- Hospital Services
- Emergency Services
- Maternity and Newborn Care
- Pediatric Services
- Pharmacy Services
- Diagnostic and Laboratory Services
- Rehabilitative and Habilitative Services
- Preventive Health and Wellness Services
- Home Health Services
- Telemedicine Services





# Telemedicine Benefits



22 Health offers convenient telemedicine options through Teladoc Health.

## Covered Services

- Primary and specialty care visits
- Behavioral health consultations
- 24/7 access to licensed providers

## Key Benefits

- Convenient and easy to use
- Reduces wait times and travel
- Supports continuity of care
- Covered per plan benefits and medical necessity

Members can connect with a Teladoc provider anytime, from anywhere, online or through the Teladoc app for fast, quality care when they need it most.

# 22 Health Pharmacy Benefits

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**MedImpact** is our Pharmacy Benefits Manager (PBM). They manage the formulary and conduct pharmacy prior authorization (PA) reviews for 22 Health.

- Provider Contact: 1-800-788-2949
- PA Forms: [MedImpact Provider Portal](#)
- Provider Portal:
  - Enrollee claims
  - Benefit details
  - Out-of-pocket cost
- Member Benefits:
  - Mail-order pharmacy
  - 90-day supply discounts



# Contractual & Demographic Changes

To keep provider directories accurate and ensure member access, contracted providers and groups must notify 22 Health of any material practice changes.

Submit updates to [providersupport@22healthplan.com](mailto:providersupport@22healthplan.com)

- Subject: Provider Change/Update - [Group Name] - [Effective Date]
- Attach roster/template or Notice of Change form
- Include effective date and supporting documents
- Use secure email or request a secure upload link if sending PHI

Address

Phone Number

Fax changes

Accepting New Patients

Practice or Name Change

Effective Date of Change

Provider additions or terminations

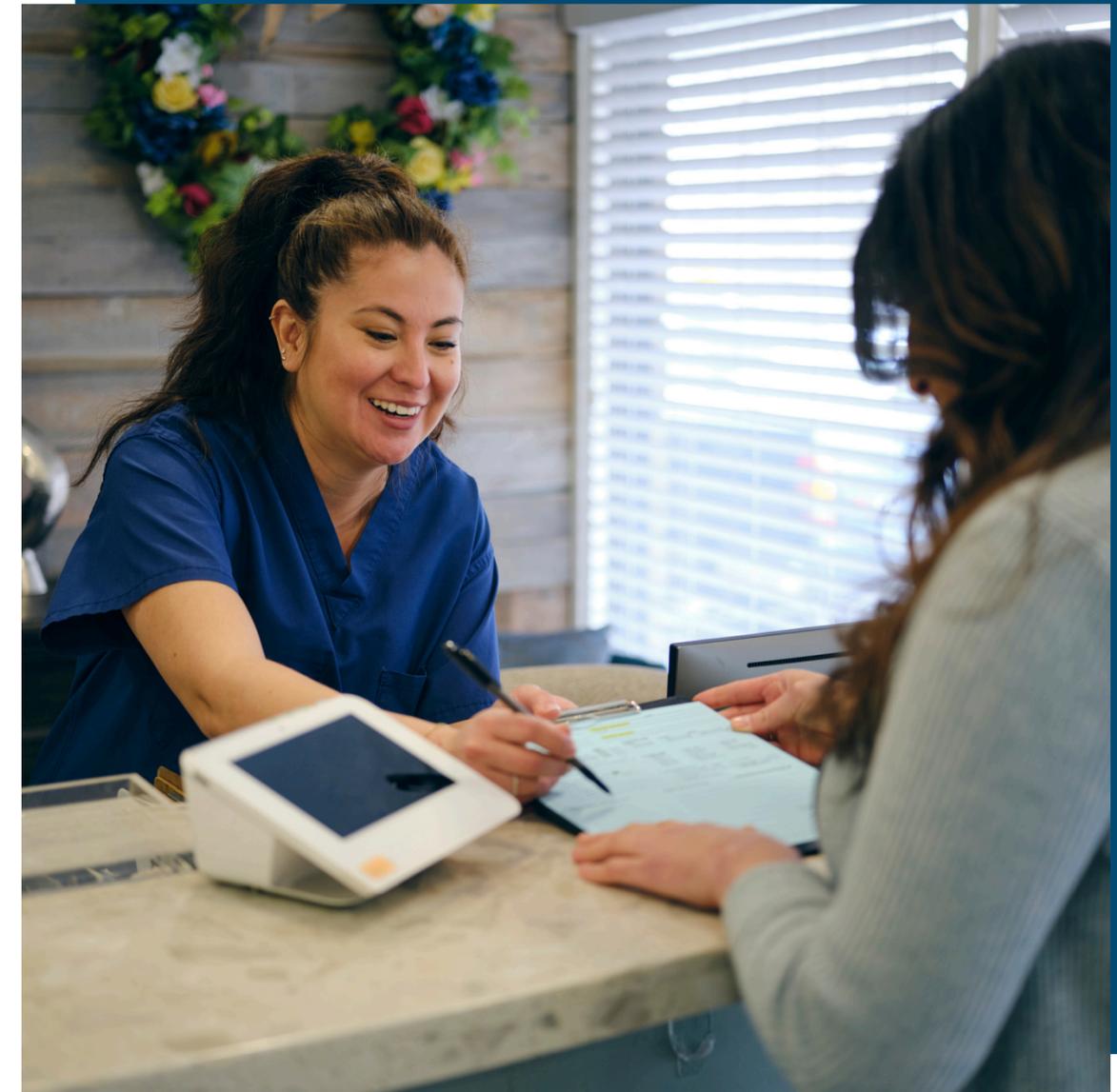
Office Hours

Telehealth Availability

- In-network primary care providers (PCPs) and specialists are required to provide an after-hours phone number.
- Members must have timely access to PCP services and specialist care for both medical and behavioral health needs.
- Referrals are not required when accessing in-network providers.
- 22 Health actively monitors service delivery to ensure compliance.

**Appointments for urgent medical healthcare services** are accessible to the subscriber, such services include:

- A method to distinguish emergency, urgent, and routine cases
- Emergencies will be seen immediately
- Urgent cases will be seen within 24 hours
- Routine symptomatic cases will be seen within two weeks
- Routine non-symptomatic cases will be seen as soon as possible



# Appointments for Non-urgent Medical or Behavioral Healthcare Services

shall be provided:

- Behavioral Health - within 10 business days
- Primary Care (Routine) - within 15 business days
- Specialty Care (Non-Urgent) - within 30 business days

Providers are required to report any delays in service delivery to 22 Health by emailing Provider Operations at [providersupport@22healthplan.com](mailto:providersupport@22healthplan.com) as soon as the delay is identified.



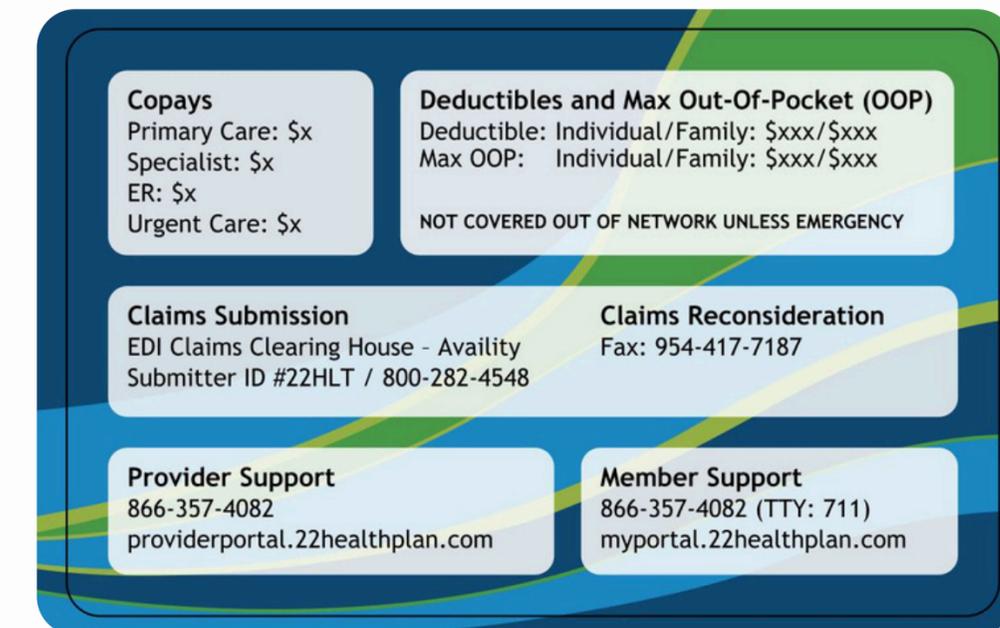
# 22 Health Member ID Cards

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While 22 Health ID cards are an important part of member identification, **possession of a card alone does not guarantee active eligibility.**

We encourage providers to **confirm member eligibility through our Secure Provider Portal, Guest Eligibility Portal, or by contacting our Customer Experience team at (866) 357-4082.**

We also recommend that members carry their 22 Health ID cards at all times to ensure they can be accurately identified and receive the care and services they are entitled to under their plan.



Providers must request authorizations through our secure Provider Portal, [PlanLink](#).

**Submit Online Requests**  
[Secure Provider Portal - PlanLink](#)

**Online Verification of  
Authorization Status:**  
[Provider Portal - PlanLink](#) or  
call 1-866-357-4082

**Updated List of Services Requiring  
Prior Authorization:**  
[Services Requiring Prior Authorization](#)



## Funds Transfer (EFT)

Electronic funds transfers (EFTs) and electronic remittance advices (ERAs) at no charge.

Electronic Funds Transfer registration:  
[EFT Request form](#)



## Electronic Remittance

[Availity.com](#)



## Verify Claims

[PlanLink](#)



## Electronic Claims Submission

Clearinghouse: Availity

Payer Name: 22 Health

Payer ID: 22HLT

Claims Registration: [Availity.com](#)

Contact Availity 1-800-282-4548



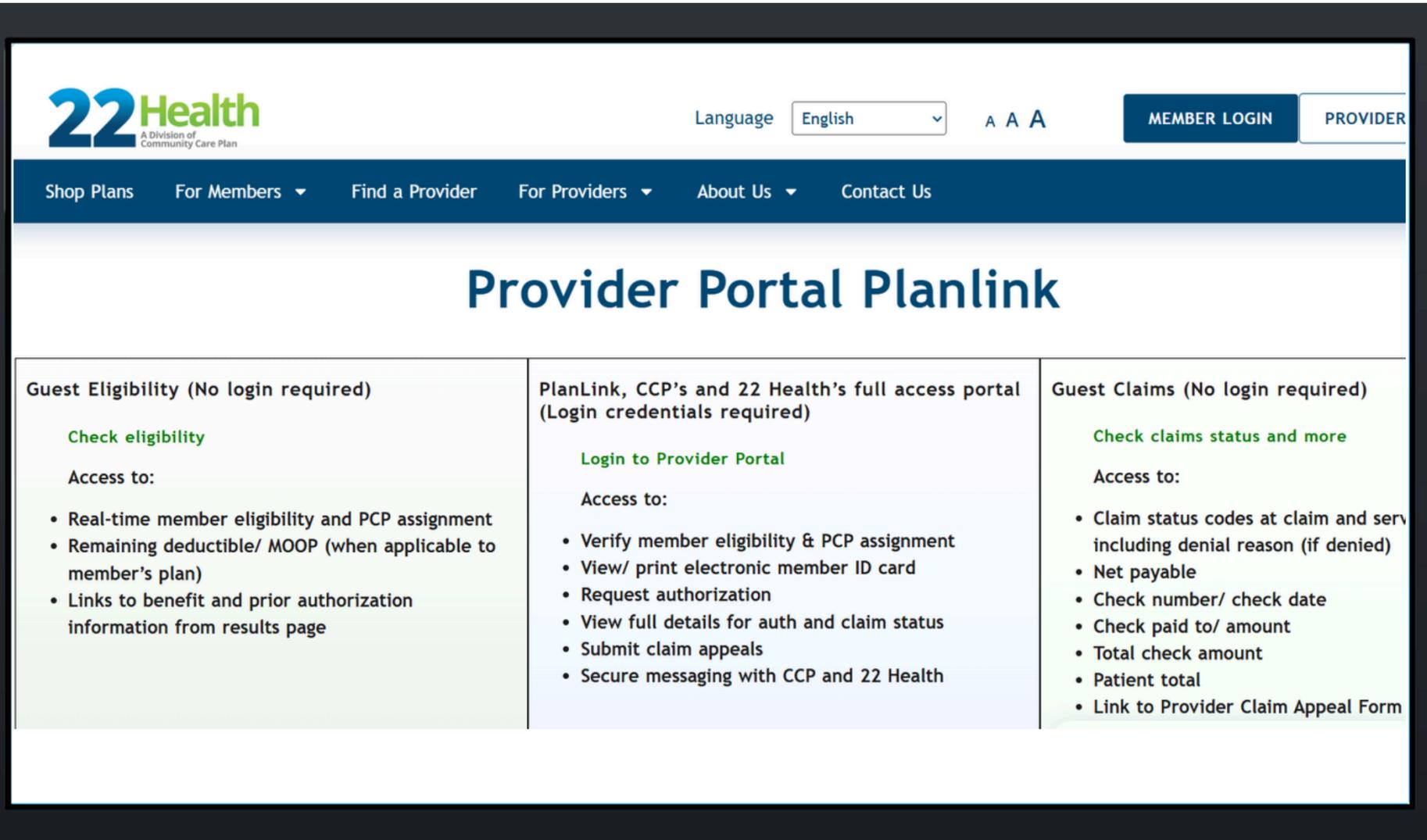
## Timely Filing

Submit claims within six (6) months from discharge from inpatient services or date of service for outpatient services

PlanLink is our preferred method for online transactions:

- Confirm member eligibility
- Request authorizations
- View authorization status
- View claim status & send electronic claim appeals
- Apply for Provider Portal access: E-apply.

For provider portal, please visit:  
[22healthplan.com/provider-portal-planlink](https://22healthplan.com/provider-portal-planlink)



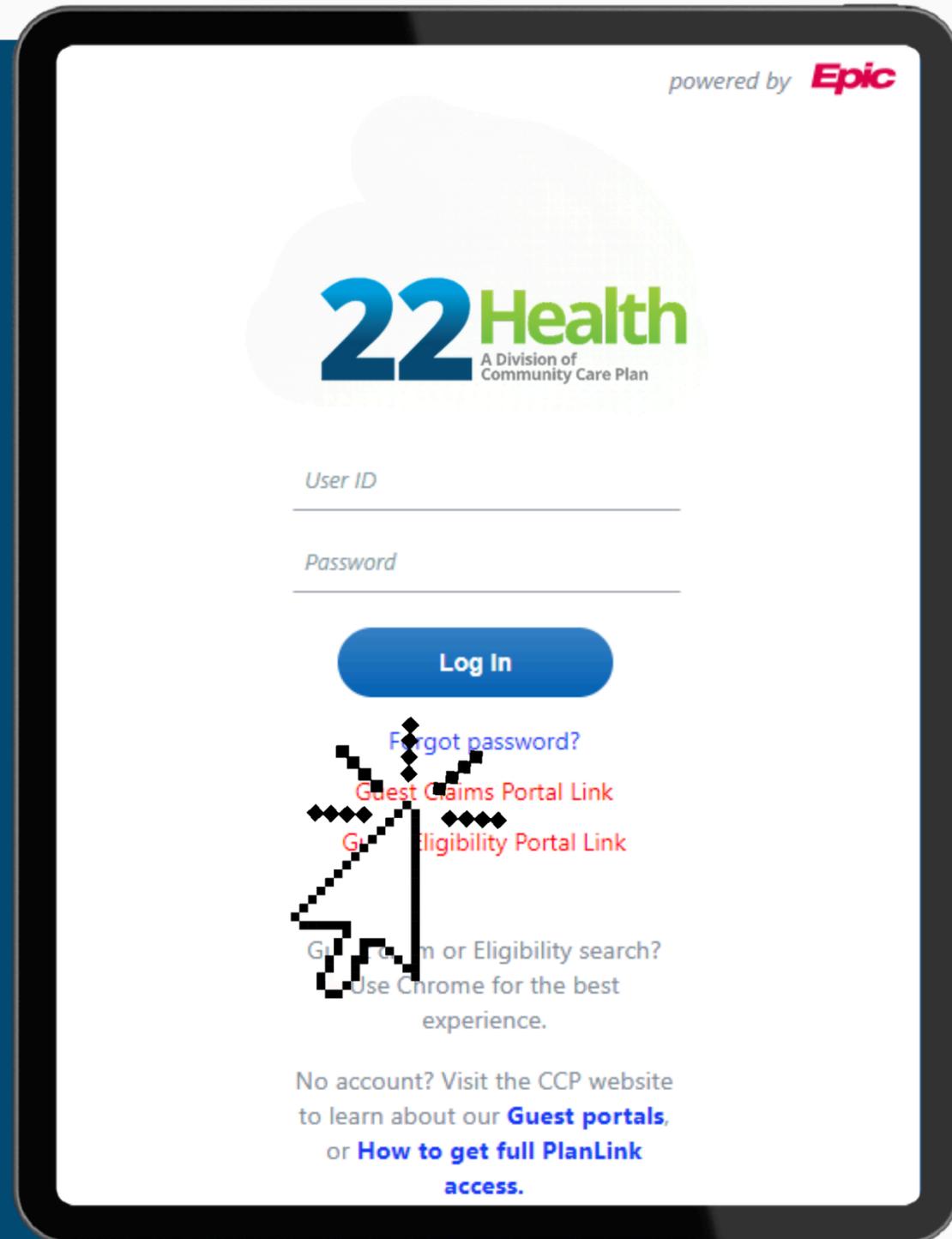
## Eligibility & Claims

Provider office staff without PlanLink login credentials can check member eligibility via the [22 Health Guest Eligibility Portal](#)

Provider office staff without PlanLink login credentials can check claims status via the [22 Health Guest Claims Portal](#)

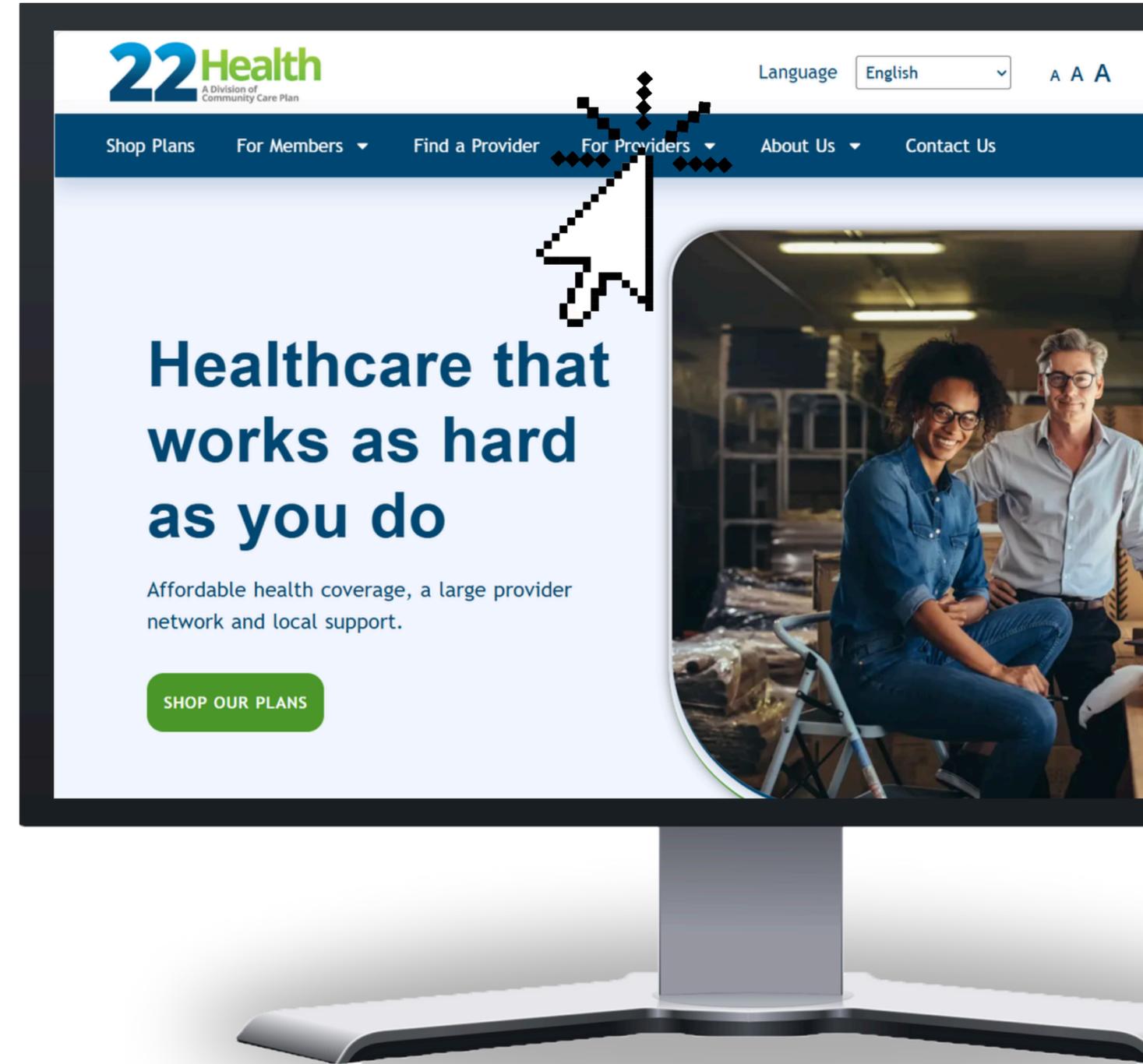
Use the portal to verify

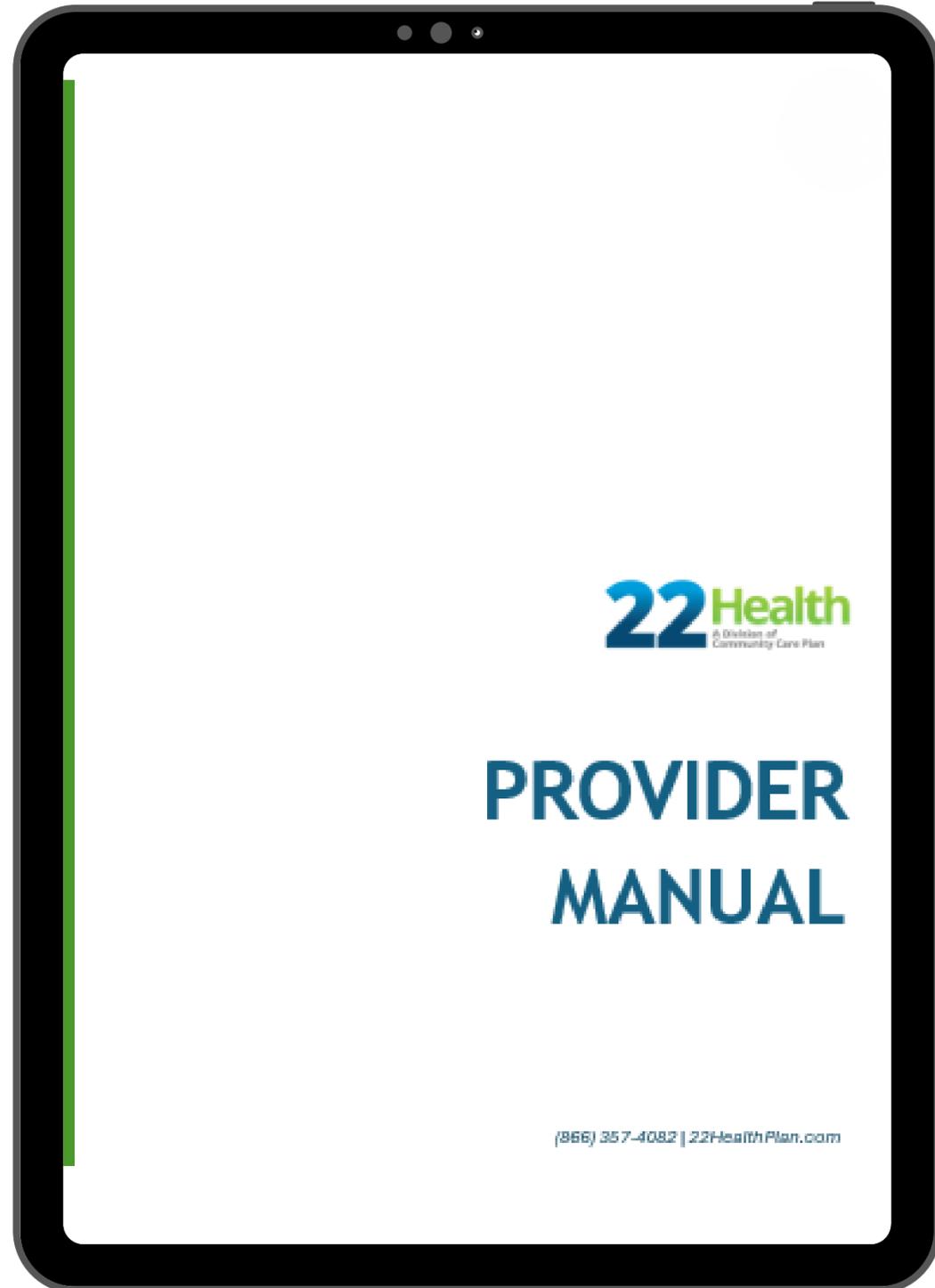
- Member Eligibility
- Claim Status
- Claims Appeals



Visit our website to access:

- Provider Manual
- Provider Notices and Updates
- Updated Provider Forms
- Services Requiring Prior Authorization
- and more!





## Manual Updates

We regularly review and update to ensure accuracy.

## Accessing the Manual

You can download the latest handbook from our website under “For Providers/Providers Tools”

## Requesting a Copy

Providers can request a copy at any time

- Email: [providersupport@22healthplan.com](mailto:providersupport@22healthplan.com) or
- Call: 1-855-819-9506

## Notice of Changes

Providers receive at least a 30-day notice before any updates are made

# Value-Based Care



22 Health offers innovative Provider Programs, including **Value-Based Care (VBC)** initiatives, aimed at improving care quality and health outcomes.



VBC programs incentivize providers for delivering efficient, patient-centered care by **aligning reimbursement with health outcomes and quality metrics.**



These initiatives **emphasize care coordination, preventive services, and chronic disease management**, with a focus on models like the Patient-Centered Medical Home (PCMH), which integrates enhances patient engagement.



# Compliance, Fraud, Waste, and Abuse

**Our compliance program is essential to prevent, detect and correct non-compliance, fraud, waste and abuse, and our providers are a vital component. We provide Provider Compliance Training to assist in meeting compliance program requirements, including FWA Training.**

**Compliance Officer**

954-622-3489

[compliance@22healthplan.com](mailto:compliance@22healthplan.com)

**Report Anonymously**

855-843-1106

[lighthouse-services.com/22healthplan](https://lighthouse-services.com/22healthplan)

PROVIDER OPERATIONS	(855) 819-9506	<a href="mailto:providersupport@22healthplan.com">providersupport@22healthplan.com</a>
MEMBER SERVICES	(866) 357-4082	<a href="mailto:support@22Healthplan.com">support@22Healthplan.com</a>
PRIOR AUTHORIZATION	(866) 357-4082	<a href="http://providerportal.22healthplan.com">providerportal.22healthplan.com</a>
CLAIMS/BILLING	(866) 357-4082	<a href="http://availability.com">availability.com</a> <a href="http://providerportal.22healthplan.com">providerportal.22healthplan.com</a>
FRAUD & ABUSE HOTLINE	(954) 622-3482	<a href="mailto:compliance@22healthplan.com">compliance@22healthplan.com</a>

# Thank You

Thank you for choosing to partner with 22 Health. We're committed to supporting your practice so, together, we can provide the highest standard of care for our members.

If you have any further questions or need assistance, please don't hesitate to reach out to our Provider Operations team.

Welcome!

