

Provider Newsletter



<https://provider.simplyhealthcareplans.com/florida-provider>

December 2018



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The Provider Services phone number is changing

Between December 2018 and February 2019, the Provider Services phone number for Simply Healthcare Plans, Inc. (Simply) will change as plans are rolled out by region (see grid below). Providers will have new toll-free phone number specifically designated for their service inquiries.

New provider service number:

- Medicaid: 1-844-405-4296

Provider Services representatives for all plans are available to answer calls from 8 a.m. to 7 p.m. ET, Monday through Friday.

Member eligibility, prior authorizations and claims payment information is available 24/7 at <https://www.availity.com>.



Effective dates

SIMPLY AS A COMPREHENSIVE PLAN FOR MEDICAID		
REGION	COUNTIES	ROLL-OUT TRANSITION DATE
Region 10	Broward County	December 1, 2018
Region 11	Miami-Dade, Monroe	December 1, 2018
Region 5	Pinellas, Pasco	January 1, 2019
Region 6	Hillsborough, Manatee, Hardee, Highlands	January 1, 2019
Region 7	Seminole, Orange, Osceola, Brevard	January 1, 2019

SFL-NL-0018-18

Pharmacy management information

Need up-to-date pharmacy information?

Log in to our [provider website](#) to access our *Formulary Prior Authorization* forms, *Preferred Drug List* and process information.



Have questions about the Formulary or need a paper copy?

Call our Provider Services department at **1-844-405-4296**.

Our Member Services representatives serve as advocates for our members. To reach Member Services, please call **1-844-406-2396**.

SFL-NL-0013-18

What Matters Most: Improving the Patient Experience CME

Are you looking for innovative ways to improve your patients' experiences?

Numerous studies have shown that a patient's primary health care experience and, to some extent their health care outcomes, are largely dependent upon health care provider and patient interactions. Recently, Simply Healthcare Plans, Inc. announced the launch of a new online learning course — *What Matters Most: Improving the Patient Experience* — to address gaps in and offer approaches to communication with patients. This curriculum is available at no cost to providers and their clinical staff nationwide.

For more information on *What Matters Most: Improving the Patient Experience*, check out the full [Provider Update](#) on our website.

SFL-NL-0009-18

Practitioners' rights during credentialing process

The credentialing process must be complete before a practitioner begins seeing members and enters into a contractual relationship with a health care insurer. As part of our credentialing process, practitioners have certain rights as briefly outlined below.

Practitioners can request to:

- Review information submitted to support their credentialing application.
- Correct erroneous information regarding a credentialing application.
- Be notified of the status of credentialing or recredentialing applications.

The Council for Affordable Quality Healthcare (CAQH®) universal credentialing process is used for individual providers who contract with Simply Healthcare Plans, Inc. (Simply). To apply for credentialing with Simply, go to the [CAQH website](#) and select **CAQH ProView™**. There is no application fee.

We encourage practitioners to begin the credentialing process as soon as possible when new physicians join a practice. Doing so will help minimize any disruptions to the practice and members' claims.

SFL-NL-0013-18



Availity Portal: new electronic data interface gateway

Simply Healthcare Plans, Inc. (Simply) has partnered with Availity to become our designated electronic data interface (EDI) gateway, effective December 1, 2018.

What does this mean to you as a provider?

All EDI submissions received today are now available on the Availity EDI Gateway:

- No impact to the provider's participation status
- No impact on how claims adjudicate

Next steps

Contact your clearinghouse to validate their transition dates to Availity EDI Gateway. If your clearinghouse notifies you of changes regarding connectivity, workflow or the financial cost of EDI transactions, there is a no-cost option available to you: You can submit claims directly through Availity.

How to register with Availity:

- If you wish to submit directly, you can connect to the Availity EDI Gateway for your 837 (claims), 835 (electronic remit advice) and 27X (claim status and eligibility) transactions.
- Please visit <https://www.availity.com>.

Simply looks forward to delivering a smooth transition to the Availity EDI Gateway.

SFL-NL-0008-18

Electronic data interchange

Effective December 1, 2018, the Availity Portal now serves as your electronic data interchange (EDI) partner for all electronic data and transactions. Most of you know Availity as a web portal or claims clearinghouse, but Availity is also an intelligent EDI gateway for multiple payers and will be the single EDI connection for Simply Healthcare Plans, Inc. (Simply).

Your organization can submit and receive the following transactions through Availity's EDI Gateway:

- Institutional claims — 837
- Professional claims — 837
- Dental claims — 837
- Electronic remittance advice — 835
- Claim status — 276/277
- Eligibility request — 270/271

Get set up with Availity

The Availity setup is easy. Use the following link to get the directions and information needed to start sending claims to the Availity EDI Gateway: [Enroll with Availity](#).

Payer ID for EDI transmissions to Availity:

- **Simply Healthcare Plans, Inc.** — SEMPLY

Electronic funds transfer (EFT) registration

To register or manage account changes for EFT only, **use the EnrollHub™, a CAQH Solutions™ enrollment tool**, which is a secure electronic EFT registration platform. This tool eliminates the need for paper registration, reduces administrative time and costs, and allows you to register with multiple payers at one time. If you were previously registered to receive EFT only, you must register using EnrollHub to manage account changes. No other action is needed.

Electronic remittance advice (ERA) registration

Please use Availity to register and manage account changes for ERA. Manager suppression (turn-off) paper remittance vouchers are available at this link: [Provider Paper Suppression Form](#).

SFLPEC-0532-18



If you have any questions, please contact Availity Client Services at 1-800-282-4548, Monday through Friday, 8 a.m. to 7:30 p.m. ET.

The Interactive Care Reviewer tool is available — Start using today!

The Interactive Care Reviewer (ICR) tool offers a streamlined process to request authorization of inpatient and outpatient procedures as well as locate information on previously submitted requests for Simply Healthcare Plans, Inc. members via the Availity Portal.

What benefits does the ICR tool provide?

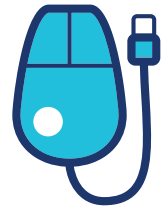


- Free and easy to use
- Access almost anywhere
- Preauthorization determinations
- Inquiry capability
- Fax reduction
- Ability to view decision letter
- Ability to save favorites
- Comprehensive view of all your preauthorization requests

How do I gain access to the ICR tool?

You can access the ICR tool through Availity. (Select **Authorizations & Referrals** from the *Patient Registration* drop-down menu in the upper left of the page.)

If you have not yet registered for Availity, go to <https://www.availity.com> and select **Register** at the top of the page. Select your **Organization Type** from the available options at the bottom of the page and follow the registration wizard.



How can I learn more about ICR?

Learn more about ICR by attending one of the monthly webinars. Register for the next **webinar**.

Whom can I contact with questions?

For questions regarding our ICR tool, please contact your local Provider Network Relations representative or contact Provider Services at **1-844-405-4296**.

For questions on accessing our tool via Availity, call Availity Client Services at **1-800-282-4548**. Availity Client Services is available Monday-Friday from 8 a.m.-7 p.m. ET (excluding holidays) to answer your questions.

Note: ICR is not currently available for requests involving transplant services or services administered by AIM Specialty Health® or OrthoNet LLC. For these requests, follow the same preauthorization process you use today.

SFL-NL-0001-18

New pregnancy notification process using the Availity Portal Benefit Look-Up tool

Simply Healthcare Plans, Inc. (Simply) offers pregnant members several services and benefits through the Taking Care of Baby and Me® program. It is our goal to ensure all pregnant members are identified early in their pregnancy so they can take full advantage of the education, support, resources and incentives Simply provides throughout the prenatal and postpartum period.

We've partnered with Availity, the vendor supporting the **Benefit Look-Up tool** you may currently use in your OB office, to send us information about newly identified pregnant women. This new process, including the *HEDIS® Maternity Attestation* form, helps connect patients with additional benefits as soon as possible. The reporting process includes a few simple steps.



How it works

When a Simply member of childbearing age visits the OB office, the office associate asks if the member is pregnant during the eligibility and benefits inquiry process. If the member is pregnant, the system asks about the due date, and a *HEDIS Maternity Attestation* form is generated for the OB office to complete. On this electronic form, providers are asked to provide other important information, including the date of the first prenatal care visit, delivery date and postpartum visit date.

This new, user-friendly workflow generates timely information that aids members, providers and Simply in improving birth outcomes with early intervention.

We are working hard to support providers throughout Florida in receiving necessary training for this new workflow. If you have specific questions regarding the new Availity maternity attestation process, please feel free to call Provider Services at **1-844-405-4296**.

HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

SFL-NL-0003-18

For more information,
check out our
***Provider FAQ —
Availity Portal
pregnancy
notification and
HEDIS Maternity
Attestation.***

Medicare Advantage

The Provider Services phone number is changing

Medicare Advantage roll-out transition date: January 1, 2019

Between December 2018 and February 2019, the Provider Services phone number for Simply Healthcare Plans, Inc. (Simply) will change as plans are rolled out by region (see grid below). Providers will have new toll-free phone number specifically designated for their service inquiries.

New provider service number:

- Medicare Advantage: **1-844-405-4297**
 - Enrollment status: **select 1**
 - Claims status: **select 2**
 - Prior authorizations: **select 3**
 - Other inquiries: **select 4**

Provider Services representatives for all plans are available to answer calls from 8 a.m. to 7 p.m. ET, Monday through Friday.

Member eligibility, prior authorizations and claims payment information is available 24/7 at <https://www.availity.com>.

SFL-NL-0018-18



Simply Healthcare Plans, Inc. is a Medicare-contracted coordinated care plan that has a Medicaid contract with the State of Florida Agency for Health Care Administration to provide benefits or arrange for benefits to be provided to enrollees. Enrollment in Simply Healthcare Plans, Inc. depends on contract renewal.

New claims processes and phone numbers in 2019

Effective for dates of service January 1, 2019, and after, Simply Healthcare Plans, Inc. (Simply) Medicare Advantage claims will transition to a new claims system. This will change the way that claims, correspondence, appeals, claim reviews and disputes are submitted to Simply. The following information will help you ensure that your Medicare Advantage claims are processed accurately.



Submitting Medicare Advantage claims, correspondence, appeals, claim reviews and disputes

For dates of service through December 31, 2018, continue to use the established submission process. If you need further details on the current submission process, please visit our [website](#).

Dates of service on and after January 1, 2019, use the following:

Electronic claims payer ID — Availity payer ID: SEMPLY		
Paper claims	Provider correspondence and payment disputes	Medicare complaints, appeals and grievances
Simply Healthcare Plans, Inc. P.O. Box 61010 Virginia Beach, VA 23466-1010	Simply Healthcare Plans, Inc. P.O. Box 61599 Virginia Beach, VA 23466-1599	Simply Healthcare Plans Inc. Attn: Medical Necessity Provider Appeals Mailstop: OH0205-A537 4361 Irwin Simpson Rd. Mason, OH 45040

For claims in which the dates of service span 2018 and 2019 calendar years, two claims must be submitted as noted in the example below:

Example:	
Actual dates of service	Submit a claim for:
December 28, 2018, through January 2, 2019	<ul style="list-style-type: none"> Dates of service December 28, 2018, through December 31, 2018, using existing submission methods Dates of service January 1, 2019, through January 2, 2019, using the new submission information provided above

Note: Please submit claims with dates of services using calendar year format. Inpatient *UB04* claims are excluded from this process.

New claims processes and phone numbers in 2019 (cont.)

Simply Medicare Advantage member ID information

To help ensure timely and accurately processing, it is important to submit claims with the correct member identification number.

Simply Medicare Advantage members will be given a new member ID card for dates of services on and after January 1, 2019. **Please DO NOT use this card prior to January 1, 2019.**

Member ID numbers will change for dates of service beginning January 1, 2019. Providers must submit claims with the correct member ID.



Member ID numbers	
Old claims system (dates of services through December 31, 2018):	New claims system (dates of services on and after January 1, 2019):
<ul style="list-style-type: none">Member ID starts with MC, followed by eight numbers.<ul style="list-style-type: none">Example: MC0000123456Effective date will NOT indicate calendar year 2019 (2018 and prior would be indicated).	<ul style="list-style-type: none">The member ID will be three numbers, then an M (4th digit) and five numbers.<ul style="list-style-type: none">Example: 123M45678Effective date will indicate calendar year 2019.

Provider Services phone number change

Medicare Advantage Provider Services	
Existing phone numbers	New phone number (starting January 1, 2019)
<ul style="list-style-type: none">1-786-441-83401-786-441-83501-877-915-0551	<ul style="list-style-type: none">1-844-405-4297<ul style="list-style-type: none">Enrollment status: select 1Claims status: select 2Prior authorizations: select 3Other inquiries: select 4

Provider Services representatives are available to answer calls from 8 a.m. to 7 p.m. ET, Monday through Friday.

Member eligibility, prior authorizations and claims payment information is available 24/7 at <https://www.availity.com>.

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Electronic data interchange (EDI)

Effective December 1, 2018, Availity will serve as your EDI partner for all electronic data and transactions. Most of you know Availity as web portal or claims clearinghouse, but it is much more. Availity is also an intelligent EDI Gateway for multiple payers, and will be the single EDI connection for Simply Healthcare Plans, Inc.

Your organization can submit and receive the following transactions through Availity's EDI Gateway:

- 837 — Institutional claims
- 837 — Professional claims
- 837 — Dental claims
- 835 — *Electronic Remittance Advice*
- 276/277 — Claim status
- 270/271 — Eligibility request

Get Started with Availity

If you wish to continue using your clearinghouse, please work with them to ensure connectivity, otherwise no action is necessary on your part.

If you wish to submit directly, the Availity setup is easy. Use the **Welcome Application** to begin the process of connecting to the Availity EDI Gateway for your EDI transmissions.

Payer ID for EDI transmissions to Availity:

- Dates of service prior to January 1, 2019: 00199
- Dates of service starting January 1, 2019: SEMPLY

Electronic funds transfer (EFT) registration

To register or manage account changes for EFT only, use the **EnrollHub™, a CAQH Solutions™ enrollment tool**, a secure electronic EFT registration platform. This tool eliminates the need for paper registration, reduces administrative time and costs and allows you to register with multiple payers at one time.

If you were previously registered to receive EFT only, you must register using EnrollHub to manage account changes. No other action is needed.

Electronic Remittance Advice (ERA) registration

Please use Availity to register and manage account changes for *ERA*. Note, you can **suppress (turn off) paper remittance vouchers**.

Contacting Availity

If you have any questions, please contact Availity Client Services at **1-800-Availity (1-800-282-4548)** Monday through Friday 8 a.m. to 7:30 p.m. ET.

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Medicare News

Please check Medicare News on the **Simply Healthcare Plans, Inc. provider website** for the latest Medicare Advantage updates.

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Reimbursement Policy

Reimbursement policy

Effective December 1, 2018, reimbursement policies have now transitioned to the Simply Healthcare Plans, Inc. (Simply) provider website. For policy-specific information, visit <https://provider.simplyhealthcareplans.com/florida-provider> and select **Claims**, then **Reimbursement Policies**.

Reimbursement policy language may have changed. These policies will serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by the Simply benefit plans. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis. Proper billing and submission guidelines are required along with the use of industry-standard, compliant codes on all claim submissions.

Code and clinical editing

Simply applies code and clinical editing guidelines to evaluate claims for accuracy and adherence to accepted national industry standards and plan benefits. We use sophisticated software products to ensure compliance with standard code edits and rules. These products increase consistency of payment for providers by ensuring correct coding and billing practices. Editing sources include but are not limited to CMS National Correct Coding Initiative, *Medical Policies* and *Clinical Utilization Management Guidelines*. Simply is committed to working with you to ensure timely processing and payment of claims.

SFL-NL-0014-18

Provider Newsletter

CLEAR

HEALTH ALLIANCE

Offered by  Simply
healthcare

Medicaid Managed Care

<https://provider.clearhealthalliance.com/florida-provider>

December 2018



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The Provider Services phone number is changing

Between December 2018 and February 2019, the Provider Services phone number for Clear Health Alliance will change as plans are rolled out by region (see grid below). Providers will have new toll-free phone number specifically designated for their service inquiries.

New provider service number:

- Medicaid: **1-844-405-4296**

Provider Services representatives for all plans are available to answer calls from 8 a.m. to 7 p.m. ET, Monday through Friday.

Member eligibility, prior authorizations and claims payment information is available 24/7 at <https://www.availity.com>.



Effective dates

Clear Health Alliance as an HIV/AIDS specialty plan		
REGION	COUNTIES	ROLL-OUT TRANSITION DATE
Region 9	Indian River, Martin, Okeechobee, Palm Beach, St. Lucie	December 1, 2018
Region 10	Broward County	December 1, 2018
Region 11	Miami-Dade, Monroe	December 1, 2018
Region 5	Pinellas, Pasco	January 1, 2019
Region 6	Hillsborough, Manatee, Hardee, Highlands	January 1, 2019
Region 7	Seminole, Orange, Osceola, Brevard	January 1, 2019
Region 8	Charlotte, Collier, DeSoto, Glades, Hendry, Lee, Sarasota	January 1, 2019
Region 1	Escambia, Okaloosa, Santa Rosa, Walton	February 1, 2019
Region 2	Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, Washington	February 1, 2019
Region 3	Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, Union	February 1, 2019
Region 4	Baker, Clay, Duval, Flagler, Nassau, St. Johns, Volusia	February 1, 2019

SFL-NL-0018-18

Availity Portal: new electronic data interface gateway

Clear Health Alliance (CHA) has partnered with Availity to become our designated electronic data interface (EDI) gateway, effective December 1, 2018.

What does this mean to you as a provider?

All EDI submissions received today are now available on the Availity EDI Gateway:

- No impact to the provider's participation status
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Next steps

Contact your clearinghouse to validate their transition dates to Availity EDI Gateway. If your clearinghouse notifies you of changes regarding connectivity, workflow or the financial cost of EDI transactions, there is a no-cost option available to you: You can submit claims directly through Availity.

How to register with Availity:

- If you wish to submit directly, you can connect to the Availity EDI Gateway for your 837 (claims), 835 (electronic remit advice) and 27X (claim status and eligibility) transactions.
- Please visit <https://www.availity.com>.

CHA looks forward to delivering a smooth transition to the Availity EDI Gateway.

SFL-NL-0008-18

Electronic data interchange

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Get set up with Availity

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SFLPEC-0532-18



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What Matters Most: Improving the Patient Experience CME

Are you looking for innovative ways to improve your patients' experiences?

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For more information on *What Matters Most: Improving the Patient Experience*, check out the full [Provider Update](#) on our website.

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We encourage practitioners to begin the credentialing process as soon as possible when new physicians join a practice. Doing so will help minimize any disruptions to the practice and members' claims.

SFL-NL-0013-18



New pregnancy notification process using the Availity Portal Benefit Look-Up tool

Clear Health Alliance (CHA) offers pregnant members several services and benefits through the Taking Care of Baby and Me® program. It is our goal to ensure all pregnant members are identified early in their pregnancy so they can take full advantage of the education, support, resources and incentives CHA provides throughout the prenatal and postpartum period.

We've partnered with Availity, the vendor supporting the **Benefit Look-Up tool** you may currently use in your OB office, to send us information about newly identified pregnant women. This new process, including the *HEDIS® Maternity Attestation* form, helps connect patients with additional benefits as soon as possible. The reporting process includes a few simple steps.



How it works

When a CHA member of childbearing age visits the OB office, the office associate asks if the member is pregnant during the eligibility and benefits inquiry process. If the member is pregnant, the system asks about the due date, and a *HEDIS Maternity Attestation* form is generated for the OB office to complete. On this electronic form, providers are asked to provide other important information, including the date of the first prenatal care visit, delivery date and postpartum visit date.

This new, user-friendly workflow generates timely information that aids members, providers and Simply in improving birth outcomes with early intervention.

We are working hard to support providers throughout Florida in receiving necessary training for this new workflow. If you have specific questions regarding the new Availity maternity attestation process, please feel free to call Provider Services at **1-844-405-4296**.

HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

SFL-NL-0003-18

For more information,
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***Provider FAQ —
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pregnancy
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Reimbursement Policy

Reimbursement policy

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Reimbursement policy language may have changed. These policies will serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by the CHA benefit plans. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis. Proper billing and submission guidelines are required along with the use of industry-standard, compliant codes on all claim submissions.

Code and clinical editing

Simply applies code and clinical editing guidelines to evaluate claims for accuracy and adherence to accepted national industry standards and plan benefits. We use sophisticated software products to ensure compliance with standard code edits and rules. These products increase consistency of payment for providers by ensuring correct coding and billing practices. Editing sources include but are not limited to CMS National Correct Coding Initiative, *Medical Policies* and *Clinical Utilization Management Guidelines*. Simply is committed to working with you to ensure timely processing and payment of claims.

SFL-NL-0014-18