Simply healthcare

Adult Day Care Long-Term Care Quick Reference Guide

The Quick Billing Reference Guide is your go-to resource for efficient billing practices. It provides clear instructions, essential tips, and best practices to streamline your billing operations and help you achieve faster and more accurate claim payment processing. .

Important contact information

Provider Services — Long-Term Care (LTC): 877-440-3738

Request type	Contact	Hours of operation
Initial assisted living facility (ALF) authorization requests	FLLTCInquiry@anthem.com	Monday to Friday from 8 a.m. to 5 p.m. ET
Renewals/existing authorization Inquiries	floridahcbsauthorization@anthem.com	Monday to Friday from 8 a.m. to 5 p.m. ET
Case management inquiries	FLLTCInquiry@anthem.com	Monday to Friday from 8 a.m. to 5 p.m. ET
Provider relations inquiries	ltcprovrelations@simplyhealthcareplans.com	Monday to Friday from 8 a.m. to 5 p.m. ET

Eligibility

Confirm that the member is eligible for long-term care (LTC) Medicaid benefits. Verification of member eligibility is the provider's responsibility and is confirmed by:

- Going to **https://www.Availity.com** and checking on the Simply Healthcare Payer Space in Care Central.
- Calling Member Services for Simply at **877-440-3738**, option member.
- Verifying on the facility's Florida Medicaid secure web portal (DCF Provider View).

Authorization

Authorization is required for all LTC services:

- If initial authorization has not been received, email case management at **FLLTCInquiry@anthem.com**.
- If renewal authorization has not been received, email utilization management at **floridahcbsauthorization@anthem.com**.
- Existing authorizations can be viewed via Availity Essentials and Simply Payer Space.

Claims submission and appeals

Claims can be submitted either electronically (EDI) or via faxed billing rosters. For efficient claim processing, submitting claims through EDI is the preferred method. Clean claims should be filed for the same month and year on each billing submission.

Instructions for electronic and roster billing methods:

- Electronic:
  - File claims via EDI at **https://www.Availity.com** > **Simply Healthcare Payer Space** > **Care Central** or by any other EDI platform.
    - Availity is available at no cost, and training is available at **https://provider.simplyhealthcareplans.com/ florida-provider/learn-about-availity**. The LTC Provider Relations team also offers training.
  - Corrected claims must be submitted by using the same method the claim was originally filed.
  - If the original claim was submitted via EDI (under claim professional > claims information section):
    - The corrected claim must be entered as a *7- Replacement of Prior Claim*.
    - If billed in error, and the claim needs to be voided, enter as *8-Void/Cancel of Prior Claim*.
  - The corrected or voided claim must include the original claim number
  - Appeals can be submitted via **https://www.Availity.com**.
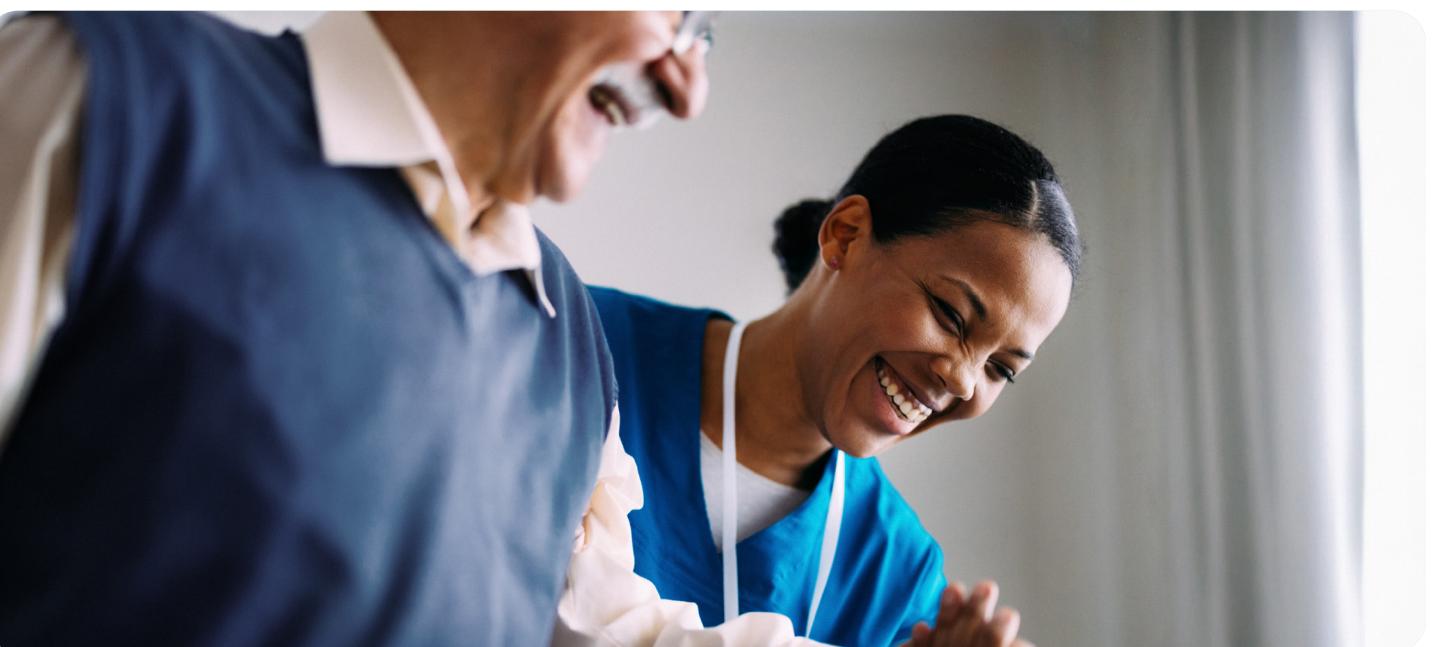
- Roster billing claims form:
  - Verify member LTC/MMA eligibility.
  - Ensure the provider is contracted with and credentialed by Simply for the services being rendered.
  - Use the correct TIN, NPI, and Medicaid numbers for the provider rendering services.
  - Ensure you have an active authorization for LTC services.
  - Do not submit a claim until after services have been rendered.
  - Multiple members can be billed simultaneously on the same billing roster form.
  - Adult day care (ADC) should be billed with a daily service line, unit, and charge amount.
  - Ensure the roster billing claim form is signed, dated, and includes the best contact phone number.
  - Fax the completed billing claim form to the claims department at **866-779-3031**.
  - For claims status and to avoid duplicate billing, contact Provider Services — LTC at **877-440-3738**, option claims, or contact your Provider Relations representative.
    - Corrected claims must be submitted by using the same method the claim was originally filed.
    - If the original claim was submitted via billing claim form, it must be marked *CORRECTED CLAIM* at the top of the form.

Provider billing guidance

Service description	Frequency	Procedure code(s)	Modifier	Rate description	Unit
ADC (3.75 hours or less)	Per 15 min	S5100	N/A	Per diem	1
ADC (4 hours)	Daily	S5101	N/A	Per diem	1
ADC (more than 4 hours)	Daily	S5102	N/A	Per diem	1
Other ADC-related services (for example, shower)	Per service	T1019	N/A	Per service	1

https://provider.simplyhealthcareplans.com