

Provider Bulletin

August 2020

COVID-19 information from Simply Healthcare Plans, Inc.

Simply Healthcare Plans, Inc. and Clear Health Alliance (Simply) is closely monitoring COVID-19 developments and how they will impact our customers and our health care provider partners. Our clinical team is actively monitoring external queries and reports from the Centers for Disease Control and Prevention (CDC) to help us determine what action is necessary on our part.

Summary

COVID-19 testing and visits associated with COVID-19 testing

Simply's expanded benefits include the waiver of Medicaid copays. This will not change during the COVID-19 State of Emergency. Test samples may be obtained in many settings including a doctor's office, urgent care, ER or even drive-thru testing once available. While a test sample cannot be obtained through a telehealth visit, the telehealth provider help connect members with testing.

Telehealth (video + audio):

Simply's expanded benefits include the waiver of Medicaid copays. This will not change during the COVID-19 State of Emergency. This includes telehealth services for medical services, mental health and/or substance use disorders.

Telephonic-only care

Effective March 6, 2020, Simply will cover telephonic-only visits with in-network providers. Out-of-network coverage will be provided where required, when an in-network provider is not available to render the medically necessary service. This includes covered visits for mental health and/or substance use disorders and medical services. Exceptions include chiropractic services and physical, occupational, and speech therapies. These services require face-to-face interaction and therefore are not appropriate for telephone-only consultations.

Prescription coverage

Simply is allowing members to request a 90-day supply of medications when that quantity is available at the pharmacy. Members can also request a 90-day supply of their medications be delivered through mail order.

Frequently asked questions

Actions taken by Simply

What is Simply doing to prepare?

Simply is committed to help provide increased access to care, while eliminating costs to help alleviate the added stress on individuals, families and the nation's health care system.

https://provider.simplyhealthcareplans.com/florida-provider https://provider.clearhealthalliance.com/florida-provider

Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Medicaid contract. Clear Health Alliance is a Managed Care Plan with a Florida Medicaid contract.

^{*} LiveHealth Online is an independent company providing telehealth services on behalf of Simply Healthcare Plans, Inc. and Clear Health Alliance.

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These actions are intended to support the protective measures taken across the country to help prevent the spread of COVID-19 and are central to our commitment to remove barriers and support communities through this unprecedented time.

Simply is committed to help our members gain timely access to care and services in a way that places the least burden on the healthcare system. Our actions should reduce barriers to seeing a doctor, getting tested and maintaining adherence to medications for long-term health issues.

How is Simply monitoring COVID-19?

Simply is monitoring COVID-19 developments and what they mean for our associates and those we serve. We are fielding questions about the outbreak from our customers, members, providers and associates. Additionally, our clinical team is actively monitoring external queries and reports from the Centers for Disease Control and Prevention to help us determine what, if any, action is necessary on our part to further support our stakeholders.

Simply has a business continuity plan for serious communicable disease outbreaks, inclusive of pandemics, and will be ready to deploy the plan if necessary.

Our enterprise-wide business continuity program includes recovery strategies for critical processes and supporting resources, automated 24/7 situational awareness monitoring for our footprint and critical support points, and the Virtual Command Center for Emergency Management command, control and communication.

In addition, Simply has established a team of experts to monitor, assess and help facilitate timely mitigation and response where it has influence as appropriate for the evolving novel coronavirus threat.

In case of mass epidemic, how can you ensure that your contracted providers can still provide services? Simply is committed to working with and supporting its contracted providers. Our benefits already state that if members do not have appropriate access to network doctors that we will authorize coverage for out-of-network doctors as medically necessary.

In addition, **LiveHealth Online** is another safe and effective way for members to see a doctor to receive health guidance related to COVID-19 from their home via mobile device or a computer with a webcam.

COVID-19 testing

Will Simply waive member cost shares for COVID-19 testing and visits associated with COVID-19 testing? Simply's expanded benefits include the waiver of Medicaid copays. This will not change during the COVID-19 State of Emergency Tests samples may be obtained in many settings including a doctor's office, urgent care, ER or even drive-through testing once available. While a test sample cannot be obtained through a telehealth visit, the telehealth provider can connect members with testing. The waivers apply to Medicaid and Medicare-Medicaid plans.

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How is Simply reimbursing participating hospitals that perform COVID-19 diagnostic testing in an emergency room or inpatient setting?

Reimbursement for COVID-19 testing performed in a participating hospital emergency room or inpatient setting is based on existing contractual rates.

How is Simply reimbursing participating hospitals which are performing COVID-19 diagnostic testing in a drive thru testing setting?

Based on standard AMA and HCPCS coding guidelines, for participating hospitals with a lab fee schedule, Simply will recognize the codes 87635, U0001 and U0002, and will reimburse drive thru COVID-19 tests according to the lab fee schedule. Participating hospitals without lab fee schedules will follow the same lab testing reimbursement as defined in their facility agreement with Simply inclusive of member cost share amounts waived by Simply.

Does Simply require a prior authorization on the focused test used to diagnose COVID-19?

No, prior authorization is not required for diagnostic services related to COVID-19 testing.

What codes would be appropriate for COVID-19 lab testing?

Simply is encouraging providers to bill with codes U0001, U0002, U0003, U0004, 86328, 86769, or 87635 based on the test provided.

What modifier is appropriate to waive member cost sharing for COVID-19 testing and visits related to testing?

Simply looks for the CS modifier to identify claims related to evaluation for COVID-19 testing. This modifier should be used for evaluation and testing services in any place of service.

Virtual, telehealth and telephonic care

What services are appropriate to provide via telehealth?

Simply covers telehealth (video + audio) services for providers who have access to those platforms/capabilities today.

Will Simply cover telephone-only services in addition to telehealth via video + audio?

Simply is now providing this coverage, effective March 6, 2020, to reflect the concerns we have heard from providers about the need to support continuity of care for plan members during extended periods of social distancing. Simply will cover telephone-only medical and behavioral health services from in-network providers and out-of-network providers when required by state law.

Is Simply's vendor, LiveHealth Online, prepared for the number of visits that will increase to telehealth? As there is a heightened awareness of COVID-19 and more cases are being diagnosed in the United States, LiveHealth Online is increasing physician availability and stands ready to have doctors available to see the

increase in patients, while maintaining reasonable wait times.

What codes would be appropriate to consider for a telehealth visit?

For telehealth services rendered by a professional provider, report the CPT/HCPCS code with Place of Service 02 and also append either modifier 95, GT (for audio and video) or CR (for audio only).

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For telehealth services rendered by a facility provider, report the CPT/HCPCS code with the applicable revenue code as would normally be done for an in-person visit, and also append either modifier 95 or GT.

What codes would be appropriate to consider for telehealth (audio and video) for physical, occupational, and speech therapies?

Effective March 6, 2020, we will reimburse the below listed telehealth codes for physical, occupational and speech therapies when coded with Place of Service (POS) "02" and modifier 95 or GT:

- Physical therapy (PT) evaluation codes 97161, 97162, 97163, and 97164
- Occupational (OT) therapy evaluation codes 97165, 97166, 97167, and 97168
- PT/OT treatment codes 29799, 97110, 97112, 97530, and 97535
- Speech therapy (ST) evaluation codes 92521, 92522, 92523, and 92524
- ST treatment codes 92507, 92508, and 92597

PT/OT codes that require equipment and/or direct physical hands-on interaction and therefore are not appropriate via telehealth include: 97010-97028, 97032-97039, 97113-97124, 97139 - 97150, 97533, and 97537-97546.

What is the best way that providers can get information to members on alternative virtual care offerings? The member facing blog https://www.Simply.com/blog/member-news/how-to-protect is a great resource for members with questions and is being updated regularly.

Members have access to telehealth 24/7 through LiveHealth Online. Members can access LiveHealth Online at https://livehealthonline.com or by downloading the LiveHealth Online app from the App Store or Google Play.

Members also can call the 24/7 NurseLine at the number listed on their ID card to speak with a registered nurse about health questions.

If a member needs behavioral health services, they can video chat with a behavioral health provider through Beacon Health Options, at no cost, by calling 1-855-861-2142.

Coding, billing and claims

Does Simply have recommendations for reporting, testing and specimen collection?

The CDC updates these recommendations frequently as the situation and testing capabilities evolve. See the latest information from the CDC: https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html.

What diagnosis codes would be appropriate to consider for a patient with known or suspected COVID-19? The CDC has provided coding guidelines related to COVID-19: https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Gudance-Interim-Advice-coronavirus-feb-20-2020.pdf.

What diagnosis codes would be appropriate to consider for a patient with known or suspected COVID-19 for services where a member's cost shares are waived?

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The CDC has provided coding guidelines related to COVID-19 https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf.

Does Simply expect any slowdown with claim adjudication because of COVID-19? We are not seeing any impacts to claims payment processing at this time.

Other

Should providers who are establishing temporary locations to provide health care services during the COVID-19 emergency notify Simply of the new temporary address?

Providers do not need to notify Simply of temporary addresses for providing health care services during the COVID-19 emergency. Providers should continue to submit claims specifying the services provided using the provider's primary service address along with your current tax ID number.

Are you aware of any limitations in coverage for treatment of an illness/virus/disease that is part of an epidemic?

Our standard health plan contracts do not have exclusions or limitations on coverage for services for the treatment of illnesses that result from an epidemic.