Provider Newsletter

August 2020

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COVID-19 information from Simply Healthcare Plans, Inc.

Simply Healthcare Plans, Inc. is closely monitoring COVID-19 developments and how the novel coronavirus will impact our customers and 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.

For additional information, reference the *COVID-19 Updates* page on our **website**.

SFLPEC-1898-20/SFLCARE-0208-20

New MCG Care Guidelines 24th edition

Effective August 1, 2020, we will use the new acute viral illness guidelines that have been added to the 24th edition of the MCG Care Guidelines. Based on the presenting symptoms or required interventions driving the need for treatment or hospitalization, these guidelines are not a substantive or material change to the existing MCG Care Guidelines we use now, such as systemic or infectious condition, pulmonary disease, or adult or pediatric pneumonia guidelines.

Inpatient Surgical Care (ISC):

- *Viral Illness, Acute — Inpatient Adult (M-280)*
- *Viral Illness, Acute — Inpatient Pediatric (P-280)*
- *Viral Illness, Acute — Observation Care (OC-064)*

Recovery Facility Care (RFC):

- *Viral Illness, Acute — Recovery Facility Care (M-5280)*

SFL-NL-0185-20

Reminder: Interpreter services are available for all plan members

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Interpretation services are provided by Voiance,* which offers over 100 different languages and corresponding interpreters. Additionally, language translation services are available for enrollees who are hearing-impaired.

Effective physician-patient communication is critical in improving comprehension, utilization, clinical outcomes, patient satisfaction and quality of care. It is important that patients and their providers are aware of available interpreter services and know how to access them.

How providers can access these services:

- Identify members with limited English proficiency.
- Ask these members if they prefer to communicate in a language other than English.
  - If yes, provide them with information regarding the available interpreter services. You or the member can call Member Services at **1-844-406-2396** and ask for assistance.

Note:

- Interpreter services are telephonic only.
- There is no charge to members or providers for this service.
- It is not recommended to use members' relatives or friends as translators.

Sources and helpful links:

U.S. Census Bureau, Language Projections: 2010 to 2020 **https://tinyurl.com/Language-Projections**

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SFL-NL-0191-20

Update: enhanced benefits description – doula services

The provider manual for Simply Healthcare Plans, Inc. (Simply) provides key information regarding enhanced benefits for our Statewide Medicaid Managed Care Managed Medical Assistance members. These expanded services are additional benefits not included in Florida's core Medicaid benefits. Simply updated the enhanced benefits service and coverage/limitations description for doula services to the following:

Service	**Doula services** Prenatal and postpartum home visits to provide physical, emotional and informational support; provides ongoing birthing support throughout labor and delivery process
Coverage/ limitations	Unlimited home visits per pregnancy
Prior authorizations	Not required

SFL-NL-0179-20

Important notice: Immunization and Well-child visits

Since the onset of the COVID-19 pandemic, a significant drop in well-child visits has resulted in vaccination delays. Simply Healthcare Plans, Inc. (Simply) has prioritized immunization compliance efforts to address concerns related to secondary outbreaks of vaccine-preventable illnesses that may be caused by delays in vaccinations.

We are encouraging our provider partners to promote the importance of well-child visits and immunizations with their patients. Simply providers should ensure they are providing a safe environment for our members during every office visit.

Guidance on providing pediatric well-care during the COVID-19 pandemic

- All well-child care should occur in person whenever possible and within the child's pediatrician's office to ensure the maintenance and establishment of care continuity.
- Telehealth services that have been successfully implemented to provide the appropriate elements of a well-child visit should still continue to be supported and **followed by a timely in-person visit**.
- Providers should identify newborns, infants, children and adolescents who have missed well-child visits and/or recommended vaccinations and contact them to schedule in person appointments.
- Providers should work with families to bring newborns, infants, children, and adolescents up to date as quickly as possible.

Strategies to ensure provider office safety

- Inform families about your implemented safety strategies.
- Schedule well-visits and sick-visits at different times of the day.
- Separate well patients from sick patients by spatially placing patients in different areas.
- Collaborate with providers in the community to identify separate locations for providing well visits for children.
- Create a process for phone check-ins or in car waiting rooms.

Read more online.

Some providers may not be able to provide well-child visits, including provision of immunizations, for all patients in their practice due to circumstances related to COVID-19. **If a practice can provide only limited well child visits, providers are encouraged to prioritize newborn care and vaccination of infants and young children (through 24 months of age) when possible.**

SFL-NL-0187-20

Simply healthcare

Controlling High Blood Pressure (CBP)

This HEDIS® measure looks at the percentage of members ages 18 to 85 years who have had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (< 140/90 mm Hg).

Record your efforts

Document blood pressure and diagnosis of hypertension. Members whose BP is adequately controlled include:
- Members 18 to 85 years of age who had a diagnosis of HTN and whose BP was adequately controlled (< 140/90 mm Hg) during the measurement year.
- The most recent BP reading during the measurement year on or after the second diagnosis of HTN.
- If no BP is recorded during the measurement year, assume that the member is not controlled.

What does not count for this HEDIS measure?

- If blood pressure is taken on the same day as a diagnostic test or procedure or for a change in diet or medication regimen
- If blood pressure is taken on or one day before the day of any test or procedure
- Blood pressure taken during an acute inpatient stay or an emergency department visit

Read more online.

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

SFL-NL-0183-20

Coding spotlight: Provider guide to coding for cardiovascular conditions

In this coding spotlight, we will focus on several cardiovascular conditions; codes from Chapter 9 of the ICD-10-CM are listed in the table below.

Diseases of the circulatory system	Category codes
Acute rheumatic fever	I00-I02
Chronic rheumatic heart diseases	I05-I09
Hypertensive diseases	I10-I16
Ischemic heart diseases	I20-I25
Pulmonary heart disease and diseases of pulmonary circulation	I26-I28
Other forms of heart disease	I30-I52
Cerebrovascular diseases	I60-I69
Diseases of arteries, arterioles and capillaries	I70-I79
Diseases of veins, lymphatic vessels and lymph nodes, not elsewhere classified	I80-I89
Other and unspecified disorders of the circulatory system	I95-I99

Read more online.

SFL-NL-0177-20

Reminder: Interpreter services are available for all plan members

View the **article** in the Medicaid section.

SFL-NL-0191-20

Important notice: Immunization and Well-child visits

View the **article** in the Medicaid section.

SFL-NL-0187-20

Coding spotlight: Provider guide to coding for cardiovascular conditions

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SFL-NL-0177-20

New MCG Care Guidelines 24th edition

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SHPCRNL-0057-20

Waived copays, deductibles and coinsurance for CCM, complex CCM and TCM

To support improvement of health outcomes for our members, cost-sharing requirements (copays, deductibles and coinsurance) are not applied to chronic care management (CCM) and transitional care management (TCM) services for Medicare Advantage plans (with the exception of Dual-Eligible Special Needs Plans [D-SNPs]), effective for dates of service on and after September 1, 2019.

CCM, complex CCM and TCM services will be allowed per Medicare coverage guidelines. Members and providers must still meet criteria set by Medicare. **These services require advanced consent from the member, which must be documented in the patient's medical record.**

Read more online.

SHPCRNL-0055-20

Medical drug *Clinical Criteria* updates

March 2020 update

On November 15, 2019, February 21, 2020, and March 26, 2020, the Pharmacy and Therapeutics (P&T) Committee approved *Clinical Criteria* applicable to the medical drug benefit for Simply Healthcare Plans, Inc. These policies were developed, revised or reviewed to support clinical coding edits.

Effective dates are reflected in the **Clinical Criteria web posting**.

SHPCRNL-0056-20

The *Clinical Criteria* are publicly available on the **provider website**. Visit the ***Clinical Criteria* website** to search for specific policies.

For questions or additional information, use this **email**.

FMMIS to deny claims not billed to D-SNP

Effective January 1, 2020, providers must bill Dual-Eligible Special Needs Plans (D-SNPs) for all services. Florida Medicaid Management Information System (FMMIS) will deny any claims not billed to the D-SNP for recipients enrolled in those plans.

Effective January 2020, FMMIS no longer pays for any services billed to Medicaid for recipients enrolled in a D-SNP. Providers must bill all services to a recipient's D-SNP. The D-SNP is responsible for providing and/or arranging for Medicare **and** Medicaid benefits that a dually eligible individual is entitled to receive. Please note, a recipient can also be enrolled in a Medicaid Long-Term Care Plan, which is responsible for Medicaid long-term care services. Providers will need to verify this eligibility separately.

Previously, D-SNPs were only listed in the *Third-Party Liability (TPL)* section in FMMIS. However, with certain services, FMMIS was set to bypass this *TPL* edit and allow providers to straight bill Medicaid. As of January 2020, the system change eliminated that bypass. FMMIS now lists the D-SNP under the *Managed Care* section in the Florida health plan website. Providers must now bill the D-SNP for all services.

The D-SNP Medicaid eligibility categories are:

- Full Medicaid (only).
- Qualified Medicare beneficiary without other Medicaid (QMB only).
- QMB plus (Full Medicaid and QMB).
- Specified low-income Medicare beneficiary without other Medicaid (SLMB only).
- SLMB plus (Full Medicaid and SLMB).
- Qualifying individual (QI).
- Qualified disabled and working individual (QDWI).

The D-SNPs are responsible for and cover the costs for the provision of Medicaid covered services found in **Medicare Advantage Dual Eligible Special Needs Plan (D-SNP) Medicaid Covered Services**, which are incurred by enrolled dually eligible individuals who meet the criteria for full Medicaid benefits.

D-SNPs must track and pay all eligible providers the cost-sharing obligations incurred on behalf of enrolled dually eligible recipients with applicable Full-Dual or QMB Medicaid eligibility categories. D-SNPs must ensure that claims are processed and comply with the federal and state requirements set forth in *42 CFR 447.45* and *447.46* and Chapter 641, F.S.

Read more online.

* Availity, LLC is an independent company providing administrative support services on behalf of Simply Healthcare Plans, Inc.

SHPCRNL-0053-20

Updates to AIM musculoskeletal program *Clinical Appropriateness Guidelines*

Effective for dates of service on and after September 26, 2020, the following updates will apply to the AIM Specialty Health® (AIM)* musculoskeletal program joint surgery, spine surgery and interventional pain clinical appropriateness guidelines.

* AIM Specialty Health is an independent company providing some utilization review services on behalf of Simply Healthcare Plans, Inc.

Read more online.

SHPCRNL-0052-20

2020 Special Needs Plans

Introduction

Simply Healthcare Plans, Inc. (Simply) is offering Special Needs Plans (SNPs) to people eligible for both Medicare and Medicaid benefits or who are qualified Medicare Advantage beneficiaries. SNPs provide enhanced benefits to people eligible for both Medicare and Medicaid. These include supplemental benefits such as hearing, dental, vision and transportation to medical appointments. Some SNP plans include a card or catalog for purchasing over-the-counter items. SNPs do not charge premiums.

SNP members under Simply benefit from a model of care that is used to assess needs and coordinate care. Within 90 days of enrollment and annually thereafter, each member receives a comprehensive health risk assessment (HRA) that covers physical, behavioral and functional needs, and a comprehensive medication review. The HRA is used to create a member Care Plan. Members with multiple or complex conditions are assigned a health plan case manager.

SNP HRAs, Care Plans and case managers support members and their providers by helping to identify and escalate potential problems for early intervention, ensuring appropriate and timely follow-up appointments, and providing navigation and coordination of services across Medicare and Medicaid programs.

Provider training required

Providers contracted for SNP plans are required to complete an annual training to stay up-to-date with plan benefits and requirements, including details on coordination of care and model of care elements. Every provider contracted for SNP is required to complete an attestation, which states they have completed their annual training. These attestations are located at the end of the self-paced training document.

To take the self-paced training, go to the *Model of Care Provider Training* link on the **Availity Portal**.*

How to access the Custom Learning Center on the Availity Portal

1. Log in to the **Availity Portal**. At the top of Availity Portal, select **Payer Spaces** and select the appropriate payer.
2. On the *Payer Spaces* landing page, select **Access Your Custom Learning Center** from *Applications*.
3. In the *Custom Learning Center*, select **Required Training**.
4. Select **Special Needs Plan and Model of Care Overview**.
5. Select **Enroll**.
6. Select **Start**.
7. Once the course is completed, select **Attestation** and complete.

Not registered for Availity?

Have your organization's designated administrator register your organization for Availity.
1. Visit **https://www.availity.com** to register.
2. Select **Register**.
3. Select your organization type.
4. In the *Registration* wizard, follow the prompts to complete the registration for your organization.

Read more online.

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SHPCRNL-0054-20

Simply healthcare

Prior authorization codes moving from AIM Specialty Health to Simply Healthcare Plans, Inc.

AIM Specialty Health®* (AIM) currently performs utilization management review for bilevel positive airway pressure (BiPAP) equipment and all associated supplies. Beginning July 1, 2020, the following codes will require prior authorization with Simply Healthcare Plans, Inc. (Simply) rather than with AIM.

Line of business: Individual Medicare Advantage, Group Retiree Solutions, and Medicare-Medicaid Plans

E0470	Respiratory assist device, bilevel pressure capability, without back-up rate feature, used with noninvasive interface, such as a nasal or facial mask (intermittent assist device with continuous positive airway pressure device)
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, such as a nasal or facial mask (intermittent assist device with continuous positive airway pressure device)

AIM will continue to manage the supply codes for automatic positive airway pressure (APAP) and continuous positive airway pressure (CPAP) requests.

Simply will continue to follow the COVID-19 Public Health Emergency orders from CMS until the waivers no longer apply. If the Public Health Emergency Orders are no longer in place beginning July 1, 2020, the following codes will require prior authorization with Simply rather than with AIM when used in combination with the BiPAP codes above.

Precertification requests

Submit precertification requests via:
- **Fax** — **1-866-959-1537**
- **Phone** — Please dial the customer service number on the back of the member's card, identify yourself as a provider and follow the prompts to reach the correct precertification team. There are multiple prompts. Select the prompt that fits the description for the authorization you plan to request
- **Web** — Use the Availity* Web Tool by following this link: **https://apps.availity.com/availity/web/public.elegant.login**

Read more online.

* AIM Specialty Health is an independent company providing utilization review services on behalf of Simply Healthcare Plans, Inc. Availity, LLC is an independent company providing administrative support services on behalf of Simply Healthcare Plans, Inc.

SFLCARE-0257-20

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For additional information, reference the *COVID-19 Updates* page on our **website**.

SFLPEC-1898-20

CLEAR
HEALTH ALLIANCE

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

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SFL-NL-0191-20

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SFL-NL-0187-20

CLEAR
HEALTH ALLIANCE