Provider Newsletter

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

February 2020

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Improving the patient experience

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

Numerous studies have shown 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. That's why Simply Healthcare Plans, Inc. has an online learning site called *My Diverse Patients* that offers insight on how to communicate with your diverse patient population, including a course titled: *What Matters Most: Improving the Patient Experience*. Learn more by visiting the *My Diverse Patients* site at **www.mydiversepatients.com** or by visiting **https://provider.simplyhealthcareplans.com/florida-provider/provider-education**.

SFL-NL-0125-19

Inpatient authorization request fax number reminder

When sending notifications of admission to Simply Healthcare Plans, Inc., use the following fax numbers:
- Medicaid inpatient requests: **1-800-964-3627**
- Medicare inpatient requests: **1-866-959-1537**

SFL-NL-0127-19

Electronic funds transfer enrollment

To enroll in electronic funds transfer (EFT), use the Council for Affordable Quality Healthcare (CAQH) EFT EnrollHub® tool available at **http://www.caqh.org/solutions/enrollhub**.

If you have questions, please contact the CAQH Provider Help Desk at **1-844-815-9763**.

SFL-NL-0135-19

Verifying and updating your provider information

Maintaining accurate provider information is critically important to ensure that our members have timely and accurate access to care. Additionally, Simply Healthcare Plans, Inc. is required by Centers for Medicare & Medicaid Services to include accurate information in provider directories for certain key provider data elements. To remain compliant with federal and state requirements, changes must be communicated within 30 days in advance of a change or as soon as possible.

Key data elements include physician name, address, phone number, accepting new patient status, hospital affiliations and medical group affiliations.

Please notify us by sending changes, including effective date, on practice letterhead to SWPROREL@simplyhealthcareplans.com. Thank you for your help and continued efforts in keeping our records up to date.

SFL-NL-0139-19

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

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Payer ID reminder

As we have previously notified, the payer IDs for Simply Healthcare Plans, Inc. (Simply) changed as follows:

Program	Effective date
Statewide Medicaid Managed Care Managed Medical Assistance Clear Health Alliance	• Regions 9 to 11: December 1, 2018 • Regions 5 to 8: January 1, 2019 • Regions 1 to 4: February 1, 2019
Florida Healthy Kids	• Regions 10 and 11: December 1, 2018 • Regions 6 and 7: January 1, 2019
Medicare	• All regions: January 1, 2019

This notice serves to advise that effective March 1, 2020, Simply will no longer accept electronic claims submitted with a legacy payer ID. Please use the correct payer ID when submitting claims to Simply:

Availity Payer ID	
Simply Healthcare Plans, Inc.:	SMPLY

For more information and questions regarding the use of the correct payer ID:
- Medicare Provider Services: **1-844-405-4297**
- Medicaid Provider Services: **1-844-405-4296**
- Your Provider Relations representative

SFL-NL-0145-19

Statewide Medicaid Managed Care Housing Assistance pilot program

The Agency for Health Care Administration has selected Simply Healthcare Plans, Inc. (Simply) to be a part of the Statewide Medicaid Managed Care Housing Assistance pilot program in regions 5 and 7. The goal of this program is to provide additional behavioral health services and supportive housing assistance services to enrollees with severe mental illness or substance use disorders. This pilot will specifically support enrollees who are homeless or at risk of homelessness due to their condition.

If you have a homeless member in regions 5 or 7 and have more questions about the pilot program, please call our Simply Provider Services line at **1-844-405-4296**.

SFL-NL-0138-19

Long-term care transportation vendor update

The new long-term care transportation vendor for regions 10 and 11 is MCT Express Inc., doing business as Trip2. Their contact number is **1-844-671-6662**.

LogistiCare Solutions LLC will remain the transportation vendor for regions 5, 6 and 7. If you have any questions, please call the long-term care contact line at **1-877-931-4753**.

SFL-NL-0136-19

Resources to support your diverse patient panel

As patient panels grow more diverse and needs become more complex, providers and office staff need more support to help address patients' needs. Simply Healthcare Plans, Inc. wants to help.

Cultural competency resources

We have cultural competency resources available on our provider website. Leveraging content created by the Industry Collaboration Effort Cultural and Linguistic Workgroup, the *Cultural Competency Training* and the *Caring for Diverse Populations Toolkit* have enhanced content.

Cultural Competency Training includes:	*Caring for Diverse Populations Toolkit* includes:
• Enhanced content regarding culture including language and the impact on health care. • A cultural competency continuum that can help providers assess their level of cultural competency. • Guidance on working effectively with interpreters. • Comprehensive content on serving patients with disabilities.	• Comprehensive information on working with diverse patients and effectively supporting culture, language and disabilities in health care delivery. • Tools and resources to help mitigate barriers including materials that can be printed and made available for patients in your office. • Guidance on regulations and standards for cultural and linguistic services.

In addition, providers can access **https://mydiversepatients.com** for tools and resources that are accessible from any smartphone, tablet or desktop. Providers will find free continuing medical education courses that cover topics relevant to providing culturally competent care and services for diverse individuals.

Prevalent non-English languages (based on population data)

Like you, Simply wants to effectively serve the needs of diverse patients. It's important for us all to be aware of the cultural and linguistic needs of our communities, so we are sharing recent data about the prevalent non-English languages spoken by five percent or 1,000 individuals in Florida. (Source: American Community Survey, 2016 American Community Survey 5-Year Estimates, Table B16001, generated 10/03/2018)

- Prevalent non-English languages in FL:
  - Spanish
  - French – includes Cajun and Creole

Language support services

As a reminder, Simply provides language support services for our members with limited English proficiency or hearing, speech or visual impairments. Please see the provider manual at **https://provider.simplyhealthcareplans.com/florida-provider/home** for details on the available services and how to access them.

SFL-NL-0133-19

![Simply healthcare logo]

Availity electronic claims submissions, payer ID and electronic remittance advice enrollment

Use the Availity Portal at **https://www.availity.com** to submit claims electronically. You will find additional training under *Help & Training*.

We encourage the submission of claims electronically through electronic data interchange. Most of you know Availity as a website or claims clearinghouse, but they are much more. Availity is also an intelligent electronic data interchange (EDI) gateway for multiple payers and will be the single EDI connection for Simply Healthcare Plans, Inc.

Availity Payer ID	
Simply Healthcare Plans, Inc.:	SMPLY

To enroll in electronic remittance advice (ERA), register at **https://www.availity.com**. To access ERA, go to **https://www.availity.com** and select **Enrollments Center** in the *My Account Dashboard* on the homepage. Select **ERA Enrollment** in the *Multi-Payer Enrollments* section. Then, simply follow the wizard and submit.

After submitting, you will be notified by email that enrollment is complete and start receiving ERAs through Availity.

If you have questions, please contact the Availity Help Desk at **1-800-282-4548**.

SFL-NL-0129-19

New clinical guideline: pneumatic compression devices, effective January 1, 2020

Simply Healthcare Plans, Inc. will implement the following clinical guideline effective January 1, 2020, to support the review for unnecessary outpatient pneumatic compression devices (PCDs) postoperative orthopedic procedures.

Federal and state law, as well as state contract language and CMS guidelines, including definitions and specific contract provisions/exclusions, take precedence over these prior authorization rules and must be considered first when determining coverage. **Noncompliance with new requirements may result in denied claims.**

CG-DME-46 Pneumatic Compression Devices for Prevention of Deep Vein Thrombosis of the Lower Limbs

PCDs are used in clinics or can be purchased or rented for home use for prevention and treatment of a number of conditions. PCD therapy involves the use of an inflatable garment and an electrical pneumatic pump. The garment is intermittently inflated and deflated with cycle times and pressures that vary between devices. This document only addresses the home use of PCDs postoperative outpatient orthopedic procedures for the prevention of deep vein thrombosis (DVT) of the lower limbs.

Note: This document addresses devices for the prevention of DVT only. Pneumatic devices used in the treatment or prevention of lymphedema, venous insufficiency and therapy for musculoskeletal injuries are not addressed in this document, nor are devices for prevention of DVT postmajor surgical procedures.

Not medically necessary

The home use of PCDs for prevention of thromboembolism of the lower limbs following outpatient orthopedic surgery is considered not medically necessary for all indications.

SFLPEC-0111-19

Revision to evaluation and management services — over-coded services postponed

Simply Healthcare Plans, Inc. (Simply) previously communicated that as of October 27, 2019, we would assess selected claims for evaluation and management (E&M) services using an automated analytic solution to ensure payments are aligned with national industry coding standards. The target effective date has been delayed.

Simply will send out a follow-up article to inform providers of the revised effective date and any additional details for the changes made. The update that was posted here entitled *Evaluation and Management Services — Over-Coded Services* has been removed.

SFL-NL-0148-19

Children's Health Insurance Program

Improving the patient experience
View the **article** in the Medicaid section.

SFL-NL-0125-19

Inpatient authorization request fax number reminder
View the **article** in the Medicaid section.

SFL-NL-0127-19

Electronic funds transfer enrollment
View the **article** in the Medicaid section.

SFL-NL-0135-19

Payer ID reminder
View the **article** in the Medicaid section.

SFL-NL-0145-19

Resources to support your diverse patient panel
View the **article** in the Medicaid section.

SFL-NL-0133-19

Availity electronic claims submissions, payer ID and electronic remittance advice enrollment
View the **article** in the Medicaid section.

SFL-NL-0129-19

Florida Healthy Kids 2020 provider trainings

You're invited to participate in webinar trainings with Simply Healthcare Plans, Inc. These trainings can answer your questions regarding members who are enrolled in Florida Healthy Kids (FHK). You can use the links listed below to register and join the live events.

Provider education for FHK	
January 15, 2020	July 15, 2020
February 2, 2020	August 19, 2020
March 18, 2020	September 16, 2020
April 15, 2020	October 14, 2020
May 13, 2020	November 18, 2020
June 17, 2020	December 16, 2020

Each one-hour training session will take place on a Wednesday at noon.

The monthly webinar trainings will cover topics related to the provider website, authorizations, claims submission and the payment process. These trainings will also include an explanation of common claim submission errors and how to avoid them.

In addition, we will cover other topics including but not limited to:
- Immunizations.
- Vendors/delegated providers.
- Value-added services.
- Key contact information.

SFL-NL-0146-19

Florida Healthy Kids immunizations and shots information

Under *Title XXI*, children with Florida Healthy Kids coverage are not eligible for vaccines through the Vaccines for Children program. Providers are to submit claims to Simply Healthcare Plans, Inc. Immunization rates include both the serum and administration.

Florida State Health Online Tracking System (SHOTS) is a free, statewide, centralized online immunization information system that helps health care providers keep track of immunization records. This ensures that patients of all ages receive the vaccinations needed to protect them from dangerous, vaccine-preventable diseases.

Network PCPs must:
- Provide all covered immunizations to enrollees.
- Be enrolled with Florida's statewide online immunization registry, SHOTS.
- Continue to keep the enrollee's immunization record updated in the SHOTS database.

Are you a registered user of SHOTS?

Visit **www.flshots.com** or call **1-877-888-7468** for more information.

SFL-NL-0137-19

![Simply healthcare logo]

Inpatient authorization request fax number reminder

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

SFL-NL-0127-19

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SFL-NL-0135-19

Payer ID reminder

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SFL-NL-0145-19

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SFL-NL-0129-19

New CMS requirement: Hospitals must use *Medicare Outpatient Observation Notice*

CMS requires that all hospitals and critical access hospitals (CAHs) provide written notification and an oral explanation to individuals receiving observation services as outpatients for more than 24 hours.

Hospitals should use the OMB-approved standardized *Medicare Outpatient Observation Notice (MOON)*, form *CMS-10611*. **All hospitals and CAHs are still required to provide this statutorily required notification.** The notice and accompanying instructions are available at **https://go.cms.gov/391jZH9**.

The *MOON* was developed to inform all Medicare beneficiaries, including Simply Healthcare Plans, Inc. members, when they are an outpatient receiving observation services, and are not an inpatient of the hospital or CAH. The notice must include the reasons the individual is an outpatient receiving observation services and the implications of receiving outpatient services, such as required Medicare cost-sharing and post-hospitalization eligibility for Medicare coverage of skilled nursing facility services.

Hospitals and CAHs must deliver the notice no later than 36 hours after observation services are initiated or sooner if the individual is transferred, discharged or admitted.

SFLCARE-0139-19

Help protect your patients by providing medical ID protection — best practices

Overview

Many of our members have reported that they received unsolicited calls (or emails) from an individual or company offering to provide durable equipment devices, such as back or leg braces, or items such as topical creams at little or no cost. While it may be tempting to want to receive something for free, members should know that there is a cost.

Although our members may not receive a bill for these devices or medications, the items are billed to the insurance companies, costing hundreds or even thousands of dollars each.

How does this impact members?

Members should also know that the cost may be more than monetary. Allergic reactions may occur when using medications that are not properly prescribed. Ill-fitting leg or back braces, or equipment that is not specifically intended for the pain experienced by the member, could do more harm than good.

This problem is prevalent throughout the country, so all of our members should be aware. Billions of unsolicited telemarketing calls are made each year, many of which are promoting health care services. Calls often spoof local phone numbers or numbers that appear familiar to trick the recipient into accepting the call.

How can I help protect my patients?

While the ultimate purpose of these telemarketing calls is to sell these items, the immediate goal of the person or company placing the call is to obtain valuable personally identifiable information (PII) from the member. Without this personal information, such as a Social Security number or insurance identification number, selling these devices and medications is much more difficult. Share this information with you patients to help them learn how to protect their PII.

You can help protect your patients and their PII from scams by reminding them of the following:

- Don't fall prey to scams!
- Take a few moments to review your *Explanation of Benefits (EOB)* and the services listed.
- When receiving robotic (robo) or telemarketing calls:
  – Simply hang up the phone.
  – Beware of threatening or urgent language used by the caller.
  – Do not provide any PII such as your Social Security number or insurance identification number. The caller may imply that they have your information and ask you to provide it to confirm that they have the correct information. Do not provide the information or confirm it if they do happen to have any identification information.
- When receiving emails:
  – Do not open email attachments you weren't expecting.
  – Check for spelling mistakes and poor grammar.
  – Do not click on the links you are sent. You can type the link into a new browser.
  – Online scams can come from anywhere. Take a few moments to review your *EOB* and confirm that you received the services listed on the *EOB*.
- Additional ways to protect yourself:
  – Shred or destroy obsolete documents that contain medical claims information or *EOBs*.
  – Do not use social media to share medical treatment information.

How to report when you receive what you suspect is a scam call or email:

1. To file a complaint with the Federal Trade Commission, you can go to: **https://ftc.gov/complaint** or call **1-877-FTC-HELP.**
2. Members may contact their plan's Member Services department.

SHPCRNU-0032-19

Simply healthcare

Prior authorization requirements

CardioMEMS

Effective April 1, 2020, prior authorization (PA) requirements will change for the following CardioMEMS™ services to be covered by Simply Healthcare Plans, Inc.

PA requirements will be added to the following:
- Implantable wireless pulmonary artery pressure sensor with delivery catheter, including all system components (C2624)
- Remote monitoring of a wireless pulmonary artery pressure sensor for up to 30 days, including at least weekly downloads of pulmonary artery pressure recordings, interpretation(s), trend analysis and report(s) by a physician or other qualified health care professional (93264)
- Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed (33289)

SHPCRNL-0038-19

Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services guidelines, including definitions and specific contract provisions/exclusions take precedence over these PA rules and must be considered first when determining coverage. **Noncompliance with new requirements may result in denied claims.**

PA requirements will be added to the following:

- **Web: https://www.availity.com**

Detailed PA requirements are available to contracted providers through the Availity Portal (**https://www.availity.com**). Call the Provider Services number on the back of the member's ID card for PA requirements.

Policy Update

Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

(Effective 05/01/20)

Currently, Simply Healthcare Plans, Inc. includes Early and Periodic Screening, Diagnosis and Treatment (EPSDT) component services in the reimbursement of preventive medicine evaluation and management (E&M) visits unless they are appended with Modifier 25 to indicate a significant, separately identifiable E&M service by the same physician on the same date of service.

However, effective May 1, 2020, the following EPSDT component services will be separately reimbursable from the preventive medicine E&M visit:
- Hearing screening with or without the use of an audiometer or other electronic device
- Vision screening

For additional information, refer to the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) reimbursement policy at
https://provider.simplyhealthcareplans.com/florida-provider.

SFL-NL-0063-19

Improving the patient experience

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SFL-NL-0125-19

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Availity Payer ID	
Clear Health Alliance:	CLEAR

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SFL-NL-0129-19

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Program	Effective date
Clear Health Alliance	• Regions 9 to 11: December 1, 2018 • Regions 5 to 8: January 1, 2019 • Regions 1 to 4: February 1, 2019

This notice serves to advise that effective March 1, 2020, CHA will no longer accept electronic claims submitted with a legacy payer ID. Please use the correct payer ID when submitting claims to CHA:

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Clear Health Alliance:	CLEAR

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SFL-NL-0145-19

CLEAR
HEALTH ALLIANCE

Reimbursement Policy

Policy Update

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SFL-NL-0063-19