Provider Newsletter

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

June 2020

Table of Contents

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

Resources supporting our providers during COVID-19

Supporting providers and those who deliver care to our members is our top concern during the COVID-19 health emergency. Navigating the rapidly changing information is especially important to us so you can focus on what's important – patient care.

Our provider website will host the most accurate information from Simply Healthcare Plans, Inc. (Simply).

Visit the Medicaid and Medicare Advantage provider site: **https://provider.simplyhealthcareplans.com/florida-provider/covid-19-updates**.

Information here includes:

1. Frequently asked questions about changes to Simply policies or benefit coverage during COVID-19. **These FAQ are updated regularly; please continue to check back each week.** Topics include:
   - Testing and treatment coverage updates.
   - Telehealth/telephonic care guidance for medical and behavioral health.
   - Coding, billing and claims.
2. Federal resources available for health care providers and employers in the federal *CARES Act*.
3. Other resources as provided by the Florida Agency for Health Care Administration and Centers for Medicare & Medicaid Services.

SFLPEC-1980-20

Acquisition of Beacon Health Options

We completed acquisition of Beacon Health Options (Beacon),* a large behavioral health organization that serves more than 36 million people across the country. Bringing together our existing solid behavioral health business with Beacon's successful model and support services creates one of the most comprehensive behavioral health networks in the country. It's also an opportunity to offer best-in-class behavioral health capabilities and whole-person care solutions in new and meaningful ways to help people live their best lives.

From the standpoint of our customers and providers at this time, it's business as usual:

- Members should continue to call the customer service number on the back of their membership card or access their health plan's website for online self-service.
- Providers should continue to use the provider service contact information, websites and online self-service websites as part of their agreement with either Simply Healthcare Plans, Inc. (Simply) or Beacon.
- There will be no immediate changes to the way Simply or Beacon manage their respective provider networks, contracts and fee arrangements. Simply and Beacon provider networks, contracts and fee arrangements will remain separate at this time.

We know our providers continue to expect more of their health care partner, and at Simply, we aim to deliver more in return.

For more details, see the **press release**; additional details will be shared in future communications.

** Beacon will operate as a wholly owned subsidiary of Anthem, Inc.*

SFL-NL-0163-20

Members' Rights and Responsibilities Statement

The delivery of quality health care requires cooperation between patients, their providers and their health care benefit plans. One of the first steps is for patients and providers to understand their rights and responsibilities. Therefore, in line with our commitment to participating practitioners and members in our system, Simply Healthcare Plans, Inc. has adopted a *Members' Rights and Responsibilities Statement,* which is located within the provider manual.

If you need a physical copy of the statement, call Provider Services at **1-844-405-4296**.

SFL-NL-0173-20

2020 Cultural Competency training

As a contracted health care provider, our expectation is for you and your staff to gain and continually increase your knowledge of and ability to support the values, beliefs and needs of diverse cultures. This results in effective care and services for all people by taking into account each person's values, reality conditions and linguistic needs.

The Cultural Competency training is self-paced and available via our **provider website**.

SFL-NL-0176-20

Medical drug *Clinical Criteria* updates

August 2019 update

On August 16, 2019, 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**.

SFL-NL-0126-19

November 2019 update

On November 15, 2019, 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**.

SFL-NL-0153-20

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**.

MCG Care Guidelines — 24th edition

Effective August 1, 2020, Simply Healthcare Plans, Inc. will upgrade to the 24th edition of MCG Care Guidelines for the following modules: Inpatient Surgical Care (ISC), General Recovery Care (GRC), Chronic Care (CC), Recovery Facility Care (RFC) and Behavioral Health Care (BHC). The tables highlight new guidelines and changes that may be considered more restrictive.

Read more online.

SFL-NL-0164-20

Coding spotlight — provider's guide to code social determinants of health

What are social determinants of health (SDOH)?

The World Health Organization (WHO) defines SDOH as "conditions in which people are born, grow, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequalities." Capturing SDOH is becoming a necessary element of documentation.

Read more online.

SFL-NL-0168-20

Simply healthcare

Important information about utilization management

Our utilization management (UM) decisions are based on the appropriateness of care and service needed, as well as the member's coverage according to their health plan. We do not reward providers or other individuals for issuing denials of coverage, service or care. Nor do we make decisions about hiring, promoting or terminating these individuals based on the idea or thought that they will deny benefits. In addition, we do not offer financial incentives for UM decision makers to encourage decisions resulting in underutilization. Our *Medical Policies* are available on our **provider website**.

You can request a free copy of our UM criteria from Provider Services at **1-844-405-4296**. Providers can discuss a UM denial decision with a physician reviewer by calling us toll free at **1-844-405-4296**. To access UM criteria online, go to **https://provider.simplyhealthcareplans.com/florida-provider/manuals-and-guides**.

We are staffed with clinical professionals who coordinate our members' care and are available 24/7 to accept precertification requests. Secured voicemail is available during off-business hours; a clinical professional will return your call within the next business day. Our staff will identify themselves by name, title and organization name when initiating or returning calls regarding UM issues.

You can submit precertification requests by:

- Faxing to **1-800-964-3627**.
- Calling us at **1-844-405-4296**.
- Visiting the Availity Portal* at **https://www.availity.com**.

Have questions about utilization decisions or the UM process?

Call our Clinical team at **1-844-405-4296**, Monday through Friday from 8 a.m. to 7 p.m. Eastern time.

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

SFL-NL-0172-20

2020 affirmative statement concerning utilization management decisions

All associates who make utilization management (UM) decisions are required to adhere to the following principles:

- UM decision making is based only on appropriateness of care and service and existence of coverage.
- We do not specifically reward practitioners or other individuals for issuing denials of coverage or care. Decisions about hiring, promoting or terminating practitioners or other staff are not based on the likelihood or perceived likelihood that they support, or tend to support, denials of benefits.
- Financial incentives for UM decision makers do not encourage decisions that result in underutilization or create barriers to care and service.

SFL-NL-0167-20

Follow-Up After Hospitalization for Mental Illness

We understand providers are committed to providing our members with quality care, including follow-up appointments after a behavioral health (BH) inpatient stay. Since regular monitoring, follow-up appointments and making necessary treatment recommendations or changes are all part of quality care, we would like to provide an overview of the related HEDIS® measure.

The Follow-Up After Hospitalization for Mental Illness (FUH) HEDIS measure evaluates members 6 years and older who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner.

Two areas of importance for this HEDIS measure are:

- The percentage of BH inpatient discharges for which the member received follow-up within seven days after discharge.
- The percentage of BH inpatient discharges for which the member received follow-up within 30 days after discharge.

Read more online.

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

SFL-NL-0170-20

Complex Case Management program

Managing illness can be a daunting task for our members. It is not always easy to understand test results, to know how to obtain essential resources for treatment or know whom to contact with questions and concerns.

Simply Healthcare Plans, Inc. is available to offer assistance in these difficult moments with our Complex Case Management program designed to prevent potentially avoidable admissions or ER visits for members living at home or in the community. Our case managers are part of an interdisciplinary team of clinicians and other resource professionals there to support members, families, PCPs and caregivers. The Complex Case Management process uses the experience and expertise of a clinical case manager to educate and empower our members by improving care coordination, reinforcing adherence to physician treatment plan and helping members increase self-management skills. The Complex Case Management process can help members understand their illnesses and learn about care choices to ensure they have access to quality, efficient health care.

Members or caregivers can refer themselves or family members by calling the Customer Service number located on their ID card. They will be transferred to a team member based on the immediate need. Physicians can refer their patients by contacting us telephonically or through electronic means with member agreement. Although this is an outpatient program, we can help with transitions in care so that our members and caregivers are better prepared and informed about health care decisions and goals.

You can contact us by phone at:

- Medicaid: **1-844-406-2396, ext. 106-121-3001**
- Medicare: **1-877-577-0115**
- Florida Healthy Kids: **1-844-405-4298**
- All plans have **711** for TTY services.

You can also contact us by email at:

- **General:** CM_DM_Referrals@simplyhealthcareplans.com
- **Medical Foster Care and Early Intervention Services:** dl-EIS_MFC_communications@anthem.com

Case Management business hours are Monday through Friday from 8 a.m. to 5 p.m. Eastern time.

SFL-NL-0171-20

Modifier use reminders

Billing for patient treatment can be complex, particularly when determining whether modifiers are required for proper payment. Simply Healthcare Plans, Inc. (Simply) reimbursement policies and correct coding guidelines explain the appropriate use of coding modifiers. We would like to highlight the appropriate use of some commonly used modifiers.

Things to remember

- Review the *CPT® Surgical Package Definition* found in the current year's *CPT Professional Edition*. Use modifiers such as 25 and 59 only when the services are not included in the surgical package.
- Review the current *CPT Professional Edition Appendix A — Modifiers* for the appropriate use of modifiers 25, 57 and 59.
- When an evaluation and management (E&M) code is reported on the same date of service as a procedure, the use of the modifier 25 should be limited to situations where the E&M service is "above and beyond" or "separate and significant" from any procedures performed the same day.
- When appropriate, assign anatomical modifiers (Level II HCPCS modifiers) to identify different areas of the body that were treated. Proper application of the anatomical modifiers helps ensure the highest level of specificity on the claim and show that different anatomic sites received treatment.
- Use modifier 59 to indicate that a procedure or service was distinct or independent of other non-E&M services performed on the same date of service. The modifier 59 represents services not normally performed together, but which may be reported together under the circumstances.

If you feel that you have received a denial after appropriately applying a modifier under correct coding guidelines, please follow the normal claims dispute process and include medical records that support the use of the modifier(s) when submitting claims for consideration.

Simply will publish additional articles on correct coding in provider communications.

SFL-NL-0158-20

Medical Policies and *Clinical Utilization Management Guidelines* updates

The *Medical Policies* and *Clinical Utilization Management (UM) Guidelines* and *Third-Party Criteria* below were developed and/or revised to support clinical coding edits. Note, several policies and guidelines were revised to provide clarification only and are not included. Existing precertification requirements have not changed. For markets with carved-out pharmacy services, the applicable listings below are informational only.

To search for specific policies or guidelines, visit **https://medicalpolicy.simplyhealthcareplans.com/shp_search.html**.

Updates:

Updates marked with an asterisk (*) notate that the criteria may be perceived as more restrictive.

- *SURG.00028 — Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH)
  - Revised scope of document to only address benign prostatic hyperplasia (BPH)
  - Revised medically necessary criteria for transurethral incision of the prostate by adding "prostate volume less the 30 mL"
  - Added transurethral convective water vapor thermal ablation in individuals with prostate volume less than 80 mL and waterjet tissue ablation as medically necessary indication
  - Moved transurethral radiofrequency needle ablation from medically necessary to not medically necessary section
  - Moved placement of prostatic stents from standalone statement to combined not medically necessary statement
- *SURG.00037 — Treatment of Varicose Veins (Lower Extremities)
  - Added the anterior accessory great saphenous vein (AAGSV) as medically necessary for ablation techniques when criteria are met
  - Added language to the medically necessary criteria for ablation techniques addressing variant anatomy
  - Added limits to retreatment to the medically necessary criteria for all procedures
- *SURG.00047 — Transendoscopic Therapy for Gastroesophageal Reflux Disease, Dysphagia and Gastroparesis
  - Expanded scope to include gastroparesis
  - Added gastric peroral endoscopic myotomy or peroral pyloromyotomy as investigational and not medically necessary
- *SURG.00097 — Vertebral Body Stapling and Tethering for the Treatment of Scoliosis in Children and Adolescents
  - Expanded scope of document to include vertebral body tethering
  - Added vertebral body tethering as investigational and not medically necessary
- *CG-LAB-14 — Respiratory Viral Panel Testing in the Outpatient Setting
  - Clarified that respiratory viral panel (RVP) testing in the outpatient setting is medically necessary when using limited panels involving five targets or less when criteria are met
  - Added RVP testing in the outpatient setting using large panels involving six or more targets as not medically necessary
- *CG-MED-68 — Therapeutic Apheresis
  - Added diagnostic criteria to the condition "chronic inflammatory demyelinating polyradiculoneuropathy" (CIDP) when it is treated by plasmapheresis or immunoadsorption
- The following AIM Specialty Clinical Appropriateness Guidelines have been approved, to view an AIM guideline, visit the **AIM Specialty Health®** ** page**:
  - *Joint Surgery
  - *Advanced Imaging — Vascular Imaging

Medical Policies

On November 7, 2019, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Simply Healthcare Plans, Inc. (Simply). View the full update online for a list of the policies.

Read more online.

Clinical UM Guidelines

On November 7, 2019, the MPTAC approved several *Clinical UM Guidelines* applicable to Simply. These guidelines were adopted by the medical operations committee for Statewide Medicaid Managed Care Managed Medical Assistance members on November 25, 2019. View the full update online for a list of the guidelines.

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

SFL-NL-0154-20

Prior authorization requirements

Global 3M19 Medical Policy and Technology Assessment Committee prior authorization requirement updates

Effective May 1, 2020, prior authorization (PA) requirements changed for a number services. These services now require PA by Simply Healthcare Plans, Inc. for our members.

Read more online.

SFL-NL-0124-19

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.**

To request PA, use one of the following methods:

- **Web: https://www.availity.com**
- **Phone: 1-844-406-2396**
- **Fax:**
  - **1-800-964-3627**
  - Medicaid pharmacy injectables: **1-844-509-9862**

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers by accessing the Provider Self-Service Tool on the Availity Portal by going to **https://provider.simplyhealthcareplans.com/florida-provider** > Login. Providers unable to access Availity* can go to **https://provider.simplyhealthcareplans.com/florida-provider** > Resources > Precertification Requirements > Precertification Lookup Tool or call us at **1-844-406-2396** for assistance with PA.

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

Acquisition of Beacon Health Options

View the **article** in the Medicaid section.
SFL-NL-0163-20

Members' Rights and Responsibilities Statement

View the **article** in the Medicaid section.
SFL-NL-0173-20

2020 Cultural Competency training

View the **article** in the Medicaid section.
SFL-NL-0176-20

Medical drug *Clinical Criteria* updates

View the **August 2019** and **November 2019** updates in the Medicaid section.
SFL-NL-0126-19/SFL-NL-0153-20

MCG Care Guidelines — 24th edition

View the **article** in the Medicaid section.
SFL-NL-0164-20

Important information about utilization management

View the **article** in the Medicaid section.
SFL-NL-0172-20

2020 affirmative statement concerning utilization management decisions

View the **article** in the Medicaid section.
SFL-NL-0167-20

Follow-Up After Hospitalization for Mental Illness

View the **article** in the Medicaid section.
SFL-NL-0170-20

Complex Case Management program

View the **article** in the Medicaid section.
SFL-NL-0171-20

Modifier use reminders

View the **article** in the Medicaid section.
SFL-NL-0158-20

Medical Policies and *Clinical Utilization Management Guidelines* update

View the **article** in the Medicaid section.
SFL-NL-0154-20

Medicare Advantage

Acquisition of Beacon Health Options

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

SFL-NL-0163-20

Members' Rights and Responsibilities Statement

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

SFL-NL-0173-20

Medical drug *Clinical Criteria* updates

View the **August 2019** in the Medicaid section.

SFL-NL-0126-19

Important information about utilization management

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

SFL-NL-0172-20

Complex Case Management program

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

SFL-NL-0171-20

Modifier use reminders

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

SFL-NL-0158-20

Medical drug *Clinical Criteria* updates

February 2020 update

On November 15, 2019, and February 21, 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-0050-20

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**.

MCG Care Guidelines — 24th edition

Effective August 1, 2020, Simply Healthcare Plans, Inc. (Simply) will upgrade to the 24th edition of MCG Care Guidelines for the following modules: Inpatient & Surgical Care (ISC), General Recovery Care (GRC), Chronic Care (CC), Recovery Facility Care (RFC), and Behavioral Health Care (BHC). The tables highlight new guidelines and changes that may be considered more restrictive.

Read more online.

SHPCRNL-0045-20

Special Needs Plan annual training

As a contracted Medicare Special Needs Plan (SNP) provider for Simply Healthcare Plans, Inc. (Simply), you are required to participate in an annual training on the Simply Model of Care (MOC). This training covers the differences in Medicare Advantage programs and includes a detailed overview of SNPs — highlighting cost sharing, data sharing and benefit coordination.

Simply's Medicare SNP products training is self-paced and available on the **provider website** and at **https://www.availity.com**.*

To indicate completion of the training, submit the completed attestation located at the end of the training.

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

SHPCRNL-0048-20

Simply Healthcare Plans, Inc. working with Optum to collect medical records for risk adjustment

Risk adjustment is the process by which the Centers for Medicare & Medicaid Services (CMS) reimburses Medicare Advantage plans, based on the health status of their members. Risk adjustment was implemented to pay Medicare Advantage plans more accurately for the predicted health cost expenditures of members by adjusting payments based on demographics (age and gender) as well as health status.

In 2020, Simply Healthcare Plans, Inc. will work with Optum,* who is working with Ciox Health,* to request medical records with dates of service for the target year 2019 through present day.

Jaime Marcotte, Medicare Retrospective Risk Program Lead, is managing this project. If you have any questions regarding this program, contact Jaime at jaime.marcotte@anthem.com or **1-843-666-1970**.

Additional information, including an FAQ, will be available on the **provider website** under **Provider communications**.

** Optum and Ciox Health are independent companies providing medical record review services on behalf of Simply Healthcare Plans, Inc.*

SHPCRNL-0047-20

Updates to *Sleep Disorder Management Clinical Appropriateness Guideline*

Effective for dates of service on and after August 16, 2020, the following updates will apply to the AIM Specialty Health®* (AIM) *Sleep Disorder Management Clinical Appropriateness Guideline*.

Sleep Disorder Management Clinical Appropriateness Guideline updates by section:

- Bi-Level Positive Airway Pressure (BPAP) Devices:
  - Change in BPAP FiO2 from 45 to 52 mmHg based on strong evidence and alignment with Medicare requirements for use of BPAP
- Multiple Sleep Latency Testing and/or Maintenance of Wakefulness Testing:
  - Style change for clarity
  - Code changes: none

As a reminder, ordering and servicing providers may submit prior authorization (PA) requests to AIM by:

- Accessing AIM's ***Provider****Portal*℠ directly at **providerportal.com**. Online access is available 24/7 to process orders in real time, and is the fastest and most convenient way to request PA.
- Accessing AIM via the **Availity Portal**.*
- Calling the AIM Contact Center at **1-800-714-0040** from 7 a.m. to 7 p.m. ET.

What if I need assistance?

If you have questions related to guidelines, email AIM at aim.guidelines@aimspecialtyhealth.com. Additionally, you may access and download a copy of the current and upcoming guidelines **here**.

** AIM Specialty Health is an independent company providing some 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.*

SHPCRNL-0051-20

Multi-dose packaging

Simply Healthcare Plans, Inc. wants to make multi-dose packaging available to your patients to help support medication adherence. It's a simpler, safer way for your patients to manage their medications. Multi-dose packaging is a free service available to members at select network pharmacies.

What is multi-dose packaging?

Multi-dose packaging (MDP) involves organizing prescription and over-the-counter products to provide ease to patients when taking their routine medications. Each MDP dispenser provides patients with a personalized roll of pre-sorted medication packs, labeled with the date and time of the patient's next scheduled dose. MDP helps reduce the stress of determining which medications to take, when to take them and how much of them to take.

Who provides these services?

MDPs can be shipped to the CVS* retail pharmacy of choice or directly to a patient's home at no additional charge. The MDP Care team is available 24/7 to address patient questions and concerns. The team also coordinates mid-month prescription changes with local CVS pharmacies. CVS MDP is licensed in all states and the District of Columbia.

If CVS isn't the right fit based on geography, PillPack* can provide MDP services for your patients. Packages can include prescription medication, over-the-counter medication and vitamins, and will include a date and time stamp on each packet to help your patients remember to take their medications. Patient copays should be the same; in some cases, it may be cheaper.

How do I refer my patients to MDP providers?	
For CVS	Patients can enroll online at **https://www.CVS.com/multidose** or call **1-800-753-0596**. Patients residing in the District of Columbia, Georgia or South Carolina should call **1-844-650-1637** (due to remote practice restrictions). Members may also enroll at their local CVS pharmacy.
For PillPack	Patients interested in PillPack can enroll online at **https://www.pillpack.com/blue** or via phone by calling **1-866-282-9462**.

** CVS and PillPack are independent companies providing pharmacy services on behalf of Simply Healthcare Plans, Inc.*

SHPCRNL-0046-20

Medical Policies and *Clinical Utilization Management Guidelines update*

The *Medical Policies*, *Clinical Utilization Management (UM) Guidelines* and *Third-Party Criteria* below were developed and/or revised to support clinical coding edits. Note, several policies and guidelines were revised to provide clarification only and are not included. Existing precertification requirements have not changed.

To view a guideline, visit **https://medicalpolicy.simplyhealthcareplans.com/shp_search.html**.

Medical Policies

On February 20, 2020, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to Simply Healthcare Plans, Inc.

Publish Date	*Medical Policy* #	*Medical Policy* Title	New or Revised
2/27/2020	GENE.00011	Gene Expression Profiling for Managing Breast Cancer Treatment	Revised
2/27/2020	SURG.00103	Intraocular Anterior Segment Aqueous Drainage Devices (without extraocular reservoir)	Revised

SHPCRNL-0049-20

Prior authorization requirements

On June 1, 2020, Simply Healthcare Plans, Inc. prior authorization (PA) requirements will change for a number of codes.

Read more online.

SHPCRNL-0044-20

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.**

To request PA:

- **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.

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

COVID-19 information from Clear Health Alliance

Clear Health Alliance 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

Resources supporting our providers during COVID-19

Supporting providers and those who deliver care to our members is our top concern during the COVID-19 health emergency. Navigating the rapidly changing information is especially important to us so you can focus on what's important – patient care.

Our provider website will host the most accurate information from Clear Health Alliance (CHA).

Visit the *COVID-19 section* of the Medicaid provider site: **https://provider.clearhealthalliance.com/florida-provider/covid-19-updates**.

Information here includes:

1. Frequently asked questions about changes to CHA policies or benefit coverage during COVID-19. **These FAQ are updated regularly; please continue to check back each week.** Topics include:
   - Testing and treatment coverage updates.
   - Telehealth/telephonic care guidance for medical and behavioral health.
   - Coding, billing and claims.
2. Federal resources available for health care providers and employers in the federal *CARES Act*.
3. Other resources as provided by the Florida Agency for Health Care Administration and Centers for Medicare & Medicaid Services.

SFLPEC-1980-20

Acquisition of Beacon Health Options

We completed acquisition of Beacon Health Options (Beacon),* a large behavioral health organization that serves more than 36 million people across the country. Bringing together our existing solid behavioral health business with Beacon's successful model and support services creates one of the most comprehensive behavioral health networks in the country. It's also an opportunity to offer best-in-class behavioral health capabilities and whole-person care solutions in new and meaningful ways to help people live their best lives.

From the standpoint of our customers and providers at this time, it's business as usual:

- Members should continue to call the customer service number on the back of their membership card or access their health plan's website for online self-service.
- Providers should continue to use the provider service contact information, websites and online self-service websites as part of their agreement with either Clear Health Alliance (CHA) or Beacon.
- There will be no immediate changes to the way CHA or Beacon manage their respective provider networks, contracts and fee arrangements. CHA and Beacon provider networks, contracts and fee arrangements will remain separate at this time.

We know our providers continue to expect more of their health care partner, and at CHA, we aim to deliver more in return.

For more details, see the **press release**; additional details will be shared in future communications.

** Beacon will operate as a wholly owned subsidiary of Anthem, Inc.*

SFL-NL-0163-20

Members' Rights and Responsibilities Statement

The delivery of quality health care requires cooperation between patients, their providers and their health care benefit plans. One of the first steps is for patients and providers to understand their rights and responsibilities. Therefore, in line with our commitment to participating practitioners and members in our system, Clear Health Alliance has adopted a *Members' Rights and Responsibilities Statement,* which is located within the provider manual.

If you need a physical copy of the statement, call Provider Services at **1-844-405-4296**.

SFL-NL-0173-20

2020 Cultural Competency training

As a contracted health care provider, our expectation is for you and your staff to gain and continually increase your knowledge of and ability to support the values, beliefs and needs of diverse cultures. This results in effective care and services for all people by taking into account each person's values, reality conditions and linguistic needs.

The Cultural Competency training is self-paced and available via our **provider website**.

SFL-NL-0176-20

Medical drug *Clinical Criteria* updates

August 2019 update

On August 16, 2019, the Pharmacy and Therapeutics (P&T) Committee approved *Clinical Criteria* applicable to the medical drug benefit for Clear Health Alliance. These policies were developed, revised or reviewed to support clinical coding edits.

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

SFL-NL-0126-19

November 2019 update

On November 15, 2019, the Pharmacy and Therapeutics (P&T) Committee approved *Clinical Criteria* applicable to the medical drug benefit for Clear Health Alliance. These policies were developed, revised or reviewed to support clinical coding edits.

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

SFL-NL-0153-20

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**.

MCG Care Guidelines — 24th edition

Effective August 1, 2020, Clear Health Alliance will upgrade to the 24th edition of MCG Care Guidelines for the following modules: Inpatient Surgical Care (ISC), General Recovery Care (GRC), Chronic Care (CC), Recovery Facility Care (RFC) and Behavioral Health Care (BHC). The tables highlight new guidelines and changes that may be considered more restrictive.

Read more online.

SFL-NL-0164-20

Coding spotlight — provider's guide to code social determinants of health

What are social determinants of health (SDOH)?

The World Health Organization (WHO) defines SDOH as "conditions in which people are born, grow, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequalities." Capturing SDOH is becoming a necessary element of documentation.

Read more online.

SFL-NL-0168-20

CLEAR HEALTH ALLIANCE

Important information about utilization management

Our utilization management (UM) decisions are based on the appropriateness of care and service needed, as well as the member's coverage according to their health plan. We do not reward providers or other individuals for issuing denials of coverage, service or care. Nor do we make decisions about hiring, promoting or terminating these individuals based on the idea or thought that they will deny benefits. In addition, we do not offer financial incentives for UM decision makers to encourage decisions resulting in underutilization. Our *Medical Policies* are available on our **provider website**.

You can request a free copy of our UM criteria from Provider Services at **1-844-405-4296**. Providers can discuss a UM denial decision with a physician reviewer by calling us toll free at **1-844-405-4296**. To access UM criteria online, go to **https://provider.clearhealthalliance.com/florida-provider/manuals-and-guides**.

We are staffed with clinical professionals who coordinate our members' care and are available 24/7 to accept precertification requests. Secured voicemail is available during off-business hours; a clinical professional will return your call within the next business day. Our staff will identify themselves by name, title and organization name when initiating or returning calls regarding UM issues.

You can submit precertification requests by:

- Faxing to **1-800-964-3627**.
- Calling us at **1-844-405-4296**.
- Visiting the Availity Portal* at **https://www.availity.com**.

Have questions about utilization decisions or the UM process?

Call our Clinical team at **1-844-405-4296**, Monday through Friday from 8 a.m. to 7 p.m. Eastern time.

** Availity, LLC is an independent company providing administrative support services on behalf of Clear Health Alliance.*

SFL-NL-0172-20

2020 affirmative statement concerning utilization management decisions

All associates who make utilization management (UM) decisions are required to adhere to the following principles:

- UM decision making is based only on appropriateness of care and service and existence of coverage.
- We do not specifically reward practitioners or other individuals for issuing denials of coverage or care. Decisions about hiring, promoting or terminating practitioners or other staff are not based on the likelihood or perceived likelihood that they support, or tend to support, denials of benefits.
- Financial incentives for UM decision makers do not encourage decisions that result in underutilization or create barriers to care and service.

SFL-NL-0167-20

Follow-Up After Hospitalization for Mental Illness

We understand providers are committed to providing our members with quality care, including follow-up appointments after a behavioral health (BH) inpatient stay. Since regular monitoring, follow-up appointments and making necessary treatment recommendations or changes are all part of quality care, we would like to provide an overview of the related HEDIS® measure.

The Follow-Up After Hospitalization for Mental Illness (FUH) HEDIS measure evaluates members 6 years and older who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner.

Two areas of importance for this HEDIS measure are:

- The percentage of BH inpatient discharges for which the member received follow-up within seven days after discharge.
- The percentage of BH inpatient discharges for which the member received follow-up within 30 days after discharge.

Read more online.

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

SFL-NL-0170-20

Complex Case Management program

Managing illness can be a daunting task for our members. It is not always easy to understand test results, to know how to obtain essential resources for treatment or know whom to contact with questions and concerns.

Clear Health Alliance is available to offer assistance in these difficult moments with our Complex Case Management program designed to prevent potentially avoidable admissions or ER visits for members living at home or in the community. Our case managers are part of an interdisciplinary team of clinicians and other resource professionals there to support members, families, PCPs and caregivers. The Complex Case Management process uses the experience and expertise of a clinical case manager to educate and empower our members by improving care coordination, reinforcing adherence to physician treatment plan and helping members increase self-management skills. The Complex Case Management process can help members understand their illnesses and learn about care choices to ensure they have access to quality, efficient health care.

Members or caregivers can refer themselves or family members by calling the Customer Service number located on their ID card. They will be transferred to a team member based on the immediate need. Physicians can refer their patients by contacting us telephonically or through electronic means with member agreement. Although this is an outpatient program, we can help with transitions in care so that our members and caregivers are better prepared and informed about health care decisions and goals.

You can contact us by phone at **1-855-459-1566**. All plans have **711** for TTY services.

You can also contact us by email at:

- **General:** CM_DM_Referrals@simplyhealthcareplans.com
- **Medical Foster Care and Early Intervention Services:** dl-EIS_MFC_communications@anthem.com

Case Management business hours are Monday through Friday from 8 a.m. to 5 p.m. Eastern time.

SFL-NL-0171-20

Modifier use reminders

Billing for patient treatment can be complex, particularly when determining whether modifiers are required for proper payment. Clear Health Alliance (CHA) reimbursement policies and correct coding guidelines explain the appropriate use of coding modifiers. We would like to highlight the appropriate use of some commonly used modifiers.

Things to remember

- Review the *CPT® Surgical Package Definition* found in the current year's *CPT Professional Edition*. Use modifiers such as 25 and 59 only when the services are not included in the surgical package.
- Review the current *CPT Professional Edition Appendix A — Modifiers* for the appropriate use of modifiers 25, 57 and 59.
- When an evaluation and management (E&M) code is reported on the same date of service as a procedure, the use of the modifier 25 should be limited to situations where the E&M service is "above and beyond" or "separate and significant" from any procedures performed the same day.
- When appropriate, assign anatomical modifiers (Level II HCPCS modifiers) to identify different areas of the body that were treated. Proper application of the anatomical modifiers helps ensure the highest level of specificity on the claim and show that different anatomic sites received treatment.
- Use modifier 59 to indicate that a procedure or service was distinct or independent of other non-E&M services performed on the same date of service. The modifier 59 represents services not normally performed together, but which may be reported together under the circumstances.

If you feel that you have received a denial after appropriately applying a modifier under correct coding guidelines, please follow the normal claims dispute process and include medical records that support the use of the modifier(s) when submitting claims for consideration.

CHA will publish additional articles on correct coding in provider communications.

SFL-NL-0158-20

Medical Policies and *Clinical Utilization Management Guidelines* updates

The *Medical Policies* and *Clinical Utilization Management (UM) Guidelines* and *Third-Party Criteria* below were developed and/or revised to support clinical coding edits. Note, several policies and guidelines were revised to provide clarification only and are not included. Existing precertification requirements have not changed. For markets with carved-out pharmacy services, the applicable listings below are informational only.

To search for specific policies or guidelines, visit **https://provider.clearhealthalliance.com/florida-provider/medical-policies-and-clinical-guidelines**.

Updates:

Updates marked with an asterisk (*) notate that the criteria may be perceived as more restrictive.

- *SURG.00028 — Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH)
  - Revised scope of document to only address benign prostatic hyperplasia (BPH)
  - Revised medically necessary criteria for transurethral incision of the prostate by adding "prostate volume less the 30 mL"
  - Added transurethral convective water vapor thermal ablation in individuals with prostate volume less than 80 mL and waterjet tissue ablation as medically necessary indication
  - Moved transurethral radiofrequency needle ablation from medically necessary to not medically necessary section
  - Moved placement of prostatic stents from standalone statement to combined not medically necessary statement
- *SURG.00037 — Treatment of Varicose Veins (Lower Extremities)
  - Added the anterior accessory great saphenous vein (AAGSV) as medically necessary for ablation techniques when criteria are met
  - Added language to the medically necessary criteria for ablation techniques addressing variant anatomy
  - Added limits to retreatment to the medically necessary criteria for all procedures
- *SURG.00047 — Transendoscopic Therapy for Gastroesophageal Reflux Disease, Dysphagia and Gastroparesis
  - Expanded scope to include gastroparesis
  - Added gastric peroral endoscopic myotomy or peroral pyloromyotomy as investigational and not medically necessary
- *SURG.00097 — Vertebral Body Stapling and Tethering for the Treatment of Scoliosis in Children and Adolescents
  - Expanded scope of document to include vertebral body tethering
  - Added vertebral body tethering as investigational and not medically necessary
- *CG-LAB-14 — Respiratory Viral Panel Testing in the Outpatient Setting
  - Clarified that respiratory viral panel (RVP) testing in the outpatient setting is medically necessary when using limited panels involving five targets or less when criteria are met
  - Added RVP testing in the outpatient setting using large panels involving six or more targets as not medically necessary
- *CG-MED-68 — Therapeutic Apheresis
  - Added diagnostic criteria to the condition "chronic inflammatory demyelinating polyradiculoneuropathy" (CIDP) when it is treated by plasmapheresis or immunoadsorption
- The following AIM Specialty Clinical Appropriateness Guidelines have been approved, to view an AIM guideline, visit the **AIM Specialty Health®** ** page**:
  - *Joint Surgery
  - *Advanced Imaging — Vascular Imaging

Medical Policies

On November 7, 2019, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Clear Health Alliance (CHA). View the full update online for a list of the policies.

Clinical UM Guidelines

On November 7, 2019, the MPTAC approved several *Clinical UM Guidelines* applicable to CHA. These guidelines were adopted by the medical operations committee for Statewide Medicaid Managed Care Managed Medical Assistance members on November 25, 2019. View the full update online for a list of the guidelines.

*** AIM Specialty Health is a separate company providing some utilization review services on behalf of Clear Health Alliance.*

SFL-NL-0154-20