



New statewide contract

[Name and title]

This communication applies to the Medicaid programs for Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA).

Background

The Agency for Health Care Administration (AHCA) awarded Simply a Comprehensive, HIV/AIDS, and Serious Mental Illness (SMI) Specialty contract to provide service to Florida members for contract years 2025 to 2030 for the following programs:

- Statewide Medicaid Managed Care Managed Medical Assistance (SMMC MMA)
- Statewide Medicaid Managed Care Long-Term Care (SMMC LTC)

We are excited to continue our long-standing relationship with you to care for our members — your patients. The upcoming contract's go-live date is February 1, 2025.



What is new and different

In the following slides, we will review the new and different contract requirements impacting care providers on February 1, 2025.

You can also find helpful information on care provider responsibilities in the [provider manuals](#) on the care provider website.

Provider Pathways

- Provider Pathways is a 24/7 educational resource that offers a foundation for doing business with Simply and CHA.
- Access more information on the care provider websites under Education & Training > Training Resources > Provider Pathways
- Access individual modules such as:
 - Screening, brief intervention, and referral to treatment (SBIRT) training
 - Certified Documentation Integrity Practitioner® (CDIP) training, once available by AHCA
 - Service coverage guidelines
 - Service authorization requirements
 - Billing and claims procedures

Medicaid eligibility and enrollment

Care providers cannot request Medicaid enrollment or disenrollment of an enrollee, provide or assist in the completion of Medicaid enrollment or disenrollment requests for an enrollee, or restrict the enrollee's right to disenroll voluntarily in Medicaid in any way (*42 CFR 438.56(b)(1), (2), and (3)*).

Community Partnerships to Improve Outcomes (CPIO) program

Simply and CHA partners with community organizations to support the health outcomes of our Medicaid, specialty condition (HIV/AIDS and SMI), and long-term care members. These organizations focus on key areas such as birth outcomes, mental health of children and adolescents, health related social needs, and chronic diseases.

To access and refer your patients to these services, Simply and CHA collaborate with [FindHelp.org](https://www.findhelp.org).



Healthy Rewards Program

For members who want to stop smoking, lose weight, or address any drug use problems, we offer Healthy Rewards Programs that reward members who join and meet certain goals. Programs include:

- Smoking and tobacco cessation
- Weight management
- Alcohol and substance use
- Maternal child:
 - **New milestone:** SBIRT screening
 - **New milestone:** Medication Assisted Treatment (MAT) adherence and management
- **New:** HIV care
- Well child visits
- Asthma management

Preventative care guidelines

Requirements for care in accordance with the most recent clinical practice guidelines for treatment of a specialty condition:

Simply and CHA uses nationally recognized preventive care, evidence-based clinical practice information, guidelines, and protocols. This information is on the care provider website to ensure fair, consistent, and quality healthcare services and treatments are available for members.

Our clinical practice and preventive care guidelines are located on the care provider website under *Medical Policies and Clinical UM Guidelines*.

Preventative care guidelines (cont.)

The following are links to the HIV/AIDS-specific guidelines:

- Adult HIV treatment guidelines: [Clinicalinfo.HIV.gov](https://clinicalinfo.hiv.gov)
 - U.S. Department of Health and Human Services, Clinical Guidelines
 - Guidelines updated September 21, 2022
- *Primary Care Guidance for Persons with Human Immunodeficiency Virus*: <https://tinyurl.com/mw73nprd>
 - 2020 update by the HIA Medicine Association of the Infectious Diseases Society of America
- *Guidelines for Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with HIV*: <https://tinyurl.com/3x9f9dhe>
 - National Institutes of Health, AIDS information updated May 2, 2024

Preventative care guidelines (cont.)

The following are links to the SMI-specific guidelines:

- *Roadmap for Behavioral Health Integration* fact sheet: <https://tinyurl.com/22whced2>
 - U.S. Department of Health and Human Services
- Guidelines for treatment: <https://tinyurl.com/54ysrfmw>
 - American Psychiatric Association Clinical Practice Guidelines
- Behavioral health crisis intervention toolkit: <https://tinyurl.com/26p4jdx>
 - Substance Abuse and Mental Health Services Administration (SAMHSA) national guidelines for behavioral health crisis care
- PCP clinical practice guidelines and recommendations: <https://tinyurl.com/5cwk9nv9>
 - American Academy of Family Physicians Clinical Guidance and Practice Resources

Available treatment adherence services

Treatment adherence services are available through Simply and CHA for all plans including specialty products. Case managers communicate the information to members, and information is made available to all PCPs.



CMHC coordination protocols

We have provided coordination protocols for Community Mental Health Centers (CMHCs) to ensure appropriate treatment planning that addresses the member's medical and behavioral health needs:

- Case managers work with CMHCs and Certified Community Behavioral Health Clinics across Florida to coordinate services, facilitate and monitor treatment plans, and positively impact members. The case management team will interface on site with CMHCs to provide additional support and resources when appropriate. Regular and agreed upon site visits will be scheduled with the CMHC and support is available when needed by telephone.

Continuity of care

Simply and CHA provides continuation of care (COC) until the member's PCP, or behavioral health provider (as applicable), reviews the member's treatment plan.

Any written preapproval documentation of ongoing covered services for a will be honored up to **90 days** after the effective date of enrollment or until the member's PCP (or behavioral health provider, as applicable) reviews the member's treatment plan, whichever comes first.

Provider's role: case management and care coordination

Our case management and care coordination staff work with the member's provider, often a HIV or SMI specialist, to ensure adherence with HIV antiretroviral therapy, medical care, and behavioral health visits.

This includes COC for:

- Appointments with primary providers and specialists.
- Transportation.
- Other assistance as needed to facilitate care for members. This includes surrogate representatives if the member is not capable of making decisions but does not have a legal or authorized representative available.

Provider's role: case management and care coordination (cont.)

Case managers assess the acuity level and service the needs of each member. They also score the results of *Health Risk Assessments* and assign a member risk category. This category is based on specific disease stratification algorithms and may include a low, moderate, or high score. Results guide the development of the individualized care plan, and the corresponding interventions designed to improve compliance and health outcomes and prevent acute events. Care plans are:

- Created in collaboration with the member, caregiver, legal guardian, or other legally authorized individual.
- Based on member stratification.
- Designed to address interventions that:
 - Improve member ability to adhere to the physician or care provider treatment plan.
 - Improve self-management.
 - Decrease health risks.

The care plan is shared with the primary provider or specialist for review and feedback. Any feedback received will be documented, and the care plan adjusted as needed. With the member's approval, if they receive services from a community agency, we share the established care plan as appropriate with the agency case managers to ensure issues are addressed and services are not duplicated.

Behavioral health COC

- Simply and CHA, through its contracted and community providers and case management services, are responsible for coordinating COC for all members. Timely sharing of information is essential when the member is receiving psychotropic medications or has a new or ongoing medical condition. Simply and CHA will coordinate medical and behavioral health services as dictated by the needs of the members.
- The exchange of medical information facilitates behavioral and medical health care collaboration. For example, if the PCP obtains the member's consent via the *Authorization for Release of Information* form, the completed form is sent to the behavioral health provider. The behavioral health provider may use the release as necessary for the administration and provision of care.

Legally restricted services and drugs

Preapproval or claims for medical services and drugs which are regulated by Federal and State laws may require clinical documentation and specific forms to demonstrate compliance with Federal and State laws. This is in addition to demonstrating medical necessity. Payment for services will not occur if the use of state funds for the service is prohibited by law. Simply and CHA are required to report concerns of fraud and abuse for services billed that seek reimbursement when the use of public funds is prohibited for that purpose, or for services provided in a manner that is prohibited by law.

Provider data management with Availity Essentials

For providers using Availity Essentials:

Use the Provider Data Management (PDM) application at <https://Availity.com> to verify and initiate care provider demographic change requests for all professional and facility care providers.

The PDM application is now the preferred intake tool for care providers to submit demographic change requests, including submitting roster uploads.

Providers may continue to use the Provider Enrollment application at <https://Availity.com> to submit requests to add new practitioners under existing groups for available provider types.

Screening for Pathways and HRSN

- Providers can use this online tool to submit Health Related Social Needs (HRSN) required screening during their patients' visit. It also provides us with information to offer resources such as value-added benefits, community-based organizations, and referrals that address barriers to purpose and independence. The online screener also allows provider tracking of screening completion and trends for type, number, and value of community outreach services provided.
- Health Related Social Needs (HRSN) Required Screening:
 - PCPs are required to screen 95% of their patients for HRSN and record ICD-10-CM codes (Z55-Z65) in the patient's electronic health record.
- Screening assessments can be completed here: <https://sdohpip.findhelp.com/>
- Simply and CHA offer the Social Drivers of Health Provider Incentive Program (SDOHPIP) that reimburses providers for assessing, referring, and submitting claims with appropriate diagnosis. To learn more about this program, please contact your provider relations representative.

MMA and LTC: home health agencies

To remain in good standing, agencies providing personal care services and home health services must be 85% electronic visit verification (EVV)-compliant by verifying services using EVV technology.

This helps reduce any fraud, waste, and abuse situations and facilitate transparent monitoring of services provided to our members.

MMA covered services and expanded benefits

We cover additional benefits to eligible members besides what the SMMC program offers. These expanded benefits include:

- \$65 a month per household to buy certain personal care items and over-the-counter medicines
- Adult Vision benefits for members 21 and over, including eye exams, eyeglasses, or contacts per year
- Hearing services to help diagnose or treat hearing problems
- Prenatal and perinatal visits
- Home health care visits for homebound adults
- Help finding housing and a one-time \$2,500 benefit for housing stabilization
- Art, individual/family, and pet therapies for members receiving behavioral health services
- Home delivered meals after at least a three-day
- Nutritional counseling to help with healthy eating habits
- Chiropractic care
- Occupational, physical, and speech therapies
- Massage therapy, when medically necessary
- Select one relief product from an asthma and COPD catalog
- Carpet cleaning services to reduce asthma triggers for members diagnosed with asthma or COPD
- Up to \$160 for swim lessons
- Home-delivered meals for at-risk pregnant members
- Non-emergency transportation for non-medical purposes
- Medication-assisted treatment. Alcohol and drug services with methadone administration or service with a licensed program providing the drug. Eight additional services with preapproval.
- Unlimited individual or family therapy.
- Equine therapy. Up to 10 sessions of equine therapy with preapproval

For a full listing of all expanded benefits, please refer to the provider manual.

MMA covered in Lieu of Services

We provide the following in Lieu of Services:

- **Partial hospitalization:** hospital care instead of inpatient psychiatric hospital (90-day limit for adults)
- **Mobile crisis services:** alternative to emergency behavioral health care
- **Ambulatory detoxification:** alternative to inpatient detox hospitalization
- **Self-help/peer services:** instead of psychosocial rehabilitation
- **Drop-in center:** in lieu of clubhouse services
- **Infant Mental Health Testing:** instead of psychological testing
- **Family training/counseling:** in lieu of therapeutic behavioral on-site services
- **Community-based wraparound services:** instead of therapeutic group or inpatient psychiatric care
- **Substance abuse intensive outpatient program (IOP):** instead of inpatient detoxification
- **Short-term residential treatment:** in place of inpatient hospital care for substance abuse
- **Mental health partial hospitalization program (PHP):** alternative to inpatient psychiatric care
- **Multi systemic therapy:** instead of inpatient or residential stay
- **Behavioral health – child welfare:** instead of therapeutic group or statewide inpatient psychiatric program services
- **Housing assistance:** For individuals with SMI/substance use disorder (SUD) instead of emergency or inpatient care
- **Functional family therapy:** for at-risk youth, replacing outpatient services

LTC Expanded Benefits and Services

We cover additional benefits to eligible members besides what SMMC-LTC offers. These include the following:

- Up to \$5,000 towards transition costs for members relocating between service settings; one lifetime benefit.
- Non-medical purposes: six one-way rides per member per month. Maximum of 72 one-way rides per member per year; up to 25 miles.
- Caregiver supports — to reduce caregiver stress and anxiety and prevent burnout, we offer the following supports for caregivers of members ages 18 and older:
 - Individual therapy sessions for caregivers.
 - Short-term caregiver respite.
 - Transportation for caregivers to visit members in an assisted living facility (ALF), adult family care home, or nursing home (up to 4 one-way rides each month).
- Up to a 31-day bed hold for members in an assisted living or adult family care home.
- Individual therapy sessions for caregivers; twelve sessions per year.
- ALF transition catalog: to help ease the transition to an ALF, members can select up to \$50 worth of items from a catalog of bed and bath items.
- Healthy living benefit that includes assistive devices or adaptive aides to help members maintain healthy independent living; one lifetime benefit.

LTC critical incident reporting

All participating and direct service providers, including home- and community-based services (HCBS) providers, are required to report adverse or critical incidents to Simply and CHA within 24 hours of discovery. We must ensure that all participating and direct service providers are required to report adverse incidents immediately to AHCA, but no more than 24 hours after the incident. Reporting will include information on the member's identity and a description of the incident and outcomes, including the member's current status.

Care provider temporary enrollment

Care providers that do not have a Medicaid ID and provide services during a disaster or state of emergency declared by a Governor's Executive Order, as confirmed by AHCA, must complete AHCA's provisional (temporary) enrollment process to obtain a provider identification number for services rendered to members.

Stay connected

Care provider website

Scan the QR code to access a wide range of resources that support you in caring for our members.



Training academy

Scan the QR code to access an overview of training materials, supporting guide pages, and more.



Provider Services

If you have questions, contact Provider Services at **844-405-4296**.

Thank you

<https://provider.simplyhealthcareplans.com> | <https://provider.clearhealthalliance.com>

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

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