

# *Reference Guide for Home Health Service Providers contracted directly with Simply's Long-Term Care*



This reference guide includes relevant contact information, a summary of the claims appeal process, an overview of home health services responsibilities, and frequently asked questions. Home health service providers who are directly contracted with Simply will find this guide useful when members are receiving home health services.

## Authorization requests and authorization appeals

### Initial authorization

All Long-Term Care (LTC) services require authorization.

Service	Fax
LTC	844-285-1169

### Authorization appeals

Submit via fax (Medicaid): 866-216-3482

## Case management contacts — notice of start of care (SOC), staffing delays, missed services, discharges

Service	Contact
LTC CM phone	877-440-3738
LTC CM fax	888-762-3220
LTC CM email — status notifications and discharges	FLLTCInquiry@anthem.com
UM contacts — existing authorization-related inquiries	
LTC UM email	Floridahcbsauthorization@anthem.com

## Provider Relations team contact information

If you have questions, issues, and concerns, please contact your assigned Provider Relations representative, or contact the Provider Relations escalation listed below.

Topic	Contact
In-service, billing questions, change of ownership (CHOW), general contract/credentialing inquiries	If known, first contact your assigned Provider Relations representative or email: ltprovrelations@simplyhealthcareplans.com.
Provider Relations escalations	LTCPREscalations@simplyhealthcareplans.com

## Claims appeal process

Please contact Provider Services at **844-405-4296**, Monday through Friday, from 8 a.m. to 7 p.m. ET to discuss any claims issues or escalated concerns regarding the non-payment of claims.

If you do not agree with our decision on a payment or denial, you may file a reconsideration request in writing within 90 calendar days from the plan's notification date. When filing a formal request with the plan, submit your request with all applicable documentation to support your dispute.

### Disputes can be submitted in writing to:

Payment Dispute Unit  
P.O. Box 61599  
Virginia Beach, VA 23466

You may also submit a dispute via Availity Essentials at <https://Availity.com> or call **877-440-3738** for more information.

A resolution to the claims payment dispute will be rendered and communicated to the provider within 60 calendar days of receipt of the request. If the provider is dissatisfied with the payment dispute resolution, the provider may submit a second level appeal in writing only.

If the provider is dissatisfied with the second level appeal resolution, they can request a review from the Statewide Provider and Health Plan Claim Dispute Resolution Program (Capitol Bridge) by calling **800-889-0549** or emailing [FLCDR@capitolbridge.com](mailto:FLCDR@capitolbridge.com).



### Appeals should consist of the following:

- Provider cover letter.
- Supporting documentation to overturn the claim, such as medical records, authorizations, and the like.
- Claims report.

A level 1 appeal must be submitted within 90 days of the date on the Explanation of Payment. A level 2 appeal must be submitted within 30 days of the date of the first appeal decision.

## Home health and nurse registry responsibilities and reminders

### Requirement for proper authorization, billing, and payment:

- New authorizations are required for all members before servicing the patient.
- To locate an LTC member's case manager, send an email to [fltcinquiry@anthem.com](mailto:fltcinquiry@anthem.com).
- The provider must verify the member's eligibility and claims status via <https://Availity.com>.



## Service initiation:

- Services are expected to begin within seven days of orientation or by the enrollment date, whichever is later.
- CMs may complete orientation before the enrollment date.
- If orientation occurs more than seven days before enrollment, services should start on the enrollment date (not earlier).

Current process for retroactive (“retro”) requests tied to the Continuity of Care (COC) period: COC retro requests will not be approved after the 90-day COC period ends.

To avoid delays or denials, please ensure any requests requiring COC consideration are submitted and finalized within the 90-day COC window. Requests received after the 90-day period has closed will be considered outside policy and will not be approved.

## Sign up to receive EFT through EnrollSafe:

- <https://enrollsafe.payeehub.org>
- To register, the provider creates an account with EnrollSafe to become verified. Once verified, the provider may select the bank account they wish to receive their ACH payments.
- The provider must register and submit their enrollment requests directly through the EnrollSafe EFT Enrollment Hub.

## EVV compliance

To remain in good standing with us, agencies delivering home care and home health services must achieve an 85% compliance rate with electronic visit verification technology for their rendered services. This compliance is essential for minimizing fraud, waste, and abuse and facilitates a transparent and accountable service delivery system for enrollee care.

## Netsmart (EVV) setup:

- The agency administrator will need to create a provider account.
- Self-registration link:  
<https://mobilecaregiverplus.com/anthem-fl>

## Netsmart (EVV) website training:

- Live and previously recorded training webinars are available at:  
<https://mobilecaregiverplus.com/anthem-fl>
- Mobile Caregiver+ provider website:
  - **Objective:** How to import your data, schedule your caregivers, and everything in between.
- Mobile Caregiver+ provider website — Claims Console:
  - **Objective:** Learn how to review, modify, and submit claims for reimbursement.
- Mobile Caregiver+ mobile app:
  - **Objective:** Learn how to use the mobile app to check in, check off, and check out.

## Important reminder

This is a friendly reminder that the required HCBS CAHPS® HHS provider training is available to be completed at any time via [FL\\_SMH\\_LTC\\_HCBSCAHPStraining.pdf](#) or during our Simply direct contracted network home health providers’ office hours (registration is required) — see under office hours for Home Health.

<https://provider.simplyhealthcareplans.com>