

Provider News

February 2023

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Want to receive our *Provider News* and other
communications via email?

Submit your email address to **Simply** and **CHA**.

Simply:



CHA:



Contact us

If you have questions or need assistance, visit the *Contact Us* section at the bottom of our provider website for up-to-date contact information and self-service tools or call Provider Services.

Provider website:

- Simply Healthcare Plans, Inc.:
<https://provider.simplyhealthcareplans.com>
- Clear Health Alliance:
<https://provider.clearhealthalliance.com>

Provider Services:

- Medicaid and Florida Healthy Kids: **844-405-4296**
- Medicare Advantage: **844-405-4297**



Featured Announcement

Simply Healthcare Plans, Inc. | Medicaid, Florida Healthy Kids, and Medicare Advantage
Clear Health Alliance | Medicaid

A new look is coming to our *Provider News*

We are committed to improving the way we do business with our provider community. Based on your feedback, we are pleased to announce that a new look and feel is coming to *Provider News*, including our monthly newsletter, in the first half of 2023, with additional improvements planned throughout the rest of year.

This new design features an enhanced search capability for individual articles and publications housed in a fully digital library. We're updating the format of articles to improve readability and allow for printing on an individual basis.

Stay tuned as we share more details on the new *Provider News* and these improvements in 2023.

FLSMPLY-CDCR-016193-22-CPN15789



Administrative

Simply Healthcare Plans, Inc. | Medicare Advantage

Transportation vendor update

Effective January 1, 2023, Ride2MD* will be the designated transportation provider for Medicare Advantage members in all Simply Healthcare Plans, Inc. coverage areas. As of January 1, 2023, Access2Care* will no longer service Palm Beach, Orange, Osceola, Seminole, Polk, Hillsborough, Hernando, Pasco, and Pinellas counties.

Ride2MD coverage areas effective January 1, 2023:

Brevard, Broward, Charlotte, Citrus, Clay, Collier, Duval, Flagler, Hernando, Hillsborough, Indian River, Lake, Lee, Manatee, Marion, Martin, Miami-Dade, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Putnam, St. Johns, St. Lucie, Sarasota, Seminole, Sumter, and Volusia counties

This transition will not change the services your patients rely on or the support they receive for non-emergency transportation. To schedule a ride, your office or patient can call **833-628-0388**.

** Ride2MD is an independent company providing transportation services on behalf of Simply Healthcare Plans, Inc.
Access2Care is an independent company providing transportation services on behalf of Simply Healthcare Plans, Inc.*

FLSMPLY-CR-014382-22

AIM Specialty Health will transition to Carelon Medical Benefits Management Inc.

In March 2023, AIM Specialty Health®* (AIM) will transition to Carelon Medical Benefits Management Inc. **This transition is a name change only, and there will be no process changes.** The new name will not impact the way AIM works with health plans and providers. In March, any operational assets that mention AIM Specialty Health (such as determination letters) will adopt the new Carelon Medical Benefits Management Inc. name.

Provider brand transition FAQ

Provider experience focus area	
1. Will the AIM ProviderPortal SM URL or platform name be changed?	No, the website address will not be impacted; all providers will continue to have access to www.providerportal.com . The AIM logo will be replaced with a Carelon logo. No changes are being made to the case submission process.
2. Will there be any changes to the AIM Clinical Guidelines URL or content?	Yes, the clinical guidelines site will be automatically redirected to a new Carelon URL, and the branding will be updated to reflect Carelon.
3. Are any phone number changes planned as part of this transition?	No, inbound phone numbers are not being changed. References to AIM within recorded scripting will be replaced with Carelon Medical Benefits Management Inc.
4. Will there be any changes for providers who connect with AIM via other means such as Availity Essentials *?	No, access changes are not needed or planned; however, all references to the AIM company name will eventually be updated to Carelon Medical Benefits Management Inc.
5. Will AIM references on health plan websites and member materials such as ID cards be changed?	Not right away. Providers may continue to see the AIM company name on health plan websites and member ID cards for some time, but it's expected that these will be changed through scheduled content update cycles.
Corporate website	
1. Will the AIM corporate website URL be changed?	The corporate website will be moved to www.carelon.com . All links to the ProviderPortal and clinical guideline pages will remain active and will be redirected.
Provider microsites	
1. Will the AIM provider microsite URLs change?	The provider microsite URLs you use today to access information from AIM will be automatically redirected to new Carelon URLs, and the branding will be updated to reflect Carelon branding.

* AIM Specialty Health is an independent company providing some utilization review services on behalf of the health plan. Availity, LLC is an independent company providing administrative support services on behalf of the health plan.

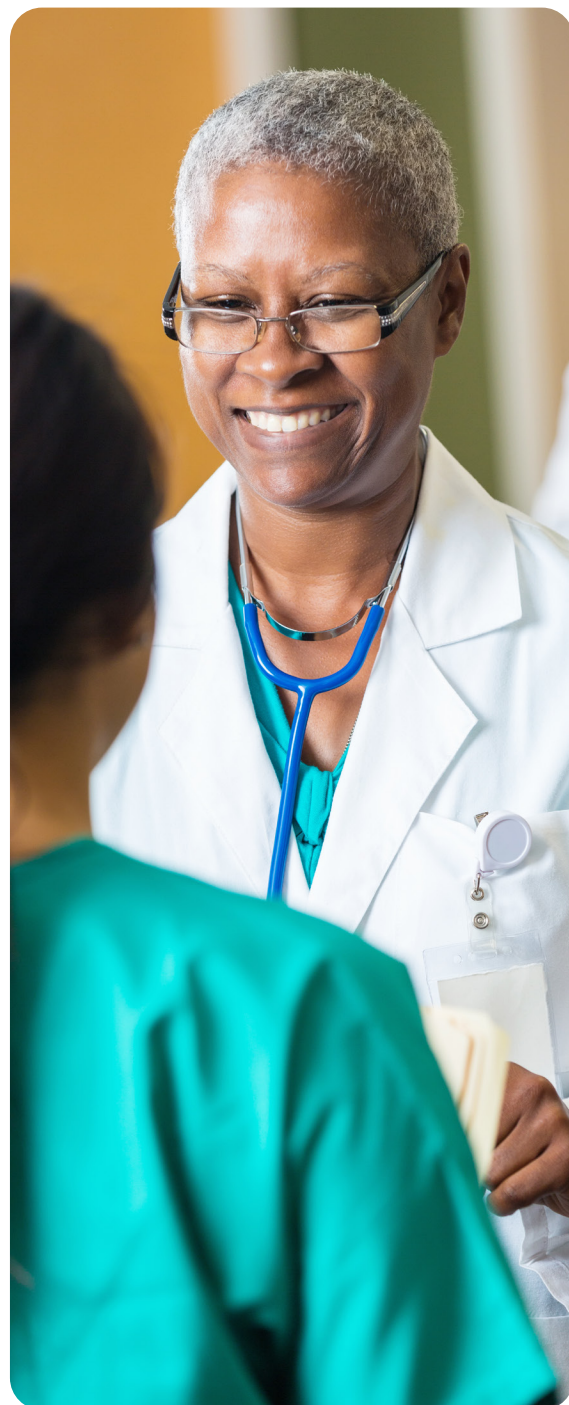
FLSMPLY-CD-015639-22/FLSMPLY-CR-015640-22

Appointment availability and after-hours access requirements

To ensure members receive care in a timely manner, the state of Florida and the National Committee for Quality Assurance require PCPs, specialty providers, and behavioral health providers to maintain the following appointment availability and after hours access requirements.

Appointment availability requirements:

Appointment type	Appointment standard
Florida Healthy Kids (FHK) Appointments	<ul style="list-style-type: none">• Urgent — within 24 hours• Sick care — within 7 days• Well care — within 28 days
Medicaid Urgent medical	<ul style="list-style-type: none">• Within 48 hours of a request for care services that does not require prior authorization• Within 96 hours of a request for care services that does require prior authorization
Medicaid Non-urgent medical or behavioral healthcare services	<ul style="list-style-type: none">• Within seven days post-discharge from an inpatient behavioral health admission for follow-up behavioral health treatment• Within 14 days for initial outpatient behavioral health treatment• Within 30 days of a request for a primary care appointment• Within 60 days of a request for a specialist appointment after the appropriate referral is received by the specialist
NCQA Behavioral health	<ul style="list-style-type: none">• For non-life-threatening emergencies: within six hours• For urgent care: within 24 hours• For initial, routine care visits: within 10 business days• For follow-up, routine care visits: within 30 days



Appointment availability and after-hours access requirements (cont.)

After hours access requirements

To ensure 24-hour coverage, PCPs must maintain one of these arrangements:

- Use an answering service that can contact the PCP or another designated Simply Healthcare Plans, Inc. or Clear Health Alliance medical practitioner to answer the office telephone. All calls answered by an answering service must be returned within 30 minutes.
- After-hours appointment availability: The health plan must provide the state with the percentage of PCPs who offer after-hours access. Please assist us in updating our records.
- Use a recording in the language of each of the major population groups served by the PCP to answer the office telephone after normal business hours. The recording must direct members to call another number to reach the PCP or another provider designated by the PCP. Someone must be available to answer the designated provider's telephone; another recording is not acceptable.
- Arrange for the office telephone to be transferred after office hours to another location where someone will answer and be able to contact the PCP or a designated Simply or CHA medical practitioner who can return the call within 30 minutes.

The following procedures are not acceptable for the office telephone:

- Only answering during office hours
- Answering after hours only using a recording that tells members to leave a message
- Answering after hours with a recording that directs members to go to an ER for any services needed
- Returning after-hours calls outside of 30 minutes

SFLPEC-2984-22

Administrative — Digital Tools

Simply Healthcare Plans, Inc. | Medicaid and Florida Healthy Kids
Clear Health Alliance | Medicaid

Submitting prior authorizations digitally through ICR

Prior authorizations submitted digitally can reduce denials associated with manual submission errors. The interactive care reviewer (ICR) prior authorization application makes it easy to submit, review, and check authorization status — all in one place.

Learn how by attending our January 2023 ICR webcast.

Tuesday, January 17, 2023

Noon Eastern time

[Register online](#)

Learn how to use ICR to:

- Create an authorization request.
- Inquire on a previously submitted authorization. Update a case.
- Copy a case.
- View letters associated with a case.
- Request and check the status of an authorization appeal.

Visit the [ICR target page](#) to register and to access self-service learning and to view recorded learning sessions. Download ICR user guides and other job aides from the ICR target page too. You can also register from the Provider Learning Hub by selecting the ICR live webinar learning icon:

- [Simply Healthcare Plans, Inc.](#)
- [Clear Health Alliance](#)

If you have questions, call **844-405-4296**.

FLSMPLY-CD-014692-22-CPN14594



Policy Updates — *Medical Policies and Clinical Guidelines*

Simply Healthcare Plans, Inc. | Medicaid
Clear Health Alliance | Medicaid

MCG Care Guidelines 26th Edition updates

Effective May 1, 2023, we will implement the MCG Care Guidelines Content Patch 26.1 updates for the following modules: **General Recovery Care (GRG)**, **Inpatient & Surgical Care (ISC)**, and **Behavioral Health Care (BHG)**. The below information highlights the changes:

Simply Healthcare Plans, Inc. and Clear Health Alliance customizations to MCG Care Guidelines 26th Edition:

- MCG 26th Edition Content Patch 26.1 updates with an implementation date of May 1, 2023, for the following:
 - Updated hemodynamic instability definition:
 - Hemodynamic instability definition *pop-up* box update for multiple guidelines.
 - Hemodynamic instability definition *inline* update for the following **General Recovery Care (GRG)** guidelines:
 - CG-GAC General Admission Criteria
 - CG-PAC Pediatric General Admission Criteria
 - W0074 Medical Oncology GRG
 - PG-MDX Multiple Illness GRG
 - Revised threshold lactate levels for the following Inpatient & Surgical Care (ISC) guidelines:
 - M-575 Ventricular Arrhythmias
 - CCC-005 Arrhythmia: Common Complications and Conditions
 - CCC-019 Hemodynamic Instability: Common Complications and Conditions
 - MCG Content Patch 26.1 Update with additional customization to clarify theta burst stimulation for the following **Behavioral Health Care (BHG)** guideline:
 - W0174 Transcranial Magnetic Stimulation:
 - Added theta burst stimulation is considered *not medically necessary* for all indications.

FLSMPLY-CD-13834-22-CPN12607

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://provider.simplyhealthcareplans.com/florida-provider/medical-policies-and-clinical-guidelines>.

Notes/updates

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

- CG-LAB-22 — Nucleic Acid Amplification Tests Using Algorithmic Analysis for the Diagnosis of Bacterial Vaginosis:
 - Outlines the *medically necessary* and *not medically necessary* criteria for the use of nucleic acid amplification tests using algorithmic assays to detect bacterial vaginosis.
- CG-MED-91 — Remote Therapeutic and Physiologic Monitoring Services:
 - Outlines the *medically necessary* and *not medically necessary* criteria for remote therapeutic and physiologic monitoring services.
- CG-SURG-114 — Ophthalmic use of Nd: YAG Laser for Posterior Capsulotomy:
 - Outlines the *medically necessary* and *not medically necessary* criteria for ophthalmic use of Nd: YAG laser for posterior capsulotomy.
- MED.00140 — Gene Therapy for Beta Thalassemia:
 - Outlines the *medically necessary* and *investigational* and *not medically necessary* criteria for a one-time infusion of betibeglogene autotemcel for individuals with beta thalassemia.
- MED.00142 — Gene Therapy for Cerebral Adrenoleukodystrophy:
 - Outlines the *medically necessary* and *investigational* and *not medically necessary* criteria for infusion of elivaldogene autotemcel.
- CG-DME-13 — Lower Limb Prosthesis:
 - Added new *not medically necessary* statements addressing prosthetics utilized primarily for leisure or sporting activities.
- CG-GENE-11 — Genotype Testing for Individual Genetic Polymorphisms to Determine Drug-Metabolizer Status:
 - Added thiopurine methyltransferase (TPMT) to scope of document and **Clinical Indications Medically Necessary** section.
- DME.00044 — Robotic Arm Assistive Devices; previously titled: Wheelchair Mounted Robotic Arm:
 - Revised title.
 - Rescoped the Position Statement to also address robotic feeding assistive device.
- SURG.00079 — Nasal Valve Repair; previously titled: Nasal Valve Suspension:
 - Revised title.
 - Revised the *Position Statement*.
 - Expanded scope of document to address an absorbable nasal implant and low-dose radiofrequency intranasal tissue remodeling for the treatment of nasal airway obstruction.
 - Content related to the absorbable nasal implant (Latera) moved from CG-SURG-87 to this document.
- CG-GENE-13 — Genetic Testing for Inherited Diseases:
 - Interim update to add genes PIK3CA and CDKL5 to the table of genes in the Discussion section; added existing CPT® code 81309 and genes to tier 2 codes 81405, 81406 (medically necessary criteria).

Medical Policies and Clinical Utilization Management Guidelines update (cont.)

AIM Specialty Health®* (AIM) updates

Effective for dates of service on and after April 9, 2023, several updates will apply to the *AIM Specialty Health Clinical Appropriateness Guidelines* for medical necessity review for Simply Healthcare Plans, Inc. (Simply).

MCG Care Guidelines 26th Edition updates

Effective May 1, 2023, we will implement the MCG Care Guidelines Content Patch 26.1 updates for several modules.

Medical Policies

On August 11, 2022, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Simply. These guidelines take effect February 6, 2023.

Clinical UM Guidelines

On August 11, 2022, the MPTAC approved several *Clinical UM Guidelines* applicable to Simply. These guidelines adopted by the medical operations committee for Statewide Medicaid Managed Care Managed Medical Assistance members on September 22, 2022. These guidelines take effect February 6, 2023.



Read more online.

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

FLSMPLY-CD-013836-22





Policy Updates — Prior Authorization

Simply Healthcare Plans, Inc. | Medicare Advantage

Prior authorization requirement changes effective April 1, 2023

Effective April 1, 2023, prior authorization (PA) requirements will change for the following code(s). The medical code(s) listed below will require PA by Simply Healthcare Plans, Inc. for Medicare Advantage members. 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 precertification rules and must be considered first when determining coverage. Non-compliance with new requirements may result in denied claims.

Prior authorization requirements will be added for the following code(s):

- 0736T — Colonic lavage, 35 or more liters of water, gravity-fed, with induced defecation, including insertion of rectal catheter
- 30468 — Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)
- K1019 — Monthly supplies for use of device coded at k1018

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers on the provider website at <https://provider.simplyhealthcareplans.com> > Login or by accessing **Availity**.^{*} Providers who are unable to access Availity may call our Provider Services at **844-405-4297** for assistance with PA requirements.

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

FLSIMPLY-CR-013637-22-CPN13014

Products and Programs — Pharmacy

Simply Healthcare Plans, Inc. | Medicare Advantage

Specialty pharmacy precertification list expansion

Effective for dates of service on and after April 1, 2023, the specialty Medicare Part B drugs listed in the table below will be included in our precertification review process.

HCPCS or CPT® codes	Medicare part B drugs
C9399, J3490, J3590	Rolvedon (eflapeggrastim-xnst)
C9399, J3490, J3590	Stimufend (pegfilgrastim-fpgk)
C9399, J3490, J3590	Spevigo (spesolimab-sbzo)
C9399, J3490, J3590	Xenpozyme (olipudase alfa)
J3590	Fylnetra (pegfilgrastim-pbbk)

FLSMPLY-CR-010714-22/FLSMPLY-CR-007107-22/FLSMPLY-CR-008584-22

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

Simply Healthcare Plans, Inc. | Medicare Advantage

Name change announcement: myNEXUS will transition to Carelon Post Acute Solutions on March 1, 2023

In June 2022, myNEXUS* announced that it joined the Carelon* family of companies. Carelon is a new healthcare services brand dedicated to solving the industry's most complex challenges.

As part of this shift, myNEXUS will begin operating under a new name, Carelon Post Acute Solutions, on March 1, 2023.

In March, any documents that mention myNEXUS, such as provider forms or the [myNEXUS website](#), will begin adopting the new Carelon Post Acute Solutions name. This is a name change only and does not impact the services myNEXUS offers or the way myNEXUS works with providers.

Learn more about Carelon and myNEXUS by visiting <https://www.carelon.com/about-us/businesses/mynexus>.

** myNEXUS/Carelon is an independent company providing post acute care services on behalf of the health plan.*

FLSMPLY-CR-016951-22-CPN16447



Prior authorization updates for medications billed under the medical benefit

Effective for dates of service on and after February 1, 2023, the following medication codes billed on medical claims from current or new *Clinical Criteria* documents will require prior authorization.

Please note, inclusion of a national drug code on your medical claim is necessary for claims processing.

Visit the [Clinical Criteria website](#) to search for the specific *Clinical Criteria* listed below.

<i>Clinical Criteria</i>	HCPCS or CPT® codes	Drug name
ING-CC-0118	A9699	Pluvicto (lutetium Lu 177 vipivotide tetraxetan)
ING-CC-0216	J9999, J3490, J3590, C9399	Opdualag (nivolumab and relatlimab-rmbw)
ING-CC-0107	J9999, J3490, J3590, C9399	Alymsys (bevacizumab-maly)

Note: Prior authorization requests for certain medications may require additional documentation to determine medical necessity.

FLSMPLY-CD-009646-22/FLSMPLY-CD-014201-22

Simply Healthcare Plans, Inc. | Medicare Advantage

New specialty pharmacy medical step therapy requirements

Effective March 1, 2023, the status of Infed in current criteria documents will change in our existing specialty pharmacy medical step therapy review process. This update is to notify that Infed will change to non-preferred.

Also, effective for dates of service on or after January 1, 2023, Feraheme (ferumoxytol) will change to preferred for both brand and generic.

Step therapy review will apply upon precertification initiation, in addition to the current medical necessity review (as is current procedure). Step therapy will not apply for members who are actively receiving medications listed below.

Clinical Utilization Management Guidelines are publicly available on the provider website. Visit the [Clinical Criteria website](#) to search for specific criteria.

<i>Clinical UM Guidelines</i>	Preferred drugs	Nonpreferred drugs
ING-CC-0182	Feraheme (ferumoxytol) Ferrlecit (sodium ferric gluconate/sucrose complex) Venofer (iron sucrose)	Infed (iron dextran) Injectafer (ferric carboxymaltose) Monoferic (ferric derisomaltose)

FLSMPLY-CR-012817-22-CPN12458

Quality Management

Simply Healthcare Plans, Inc. | Medicaid and Medicare Advantage
Clear Health Alliance | Medicaid

Reminder — Colorectal Cancer Screening

Colorectal cancer represents 8% of all new cancer cases and is the second leading cause of cancer deaths in the United States. Screening can be effective for finding precancerous lesions (polyps) that could later become malignant, and for detecting early cancers that can be more easily and effectively treated. However, in 2016, 26% of eligible adults in the U.S. had never been screened for colorectal cancer, and in 2018, 31% were not up to date with screening.¹

We need your help to ensure your patients, our members, are up to date with their colorectal screenings. This bulletin provides an overview of the colorectal cancer screening HEDIS® measure, information on how to order Cologuard tests and additional resources.

HEDIS — Colorectal Cancer Screening (COL) measure

The percentage of members 45 to 75 years of age who had appropriate screening for colorectal cancer. Screenings are defined by one of the following:

- Fecal occult blood test (FOBT) during the measurement year.
- Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year.
- Colonoscopy during the measurement year or the nine years prior to the measurement year.
- CT colonography during the measurement year or the four years prior to the measurement year.
- Stool DNA (sDNA) with FIT test during the measurement year or the two years prior to the measurement year.

Note: If there is a positive test result/screening, the patient may need a follow up colonoscopy.



Cologuard ordering options:

1. Get started by registering at [epiccarelink](https://www.epiccarelink.com). [exactscienceslabs.com](https://www.exactscienceslabs.com) to place orders and receive results quickly and efficiently.
2. Leverage your electronic health record (EHR) or lab ordering workflow to place orders and receive results
3. Download an order form and fax it to **844-870-8875**.

For more information on these ordering options and to download an order form, visit <https://www.cologuardhcp.com/resources/how-to-order>.

Visit <https://www.cologuardhcp.com/resources> for additional Cologuard resources.

1 USPSTF. 2021. "Screening for Colorectal Cancer: US Preventive Services Task Force Recommendation Statement." JAMA 325(19): 1965-1977. doi:10.1001/jama.2021.6238

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

FLSMPLY-CDCR-015364-22