

Provider News

July 2022

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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 Announcements

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

COVID-19 information

Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA) are closely monitoring COVID-19 developments and how the novel coronavirus will impact our customers and provider partners. Our clinical teams are 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 the [Simply website](#) and [CHA website](#).

SFLPEC-1898-20/SFLCARE-0208-20



Introducing Elevance Health — Focusing on whole health and its most powerful drivers

I am pleased to announce that our shareholders voted to approve our parent company's name change from Anthem, Inc. to **Elevance Health, Inc. (NYSE Ticker Symbol — ELV) effective June 28, 2022.**

Here is what you can expect:

- **A bold new vision for the future of health**

We chose the name Elevance Health to better reflect our business as we **elevate** the importance of whole health and **advance** health beyond healthcare for consumers, their families, and our shared communities. This new vision fuels our transformation from a traditional health benefits organization to a health company that looks beyond the traditional scope of physical health.

- No action is needed by you, and we remain committed to helping you deliver whole-person care for your patients, our customers. **Importantly, there is no impact or changes to your contract, reimbursement, or level of support. For your patients, it will not change their plan or coverage or change how they receive their medications. Provider networks will not be changing.**

- **A more holistic approach to health that improves affordability and outcomes**

Bringing together a broad portfolio of health plans, including pharmacy, behavioral, clinical, and complex care provider partners, we can deliver integrated, holistic health solutions to meet the increasing needs of our customers and care provider partners. This includes two notable changes:

- **Our healthcare service partners will operate under a new brand called Carelon.** This includes Beacon Health Options, AIM Specialty Health®, CareMore, and IngenioRx. You can find us at [Carelon.com](https://www.carelon.com).
- **IngenioRx, our pharmacy benefit management partner,** will become CarelonRx on January 1, 2023. This name change will not impact your patient's benefits, coverage, or how their medications are filled. We will communicate detailed information about this change soon.

- **A simpler brand portfolio that makes it easier to do business with us**

We have streamlined and simplified the complexity of our health plan and service businesses and reduced the number of brands we have in the market, so our partners and customers clearly understand where we serve, who we serve, and what our brands do.

Looking forward together

As your partner, we will continue to keep you updated with new information as soon as it becomes available. In the meantime, you can visit us at [ElevanceHealth.com](https://www.ElevanceHealth.com) or contact your provider representative with any questions.

Thank you for joining us on this exciting path forward as we reimagine what is possible for every moment of health.

Sincerely,



Bryony Winn
President, Health Solutions

FLSMPLY-CDCR-001875-22 -CPN1793

Administrative



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

Provider manual – Transportation services update

Beginning June 1, 2022, members will contact **866-372-9794** for Simply Healthcare Plans, Inc. (Simply) and **877-779-8617** for Clear Health Alliance (CHA) (Regions 1 through 9) or **844-628-0388** for Simply or **877-671-6671** for CHA (Regions 10 and 11) Monday to Friday from 8 a.m. to 7 p.m. ET to schedule transportation. Nonemergency transportation benefits will not change for our members.

Please note that the current provider manual does not reflect this change. The correct information for the corresponding pages can be found below:

- **Page 8**

Organization/program	HCPCS or CPT® code(s)
Transportation (Regions 1 through 9)	Simply: 866-372-9794 CHA: 877-779-8617
Transportation (Regions 10 and 11)	Simply: 844-628-0388 CHA: 877-671-6671

- **Page 23**

Service	Coverage/limitations	Prior authorization (PA)
Nonemergency transportation services Transportation to and from all medical appointments: This could be on the bus, a van that can transport disabled people, a taxi, or other kinds of vehicles	Our transportation will cover the following services statewide for recipients who have no other means of transportation: Out-of-state travel: <ul style="list-style-type: none"> • Out-of-state travel • Transfers between hospitals or facilities • Escorts when medically necessary 	PA is required for out-of-state travel and transfers between hospitals or facilities. PA is required for one way trips greater than 50 miles.

FLSMPLY-CAID-000368-22

Hospitalist group update for Miami-Dade, Broward, and Palm Beach counties

We are pleased to announce that effective June 1, 2022, Hospitalists One, LLC,* will be our network of hospitalist physicians providing comprehensive medical care in Miami-Dade hospitals.

Quality Medical Consultant Group Inc.,* dba QMC Cares, will provide hospitalist services in Broward county hospitals, and MG H2, LLC, dba H2 Hospitalist Group, will provide services in Palm Beach hospitals.

Please update the coverage list to reflect:

- Quality Medical Consultant Group Inc., dba QMC Cares, as the hospitalist provider for Simply Healthcare Plans, Inc. and Clear Health Alliance members in Broward county. If you have questions, please contact the Quality Medical Consultant Group Inc. hotline at **833-QMCTEAM (762-8326)** and follow the prompts. The hotline is available 24 hours a day, 7 days a week. You can also fax the request to **305-554-1775**.
- Please update the coverage list to reflect Hospitalists One, LLC for Miami-Dade county:
 - Phone: **305-851-7682**
 - Fax: **844-846-3759**
- Please update the coverage list to reflect MG H2 LLC for Palm Beach county:
 - Phone: **833-5H2-CARE or 305-697-9660**
 - Fax: **844-965-9601**

* Hospitalists One, LLC is an independent company providing comprehensive medical care services on behalf of Simply Healthcare Plans, Inc. and Clear Health Alliance. Quality Medical Consultants Group, Inc., dba QMC Cares, is an independent company providing comprehensive medical care services on behalf of Simply Healthcare Plans, Inc. and Clear Health Alliance. MG H2 LLC, dba H2 Hospitalist Group, is an independent company providing comprehensive medical care services on behalf of Simply Healthcare Plans, Inc. and Clear Health Alliance.

FLSMPLY-CDCR-000144-22

Update use of Modifier 25 for billing for visits that include preventive services and problem-oriented evaluation and management services

Beginning with claims processed on or after August 1, 2022, Simply Healthcare Plans, Inc. will implement additional steps to review claims for evaluation and management (E/M) services submitted by professional providers when a preventive service (CPT® codes 99381 to 99397) is billed with a problem-oriented E/M service (CPT codes 99202 to 99215) and appended with Modifier 25 (for example, CPT code 99393 billed with CPT code 99213 to 99225).

According to the *American Medical Association (AMA) CPT Guidelines*, E/M services must be *significant and separately identifiable* in order to appropriately append Modifier 25. Based upon review of the submitted claim information, if the problem-oriented E/M service is determined not to be a significant, separately identifiable service from the preventive service, the problem-oriented E/M service will be bundled with the preventive service.

Providers who believe their medical record documentation supports a significant and separately identifiable E/M service should follow the Claims Payment Dispute process (including submission of such with the dispute) as outlined in the provider manual.

If you have questions on this program, contact your contract manager or Provider Experience.

SHPCRNL-0152-22

Administrative — Digital Tools

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

Expedited (urgent) authorization requests through Availity.com

Effective June 20, 2022, Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA) will require all expedited (urgent) service authorization requests be submitted via **Availity.com**.^{*} This will allow us to prioritize urgent service authorization requests appropriately, improve turnaround times, and reduce errors. Please **do not** send expedited (urgent) service authorization requests via fax or phone call.

For expedited (urgent) authorizations, log in at **Availity.com**, select **Patient Registration**, then **Authorizations and Referrals** to access online authorizations.

Note: 42 CFR 438.210(d)(2)(i) states the following regarding expedited request for authorization:

*“For cases in which a **provider** indicates, or the managed care organization (**MCO**), prepaid inpatient health plan (**PIHP**), or prepaid ambulatory health plan (**PAHP**) determines, that following the standard timeframe could seriously jeopardize the **enrollee's** life or health or ability to attain, maintain, or regain maximum function, the **MCO, PIHP, or PAHP** must make an expedited authorization decision and provide **notice** as expeditiously as the **enrollee's** health condition requires and no later than 72 hours after receipt of the request for service.”*

In compliance with our Statewide Medicaid Managed Care Managed Medical Assistance contract, Simply and CHA must review and render decisions on expedited service authorization requests no later than two days after the receipt of the request for an authorization. Our Florida Healthy Kids contract, in compliance with *42 CFR 438.210*, requires that we render decisions on expedited authorization requests within 72 hours after the receipt of the request for authorization.

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

FLSMPLY-CAID-000121-22

Policy Updates



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

Medical drug benefit *Clinical Criteria* updates

On November 19, 2021, January 4, 2022, and February 25, 2022, the Pharmacy and Therapeutics (P&T) Committee approved several *Clinical Criteria* applicable to the medical drug benefit for Simply Healthcare Plans, Inc. and Clear Health Alliance. These policies were developed, revised, or reviewed to support clinical coding edits.



[Read more online.](#)

SFL-NL-0434-22

On November 19, 2021, January 4, 2022, and February 25, 2022, the Pharmacy and Therapeutics (P&T) Committee approved several *Clinical Criteria* applicable to the medical drug benefit for Florida Healthy Kids. These policies were developed, revised, or reviewed to support clinical coding edits.



[Read more online.](#)

SFL-NL-0435-22

Visit the [Clinical Criteria website](#) to search for specific policies.

If you have questions or need additional information, reach out via [email](#).



Simply Healthcare Plans, Inc. | Medicare Advantage

New specialty pharmacy medical step therapy requirements

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

Effective September 1, 2022, Vabysmo will be included in our medical step therapy precertification review process for ING-CC-0072.

<i>Clinical UM Guidelines</i>	Preferred drug(s)	Drug name(s)
ING-CC-0072	Avastin, Eylea	Lucentis, Byooviz, Macugen, Beovu, Vabysmo

SFLCARE-0552-22

Effective July 1, 2022, the following Part B medications from the current *Clinical Utilization Management (UM) Guidelines* will be included in our medical step therapy precertification review process.

<i>Clinical UM Guidelines</i>	Preferred drug(s)	Drug name(s)
ING-CC-0166	Herceptin, Kanjinti	Herzuma, Ogivri, Ontruzant, Trazimera

SFLCARE-0555-22

Policy Updates — Prior Authorization

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

Prior authorization updates for medications billed under the medical benefit

Effective for dates of service on and after July 1, 2022, the following medication codes billed on medical claims from current or new *Clinical Criteria* documents will require prior authorization.

Medicaid:

<i>Clinical Criteria</i>	HCPCS or CPT® code(s)	Drug name
ING-CC-0203	C9090, J3490, J3590	Ryplazim (plasminogen, human-tvmh)

SFLPEC-3037-22/FLSMPLY-CAID-000151-22

Florida Healthy Kids:

<i>Clinical Criteria</i>	HCPCS or CPT® code(s)	Drug name
ING-CC-0201	J9061	Rybrevant (amivantamab-vmjw)
ING-CC-0102	J1952	Camcevi (leuprolide mesylate)
ING-CC-0018	J0219	Nexviazyme (avalglucosidase alfa-ngpt)

SFL-NL-0433-22

Please note, inclusion of a national drug code on your medical claim will help expedite claim processing of drugs billed with a not otherwise classified (NOC) code.

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

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

Policy Updates — *Medical Policies and Clinical Guidelines*

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> for Simply Healthcare Plans, Inc. and <https://provider.clearhealthalliance.com/florida-provider/medical-policies-and-clinical-guidelines> for Clear Health Alliance.

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

Medical Policies and Clinical Utilization Management Guidelines update

Notes/updates:

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

- *GENE.00056 - Gene Expression Profiling for Bladder Cancer
 - Outlines the Medically Necessary and Not Medically Necessary criteria for multiplex PCR-based panel testing of gastrointestinal pathogens for infectious diarrhea in the outpatient setting
- *LAB.00038 - Cell-free DNA Testing to Aid in the Monitoring of Kidney Transplants for Rejection
 - Cell-free DNA testing is considered Investigational and Not Medically Necessary as a non-invasive method of determining the risk of rejection in kidney transplant recipients
- *LAB.00039 - Pooled Antibiotic Sensitivity Testing
 - Pooled antibiotic sensitivity testing is considered Investigational and Not Medically Necessary in the outpatient setting for all indications

- *SURG.00159 - Focal Laser Ablation for the Treatment of Prostate Cancer
 - Focal laser ablation is considered Investigational and Not Medically Necessary for the treatment of prostate cancer
- *TRANS.00037 - Uterine Transplantation
 - Uterine transplantation is considered Investigational and Not Medically Necessary for all uses, including but not limited to the treatment of uterine factor infertility due to nonfunctioning or absent uterus

Medical Policies

Please be advised that the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA). These guidelines take effect June 17, 2022.

 **Read more online.**

SFL-NL-0410-22

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

Notes/updates:

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

- LAB.00041 - Machine Learning Derived Probability Score for Rapid Kidney Function Decline
 - Use of a machine learning derived probability score (for example, KidneyIntelX) to predict rapid kidney function decline in chronic kidney disease is considered Investigational and Not Medically Necessary for all indications
- MED.00004 - Technologies for the Evaluation of Skin Lesions (including Dermatoscopy, Epiluminescence Microscopy, Videomicroscopy, Ultrasonography)
 - Added electrical impedance spectroscopy for the evaluation of skin lesions as Investigational and Not Medically Necessary
- MED.00137 - Eye Movement Analysis Using Non-spatial Calibration for the Diagnosis of Concussion
 - Eye movement analysis using non-spatial calibration is considered Investigational and Not Medically Necessary for the diagnosis of concussion
- TRANS.00025 - Laboratory Testing as an Aid in the Diagnosis of Heart Transplant Rejection
 - Added noninvasive tests for detection of heart transplant rejection as Investigational and Not Medically Necessary including, but not limited to, AlloSure Heart, AlloSeq cell-free DNA, MMDx Heart, and myTAIHeart
- CG-LAB-19 - Laboratory Evaluation of Vitamin B12
 - Outlines the Medically Necessary and Not Medically Necessary criteria for the use of vitamin B12 blood test

Medical Policies

Please be advised that the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Simply and CHA. These guidelines take effect July 17, 2022.

Clinical UM Guidelines

Please be advised that the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Clinical UM Guidelines* applicable to Simply and CHA. These guidelines take effect July 17, 2022.



[Read more online.](#)

SFL-NL-0442-22



February 2022 updates

Notes/updates:

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

- *CG-LAB-20 — Thyroid Testing:
 - Outlines the Medically Necessary and Not Medically Necessary criteria for thyroid testing.
- *CG-LAB-21 — Serum Iron Testing:
 - Outlines the Medically Necessary and Not Medically Necessary criteria for serum iron testing.
- *LAB.00043 — Immune Biomarker Tests for Cancer:
 - Oncologic immune biomarker tests are considered Investigational and Not Medically Necessary for all indications.
- *LAB.00044 — Saliva-Based Testing to Determine Drug-Metabolizer Status:
 - Saliva-based testing to determine drug-metabolizer status is considered Investigational and Not Medically Necessary for all indications.
- *LAB.00045 — Selected Tests for the Evaluation and Management of Infertility:
 - The following tests or procedures are considered Investigational and Not Medically Necessary for diagnosing or managing infertility:
 - Endometrial receptivity analysis
 - Sperm-capacitation test
 - Sperm deoxyribonucleic acid (DNA) fragmentation test
 - Sperm penetration assay
 - Uterine natural killer (uNK) cells test
- *LAB.00046 — Testing for Biochemical Markers for Alzheimer’s Disease:
 - Measurements of biochemical markers (including but not limited to tau protein, AB-42, neural thread protein) is considered Investigational and Not Medically Necessary as a diagnostic technique for individuals with symptoms suggestive of Alzheimer’s disease.



- Measurements of biochemical markers as a screening technique in asymptomatic individuals with or without a family history of Alzheimer’s disease is considered Investigational and Not Medically Necessary.
- Moved content related to biomarker testing for Alzheimer’s disease from GENE.00003 Biochemical Markers for the Diagnosis and Screening of Alzheimer’s Disease to this document.
- *RAD.00067 — Quantitative Ultrasound for Tissue Characterization:
 - Quantitative ultrasound for tissue characterization is considered Investigational and Not Medically Necessary for all indications.
- *SURG.00154 — Microsurgical Procedures for the Prevention or Treatment of Lymphedema:
 - Revised Position Statement to include the prevention of lymphedema.
- *SURG.00160 — Implanted Port Delivery Systems to Treat Ocular Disease:
 - The use of a port delivery system to treat ocular disease is considered Investigational and Not Medically Necessary for all indications.

February 2022 updates (cont.)

- *TRANS.00038 — Thymus Tissue Transplantation:
 - Outlines the Medically Necessary and Investigational and Not Medically Necessary criteria for allogeneic processed thymus tissue.

Effective June 17, 2022, Simply Healthcare Plans, Inc. (Simply) will begin using the AIM Specialty Health® (AIM)** *Clinical Appropriateness Guidelines* for medical necessity review of the below services. Please note, the Florida Healthy Kids (FHK) Utilization Management team will complete these reviews using the AIM *Clinical Appropriateness Guidelines*:

- Musculoskeletal guidelines:
 - Spine surgery
 - Joint surgery
 - Small joint surgery
 - Sacroiliac joint fusion
- Sleep disorder management guideline
- Rehabilitative services:
 - Occupational therapy
 - Physical therapy
 - Speech therapy

Medical Policies

On February 17, 2022, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Simply. These guidelines take effect June 17, 2022.

Clinical UM Guidelines

On February 17, 2022, the MPTAC approved several *Clinical UM Guidelines* applicable to Simply. These guidelines were adopted by the Medical Operations Committee for FHK members on March 24, 2022. These guidelines take effect June 17, 2022.



[Read more online.](#)

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

SFL-NL-0438-22



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

MCG Care Guidelines 26th edition

Effective September 1, 2022, we will upgrade to the 26th edition of MCG Care Guidelines for the following modules: Inpatient/surgical care (ISC). View the full article for a highlight of new guidelines and changes.



[Read more online.](#)

SFL-NL-0430-22

Quality Management

Simply Healthcare Plans, Inc. | Medicare Advantage

HEDIS Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions (FMC) Guide

This guide provides updates and information on the FMC measure for HEDIS® measuring year 2022 (MY2022).

Measure description

Members 18 years and older who have multiple high-risk chronic conditions who had a follow-up service within seven days of the emergency department (ED) visit. Each qualifying ED visit in the measurement period (MP) is measured.

ED visits that result in an inpatient stay or that are followed by admission to acute or nonacute inpatient care within seven days are excluded.

Chronic conditions include:

- COPD and asthma
- Alzheimer's disease and related disorders (dementia, frontotemporal dementia)
- Chronic kidney disease
- Major depression
- Dysthymic disorder
- Heart failure and chronic heart failure
- Acute myocardial infarction
- Atrial fibrillation
- Stroke and transient ischemic attack

Exclusions

- Required exclusions: Members who meet any of the following criteria are excluded from the measure:
 - In hospice or using hospice services any time in the measuring year
- Optional exclusions: Noncompliant members may be excluded from the measure with documentation of any of the following:
 - Deceased in the measuring year



For diagnosis codes, view our online flier.



[Read more online.](#)

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

SHPCRNL-0143-22

Measuring Year 2022 HEDIS Updates Guide

This guide provides updates and information on measure changes for HEDIS® measuring year 2022 (MY2022).

Measure	Line of business	MY2022 change
Care for Older Adults (COA)	Medicare	Removed Advanced Care Planning indicator from COA and is now a first-year administrative measure.
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	Medicaid	<ul style="list-style-type: none"> Member reported values for BMI percentile, height and weight can be used. Services rendered during a telephonic visit, e-visit or virtual check-in meet criteria for the BMI Percentile indicator.
Childhood Immunization Status (CIS)	Medicaid	<ul style="list-style-type: none"> For Influenza, one of the two vaccinations may be an LAIV (live attenuated influenza vaccine), but only counts if given on the child's second birthday. Removed single antigen vaccines for measles, mumps, and rubella (MMR) as they are no longer used. Anaphylaxis due to vaccine is numerator compliant for multiple antigens.
Controlling High Blood Pressure (CBP)	Medicare & Medicaid	<ul style="list-style-type: none"> Blood pressure (BP) readings documented as an average BP are eligible for use. BP readings from telehealth/telephone visits may be used. BP readings reported/taken by the member can be used if taken with a digital device (not a manual cuff/stethoscope): <ul style="list-style-type: none"> Per NCQA, if type of cuff is not specified, it can be assumed that it is from a digital device.
Comprehensive Diabetes Care (CDC)	Medicare & Medicaid	<p>CDC is now retired and has been replaced by the following three new measures:</p> <ul style="list-style-type: none"> Hemoglobin A1c Control for Patients With Diabetes (HBD) Blood Pressure Control for Patients With Diabetes (BPD) — Same changes as the CBP measure Eye Exam for Patients With Diabetes (EED) — Retired HbA1c testing and nephropathy.
Transitions of Care (TRC)	Medicare	<ul style="list-style-type: none"> Documentation of receipt of notification of Inpatient Admission and Receipt of Discharge Information on the day of admission or on the day of admission through two days after admission (three total days). Clarified that medication reconciliation does not require the member to be present: <ul style="list-style-type: none"> Physician assistant has been added as an appropriate provider type to perform medication reconciliation for the Medication Reconciliation Post-Discharge indicator.



[Read more online.](#)

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

SFL-NL-0426-22

Products and Programs

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

Host a clinic day today

What is a clinic day?

A clinic day occurs when a provider agrees to hold open appointments, over the course of one or more days to provide specific health services for our members.

What are the benefits of hosting a clinic day event?

Clinic day events offer an innovative way to encourage patients to obtain the health services they need while improving your HEDIS® rates and decreasing no-shows. They also allow for open communication between everyone. Clinic days can also help you:

- Identify and manage patient populations in need of care.
- Track and coordinate care.
- Reduce administrative burden on office staff.



What support will be provided?

If you are interested in hosting a clinic day, we will:

- Work with your office to coordinate a strategy specific to your office needs and goals.
- Target area(s) of need based on HEDIS measures and/or seasonal activities. (for example, back to school, flu, mammograms)
- Distribute member invitations and appointment reminders.
- Work with your office to schedule appointments or provide independent outreach to members.
- Promote member engagement with PCPs.
- Assist members with transportation and/or other needs to meet appointment.
- Provide giveaways and health information.
- Incentivize members for completing their visit and closing the care gap(s).

Schedule your clinic day today!

To find out more information or to schedule your clinic day, please contact the Quality Health Promotion team at: QualityManagementDept@simplyhealthcareplans.com.

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

FLSMPLY-CAID-000103-22



Simply Healthcare Plans, Inc. | Medicare Advantage

Help patients heal from the comfort of home with Hospital in Home care

In an effort to deliver on the Simply Healthcare Plans, Inc. (Simply) purpose to improve the health of humanity, we now have a program for in-home patient care for acute conditions.

Simply's Hospital in Home program can advise capable, innovative hospital partners in developing their own hospital in home programs. Once implemented, patients can recover in a more comfortable environment, allowing hospitals to keep beds available for patients with more complex needs.

Inpatient level of care in the home can be a welcome alternative to traditional hospital settings. Patients may find acute care at home to be more convenient and less stressful, and studies have shown acute care at home can be safe and allow for smoother transition to self-care management after the acute illness. Hospital in Home clinical trials demonstrate a **25% decrease in readmissions and a 50% reduction in time spent in bed.**¹

Simply's Hospital in Home program has a set of minimum requirements that are designed to promote patient safety. These requirements include aspects of the member's home environment, the clinical scenario, remote monitoring capabilities, and plans for program evaluation.

Please contact your Simply contracting representative to learn more about Simply's Hospital in Home program.

1 Levine, D. M., Ouchi, K., Blanchfield, B., Saenz, A., Burke, K., Paz, M., Diamond, K., Pu, C. T., & Schnipper, J. L. (2020). Hospital-Level Care at Home for Acutely Ill Adults: A Randomized Controlled Trial. *Annals of internal medicine*, 172(2), 77–85. <https://doi.org/10.7326/M19-0600>.

FLSIMPLY-CARE-001820-22-CPN1554

Products and Programs — Pharmacy

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

Updates for medication codes billed under the medical benefit

Effective for dates of service on and after July 20, 2022, the following updates for medication codes billed on a *CMS-1500* form for medical claims will apply:

- Both the Healthcare Common Procedure Coding System (HCPCS) and National Drug Code (NDC) must be accurate and applicable to the medication requested.
- The manufacturer of the submitted NDC must participate in the Medicaid Drug Rebate Program.
- The submitted NDC must not be for a DESI 5 or 6 drug. (DESI 5 or 6 drugs are drugs that have been defined by the FDA as *less than effective*.)
- Participating manufacturers and DESI designations are updated quarterly and can be found [online](#).

Please note, inclusion of a national drug code on your medical claim is necessary for claim processing of drugs billed with a not otherwise classified (NOC) code.

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

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



SFLPEC-3301-22/FLSMPLY-CAID-000130-22