

# Provider News

October 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**

# Administrative

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

Clear Health Alliance | Medicaid

## ***Members' Rights and Responsibilities*** section

In line with our commitment to participating practitioners and members, Simply Healthcare Plans, Inc. and Clear Health Alliance has a *Members' Rights and Responsibilities* section located within the provider manual. The delivery of quality healthcare requires cooperation between patients, their providers, and their healthcare benefit plans. One of the first steps is for patients and providers to understand their rights and responsibilities. Review this section in your provider manual [online](#).

FLSMPLY-CD-003857-22-CPN3784



Simply Healthcare Plans, Inc. | Medicare Advantage

## **Medicare telehealth services during the Coronavirus (COVID-19) public health emergency (PHE) FAQ**

This FAQ communication is designed to provide general guidance for questions related to Medicare telehealth services during the Coronavirus (COVID-19) Public Health Emergency (PHE). The PHE is ongoing and ever evolving; therefore, Simply Healthcare Plans, Inc. (Simply) wants to support accurate and up-to-date information around legal and regulatory changes that may impact healthcare.

This FAQ is for informational purposes only and is intended to provide guidance regarding the changing landscape of Medicare telehealth. This guidance is not all-inclusive; it is intended to address frequently asked questions and common Medicare telehealth topics. The content included herein is not intended to be a substitute for the provisions of applicable statutes or regulations or other relevant guidance issued by CMS, as those items are subject to change from time-to-time.

 [Read more online.](#)

FLSMPLY-CARE-002054-22-CPN1637

# Monkeypox resources and recommendations for our care providers

We are carefully monitoring the recent outbreak of monkeypox infections in the U.S. and are working to support our members and our network care providers with information to help you respond appropriately in the context of your patient population.

The best source of up-to-date information is at the Centers for Disease Control and Prevention which has a dedicated [monkeypox page for healthcare professionals](#).

In addition to resources for care providers, the CDC has developed educational materials for the public, available for free download [online](#).

## FAQs

### How does monkeypox spread?

Monkeypox does not spread easily between people without close contact. Person-to-person transmission is possible by skin-to-skin contact with body fluids or monkeypox sores, or respiratory droplets during prolonged face-to-face contact, and less likely through contaminated items such as bedding, clothing, or towels. Patients are contagious until the scabs heal and are replaced by new skin.

### How dangerous is the disease?

Monkeypox virus belongs to the poxvirus family and infection is rarely fatal. Patients whose immune system is compromised are most at risk for severe disease, along with children younger than 8 years old, pregnant and breastfeeding people, and people with a history of atopic dermatitis or other active skin conditions.

### What are monkeypox symptoms?

Patients often have a characteristic rash (well-circumscribed, firm, or hard macules evolving to vesicles or pustules) on a single site on the body. Patients may also present with a fever and muscle aches. The rash may start in the genital and perianal areas. The lesions are painful when they initially emerge, but can become itchy as they heal, and then go away after two to four weeks. Symptoms can be similar or occur at the same time as sexually transmitted infections.

### Is there a monkeypox vaccine?

Yes, although at the time of this writing, availability is limited. Smallpox and monkeypox vaccines are effective at protecting people against monkeypox when given before exposure to monkeypox, and vaccination after a monkeypox exposure may help prevent the disease or make it less severe. You can access the CDC's vaccination updates [online](#).

### How can monkeypox be treated?

There are no treatments specifically for monkeypox virus infections. However, antiviral drugs and vaccines developed to protect against smallpox may be used to prevent and treat monkeypox virus infections.

### Do I need to report a case of suspected monkeypox?

Yes, contact your state health department if you have a patient with monkeypox. They can help with testing and exposure precautions. Find your state health plan department [online](#).

### What are the behavioral health impacts of monkeypox?

Studies reporting psychiatric symptoms have indicated that the presence of anxiety, depression, or low mood is common among hospitalized patients with monkeypox infection. Care providers can help by listening with compassion, understanding underlying behavioral health concerns that may be heightened during isolation, and refer patients to the appropriate level of support following a monkeypox diagnosis.

FLSIMPLY-CDJR-005165-22



## New patient evaluation and management services when reported for the same patient within the last three years

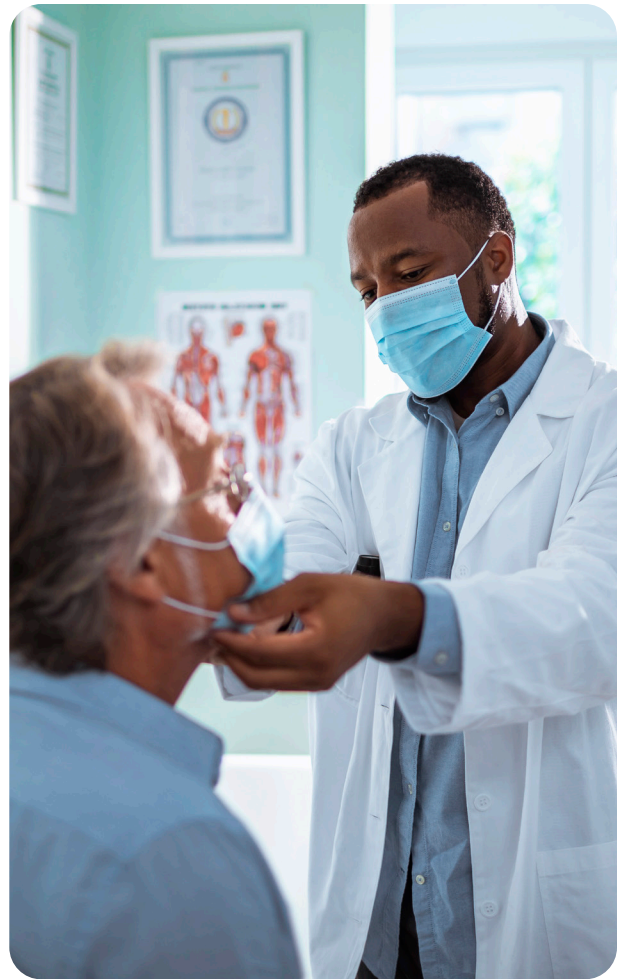
According to the American Medical Association (AMA) Current Procedural Terminology (CPT®) guidelines, a new patient is defined as “one who has not received any professional services (for example, face-to-face services from a physician/qualified healthcare professional, or another physician/qualified healthcare professional of the exact same specialty and subspecialty who belongs to the same group practice) within the past three years.”

By contrast, AMA CPT guidelines state that an established patient is one that has received professional services from the physician/qualified healthcare professional or another physician/qualified healthcare professional in the same group and of the same specialty and subspecialty within the prior three years.

Effective with claims processed on or after November 1, 2022, Simply Healthcare Plans, Inc. and Clear Health Alliance will add rigor to its existing review of professional provider claims for new patient evaluation and management (E/M) services submitted for the same patient within the last three years to align with the AMA CPT guidelines. Claims that do not meet these criteria will be denied.

Providers that believe their medical record documentation supports a new patient E/M service for the same patient within the last three years should follow the Claims Payment Dispute process (including submission of such documentation with the dispute) as outlined in the provider manual or resubmit the claim with an established patient E/M.

FLSMPLY-CD-004733-22-CPN4733



Simply Healthcare Plans, Inc. | Medicare Advantage

## Consultation codes

Consultation codes will no longer be allowed for Simply Healthcare Plans, Inc. for Medicare Advantage. This determination aligns with CMS guidance and does not allow reimbursement for inpatient (99251-99255) or outpatient (99241-99245) consultation codes and requires providers to bill the appropriate office visit evaluation and management (E/M) code for consultation services.

FLSMPLY-CR-005934-22-CPN5916



Simply Healthcare Plans, Inc. | Medicaid

## LTSS training for providers

Simply Healthcare Plans, Inc. (Simply) offers a range of long-term services and supports (LTSS) for seniors and individuals with disabilities. These benefits help members live independently in their homes for as long as possible, or reside in an assisted living facility, adult family care home, or nursing home.

As a primary care provider who may be providing care to someone who may be eligible for LTSS services, Simply invites you to tune in to one of our recorded trainings on this topic.

Our training provides an overview of our LTSS program, eligibility, benefits, the enrollment process, LTSS case management, and more.

Use the following link and password to watch:  
**Recording link; Password:** Simply123

FLSMPLY-CD-004559-22

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

## Appointment availability training for providers

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

Due to the importance of these requirements, Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA) invites you to tune in to one of the recorded trainings on this topic.

Our training provides an overview of the Florida Healthy Kids and Statewide Medicaid Managed Care Managed Medical Assistance timely access standards, the components of quarterly surveys, examples of compliant versus non-compliant scenarios, the corrective action plan process, and more.

### Simply | Medicaid and Florida Healthy Kids:

Use the following link and password to watch:  
**Recording link; Password:** Simply123

FLSMPLY-CD-004557-22

### CHA | Medicaid:

Use the following link and password to watch:  
**Recording link; Password:** Simply123

FLCHA-CD-004724-22



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

Note: Waiting time should not exceed 45 minutes for a scheduled, routine appointment.

## 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. (Simply) and Clear Health Alliance (CHA) 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/FLSMPLY-CD-005813-22

# 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

### Medicaid and Florida Healthy Kids:

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

<i>Clinical Criteria</i>	HCPCS or CPT® code(s)	Drug name
<b>ING-CC-0205</b>	J9331	Fyarro (sirolimus albumin bound)
<b>ING-CC-0208</b> (For FHK only)	J3490	Adbry (tralokinumab)
<b>ING-CC-0209</b>	J1306	Leqvio (inclisiran)

FLSMPLY-CD-004361-22-CPN4073/FLSMPLY-CD-006182-22

### Florida Healthy Kids:

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

<i>Clinical Criteria</i>	HCPCS or CPT® code(s)	Drug name
<b>ING-CC-0202</b>	J3490, J3590, C9086	Saphnelo (anifrolumab-fnia)
<b>ING-CC-0203</b>	J3490, J3590	Ryplazim (plasminogen, human-tvmh)

FLSMPLY-CAID-000547-22-CPN136/FLSMPLY-CD-005260-22

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 the specific *Clinical Criteria* listed below.

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



# Policy Updates — Reimbursement Policies

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

## Reimbursement Policy Retraction

### Sexually Transmitted Infections Testing — Professional

(Policy 21-001, effective 01/01/2022)

In the October 2021 edition of the provider newsletter, we announced that a new reimbursement policy titled Sexually Transmitted Infections Testing — Professional would be effective for dates of service on or after January 1, 2022. We have made a decision to retract this reimbursement policy.

FLSMPLY-CD-004025-22-CPN3670/FLSMPLY-CR-004024-22

# Policy Updates — *Medical Policies and Clinical Guidelines*

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

## ***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.

Effective September 10, 2022, for Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA) will begin using the AIM Specialty Health<sup>®</sup>\* (AIM) *Clinical Appropriateness Guidelines* for medical necessity review of the below services. Please note, the Simply and CHA Utilization Management team will complete these reviews using the AIM *Clinical Appropriateness Guidelines*:

- Cardiology:
  - Diagnostic coronary angiography
  - Percutaneous coronary intervention
- Radiation oncology:
  - Radiation therapy
  - Proton beam therapy

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

FLSMPLY-CD-002404-22



# Products and Programs

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

## This is Quitting

This is Quitting is a program to help young people quit vaping, and so far has helped nearly 500,000 youth and young adults on their journey to quit vaping. Learn more about how it works and the additional resources available for parents of young vapers and for adults who want to quit.

### Getting started

To enroll in This is Quitting, teens and 13 to 17 years old text VAPEOUTFL to 88709. The first messages they receive will ask for their age and product usage so that they are able to receive relevant messages. Users will receive one age-appropriate message per day tailored to their enrollment date or quit date, which can be set and reset via text message.

### How it works:

- Those who are not ready to quit receive at least four weeks of messages focused on building skills and confidence.
- Users with a quit date receive one week of messages prior to that date and at least eight weeks of messages after their quit date.
- Throughout the program, users can text COPE, STRESS, SLIP, or MORE to receive instant support.
- Upon completion of the program, users receive periodic text messages from **truth**<sup>®\*</sup> and may continue to use supportive keywords for as long as they like.

For more information to help your patients, visit:  
<https://truthinitiative.org/thisisquitting>.

*\* Truth Initiative is an independent company providing tobacco education on behalf of Simply Healthcare Plans, Inc. and Clear Health Alliance.*

*By registering for This is Quitting, each user consents to receive SMS messaging from Truth Initiative's truth<sup>®</sup> campaign and may opt-out of receiving such messaging at their election.*

FLSMPLY-CD-003159-22



## Care Coordination Case Management program

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

Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA) are available to offer assistance in these difficult moments with a selection of Case Management programs, designed to prevent potentially avoidable admissions or ER visits for members living at home or in the community. CHA is a specialty plan for persons living with HIV and every member is assigned to a care coordinator or nurse case manager. Our case managers are part of an interdisciplinary team of clinicians and other resource professionals there to support members, families, PCPs, and caregivers. The 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 Case Management process can help members understand their illnesses and learn about care choices to ensure they have access to quality, efficient healthcare.



Members or caregivers can refer themselves or family members by calling the Customer Service number located on their ID card. They will be referred to our case management team and assessed for what program best fits their needs. Physicians can refer their patients who agree to be assessed for eligibility into a case management program by contacting us telephonically or through our email referral group. 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 healthcare decisions and goals.

### You can contact us by phone at:

- Medicaid: **844-406-2396**
- CHA: **855-459-1566**

All plans have **711** for TTY services.

### You can also send a referral via email to:

- General: [CM\\_DM\\_Referrals@simplyhealthcareplans.com](mailto:CM_DM_Referrals@simplyhealthcareplans.com)
- Medical foster care and early intervention services: [dl-EIS\\_MFC\\_communications@anthem.com](mailto:dl-EIS_MFC_communications@anthem.com)

FLSMPLY-CD-003835-22-CPN3339

# Products and Programs — Pharmacy

Simply Healthcare Plans, Inc. | Medicare Advantage

## Simply Healthcare Plans, Inc. expands specialty pharmacy precertification list

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.

Effective for dates of service on and after December 1, 2022, the specialty Medicare Part B drug listed in the table below will be included in our precertification review process.

HCPCS or CPT® codes	Medicare Part B drugs
C9399, J3490, J3590, J9999	Alymsys (bevacizumab-maly)

FLSMPLY-CR-003522-22-CPN3371

HCPCS or CPT codes	Medicare Part B drugs
J3490, J3590	Amvuttra (vutrisiran)
J3299	Xipere (triamcinolone acetonide injectable suspension)

FLSMPLY-CR-005199-22-CPN4920



Simply Healthcare Plans, Inc. | Medicare Advantage

## Courtesy notification of specialty pharmacy medical step therapy updates

Effective for dates of service on and after October 1, 2022, updated step criteria for immunoglobulins found in *Clinical Criteria* document ING-CC-0003 has been implemented. The preferred product list is being expanded. Please refer to the [Clinical Criteria page](#) for more information.

FLSMPLY-CR-003776-22-CPN3658



# IngenioRx will become CarelonRx on January 1, 2023

Our pharmacy benefit management partner, IngenioRx,\* will join the Carelon family of companies and change its name to CarelonRx on January 1, 2023.



**This change will not affect the ways in which CarelonRx will do business with care providers and there will be no impact or changes to the prior authorization process, how claims are processed, or level of support.**

**If your patients are having their medications filled through IngenioRx's home delivery and specialty pharmacies, please take note of the following information:**

- IngenioRx Home Delivery Pharmacy will become CarelonRx Mail.
- IngenioRx Specialty Pharmacy will become CarelonRx Specialty Pharmacy.

**These are name changes only and will not impact patients' benefits, coverage, or how their medications are filled. Your patients will not need new prescriptions for medicine they currently take.**

**When e-prescribing orders to the mail and specialty pharmacies:**

- Prescribers will need to choose **CarelonRx Mail or CarelonRx Specialty Pharmacy, not IngenioRx**, if searching by name.
- If searching by NPI (National Provider Identifier), **the NPI will not change.**

In addition to the mail and specialty pharmacies, your patients can continue to have their prescriptions filled at any in-network retail pharmacy.

Keeping you well informed is essential and remains our top priority. We will continue to provide updates prior to January and throughout 2023.

*\* IngenioRx, Inc. is an independent company providing pharmacy benefit management services on behalf of Simply Healthcare Plans, Inc.*

FLSMPLY-CDCR-005510-22-CPN005255