

# Provider News

September 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

## An important message for providers on social drivers of health and Health Equity

Simply Healthcare Plans, Inc. is one of nine health plans nationwide participating in the NCOA Health Equity and Health Equity Plus accreditation pilot. The Health Equity standards ensure that organizations have standardized processes to evaluate social drivers of health (SDOH) needs at the community and member level in order to develop programs and partnerships that address them.

We pride ourselves on being a leader in the Health Equity arena with a strong focus on the whole person needs of our members. One way to ensure we are collaborating to care for our members' needs is to ensure we assess them for their non-clinical needs, document the needs using the SDOH Z-codes, and working together to link them to the resources they need.

We encourage you to review and use the tools provided to help document SDOH-related needs and guide members to the right resources.



FLSMPLY-CD-003032-22

## NPI crosswalk logic change updates

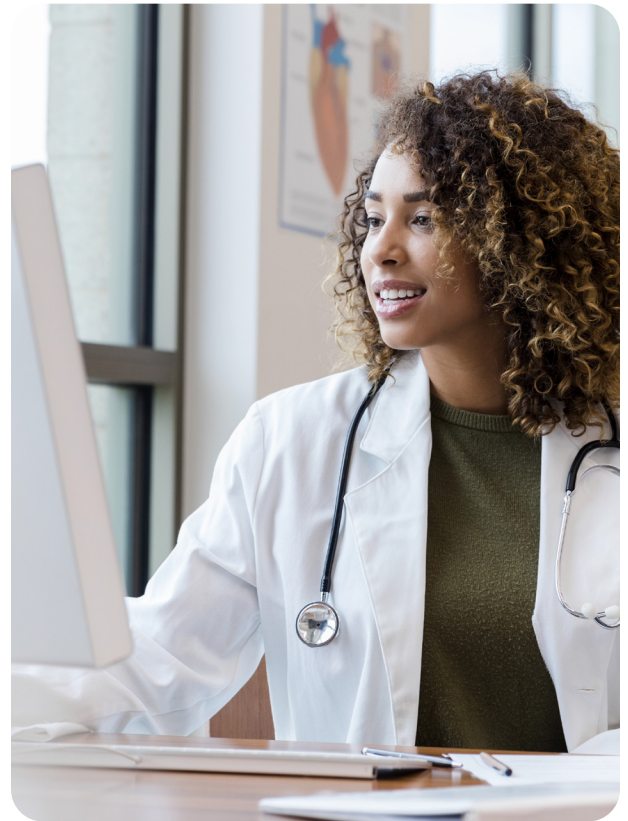
In the past, the Agency for Healthcare Administration (AHCA) reviewed claims and encounters by NPI and ZIP code to match the state *Provider Master List (PML)*. Claims and encounters passed whenever a one-to-one match was found. This impacted providers who had more than one state Medicaid ID.

Now, AHCA reviews NPI and taxonomy first. When the taxonomy is not present or does not match what is on the state PML, the validation of the claim/encounter stops. We identified that many registered providers are submitting claims and encounters with an incorrect taxonomy or missing taxonomy, causing the claims/encounters to fail.

### Provider actions

Providers need to review their claim submission process and their taxonomy on the state PML. The NPI, taxonomy, first-line address, and 9-digit ZIP code on each claim must match with what is listed on the *PML*. Providers have two options. They can:

- Review the *PML* data and make the appropriate changes.
- Make changes to the claim submission.



### Reference material and guidance

These are available to all providers on the state's public portal. All these resources have been communicated to providers regarding the state changes this year.

### Coming soon

Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA) will soon reject claims back to the provider when the claim provider data does not match the state *PML*. The rejection will state *missing or invalid taxonomy*, and this will require providers to correct the claim and resubmit.

FLSMPLY-CD-003934-22



[Read more online.](#)



# Simply Healthcare Plans, Inc. to accept Hospital in Home services

Effective July 1, 2022, Simply Healthcare Plans, Inc. (Simply) recognizes and accepts qualifying claims for acute Hospital in Home (HiH) services through the newly established revenue code 0161. We encourage hospitals or other entities that meet the HiH requirements to reach out to their Simply contractor to get an appropriate participation agreement in place, which will ensure more streamlined processing of HiH claims.

The new code enables hospitals to distinguish acute inpatient care in the home for qualifying patients. The code will follow the same guidelines and policies associated with any services performed in an inpatient setting, including but not limited to utilization management. Facilities must comply with all requests from Simply for any information and data related to the HiH services and be an approved, active participant of the CMS Acute Hospital Care at Home Program for Medicare products. All services are subject to the Covered Individual Health Benefit Plan coverage and, if a covered benefit, the benefit will follow the inpatient hospital benefits that apply to services that are performed in a traditional hospital setting, which includes, but is not limited to, any applicable deductibles, copays, and coinsurance.

## The following Simply benefit plans are in scope for participation in HiH:

- Medicare Advantage (Individual and Group)
- Medicare Advantage Special Needs plans, including Dual-Eligible Special Needs (D-SNP)

## The following Simply plans are out of scope for participation in HiH:

- FEP
- Medicaid

## Note:

- Be advised that while you may submit an electronic transaction to verify a Blue Plan member's benefits and eligibility, Simply suggests that you call the member's Blue Plan to definitively determine whether the member has HiH benefits, since the electronic eligibility inquiry may not yield an answer specific to HiH eligibility. We suggest calling because if the member does not have this as a covered benefit, HiH services would then be the member's financial responsibility.
- Covered individuals must express preference for and consent to treatment in the home setting for the HiH program and must be 18 years of age or older. This consent must be documented through a signed consent form. (Sample form available upon request.)
- Covered individuals may be admitted to the program from the emergency department (for a patient that needs the inpatient level of care) or transferred from the inpatient hospital setting.
- Facility shall not bill Simply or the covered individual for any items or services provided by the facility in the home setting that typically would not be billed during an inpatient hospitalization.
- Notify Simply immediately through the utilization management nurse assigned to the HiH case when:
  - An applicable member is admitted to the HiH program
  - A member in the program is transferred back to hospital inpatient care or has any other status change in their care plan
- As with other claims, participating facilities and/or providers may not bill the member for any denied HiH-related charges. Providers who disagree with the claim denial may request a review of the denial using the reconsideration and appeal process outlined in your Simply Agreement and/or as outlined in the applicable Simply provider manual.
- We will continue to update billing guidance as these programs evolve.

FLSMPLY-CARE-003021-22-CPN2952

## 2022 Value-added benefits

Simply Healthcare Plans, Inc. has enhanced the traditional Statewide Medicaid Managed Care Managed Medical Assistance (SMMC MMA) benefits by developing a package of value-added services specifically for our members. These benefits are designed to improve the well-being of our members, improve health outcomes, and address social drivers of health.

### Value-added benefits highlights:



#### Doula services

Prenatal and postpartum home visits to provide physical, emotional, and informational support; provides ongoing birthing support throughout labor and delivery process



#### Hypoallergenic bedding

Up to \$100 for hypoallergenic bedding for members diagnosed with asthma or severe allergies



#### Housing assistance

A \$500 one-time, lifetime benefit for members 21 years and older who are homeless or at risk of being homeless



#### Behavioral health services

Behavioral health services including treatment or services that give structured, daily activities for persons with behavioral health disorders; medication management; medical services; and services to screen for behavioral health or substance use.

### We also offer these additional value-added benefits to our members:

- \$25 a month per household over the counter (OTC) benefit
- Cellular services for members enrolled in the federal SafeLink program
- Vision benefits
- Hearing services

- Home healthcare visits
- Influenza, pneumonia, and shingles vaccines
- Home delivered meals
- Nutritional counseling
- Chiropractic care
- Occupational, physical, respiratory, and speech therapies
- Massage therapy
- Acupuncture
- And more!

Limitations and restrictions apply. For a full list of value-added benefits, review the member handbook available at <https://provider.simplyhealthcareplans.com> > Resources > **Provider Manuals and Guides.**

FLSMPLY-CAID-000396-22

Simply Healthcare Plans, Inc. has enhanced the traditional Statewide Medicaid Managed Care Long-Term Care (SMMC LTC) benefits by developing a package of value-added services specifically for our members. These benefits are designed to improve the well-being of our members, improve health outcomes, and address social drivers of health.

### Value-added benefits highlights:



#### Bed hold benefit

A 30-day bed hold for assisted living facility and adult family care home providers



#### Assisted living facility move-in basket

Up to \$50 of items to select from



#### Community transportation trip

Four one-way trips up to 25 miles one way



#### Transition fund

A nursing home transition fund of \$5,000

## 2022 Value-added benefits (cont.)

### We also offer these additional benefits to our members:

- Assisted living
- Adult day care
- Home accessibility adaptation
- Homemaker (includes pest control)
- Home delivered meals
- Personal emergency response system (PERS)
- Respite care
- Medication administration and management
- Nutritional assessment/risk reduction
- And more!

Limitations and restrictions apply. For a full list of value-added benefits, review the member handbook available at <https://provider.simplyhealthcareplans.com> > Resources > **Provider Manuals and Guides.**

FLSMPLY-CAID-000600-22

Simply Healthcare Plans, Inc. has enhanced the traditional Florida Healthy Kids benefits by developing a package of value-added services specifically for our members. These benefits are designed to improve the well-being of our members, improve health outcomes, and address social drivers of health.

### Value-added benefits highlights:



#### Non-emergent transportation

Non-emergent transportation for enrollees and up to two companions to medical, dental, or specialist visits up to 90 miles away from the member's home. Trips over 50 miles require prior authorization.



#### Hypoallergenic bedding

Up to \$100 for hypoallergenic bedding for members diagnosed with asthma or severe allergies



#### Healthy Behaviors Program

Programs developed to encourage healthy behaviors. Programs include well-child visits, asthma, maternity, smoking cessation, weight loss, and alcohol or substance use recovery. Members must enroll in programs and complete milestones to become eligible for gift cards.



#### Tranquility toolkit

Members with a clinical diagnosis of anxiety or depression can select up to \$25 worth of goods that meet their needs (ex. stress ball, fidget spinner, SAD lamp, mood journal, anxiety coloring book, anxiety sleep mask).

### We also offer these additional value-added benefits to our members:

- \$10 a month over the counter (OTC) benefit
- After school activity support
- Carpet cleaning
- GED testing assistance program
- Home essentials kit
- Nutritional counseling
- Post-secondary education support
- School supply assistance
- Summer reading program – book subscription
- Weighted blankets
- And more!

Limitations and restrictions apply. For a full list of value-added benefits, review the member handbook available at [https://www.simplyhealthcareplans.com/florida-medicaid/ffl\\_smpl\\_fhkmemberhandbook\\_eng.pdf](https://www.simplyhealthcareplans.com/florida-medicaid/ffl_smpl_fhkmemberhandbook_eng.pdf).

FLSMPLY-CAID-000400-22

## 2022 Value-added benefits (cont.)

Clear Health Alliance (CHA) has enhanced the traditional Statewide Medicaid Managed Care Managed Medical Assistance (SMMC MMA) benefits by developing a package of value-added services specifically for our members. These benefits are designed to improve the well-being of our members, improve health outcomes, and address social drivers of health.

### Value-added benefits highlights:



#### Recommended vaccines:

Vaccines recommended per persons with HIV – including hepatitis B, human papilloma virus (HPV), Tdap (tetanus, diphtheria, and pertussis), meningococcal, and shingles in addition to pneumonia and flu. Hepatitis A covered for all while public health emergency for hepatitis A is in effect.



#### Housing assistance:

A \$500 one-time, lifetime benefit for members 21 years and older who are homeless or at risk of being homeless



#### Behavioral health services:

Behavioral health services including treatment or services that give structured, daily activities for persons with behavioral health disorders; medication management; medical services; and services to screen for behavioral health or substance use.

### We also offer these additional value-added benefits to our members:

- Flu/pandemic prevention kit
- Social worker visits
- Massage therapy
- Acupuncture
- Doula services
- \$25 a month per household over the counter (OTC) benefit
- Cellular services for members enrolled in the federal SafeLink program
- Vision benefits
- Hearing services
- Home health care visits
- Home delivered meals
- Nutritional counseling
- Chiropractic care
- Occupational, physical, respiratory, and speech therapies
- And more!

Limitations and restrictions apply. For a full list of value-added benefits, review the provider manual available at <https://provider.clearhealthalliance.com/florida-provider/manuals-and-guides>.

FLCHA-CAID-000401-22





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

## Enhancing claims attachment processes through digital applications

Submitting attachments electronically is the most efficient way for you to receive your claim payments faster. That's why we've made submitting digital claims attachments easier, more intuitive and streamlined. **You can now submit your claims attachments through the Claims Status Inquiry application on [Availity.com](https://www.availity.com).**\* Submitting attachments electronically is the most efficient way for you to receive your claim payments faster.

### Submitting attachments electronically:

- Reduces costs associated with manual submission.
- Reduces errors associated with matching the claim when attachments are submitted manually.
- Reduces delays in payments.
- Saves time: no need to copy, fax, or mail.
- Reduces the exchange of unnecessary member information and too much personal health information sharing.

**If your workflow for attachments is through electronic data interchange (EDI) submissions or directly through the Availity application, we have a solution for that.**

| Preferred methods                           |   |  |  |  |
|---|---|--|--|--|
| Claims submission method                    | Requirements  | Attachment submission method   | Recommended timing   | Where  |
| EDI 837                                     | PWK segment is populated by the provider with an Attachment Control #.      | <b>Availity Portal</b><br>Attachments Applications:<br>If claim # is available, provider populates the 275 with the claim #. | Up to 5 calendar days  | <b>Attachments-New</b> to access <b>Attachment Dashboard Inbox</b> on <b>Availity.com</b>  |
| EDI 837                                     | PWK segment is populated by the provider with an Attachment Control #.      | <b>275 EDI</b><br>Transaction<br>(Medical Attachments)   | Up to 5 calendar days  | EDI  |
| EDI 837                                     | PWK segment is not populated by the provider with and Attachment Control #. | <b>Availity Portal</b><br>Claims Status Inquiry  | When the claim # is available (usually within 24 hours of claim receipt) | On <b>Availity.com</b> from the <b>Claims &amp; Payments</b> tab access <b>Claims Status Inquiry</b> . Locate the claim to submit attachments. |
| <b>Availity Portal</b><br>Claims Submission | Submitted with claim  | <b>Availity Portal</b><br>Professional or Facility Claim   |  | Availity Portal > Claims & Payments tab  |

## Enhancing claims attachment processes through digital applications (cont.)

### Didn't submit your attachment with your claim? No problem!

If you submitted your claim through EDI using the 837, and the PWK segment contains the attachment control number, there are three options for submitting attachments:

- **Through the attachments dashboard inbox:**  
From [Availity.com](#), select the **Claims & Payments** tab to access **Attachments – New** and your **Attachments Dashboard Inbox**.
- **Through the 275 attachment:**  
Important: you must populate the PWK segment on the 837 with your document control number to ensure the claim can match to the attachment.
- **Through the [Availity.com](#) application:**  
From [Availity.com](#), select the **Claims & Payments** tab to run a **Claims Status Inquiry** to locate your claim. Find your claim, and use the **Send Attachments** button.

If you submit your claim through the Availity application:

- Simply submit your attachment with your claim.
- If you need to add additional attachments, to add a forgotten attachment, or for claims adjustments:
  - From [Availity.com](#), select the **Claims & Payments** tab and run a **Claims Status Inquiry** to locate your claim. Find your claim, and use the **Send Attachments** button.



### For more information and educational webinars

In collaboration with Availity, we will hold a series of educational webinars that include a deep dive into EDI attachment submissions, as well as the new Claims Status Inquiry workflow. [Sign up today.](#)

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

FLSMPLY-CDCR-002701-22-CPN1914



# Policy Updates



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

## ***Clinical Criteria*** updates

On February 25, 2022, and March 24, 2022, the Pharmacy and Therapeutic (P&T) Committee approved several *Clinical Criteria* applicable to the medical drug benefit for Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA). These policies were developed, revised, or reviewed to support clinical coding edits.

### Medicaid and Florida Healthy Kids:



**Read more online.**

FLSMPLY-CAID-000489-22-CPN114

### Medicare Advantage



**Read more online.**

FLSMPLY-CARE-000490-22-CPN114

Visit the ***Clinical Criteria*** website to search for specific policies. If you have questions or need additional information, reach out via **email**.



# Policy Updates — Prior Authorization

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. **Non-compliance with new requirements may result in denied claims.**

Not all PA requirements are listed here. Detailed PA requirements are available to providers on the [provider website](#) or by accessing [Availity](#).<sup>\*</sup> Providers may also call 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.*

Simply Healthcare Plans, Inc. | Medicare Advantage

## Simply Healthcare Plans, Inc. Expands Specialty Pharmacy Precertification List

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

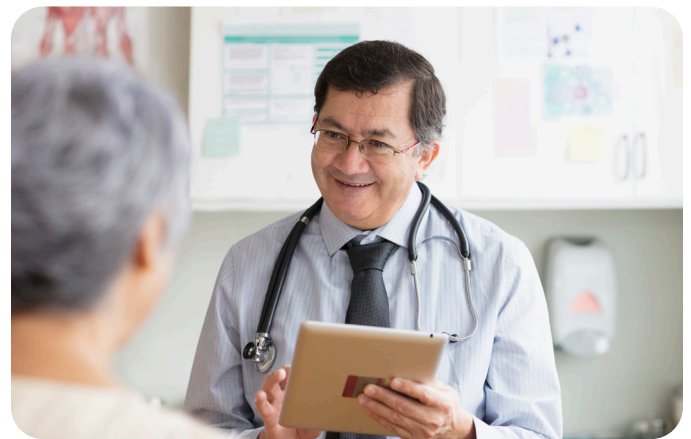
| HCPCS or CPT <sup>®</sup> codes | Medicare Part B drugs                |
|---------------------------------|--------------------------------------|
| C9098                           | Carvykti (ciltacabtagene autoleucel) |
| J3490                           | Carvykti (ciltacabtagene autoleucel) |
| J3590                           | Carvykti (ciltacabtagene autoleucel) |

FLSMPLY-CR-004069-22

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 <sup>®</sup> codes | Medicare Part B drugs     |
|---------------------------------|---------------------------|
| J0172                           | Aduhelm (aducanumab-avwa) |

FLSMPLY-CARE-000560-22-CPN365



Simply Healthcare Plans, Inc. | Medicare Advantage

## Prior authorization requirement changes

On December 1, 2022, Simply Healthcare Plans, Inc. prior authorization (PA) requirements will change for the following code.

### Prior authorization requirements will be added for the following code:

- L6715 — Terminal device, multiple articulating digit, includes motor(s), initial issue, or replacement

SHPCRNL-0144-22

# Policy Updates — Reimbursement Policies



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

## Policy Update

# Modifiers 25 and 57: Evaluation and Management with Global Procedures

(Policy G- 06003)

The current Modifier 57: Decision for Surgery is retired and is combined with Modifier 25: Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service for Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA). The new combined policy title is Modifiers 25 and 57: Evaluation and Management with Global Procedures.

For additional information, please review the Modifiers 25 and 57: Evaluation and Management with Global Procedures reimbursement policy at:

- Simply provider website: <https://provider.simplyhealthcareplans.com/florida-provider/reimbursement-policies>
- CHA provider website: <https://provider.clearhealthalliance.com/florida-provider/reimbursement-policies>

FLSMPLY-CARE-002561-22-CPN2420/FLSMPLY-CAID-002560-22-CPN2420

# Products and Programs

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

## Patient-Centered Medical Home transformation

A satisfying journey for you and your patients

### Your *practice* will benefit from:

- Providers working together to coordinate care with specialists, hospitals, and other providers.
- A happier, more industrious staff.
- Monetary incentive.
- Time back in your day to focus on your patients.
- Acute care redirected to a medical home, which reduces ER visits and hospitalizations.
- Support to enhance the use of electronic medical record technology.
- Help pursuing the NCQA's Patient-Centered Medical Home™ (PCMH) recognition.
- Efficiencies that can decrease overhead and administrative costs.
- Increased data use to effectively manage patient populations.
- Added value to the community through patient outreach and engagement.
- Heightened potential to attract grants.
- Higher performance related to:
  - An enhanced patient experience of care, including increased quality and satisfaction.
  - Healthier patient populations.
  - Lowered overall healthcare costs due to increased value of the practice's services to all payers.
  - Opportunities to benefit from enhanced reimbursement programs based on this value.

### Your *patients* will benefit from:

- An enhanced customer experience.
- Engagement in shared decision-making and inclusion in the care team.
- Extra time to focus on preventive, acute, and chronic care as well as care for all stages of life.
- Access to doctors who use advanced technologies to manage their care more effectively and efficiently.
- Focused personal interaction with a care team led by the PCP.
- Comprehensive care with improved coordination, resulting in fewer appointments and earlier detection of problems that require treatment.
- Added access to and communication with the care team.

### Your *practice* will commit to PCMH transformation by:

- Teaming up with us to improve the coordination and quality of care for our members.
- Choosing a PCMH champion to support transformation efforts.
- Setting up a leadership team to guide vision, strategy, communication, and execution.
- Working with our consultants to align goals and create an opportunity analysis and work plan.
- Offering resources for PCMH activities such as:
  - Allocation of staff time for frequent PCMH meetings
  - Execution of PCMH projects and initiatives.
  - Ongoing training with our patient-centered care consultants (consultants).

## Patient-Centered Medical Home transformation (cont.)

### We commit to:

- Medical director support of your PCMH efforts.
- Organization and facilitation of three learning collaboratives throughout the 18-month engagement.
- Delivery of reports on Simply Healthcare Plans, Inc. and Clear Health Alliance membership, quality measures, utilization, risk stratification, and cost management.
- Technical assistance through a consultant who will:
  - Serve as a change facilitator, coach, and educator.
  - Provide and coordinate onsite practice support.
  - Create an opportunity assessment and transformation plan to identify barriers, strategize solutions, and build on successes

### For more information, contact:

#### Regions 1, 2, 3, 5, 6, and 8:

Tami Kirian, Patient Centered Care Consultant

- Phone: **813-679-2361**
- Email: [tkirian@simplyhealthcareplans.com](mailto:tkirian@simplyhealthcareplans.com)

#### Regions 4, 7, 9, 10, and 11:

Geri Peterkin, MBA, PCMH CCE

- Phone: **813-295-0950**
- Email: [geri.peterkin@simplyhealthcareplans.com](mailto:geri.peterkin@simplyhealthcareplans.com)

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FLSMPLY-CD-002370-22

