

Provider Newsletter

Simply Healthcare Plans, Inc. (Simply)

Provider Services: Medicaid & Florida Healthy Kids: **844-405-4296** • Medicare: **844-405-4297** | <https://provider.simplyhealthcareplans.com>

Clear Health Alliance (CHA)

Provider Services: Medicaid: **844-405-4296** | <https://provider.clearhealthalliance.com>

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

Click [here](#) to provide/update your email address.

Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Medicaid contract. Simply Healthcare Plans, Inc. dba Clear Health Alliance is a Managed Care Plan with a Florida Medicaid contract.

Simply Healthcare Plans, Inc. is a Medicare contracted coordinated care plan that has a Medicaid contract with the State of Florida Agency for Health Care Administration to provide benefits or arrange for benefits to be provided to enrollees. Enrollment in Simply Healthcare Plans, Inc. depends on contract renewal. Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Healthy Kids contract.



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



Administration

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

Claims editing update for ICD-10-CM Excludes1 notes

Beginning with dates of service on or after December 1, 2021, Simply Healthcare Plans, Inc. and Clear Health Alliance will implement revised claims editing logic tied to Excludes1 notes from ICD-10-CM 2020 coding guidelines. To ensure the accurate processing of claims, use ICD-10-CM coding guidelines when selecting the most appropriate diagnosis for member encounters. Please remember to code to the highest level of specificity. For example, if there is an indication at the category level that a code can be billed with another range of codes, it is imperative to look for Excludes1 notes that may prohibit billing a specific code combination.

If you need assistance in determining proper coding guidance, the following site should be helpful:
<https://www.cdc.gov/nchs/icd/icd10cm.htm>.

What are Excludes1 notes?

One of the unique attributes of the ICD-10-CM code set and coding conventions is the concept of Excludes1 notes. An Excludes1 note indicates that the excluded code identified in the note should not be billed with the code or code range listed above the Excludes1 note. These notes appear below the affected codes; if the note appears under the Category (first three characters of a code), it applies to the entire series of codes within that category. If the Excludes1 note appears beneath a specific code (3, 4, 5, 6, or 7 characters in length), then it applies only to that specific code.



[Read more online.](#)

SFL-NL-0340-21

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

Unspecified diagnosis reminder

This is a reminder to all providers that we require laterality-specific coding when applicable. Therefore, claims processed on or after October 1, 2021, will be denied when ICD-10-CM laterality coding guidelines are not followed.

In accordance with the International Classification of Disease, 10th Revision, clinical modification (ICD-10-CM) correct coding guidelines, in which state Medicaid programs follow, we will begin to edit diagnosis in *Chapter 13: Diseases of the Musculoskeletal System and Connective Tissue* for appropriate laterality billing.

ICD-10-CM diagnosis coding falls under *Health Insurance Portability and Accountability Act (HIPAA)* correct code sets and they are designed to specifically define laterality (e.g., left, right, unspecified, or exists bilaterally, etc.). Providers are required to submit the defined code in accordance with the condition. The ICD-10-CM guidelines for Coding and Reporting state (for Laterality coding), "Some ICD-10-CM codes indicate laterality, specifying whether the condition occurs on the left, right or is bilateral. If no bilateral code is provided and the condition is bilateral, assign separate codes for both the left and right side. If the side is not identified in the medical record, assign the code for the unspecified side."

The ICD-10-CM diagnosis code should correspond to the medical record, CPT® and HCPCS code(s), and/or modifiers billed.

SFL-NL-0351-21

New and enhanced expanded benefits

Effective October 1, 2021, Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA) will offer new and enhanced expanded benefits to our members. Simply and CHA have enhanced the traditional Medicaid benefits by developing a package of value-added services specifically for our CHA and Long-Term Services and Supports (LTSS) members. These benefits were created to improve the well-being of our members and help them stay as healthy as possible.

Benefit category	Benefit description	Min age	Max age	Eligible population(s)
Assisted living facility (ALF) move in basket (New)	Members can select up to \$50 worth of items. For LTSS members currently living in an ALF and new members transitioning/moving into an ALF.* (*Once lifetime benefit)	18	N/A	LTSS members
Caregiver transportation (New)	Four 1-way trips monthly to visit a member who is residing at an ALF or nursing facility. For LTSS eligible caregivers who need transportation to see loved ones in an ALF or Nursing Facility.	18	N/A	Caregivers of LTSS members
Healthy living benefit (New)	Healthy lifestyle aids for LTSS members. Includes a wide variety of assistive devices and adaptive aids to help members maintain independence in their homes.* Members can select two of the following items to achieve better health: <ul style="list-style-type: none"> • Digital scale • Home blood pressure cuff • Peak flow meter • Reachers/grabbers • Lumbar pillow • Personal fan • Clip-on lamp cuff • Walker bag • Pair of two face masks (*Once lifetime benefit to choose two items)	18	N/A	LTSS members
Flu/pandemic prevention kit (New)	One flu/pandemic prevention kit: <ul style="list-style-type: none"> • 3-ply face masks – 10 piece • Oral digital thermometer • Hand sanitizer 	18	N/A	Eligible for the first 1,000 CHA members who have received their flu vaccine. (Must be requested by CM; no prior authorization required.)
Home-delivered meals — disaster preparedness/ relief (Enhanced)	Five shelf stable meals delivered at home in an affected area with governor declared state of emergency	18	N/A	First 500 LTSS and first 500 CHA members requesting meals.

These expanded benefits are not subject to prior authorization or copay charges.

Full lists of expanded benefits can be found on the provider website by selecting Resources > Provider Resources and Guides > scrolling down to Provider Manual and selecting the appropriate manual to view.

SFLPEC-2778-21

FAQ: Update to AIM Specialty Health phone number

A unique AIM Specialty Health[®] (AIM)* phone number was created for our providers. Here's what you should know about this change:

Q. What will be the new AIM phone number for Simply Healthcare Plans, Inc. and Clear Health Alliance?

A. The new phone number will be **877-202-5276**.

Q. When is the go-live date for providers to begin using the new phone number?

A. The effective date was September 1, 2021.

Q. What will happen to the previous AIM number?

A. The number will remain active; however, providers will need to dial the new phone number for further assistance.

AIM will continue to transition other Medicaid and CHIP markets to their own unique phone line. The existing number must remain active until all markets are no longer using the previous number. The target completion date for this transition will be by quarter four in 2022, and the previously used phone number will be discontinued by quarter one in 2023.

Q. Will the new number be applicable to Medicare as well?

A. No, this new number is only for Medicaid. Medicare will have a separate phone number.

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

SFL-NL-0359-21

Simply Healthcare Plans, Inc. offering Advance Medical Directives program for 2022

In 2022, Simply Healthcare Plans, Inc. (Simply) will be providing members with a new tool to develop an advance medical directive for many of its D-SNP Medicare Advantage plans. Simply is working with MyDirectives,^{*} a leader in the industry for electronic advance directives. Information on the service will be provided to members via their *Annual Notice of Change (ANOC)*, *Evidence of Coverage (EOC)*, and *Benefit Summaries*.

To get started with the Advance Directives program, members will visit the Simply member website and under the *Benefits* tab access a link for the Advance Directives program. Selecting this link will take the member to MyDirectives, where they can create a MyDirectives account or link an account if they already use MyDirectives.

MyDirectives has an easy-to-use guide that takes members through a series of questions around their care preferences, establishing of healthcare agents (medical powers of attorney), sharing of information, and more. If they already have a written advance directive, the software allows members to upload copies of their current directive, making it easier to store and share when necessary.

Physicians and hospitals can access a member's advance directive via healthcare exchanges such as eHealth Exchange, Carequality, and CommonWell Health Alliance.

The benefit and associated links will be live as of the new plan year. We encourage you to speak to your members about the value of establishing an advance directive and supporting members as they go through the process.

** MyDirectives is an independent company providing electronic advance directives services on behalf of Simply Healthcare Plans, Inc.*

SHPCRNL-0119-21

Administration — Digital Tools

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

Electronic data interchange process

Availity* serves as our electronic data interchange (EDI) partner for all electronic data and transactions. The Availity EDI processing generates response files for each submitted electronic file and delivers them to the submitter's Availity mailbox. It is important to review these responses to understand where your claims are in the process.

Electronic file submitter:

- If your organization uses a clearinghouse or vendor, they have an Availity mailbox to submit clients' files. Availity delivers the responses for claims to the same mailbox, and the clearinghouse or vendor is responsible for returning the results to their clients and resubmitting any files rejected for formatting, interchange, or transaction set errors. The submitter in this scenario is the clearinghouse or vendor.
- If your organization uses a practice management software, an Availity mailbox is set up during initial registration for your electronic file submissions. The submitter is your organization and is responsible for analyzing the responses to verify there are not any file errors or claim rejections that require correction and resubmission within timely filing guidelines.

Availity electronic file process:

1. **Submit electronic file to Availity** — Availity validates for file format and returns file acknowledgments to the submitter's Availity mailbox. If there are any edits at this point, the entire electronic file will not advance and will require resubmission within timely filing guidelines.

2. **HIPAA and payer specific edits** — The electronic file moves to the next phase, which is *HIPAA* and business editing. Examples include:
 - Valid subscriber ID for the date of service
 - Billing and coding validation

If an error occurs at this point, the individual claims with the errors must be corrected, resubmitted as an original claim and do not advance. The claims that do not have an edit will then route to the adjudication systems for second-level edit validation.

3. **Simply Healthcare Plans, Inc. and Clear Health Alliance's payer receives electronic file from Availity** — For the Medicaid, Florida Healthy Kids, and Medicare lines of business, there is a second level of editing.

Edits for this second level return the Delayed Payer Report (DPR). Only claims that pass will advance for adjudication and will be displayed using Availity claim status, electronic claim status transactions, Availity remittance inquiry, 835 electronic remittance advice, and paper *Explanation of Payment*. If there are edits, the claim requires resubmission within timely filing guidelines.



[Read more online.](#)

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

SFL-NL-0324-21

Policy Updates



Simply Healthcare Plans, Inc. | Medicaid and Medicare Advantage

Medical drug benefit *Clinical Criteria* updates

On August 21, 2020, November 20, 2020, and June 24, 2021, the Pharmacy and Therapeutics (P&T) Committee approved several *Clinical Criteria* applicable to the medical drug benefit for Simply Healthcare Plans, Inc. These policies were developed, revised or reviewed to support clinical coding edits.

Medicaid



Read more online.

SFL-NL-0348-21

Medicare Advantage



Read more online.

SHPCRNL-0112-21

Visit the [Clinical Criteria website](#) to search for specific policies. If you have questions or would like additional information, reach out via [email](#).

Policy Updates — Prior Authorization



Simply Healthcare Plans, Inc. | Medicare Advantage

Simply Healthcare Plans, Inc. expands specialty pharmacy precertification list

Effective on and after January 1, 2022, the specialty Medicare Part B drugs listed in the table below will be included in our precertification review process.

Federal and state law, as well as state contract language and Centers for Medicare and Medicaid Services 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.

HCPSC or CPT® code	Medicare Part B drugs	HCPSC or CPT® code	Medicare Part B drugs
J9353	Margenza	J3490, C9078	Cosela
J3490, J3590, C9076	Breyanzi	J3490, C9079	Evkeeza
J3490, J3590, C9075	Amondys 45	J3490, J3590, J9999	Zynlonta
J3490, J3590, C9399	Nulibry	J3490, J3590, J9999	Jemperli
Q5123	Riabni	J3490, J3590, C9399	Empaveli
C9399, J3490, J3590, J9999	Abecma	J9999	Rybrevant
J3490, J9999, C9080	Pepaxto		

SFLCARE-0464-21

Quality Management

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

HEDIS: Appropriate testing for pharyngitis

This HEDIS® measure evaluates members 3 years and older where the member was diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test for the episode. Since there is considerable evidence that prescribing antibiotics is not the first line of treatment for cold or sore throats caused by viruses, pediatric *Clinical Practice Guidelines* recommend only children with lab-confirmed group A strep or other bacteria-related ailments be treated with appropriate antibiotics. Record results of strep test.



Codes to identify pharyngitis: Diagnosis ICD-10

Diagnosis	ICD-10/CPT®
Acute pharyngitis	ICD-10: J02.8, J02.9
Acute tonsillitis	ICD-10: J03.00, J03.01, J03.80-J03.81, J03.90-J03.91
Streptococcal sore throat	ICD-10: J02.0
Streptococcus, group A test direct optical observation	CPT: 87880

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

SFLPEC-2657-21/SFLPEC-2765-21