

# 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 the Provider Newsletter via email?**

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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  
Clear Health Alliance | Medicaid

## COVID-19 member vaccination incentive

In order to increase COVID-19 vaccination rates in Florida Medicaid members, Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA) offer an incentive for becoming vaccinated.

### When does the incentive program start?

July 1, 2021; The program is retroactive for members who were vaccinated prior to July 1, 2021.

### Who is eligible?

Any Medicaid member 12 and over who receives or has received at least one COVID-19 vaccine.

### What is the incentive amount?

Members are eligible for only one gift card. If members receive at least one vaccine, prior to and up to September 30, they will receive a \$25 Walmart gift card.

- Once the vaccine record is processed, the member will receive a call to select the type of card they want — a digital card or a card by mail.

### Will the health plan confirm that the member has been vaccinated?

We will confirm that the member is vaccinated with at least one vaccine through the review of claims data, encounters, FLSHOTS data, pharmacy information, etc. Members do not have to do anything to prove they've been vaccinated.

### What if the vaccination site is refusing to provide proof of vaccination for the member?

For members who were vaccinated at a site that is refusing to provide data, we will accept the member telling us they were vaccinated. The member can contact Member Services at **844-406-2396 (TTY 711)** for Simply or **844-406-2398** for CHA (**TTY 711**) Monday through Friday from 8 a.m. to 7 p.m. to self-report.

### How can you help?

If you think a patient is a good candidate for a COVID-19 vaccine, we would encourage you or your staff to reach out to the patient to educate them about the vaccine based on their personal risks and potential benefits. You are also encouraged to inform them about the COVID-19 vaccination incentive program.

We understand that there are patients expressing concerns about the vaccines and are doing so out of suspicion, fear and rumor, rather than the emerging clinical evidence that demonstrates a clear benefit of the vaccine over the actual infection.

### Are there additional resources to encourage patients to become vaccinated?

Through the millions of doses given, we have seen far less hospitalizations, deaths, long-term COVID-19 symptoms, and serious complications when compared to the millions of patients who have contracted the disease.

The Department of Health has a **COVID-19 Vaccine Communications Toolkit** for Partner Organizations that you can use to provide information about COVID-19 vaccines, raise awareness about the benefits of vaccination, address common questions and concerns, and build vaccine confidence among the communities you serve.

SFLPEC-2712-21





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

## Important notice: COVID-19 vaccine entry in Florida SHOTS

Florida SHOTS is a free, statewide, centralized online immunization information system (IIS) that helps providers keep track of immunization records to ensure that patients of all ages receive the vaccinations needed to protect them from dangerous diseases — including COVID-19.

A recent audit between claims data and Florida SHOTS data suggests a number of claims for administering a COVID-19 vaccine could not be matched to an administration record in the Florida SHOTS database. It is vital that for any administration of a COVID vaccine by your office, the patient's vaccination record is accurately reported to Florida SHOTS.

### Why report the administration of a COVID-19 vaccine to Florida SHOTS?

- It allows any provider to ensure that a later dose is the same type as the first.
- It enables the Florida Department of Health to track vaccination rates.
- It allows patients who may lose their vaccination cards to have proof of their vaccination.

Please share with your staff and remind them that an error in the patient's identifying information can result in a lost record.

### Are you a registered user of Florida SHOTS?

To register with Florida SHOTS, visit <https://www.flshotsusers.com> to complete an enrollment application or call **877-888-7468** for more information.

### Are you interested in serving your community by providing COVID-19 vaccinations?

To become a COVID-19 vaccine provider, your organization must be enrolled in Florida SHOTS and the Vaccines for Children/Adult Program (VFC/VFA). For more information, click [here](#).

SFL-NL-0341-21

## Resource guide: Member Medicaid Recertification

Since the onset of the 2019 novel coronavirus (COVID-19) pandemic, the Agency for Health Care Administration (AHCA) and the Florida Department of Children and Families (DCF) have been working together to ensure current Medicaid recipients maintain benefits during the COVID-19 state of emergency. **This means no Medicaid recipient will lose Medicaid eligibility during the state of emergency.\***

The DCF will soon start the Medicaid recertification process for beneficiaries. Below is what you need to know.

### Why is Medicaid recertification important?

Medicaid eligibility must be renewed in order for beneficiaries to keep their benefits. If the beneficiary does not complete their renewal, they will no longer have health coverage and must reapply for benefits.

### How can you help?

- If you have not received a list of your patients who are up for recertification, contact your local Provider Relations representative, Provider Relations at **844-405-4296**, or Member Advocate for a list.
- Encourage your patients to activate their secure account on our member website and download our mobile app in order to connect with us for updates on renewal.

### Recertification process:

- When DCF begins accepting renewal applications, they will try to notify beneficiaries by mail or email.
- It is critical that DCF has the beneficiary's most current mailing address.
  - The address can be verified or updated through the beneficiary's **My ACCESS Florida account** or by calling the DCF at **866-762-2237 (TTY 711)**.
- DCF is ready to assist Florida's benefit clients if needed through the recertification process, which can be done virtually and through the **self-service portal**.
  - Benefits can be renewed online or via mail. Beneficiaries can renew online through their **My ACCESS account** or mail completed paperwork to:  
ACCESS Central Mail Center  
P.O. Box 1770  
Ocala, FL 34478-1770

*\* Exceptions include individuals who voluntarily request termination, those who have passed away, or those who are no longer considered residents of Florida.*

SFL-NL-0333-21





## What Matters Most: Improving the Patient Experience

### Are you looking for innovative ways to improve your patient's experience?

Numerous studies have shown that a patient's primary healthcare experience and, to some extent, their healthcare outcomes are largely dependent upon healthcare provider and patient interactions. Recently, Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA) announced the launch of a new online learning course, *What Matters Most: Improving the Patient Experience*, to address gaps in communication and offer approaches to improve interactions with patients. This curriculum is available nationwide at no cost to providers or their clinical staff.

Providers may apply their completion of this course toward continuing medical education (CME) credit certification. This training has been reviewed and is acceptable for up to one prescribed credit by the American Academy of Family Physicians (AAFP).<sup>1</sup> Through the use of compelling real-life stories that convey practical strategies for implementing patient care, providers learn how to apply best practices.

### Did you know?

- Substantial evidence points to a positive association between the patient experience and health outcomes.
- Patients with chronic conditions, such as diabetes, demonstrate greater self-management skills and quality of life when they report positive interactions with their healthcare providers.
- Patients reporting the poorest quality relationships with their physicians were three times more likely to voluntarily leave the physician's practice than patients with the highest quality relationships.

### How will this benefit you and your office staff?

You will learn tips and techniques to:

- Improve communication skills.
- Build patient trust and commitment.
- Expand your knowledge of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey.

### Where can you access this course?

The course can be accessed at [mydiversepatients.com](http://mydiversepatients.com) or by scanning the QR code using your smartphone or tablet.



### Take the course today!

Like you, Simply and CHA are committed to improving the patient experience in all interactions. We are proud to work collaboratively with our provider network to provide support and tools and to reach our goal.

*CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).*

1 This Enduring Material activity, *What Matters Most: Improving the Patient Experience*, has been reviewed and is acceptable for up to one elective credit(s) by the American Academy of Family Physicians (AAFP). AAFP certification begins April 30, 2018. Term of approval is for one year from this date. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

### Sources:

What Is Patient Experience? Agency for Healthcare Research and Quality, Rockville, MD. (Content last reviewed March 2017.) <http://ahrq.gov/cahps/about-cahps/patient-experience/index.html>

CAHPS: Assessing Health Care Quality From the Patient's Perspective Agency for Healthcare Research and Quality, Rockville, MD. (Content last reviewed March 2016.) [http://ahrq.gov/cahps/about-cahps/cahps-program/cahps\\_brief.html](http://ahrq.gov/cahps/about-cahps/cahps-program/cahps_brief.html)

Physician Communication and Patient Adherence to Treatment: A Meta-analysis Haskard Zolnierok, Kelly B. and DiMatteo, M. Robin (2009.) <https://ncbi.nlm.nih.gov/pmc/articles/PMC2728700>

SFLPEC-2607-21/SFL-NL-0342-21

# Policy Updates



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

## MCG care guidelines 25th edition

Effective September 1, 2021, Simply Healthcare Plans, Inc., Clear Health Alliance, and Florida Healthy Kids will upgrade to the 25th edition of MCG\* care guidelines for the following modules: inpatient and surgical care (ISC), general recovery care (GRC), chronic care (CC), recovery facility care (RFC), and behavioral health care (BHC). The tables in the full article highlight new guidelines and changes that may be considered more restrictive.



**Read more online.**

*\*MCG Health is an independent company providing care guidelines on behalf of Simply Healthcare Plans, Inc. and Clear Health Alliance.*

SFL-NL-0275-21

Simply Healthcare Plans, Inc. | Medicare Advantage

## Medical drug benefit *Clinical Criteria* updates

On August 21, 2020, and May 21, 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.



**Read more online.**

SHPCRNL-0106-21

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

## Precertification form notification

The best way to ensure you're submitting everything needed for a precertification is to use the [precertification form](#) on the [Forms page](#). By filling out the form completely and with as much information as possible, you can be sure we have the information to process your request timely.

SHPCRNL-0105-21

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

## Update: growth hormone authorization requests

As of September 1, 2021, the length of all growth hormone authorizations, for children and adults, will be shortened to six months.

Drug criteria can be found [online](#).

If you have questions, contact our Pharmacy department at **877-577-9044**, Monday through Friday from 8 a.m. to 8 p.m. ET.

SFL-NL-0335-21

Simply Healthcare Plans, Inc. | Medicare Advantage

## Utilization management authorization rule operations

On November 1, 2021, Simply Healthcare Plans, Inc. (Simply) prior authorization (PA) requirements will change for L8702 covered by Simply.

### PA requirements will be added for the following code:

- L8702 — Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated

SHPCRNL-0104-21

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.

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers on the [provider website](#) > Login or by accessing Availity.\* Once logged in to [Availity](#), select Patient Registration > Authorizations & Referrals, then choose Authorizations or Auth/Referral Inquiry, as appropriate. Contracted and noncontracted providers who are unable to access Availity may call our Provider Services at **844-405-4297** for assistance with PA requirements.

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



## Expedited authorization requests downgraded to standard time frames

42 CFR 438.210(d)(2)(i) states the following regarding expedited request for authorization: *“For cases in which a **provider** indicates, or the **MCO, PIHP, or 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 Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA) must review and render decisions on expedited service authorization requests within 48 hours 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.

Both Simply and CHA have been receiving a significant volume of requests for expedited authorizations which do not meet the statutory requirements for an expedited review. For this reason, effective October 1, 2021, we will be utilizing our ability to downgrade requests for authorizations received as expedited to a standard authorization request, when the expedited request does not meet the definition and requirements of **42CFR438.210 (d)(2)(i)**. **This means that expedited requests for authorizations not supported by clinical rationale for an expedited review will be processed as standard authorizations.** This will allow us to prioritize urgent service authorization requests appropriately and improve turnaround time on nonurgent, standard service requests.

**Some of the high volume expedited requests that will be impacted by this change include but are not limited to the services listed below:**

- Therapy services (occupational, speech therapy, physical therapy, and home therapy)
- Circumcision
- Cranial remolding helmet
- Sleep studies
- Genetic testing
- Chronic pain management for spinal/facet injections
- Vein ablation
- Foot orthotics
- Knee braces
- Plastic or reconstructive procedures
- Cochlear implants
- Screening colonoscopy

SFLPEC-2709-21



# Policy Updates — Reimbursement Policies



Simply Healthcare Plans, Inc. | Medicare Advantage

## Policy Update

## DRG Inpatient Facility Transfers

Effective 11/30/21

Effective 11/30/21, Simply Healthcare Plans, Inc. claims for members who leave against medical advice and are admitted to another acute care facility on the same day are considered transfers and will follow the criteria detailed in the policy.

For additional information, please review the **DRG Inpatient Facility Transfers reimbursement policy** at <https://provider.simplyhealthcareplans.com/florida-provider/reimbursement-policies> under the *Facilities* dropdown.

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