

Provider Bulletin

November 2021

Important notice: Updated DME and Home Health Authorization Form

This communication applies to the Medicaid programs for Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA).

Effective December 1, 2021, Simply and CHA will be implementing a new *Durable Medical Equipment (DME)* and Home Health (HH) Authorization Form (https://bit.ly/3Cfkz1n). This form will help ensure members discharging from hospitals and nursing facilities have a safe and successful transition home. The updated form requires essential information needed for proper coding and to authorize the items ordered by the physician. Using the updated form will help clarify requests in order to facilitate a smooth discharge for all members.

Please ensure you use the most appropriate code for age and product lines (Statewide Medicaid Managed Care [SMMC MMA] vs. Statewide Medicaid Managed Care Long-Term Care [SMMC LTC]). The form contains frequently used codes in an easy-to-use checkbox format.

The following information is required for all authorization requests:

- Member information
- Referring provider
- ICD-10-CM codes
- CPT[®] codes including units and frequency
- Physician orders/clinical notes that correspond to the checked offitems on the form

If we do not receive the required information, we will make three attempts to reach the provider before voiding the authorization request.

If you have questions regarding:

- SMMC MMA, call 800-454-3731 ext. 106-103-5158.
- SMMC LTC, email flltccasespecialist@anthem.com or call **877-440-3738** and request to speak to the member's case manager.

Did you know?

Our dedicated Discharge Planning team for SMC MMA and SMMC LTC members now has their own fax line: **844-410-6889**. Providers needing to coordinate discharge needs for members can send all requests to this fax line.

Email is the quickest and most direct way to receive important information from Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA).

To start receiving email from us (including some sent in lieu of fax or mail), submit your information using the QR code to the right or via our online form (Simply: https://bit.ly/3Cm6b8s, CHA: https://bit.ly/2ZoU8so).

Simply:



CHA:

