Medicaid and LTC CHOW notification process

Florida | Simply Healthcare Plans, Inc. (Simply) | Statewide Medicaid Managed Care (SMMC)

Providers are required to inform the health plan of any change in ownership (CHOW) within 60 days. This notification should be on company letterhead, include all the available information listed below, and contain a physical signature. A printed, stamped, or digital signature cannot be accepted. Email to: ltcprovrelations@simplyhealthcareplans.com.

CHOW effective date: _____

	Old	New
Provider name/DBA name		
Provider legal name		
TIN		
NPI ***(If applicable)***		
Medicare ID ***(If applicable)***		
Medicaid ID		
W-9	*Required attachment	*Required attachment
State license	N/A	*Required attachment
IPA affiliation ***(If applicable)***		

	Buyer information	Seller information
Primary contact name		
Primary contact email address		
Authorizations fax number		

Simply will draft an *Assignment, Assumption, and Consent Agreement* that will require signatures by the seller, buyer, and health plan.

*Please notify the health plan upon Medicaid CHOW approval notification.

New Medicaid ID	Approval date	Effective date

https://provider.simplyhealthcareplans.com

Frequently asked questions

Q. How long will it take for my CHOW to process?
A. A CHOW can take up to 90 days to complete.

Q. Can I submit claims while a CHOW is in process?
A. Once the Medicaid ID is activated and all required information has been validated, claims can temporarily be processed as out of network:

- **Nursing homes.** Please submit a claim for one member. Submitting this claim will initiate the setup of the new provider's information in the claims processing system under a temporary non-participating record. **Note:** The claim will not be approved due to the absence of an authorization linked to the non-participating record.
- **Other provider types.** An authorization will be processed under the new, temporary non-participating record, and a single case agreement (SCA) will be required.

Q: My claim was not approved. What happens next?
A: If your claim was not approved, reach out to Provider Relations. You will have to provide them with a complete list of all Simply members and their corresponding Medicaid IDs. This information is necessary to update the authorizations with the new credentials.

Q: What should I do once the authorizations are moved to the temporary non-participating record?
A: After the new authorizations have been finalized and faxed to your facility, you may proceed with submitting your remaining claims. From then on, these outstanding claims will be processed as per usual.

Q. How do I get my original claim that was not approved due to a lack of authorization reprocessed for payment?

- **Nursing homes.** You can file an appeal either through **https://Availity.com** or by contacting Provider Services at **844-405-4296** to request the claim be reprocessed based on the updated authorization assigned to the temporary non-participating record.
- **Other provider types.** You can submit a corrected claim, or you can submit an appeal. Visit **https://Availity.com** or contact Provider Services at **844-405-4296**

Q. How can I confirm that the CHOW has been completed and my facility is now a part of Simply under the new ownership?
A. The Provider Relations team will inform the provider once the CHOW is completed and supply the new participating provider ID# to both the UM team and the Case Management team. Any applicable authorizations and care plans will subsequently be transferred to the new participating record. Please note you will not need to rebill under the new provider ID.

Q. My claims were not approved because they were not filed timely. Can I appeal?
A. Claims must be filed so they are received within:

- Six months from the date of service for participating providers.
- 365 days from the date of service for non-participating providers.

Good cause may be found when a provider or supplier claim filing was due to an unavoidable delay in securing required supporting claim documentation or evidence from one or more third parties, despite reasonable efforts by the provider/supplier to secure such documentation or evidence.