

Provider Newsletter



<https://provider.simplyhealthcareplans.com/florida-provider>

December 2019

Table of Contents

Medicaid:

Simply Healthcare Plans, Inc. awarded statewide Florida Healthy Kids contract	Page 2
Pharmacy benefit manager change to IngenioRx	Page 2
Precertification Lookup Tool — easy access to prior authorization guidelines on the Availability Portal	Page 3
Electronic claim payment reconsideration	Page 4
Electronic submission is preferred method for requesting prior authorization	Page 5
Coding spotlight — provider's guide to coding respiratory diseases	Page 5
<i>Medical Policies and Clinical Utilization Management Guidelines</i> update	Page 6

Medicare Advantage:

CMS reminder: expedited/urgent requests	Page 8
New Medicare Beneficiary Identifier notice	Page 8
2020 Medicare Advantage benefit updates	Page 9
Reminder to Medicare Advantage providers	Page 9
Aspire Health for Medicare members in need of palliative care	Page 9
2019 Enhanced Personal Health Care Program releases myFHR	Page 10
Provider offices are crucial to Medicare CAHPS and HOS survey performance	Page 11
Electronic claim payment reconsideration	Page 12
<i>Medical Policies and Clinical Utilization Management Guidelines</i> update	Page 13
Prior authorization requirements	Page 14

Clear Health Alliance:

Pharmacy benefit manager change to IngenioRx	Page 15
Electronic submission is preferred method for requesting prior authorization	Page 15
Precertification Lookup Tool — easy access to prior authorization guidelines on the Availability Portal	Page 16
<i>Medical Policies and Clinical Utilization Management Guidelines</i> update	Page 17

Simply Healthcare Plans, Inc. awarded statewide Florida Healthy Kids contract

Today, we announce the statewide expansion of Florida Healthy Kids (FHK) offered by Simply Healthcare Plans, Inc. (Simply). Simply was officially awarded an FHK contract across the entire state.



Under the current FHK contract, Simply has a footprint in four regions — Regions 6, 7, 10 and 11. Effective January 1, 2020, we will offer coverage to FHK-eligible children in all 11 Regions in Florida, representing 67 counties. This is an incredible opportunity to create a big impact on the communities we serve.

The mission of the Florida Healthy Kids Corporation is to ensure the availability of child-centered health plans that provide comprehensive, quality health care services. FHK coverage includes doctor visits, immunizations, dental care, prescription medications, emergency care, hospital stays and much more. Most families pay just \$15 or \$20. Full-pay options are available, making every Florida child ages 5 to 18 eligible.

For more information:

- <https://www.simplyhealthcareplans.com/florida-medicaid/benefits/fhk-benefits.html>
- <https://www.healthykids.org>

SFL-NL-0119-19

Pharmacy benefit manager change to IngenioRx

Effective October 1, 2019, IngenioRx became the pharmacy benefit manager (PBM) for prescription drugs, home delivery pharmacy and specialty pharmacy for Simply Healthcare Plans, Inc. members.

Transferring prescriptions

We automatically transferred prescriptions to IngenioRx Home Delivery Pharmacy for patients using home delivery through Express Scripts Mail Order Pharmacy. For patients receiving specialty drugs from Accredo, we automatically transferred prescriptions to IngenioRx Specialty Pharmacy. Patients filling prescriptions at a retail pharmacy can continue, in most cases, using their same retail pharmacy.

Prescriptions for controlled substances or compounded drugs currently being filled at Express Scripts Mail Order Pharmacy or other out of network mail order pharmacy, Accredo or other out of network specialty pharmacies cannot be transferred to another pharmacy under federal law. Patients currently receiving these medications will need a new prescription sent to an IngenioRx Home Delivery Pharmacy or IngenioRx Specialty Pharmacy.

More information coming soon

We will send additional information regarding this transition to the new PBM. If you have questions about this change, contact your local Provider Relations representative or call Provider Services at **1-844-405-4296**.

IngenioRx, Inc. is an independent company providing pharmacy benefit management services on behalf of Simply Healthcare Plans, Inc. and Clear Health Alliance.

SFL-NL-0033-19/ SFL-NL-0132-19

Precertification Lookup Tool — easy access to prior authorization guidelines on the Availity Portal

Simply Healthcare Plans, Inc. (Simply) has an online tool that displays prior authorization guidelines to help you quickly determine whether certain services for Simply members require a prior authorization.

You can access the Precertification Lookup Tool through the Availity Portal. The Precertification Lookup Tool will let you know if clinical edits apply, information such as the medical necessity criteria used in making the authorization decision and if a vendor is used — without the need to make a phone call.

Where is the Precertification Lookup Tool located on Availity?

Navigate to the Precertification Lookup Tool on the Availity Portal by selecting either 1) Payer Spaces or 2) Patient Registration from [Availity's homepage](#). Access to the information does not require an Availity role assignment, tax ID or NPI.

Through Availity Payer Spaces:

- Select the Simply Healthcare Inc. tile from the *Payer Spaces* menu.
- Select the **Applications** tab.
- Select the **Precertification Lookup Tool** tile.

From the Patient Registration menu:

- Select **Authorizations and Referrals**.
- Select the **Precertification Lookup Tool** link located under *Additional Authorizations & Referrals*.

Once you have accessed the Precertification Lookup Tool, choose a line of business from the menu selection offered, then type the CPT®/HCPCS code or a code description to determine if a prior authorization is required.

Other ways to access

If you are currently accessing the Precertification Lookup Tool either through your health plan's public or secure provider website, those options are still available for you.

SFL-NL-0120-19

Electronic claim payment reconsideration

Currently, providers can submit claim payment reconsideration requests verbally, in writing or electronically. We are reaching out to notify you about some exciting, new tools for electronic submission of Medicaid claims that will become available through the Availity Portal. You should soon see changes in your provider manual that will outline this new information.

Beginning July 22, 2019, providers will have the ability to submit claim reconsideration requests through the Availity Portal with more robust functionality. This means an enhanced experience when:

- Filing a claim payment reconsideration request.
- Sending supporting documentation.
- Checking the status of a claim payment reconsideration.
- Viewing your claim payment reconsideration history.

New Availity Portal functionality will include:

- Immediate acknowledgement of submission.
- Notification when a reconsideration has been finalized by Simply Healthcare Plans, Inc.
- A worklist of open submissions to check a reconsideration status.

With the new electronic functionality, when a claim payment reconsideration request is submitted via the Availity Portal, we will investigate the request and communicate an outcome through the Availity Portal. Once an outcome has been determined, the Availity Portal user who submitted the claims payment reconsideration request will receive notification informing them that the reconsideration review has been completed. If the user is not satisfied with the reconsideration outcome, they should continue to follow the existing process to file a claim payment appeal as outlined in the provider manual.

SFL-NL-0056-19

To register for a webinar or access a recorded webinar:

- Log in to the Availity Portal at <https://www.availity.com> > Select Help & Training > Select Get Trained.
- From the Availity Learning Center, enroll using one of the following methods:
 - Select the Dashboard drop-down arrow > Select Catalog > Select Sessions > Select the date of the webinar > Select the webinar title > Select Enroll.
 - While in the Catalog, select the Search button > Enter the webinar title > Select Enroll.

Providers who have questions as they begin to use the new functionality should contact Availity at **1-800-282-4548**.

Electronic submission is preferred method for requesting prior authorization

Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. The online process is faster and easier to complete, and the response is automatic, which helps patients get their medications sooner.

You can complete this process through your current electronic health record/electronic medical record (EHR/EMR) system or via the following ePA sites:

- Surescripts®:
<https://providerportal.surescripts.net/providerportal>
- CoverMyMeds®:
<https://www.covermymeds.com/main>

Creating an account is free and takes just a few minutes. If you are experiencing any issues or have a question about how the systems operate:

- For questions or issues with accessing the Surescripts portal, call **1-866-797-3239**.
- For questions or issues with accessing the CoverMyMeds portal, call **1-866-452-5017**.

For questions regarding pharmacy benefits, please contact your IngenioRx call center at **1-844-405-4296**.

IngenioRx, Inc. is an independent company providing pharmacy benefit management services on behalf of Simply Healthcare Plans, Inc.

SFL-NL-0113-19



Coding spotlight — provider's guide to coding respiratory diseases

ICD-10-CM coding

Respiratory diseases are classified in categories J00 through J99 in Chapter 10, "Diseases of the Respiratory System" of the *ICD-10-CM Official Guidelines for Coding and Reporting*.

Pneumonia

Pneumonia is coded in several ways in ICD-10-CM. Combination codes that account for both pneumonia and the responsible organism are included in Chapter 1, "Certain Infectious And Parasitic Diseases" and Chapter 10, "Diseases of the Respiratory System."

Examples of appropriate codes for pneumonia include:

- J15.0 — pneumonia due to *Klebsiella*
- J15.211 — pneumonia due to *Staphylococcus aureus*
- J11.08 + J12.9 — viral pneumonia with influenza.



Read more online.

SFL-NL-0134-19

Medical Policies and Clinical Utilization Management Guidelines update

The *Medical Policies* and *Clinical Utilization Management (UM) Guidelines* below were developed and/or revised to support clinical coding edits. Note, several policies and guidelines were revised to provide clarification only and are not included. Existing precertification requirements have not changed. For markets with carved-out pharmacy services, the applicable listings below are informational only.



To search for specific policies or guidelines, visit https://medicalpolicy.simplyhealthcareplans.com/shp_search.html.

March 2019 updates

Updates:

- CG-DME-44 — Electric Tumor Treatment Field (TTF) was revised to add the use of enhanced computer treatment planning software (such as NovoTal) as not medically necessary (NMN) in all cases.
- CG-MED-72 — Hyperthermia for Cancer Therapy was revised to clarify medically necessary (MN) and NMN statements addressing frequency of treatment.
- CG-SURG-09 — Temporomandibular Disorders was revised to clarify MN and NMN criteria and removed requirement for FDA approval of prosthetic implants.
- CG-SURG-30 — Tonsillectomy for Children with or without Adenoidectomy was revised to:
 - Spell out number of episodes of throat infections in MN criteria (A1, A2, A3).
 - Clarify criterion addressing parapharyngeal abscess (B4) to say two or more.
 - Add “asthma” as potential condition improved by tonsillectomy in MN criteria (C1b).
- The following AIM Specialty Health[®] updates took effect on March 31, 2019:
 - Advanced Imaging
 - Imaging of the brain
 - Imaging of the extremities
 - Imaging of the spine

Medical Policies

On March 21, 2019, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Simply Healthcare Plans, Inc. (Simply). View the full update online for a list of the policies.

Clinical UM Guidelines

On March 21, 2019, the MPTAC approved several *Clinical UM Guidelines* applicable to Simply. These guidelines were adopted by the medical operations committee for Simply members on May 7, 2019. View the full update online for a list of the guidelines.



Read more online.

AIM Specialty Health is a separate company providing utilization review services on behalf of Simply Healthcare Plans, Inc.

SFL-NL-0075-19

June 2019 updates

Notes/updates

Updates marked with an asterisk (*) notate that the criteria may be perceived as more restrictive.

- *DME.00037 — Added devices that combine cooling and vibration to the Investigational (INV) & not medically necessary (NMN) statement
- *LAB.00027 — Added Mediator Release Test to INV&NMN statement.
- *LAB.00033 — Clarified INV&NMN statement to include 4Kscore and AR-V7
- *OR-PR.00003:
 - Clarified medically necessary (MN) position statement criteria 2 to 4
 - Added statement that use of prosthetic devices that combine both a microprocessor controlled knee and foot-ankle prosthesis is considered INV&NMN for all indications
- *SURG.00011:
 - Added new MN and INV&NMN statements addressing amniotic membrane-derived products for conjunctival and corneal indications, including KeraSys and Prokera
 - Added new products to INV&NMN statement.
- *SURG.00045:
 - Added erectile dysfunction, Peyronie's disease and wound repair to the INV&NMN statement
 - Revised title
- *SURG.00121 — Added INV&NMN statement to address use of transcatheter tricuspid valve repair or replacement for all indications
- The following AIM Specialty Health® updates were approved on June 6, 2019:
 - Advanced imaging:
 - Imaging of the heart
 - Oncologic imaging
 - Vascular imaging
 - Proton beam therapy
 - Rehabilitative therapies — physical therapy, occupational therapy and speech therapy (new)

Medical Policies

On June 6, 2019, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Simply Healthcare Plans, Inc. (Simply). View the full update online for a list of the policies.

Clinical UM Guidelines

On June 6, 2019, the MPTAC approved several *Clinical UM Guidelines* applicable to Simply. These guidelines were adopted by the medical operations committee for Statewide Medicaid Managed Care Managed Medical Assistance members on July 5, 2019. View the full update online for a list of the guidelines.



Read more online.

AIM Specialty Health is a separate company providing utilization review services on behalf of Simply Healthcare Plans, Inc.

SFL-NL-0092-19



Pharmacy benefit manager change to IngenioRx

View the [article](#) in the Medicaid section.

SFL-NL-0033-19/ SFL-NL-0132-19

Precertification Lookup Tool — easy access to prior authorization guidelines on the Availity Portal

View the [article](#) in the Medicaid section.

SFL-NL-0120-19

Electronic submission is preferred method for requesting prior authorization

View the [article](#) in the Medicaid section.

SFL-NL-0113-19

CMS reminder: expedited/urgent requests



CMS defines an expedited/urgent request as “an expedited/urgent request for a determination is a request in which waiting for a decision under the standard time frame could place the member's life, health or ability

to regain maximum function in seriously jeopardy.” Contracted providers should submit requests in accordance with CMS guidelines to allow for organization determinations within the standard turnaround time, unless the member urgently needs care based on the CMS definition of an expedited/urgent request.

SHPCRNL-0027-19

New Medicare Beneficiary Identifier notice

CMS mailed out new Medicare cards without SSNs to offer better identity protection.

Providers can help protect their patients' identities by using the Medicare Beneficiary Identifier (MBI) for Medicare business, including claims submission and eligibility transactions.

For more information about this update, reference the [New Medicare Beneficiary Identifier \(MBI\) Get It, Use It article on the CMS website](#).

SFLCARE-0081-19

2020 Medicare Advantage benefit updates

An overview of notable 2020 benefit changes is available on our website.



Read more online.

SHPCRNL-0019-19/SABUCR-0022-19

Reminder to Medicare Advantage providers

As a reminder, PCPs may only refer Simply Healthcare Plans, Inc. members to in-network Medicare Advantage providers.

Simply has contracted with specialists to ensure adequate care of our members. The use of contracted network specialists will ensure continuity of appropriate clinical background data and coordination of care with the PCP.

Should there be a need to refer the member outside the contracted network, contact Simply directly for prior authorization (PA). Referring a Medicare Advantage member out-of-network, who does not have out-of-network benefits, could result in claim denials with member liability unless the service is urgent, emergent, out-of-area dialysis or if PA was approved by the plan.

Although not required, PA is encouraged for preferred provider organization (PPO) members who want to receive notification of advanced coverage when utilizing an out-of-network provider for services.

As a reminder to all providers, the referring physician name and NPI must be reported on the claim when the PCP does not provide the service rendered. This will reduce the number of rejections issued during initial claim processing.

SHPCRNL-0034-19

Aspire Health for Medicare members in need of palliative care

Effective October 2019, Simply Healthcare Plans, Inc. will work with Aspire Health to provide in home services to our members facing advanced illness.

Aspire offers a solution to the fragmented and expensive care that patients so often experience during the last chapter of life. By working with community physicians to enroll and serve these vulnerable patients in their homes, Aspire helps patients to increase their overall comfort, increase their satisfaction with both their PCP and their health plan, and minimize the risk of unnecessary or unwanted hospitalizations.



The typical Aspire patient is usually a physician's sickest, with high utilization costs. The typical Aspire patient confronts multiple illnesses, such as chronic heart failure, chronic obstructive pulmonary disease, advanced cancers, dementia, geriatric frailty, chronic or end-stage renal disease, chronic liver disease, cerebrovascular accidents, and other neurologic illnesses. They may see multiple providers, or frequently seek care in emergency rooms and hospitals. The majority of these patients receive care that is both high-cost and low-value, often resulting in frequent hospitalizations for uncontrolled symptoms and/or exacerbations of chronic disease. They may have limited family support or have family care-givers with their own health concerns.

The Aspire team works to align medical care with a patient's goals and values. Through patient and caregiver education, and expert symptom management, Aspire enables patients to avoid unnecessary emergency department visits and hospitalizations.

More information is available at www.aspirehealthcare.com or by calling the 24/7 Patient and Referral Hotline at **1-877-702-6863**.

SHPCRNL-0029-19



2019 Enhanced Personal Health Care Program releases myFHR

Simply Healthcare Plans, Inc. (Simply) has released myFHR™, a new smartphone-based application that we believe will truly lead to improved care for your patients. CMS approved the inclusion of the Blue Button 2.0 standard within the myFHR application. Blue Button 2.0 is a CMS standard that enables Medicare members to download up to four years of their personal health data to the application of their choice. We are excited to offer our Medicare Advantage members this service.

There are multiple member advantages to the myFHR application:

- Provide our members with a consolidated view of their health history
- Empower members to access and control their own health data and use it to improve their health
- Enable members to get help managing and improving their health
- Allow members to easily share health information with doctors, caregivers or anyone they choose

Simply believes that empowering consumers to improve their health by giving them easy access to their own private health information is the right thing to do. Additionally, there is value to all health care stakeholders in having a longitudinal view. Providers benefit by receiving actionable access to patient data, and the myFHR application will allow your patients to share their data in your electronic medical records system. We would encourage you to discuss this option with your patients.

To connect to their Medicare claims history (Blue Button 2.0), your patient will need to register for MyMedicare and connect myFHR to their Medicare account. This can be done at <https://www.mymedicare.gov/registration.aspx>.

If you have questions or would like more information on the myFHR application, you can reach out to your Value-Based team.

SHPCRNL-0026-19



Medicare preferred continuous glucose monitors



On January 1, 2020, Simply Healthcare Plans, Inc. will implement a preferred edit on Medicare-eligible continuous glucose monitors (CGMs). Currently, there are two CGM systems covered by CMS under the Medicare Advantage Part D (MAPD) benefit; these are Dexcom and Freestyle Libre. The preferred CGM for Medicare Advantage Part D individual members covered by Simply will be Freestyle Libre. This edit will only affect members who are newly receiving a CGM system. Members will need to obtain their CGM system from a retail or mail order pharmacy – not a durable medical equipment (DME) facility. For Dexcom coverage requests, call **1-833-293-0661**.

SHPCRNL-0025-19

Provider offices are crucial to Medicare CAHPS and HOS survey performance



Each spring, some of your patients are asked to complete a CAHPS® or HOS survey. These surveys are an important tool to help us monitor how our members think we are doing. The results of these surveys are available to the public on the Medicare Plan Finder website and have a direct impact on the plan's Star rating. It is important to remember that our performance on these surveys is based on patients' perceptions, not clinical outcomes.

CAHPS

CAHPS, also known as the Consumer Assessment of Healthcare Providers and Systems, is a survey that assesses satisfaction with services provided by the health plan, patient perception of provider accessibility, the patient-provider relationship and provider communication.

HOS

HOS, also known as the Health Outcomes Survey, is a survey that gathers health status data from members. A random sample of members receives the baseline survey. Two years later, the same members are surveyed for follow-up measurement. The difference in the scores for the two-year period shows if members perceive their physical and mental health status as better, the same or worse than expected.

HOS survey questions assess patient-physician relationships and member health outcomes. Patients also are asked if they and their provider have discussed the management of urinary incontinence, physical activity and fall risks.

CAHPS and HOS data for Simply Healthcare Plans, Inc. is compared against the national average and against Simply's previous results.

The surveys ask your patients about their experience regarding:

- Getting care quickly.
- How well doctors communicate.
- Coordination of care.
- Rating of personal doctor.
- Rating of specialist.
- Rating of health care.
- Getting needed care.
- Coordination of care from the doctor's office.
- Flu shots.
- Pneumonia shots.

What can provider offices do?

Providers' offices should:

- Communicate thoroughly and completely using language the patient can understand.
- Converse with patients regarding their status, tests, medications, outcomes, etc. in their specialty/PCP appointments.
- Process referrals and authorizations efficiently and as appropriate.
- Provide appointments convenient to patients.
- Be aware of and limit the amount of time patients wait.
- Listen to patients and make sure they understand your recommendations.
- Encourage preventive care, such as influenza and pneumococcal vaccines.
- Discuss and assess as appropriate mental health, physical activity and risk for falls.

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

SFLCARE-0079-19/SFL-NL-0131-19

Electronic claim payment reconsideration

As currently outlined in your provider manual, providers can submit claim payment reconsiderations verbally, in writing or electronically. We are reaching out to notify you about some exciting new tools for electronic submission that will become available through the Availity Portal. In addition, the Medicare Advantage provider manual has been updated with new information regarding claim remediation tools through the Availity Portal.

Beginning July 22, 2019, providers will have the ability to submit claim reconsideration requests through the Availity Portal with more robust functionality. For you, this means an enhanced experience when:

- Filing a claim payment reconsideration.
- Sending supporting documentation.
- Checking the status of your claim payment reconsideration.
- Viewing your claim payment reconsideration history.

New Availity Portal functionality will include:

- Acknowledgement of submission at the time of submission.
- Notification when a reconsideration has been finalized by Simply Healthcare Plans, Inc.
- A worklist of open submissions to check a reconsideration status.

With the new electronic functionality, when a claim payment reconsideration is submitted through the Availity Portal, we will investigate the request and communicate an outcome through the Availity Portal. Once an outcome has been determined, the Availity Portal user who submitted the claim payment reconsideration will receive notification through Availity informing the user the reconsideration review has been completed. If you are not satisfied with the reconsideration outcome, continue to follow the process to file a claim payment appeal, as outlined in your provider manual.

SHPCRNL-0012-19/SFL-NL-0130-19/SFLCARE-0077-19



To learn more about the claim payment dispute tool, register for a live webinar or view a previous recording:

- Log in to Availity at <http://www.availity.com>.
- Select Help & Training | Get Trained.
- Enter Appeals in the search field.
- Enroll in a course.

Providers who have questions as they begin to use the new functionality should contact Availity at **1-800-282-4548**.

Medical Policies and Clinical Utilization Management Guidelines update

The *Medical Policies, Clinical Utilization Management (UM) Guidelines* and *Third Party Criteria* below were developed and/or revised to support clinical coding edits. Note, several policies and guidelines were revised to provide clarification only and are not included. Existing precertification requirements have not changed. Please note: The *Medical Policies* and *Clinical UM Guidelines* below are followed in the absence of Medicare guidance.



To view a guideline, visit https://medicalpolicy.simplyhealthcareplans.com/shp_search.html.

August 2019 updates

Updates:

Updates marked with an asterisk (*) denote that the criteria may be perceived as more restrictive.

- *GENE.00023 — Gene Expression Profiling of Melanomas
 - Expanded Scope to include testing for the diagnosis of melanoma
 - Updated investigational and not medically necessary (INV&NMN) statement to include suspicion of melanoma
- *GENE.00046 — Prothrombin G20210A (Factor II) Mutation Testing
 - Revised title
 - Expanded scope and position statement to include all prothrombin (factor II) variations
- *MED.00110 — Growth Factors, Silver-based Products and Autologous Tissues for Wound Treatment and Soft Tissue Grafting
 - Revised title
 - Added new INV&NMN statements addressing Autologous adipose-derived regenerative cell therapy and use of autologous protein solution
- *SURG.00052 — Intradiscal Annuloplasty Procedures (Percutaneous Intradiscal Electrothermal Therapy [IDET], Percutaneous Intradiscal Radiofrequency Thermocoagulation [PIRFT] and Intradiscal Biacuplasty [IDB])
 - Revised title
 - Combined the three INV&NMN statements into a single statement
 - Added Intraosseous basivertebral nerve ablation to the INV&NMN statement
- *TRANS.00035 — Mesenchymal Stem Cell Therapy for the Treatment of Joint and Ligament Disorders, Autoimmune, Inflammatory and Degenerative Diseases
 - Revised title
 - Expanded Position Statement to include non-hematopoietic adult stem cell therapy
- *CG-ANC-07 — Inpatient Interfacility Transfers
 - Added NMN statements regarding admission and subsequent care at the receiving facility
- *CG-DME-46 — Pneumatic Compression Devices for Prevention of Deep Vein Thrombosis of the Extremities
 - Revised title
 - Expanded Scope
 - Revised MN statement to include upper extremities
- The following AIM Specialty Health® updates were approved:
 - *Spine Surgery
 - *Radiation Oncology-Brachytherapy Brachytherapy, intensity modulated radiation therapy (IMRT), stereotactic body radiation therapy (SBRT) and stereotactic radiosurgery (SRS) treatment guidelines
 - Sleep Disorder Management Diagnostic & Treatment Guidelines
 - Advanced Imaging
 - Imaging of the Heart: Cardiac CT for Quantitative Evaluation of Coronary Calcification
 - *Imaging of the Abdomen and Pelvis
- MCG Customization for Repair of Pelvic Organ Prolapse (W0163) — Updated Coding Section

Medical Policies and Clinical UM Guidelines update (cont.)

Medical Policies

On August 22, 2019, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Simply Healthcare Plans, Inc. (Simply). View the full update online for a list of the policies.

Clinical UM Guidelines

On August 22, 2019, the MPTAC approved several *Clinical UM Guidelines* applicable to Simply. These guidelines were adopted by the medical operations committee for Simply members on September 26, 2019. View the full update online for a list of the guidelines.



Read more online.

SHPCRNL-0035-19

Prior authorization (PA) requirements

Global 3M19 Medical Policy and Technology Assessment Committee PA requirement updates

Effective February 1, 2020, PA requirements will change for several services to be covered by Simply Healthcare Plans, Inc. for our members.



Read more online.

SHPCRNL-0030-19

E0784, K0553 and K0554

Effective February 1, 2020, PA requirements will change for the following services to be covered by Simply Healthcare Plans, Inc. for our members.

PA requirements will be added to the following:

- E0784: ext amb infusn pump insulin
- K0553: supply allowance for therapeutic continuous glucose monitor, includes all supplies and accessories, one month supply = one unit of service
- K0554: receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system

SHPCRNL-0031-19

Federal and state law, as state contract language and Centers for Medicare & Medicaid Services guidelines, including definitions and specific contract provisions/exclusions, take precedence over these PA rules and must be considered first when determining coverage. **Noncompliance with new requirements may result in denied claims.**

Not all prior authorization requirements are listed here. Detailed prior authorization requirements are available to contracted providers by accessing the provider self-service tool on the Availity Portal by going to <https://provider.simplyhealthcareplans.com/florida-provider> > Login. Contracted and noncontracted providers unable to access Availity can call the Provider Services number located on the member's card for PA requirements.

Clear Health Alliance

Pharmacy benefit manager change to IngenioRx

Effective October 1, 2019, IngenioRx became the pharmacy benefit manager (PBM) for prescription drugs, home delivery pharmacy and specialty pharmacy for Clear Health Alliance members.

Transferring prescriptions

We automatically transferred prescriptions to IngenioRx Home Delivery Pharmacy for patients using home delivery through Express Scripts Mail Order Pharmacy. For patients receiving specialty drugs from Accredo, we automatically transferred prescriptions to IngenioRx Specialty Pharmacy. Patients filling prescriptions at a retail pharmacy can continue, in most cases, using their same retail pharmacy.

Prescriptions for controlled substances or compounded drugs currently being filled at Express Scripts Mail Order Pharmacy or other out of network mail order pharmacy, Accredo or other out of network specialty pharmacies cannot be transferred to another pharmacy under federal law. Patients currently receiving these medications will need a new prescription sent to an IngenioRx Home Delivery Pharmacy or IngenioRx Specialty Pharmacy.

More information coming soon

We will send additional information regarding this transition to the new PBM. If you have questions about this change, contact your local Provider Relations representative or call Provider Services at **1-844-405-4296**.

IngenioRx, Inc. is an independent company providing pharmacy benefit management services on behalf of Clear Health Alliance.

SFL-NL-0033-19

Electronic submission is preferred method for requesting prior authorization

Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. The online process is faster and easier to complete, and the response is automatic, which helps patients get their medications sooner. You can complete this process through your current electronic health record/electronic medical record (EHR/EMR) system or via the following ePA sites:



- Surescripts®:
<https://providerportal.surescripts.net/providerportal>
- CoverMyMeds®:
<https://www.covermymeds.com/main>

Creating an account is free and takes just a few minutes. If you are experiencing any issues or have a question about how the systems operate:

- For questions or issues with accessing the Surescripts portal, call **1-866-797-3239**.
- For questions or issues with accessing the CoverMyMeds portal, call **1-866-452-5017**.

For questions regarding pharmacy benefits, contact your IngenioRx call center at **1-844-405-4296**.

IngenioRx, Inc. is an independent company providing pharmacy benefit management services on behalf of Clear Health Alliance.

SFL-NL-0113-19/SFL-NL-0132-19

Precertification Lookup Tool — easy access to prior authorization guidelines on the Availity Portal

Clear Health Alliance (CHA) has an online tool that displays prior authorization guidelines to help you quickly determine whether certain services for CHA members require a prior authorization.

You can access the Precertification Lookup Tool through the Availity Portal. The Precertification Lookup Tool will let you know if clinical edits apply, information such as the medical necessity criteria used in making the authorization decision and if a vendor is used — without the need to make a phone call.

Where is the Precertification Lookup Tool located on Availity?

Navigate to the Precertification Lookup Tool on the Availity Portal by selecting either 1) Payer Spaces or 2) Patient Registration from [Availity's homepage](#). Access to the information does not require an Availity role assignment, tax ID or NPI.

Through Availity Payer Spaces:

- Select the Clear Health Alliance tile from the *Payer Spaces* menu.
- Select the **Applications** tab.
- Select the **Precertification Lookup Tool** tile.

From the Patient Registration menu:

- Select **Authorizations and Referrals**.
- Select the **Precertification Lookup Tool** link located under *Additional Authorizations & Referrals*.

Once you have accessed the Precertification Lookup Tool, choose a line of business from the menu selection offered, then type the CPT®/HCPCS code or a code description to determine if a prior authorization is required.

Other ways to access

If you are currently accessing the Precertification Lookup Tool either through your health plan's public or secure provider website, those options are still available for you.

SFL-NL-0120-19

Medical Policies and Clinical Utilization Management Guidelines update

The *Medical Policies* and *Clinical Utilization Management (UM) Guidelines* below were developed and/or revised to support clinical coding edits. Note, several policies and guidelines were revised to provide clarification only and are not included. Existing precertification requirements have not changed. For markets with carved-out pharmacy services, the applicable listings below are informational only.



To search for specific policies or guidelines, visit <https://medicalpolicy.clearhealthalliance.com>.

March 2019 updates

Updates:

- CG-DME-44 — Electric Tumor Treatment Field (TTF) was revised to add the use of enhanced computer treatment planning software (such as NovoTal) as not medically necessary (NMN) in all cases.
- CG-MED-72 — Hyperthermia for Cancer Therapy was revised to clarify medically necessary (MN) and NMN statements addressing frequency of treatment.
- CG-SURG-09 — Temporomandibular Disorders was revised to clarify MN and NMN criteria and removed requirement for FDA approval of prosthetic implants.
- CG-SURG-30 — Tonsillectomy for Children with or without Adenoidectomy was revised to:
 - Spell out number of episodes of throat infections in MN criteria (A1, A2, A3).
 - Clarify criterion addressing parapharyngeal abscess (B4) to say two or more.
 - Add “asthma” as potential condition improved by tonsillectomy in MN criteria (C1b).
- The following AIM Specialty Health[®] updates took effect on March 31, 2019:
 - Advanced Imaging
 - Imaging of the brain
 - Imaging of the extremities
 - Imaging of the spine

Medical Policies

On March 21, 2019, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Clear Health Alliance (CHA). View the full update online for a list of the policies.

Clinical UM Guidelines

On March 21, 2019, the MPTAC approved several *Clinical UM Guidelines* applicable to Simply. These guidelines were adopted by the medical operations committee for CHA members on May 7, 2019. View the full update online for a list of the guidelines.



Read more online.

AIM Specialty Health is a separate company providing utilization review services on behalf of Simply Healthcare Plans, Inc.

SFL-NL-0075-19

June 2019 updates

Notes/updates

Updates marked with an asterisk (*) denote that the criteria may be perceived as more restrictive.

- *DME.00037 — Added devices that combine cooling and vibration to the Investigational (INV) & not medically necessary (NMN) statement
- *LAB.00027 — Added Mediator Release Test to INV&NMN statement.
- *LAB.00033 — Clarified INV&NMN statement to include 4Kscore and AR-V7
- *OR-PR.00003:
 - Clarified medically necessary (MN) position statement criteria 2 to 4
 - Added statement that use of prosthetic devices that combine both a microprocessor controlled knee and foot-ankle prosthesis is considered INV&NMN for all indications
- *SURG.00011:
 - Added new MN and INV&NMN statements addressing amniotic membrane-derived products for conjunctival and corneal indications, including KeraSys and Prokera
 - Added new products to INV&NMN statement.
- *SURG.00045:
 - Added erectile dysfunction, Peyronie's disease and wound repair to the INV&NMN statement
 - Revised title
- *SURG.00121 — Added INV&NMN statement to address use of transcatheter tricuspid valve repair or replacement for all indications
- The following AIM Specialty Health® updates were approved on June 6, 2019:
 - Advanced imaging:
 - Imaging of the heart
 - Oncologic imaging
 - Vascular imaging
 - Proton beam therapy
 - Rehabilitative therapies — physical therapy, occupational therapy and speech therapy (new)

Medical Policies

On June 6, 2019, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Clear Health Alliance (CHA). View the full update online for a list of the policies.

Clinical UM Guidelines

On June 6, 2019, the MPTAC approved several *Clinical UM Guidelines* applicable to CHA. These guidelines were adopted by the medical operations committee for Statewide Medicaid Managed Care Managed Medical Assistance members on July 5, 2019. View the full update online for a list of the guidelines.



Read more online.

AIM Specialty Health is a separate company providing utilization review services on behalf of Simply Healthcare Plans, Inc.

SFL-NL-0092-19