

February 2019

Simply Healthcare Plans, Inc. and Clear Health Alliance EIS and TCM continuity of care, billing and contact information

This notice serves to provide information to Early Intervention Services (EIS) and Children’s Health Targeted Case Management (TCM) providers concerning Statewide Medicaid Managed Care Managed Medical Assistance (SMMC MMA) continuity of care (COC) requirements for new members who transition into Simply Healthcare Plans, Inc. and Clear Health Alliance (Simply).

Continuity of care

COC requirements for newly transitioned SMMC MMA members state that we pay for COC services rendered to new enrollees transitioning into Simply. In the event a new Simply member is receiving a prior authorized ongoing course of treatment with any provider (including those services previously authorized under the fee-for-service delivery system or by the enrollee’s immediate former managed care plan), Simply is responsible for the costs of continuation of such course of treatment, without any form of authorization and without regard to whether such services are being provided by participating or nonparticipating providers, for up to 60 days after the effective date of enrollment. Simply will reimburse nonparticipating providers at the rate they received for services rendered immediately before the enrollee transitioned to Simply for a maximum of 30 days unless said provider agrees to an alternative rate. Further information pertaining to reimbursement outside of the COC period can be found in the provider manual. Please visit our provider site at www.simplyhealthcareplans.com/provider or www.clearhealthalliance.com/provider.

Claims submission

Please submit SMMC MMA program claims to the below mailing address or through the Availity Portal.

Simply Healthcare Plans, Inc.
Attn: Florida SMMC MMA
P.O. Box 61010
Virginia Beach, VA 23466-1020

Availity payer ID	Simply Healthcare Plans, Inc.	Clear Health Alliance
	SMPLY	CLEAR

When submitting a professional electronic claim in the Availity payer field, please select **SIMPLY HEALTHCARE AN ANTHEM COMPANY**.

Please ensure that claims are submitted on a *CMS-1500* claim form and include but are not limited to the following:

- Complete and correct member demographics (for example, DOB, Subscriber ID, Medicaid ID, etc.)
- Correct plan information
- Billing and rendering provider MID # and NPI #
- Billing provider address not a P.O. Box (Medicaid agency requirement)
- Member diagnosis

www.simplyhealthcareplans.com/provider | www.clearhealthalliance.com/provider

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

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- Procedure code as listed on the Medicaid fee schedule for SMMC MMA
- Procedure code — diagnosis pointer

Clean claims are adjudicated within 15 days of receipt for electronic or 20 days of receipt for paper.

Electronic funds transfer (EFT) enrollment	Use the CAQH EFT EnrollHub tool available at https://www.caqh.org/solutions/enrollhub . CAQH Provider Help Desk: 1-844-815-9763 7 a.m. to 9 p.m. ET, Monday through Thursday 7 a.m. to 7 p.m. ET, Friday
Electronic remittance advice (ERA) enrollment	Navigate to https://www.availity.com and select Enrollments Center in the <i>My Account Dashboard</i> on the home page. Select ERA Enrollment in the <i>Multi-Payer Enrollments</i> section. Follow the wizard and submit. After submitting, you will be notified by email that enrollment is complete and will start receiving 835 ERAs through Availity. Availity: 1-800-282-4548

Claims dispute process	Provider Services
Verbal dispute: 1-844-405-4296 Written dispute: Simply Healthcare Plans, Inc. Payment Appeals P.O. Box 61599 Virginia Beach, VA 23466-1599	Phone: 1-844-405-4296 Wendy Wriggins Ernst Director of Network Relations Phone: 1-305-487-4430 Email: wernst1@simplyhealthcareplans.com

Below, please find Simply’s EIS and child health TCM services provider fee schedules, which are consistent with the SMMC MMA fee schedules in Florida. Please do not hesitate to contact Wendy Wriggins Ernst at the phone number indicated above if you have any questions or concerns.

EIS fee schedule				
Code	Mod 1	Mod 2	Description of service and limits	Maximum fee
T1023			Screening (maximum 3 per calendar year per child)	\$50
T1024	GP	UK	Initial interdisciplinary psychosocial and developmental evaluation rendered by a physical therapist (maximum 1 per lifetime per child)	\$37.50 30-minute unit maximum 4 units
T1024	GN	UK	Initial interdisciplinary psychosocial and developmental evaluation rendered by a speech therapist (maximum 1 per lifetime per child)	\$37.50 30-minute unit maximum 4 units
T1024	GO	UK	Initial interdisciplinary psychosocial and developmental evaluation rendered by an occupational therapist (maximum 1 per lifetime per child)	\$37.50 30-minute unit maximum 4 units

Code	Mod 1	Mod 2	Description of service and limits	Maximum fee
T1024	TL		Initial interdisciplinary psychosocial and developmental evaluation rendered by a licensed early intervention professional (maximum 1 per lifetime per child)	\$37.50 30-minute unit maximum 4 units
T1024	HN	UK	Initial interdisciplinary psychosocial and developmental evaluation rendered by an ITDS (maximum 1 per lifetime per child)	\$27.75 30-minute unit maximum 4 units
T1024	GP	TS	Follow-up psychosocial and developmental evaluation rendered by a physical therapist (maximum 3 per calendar year per child)	\$37.50 30-minute unit maximum 4 units
T1024	GN	TS	Follow-up psychosocial and developmental evaluation rendered by a speech therapist (maximum 3 per calendar year per child)	\$37.50 30-minute unit maximum 4 units
T1024	GO	TS	Follow-up psychosocial and developmental evaluation rendered by an occupational therapist (maximum 3 per calendar year per child)	\$37.50 30-minute unit maximum 4 units
T1024	TL	TS	Follow-up psychosocial and developmental evaluation rendered by a licensed early intervention professional (maximum 3 per calendar year per child)	\$37.50 30 minute unit maximum 4 units
T1024	TS		Follow-up psychosocial and developmental evaluation rendered by an ITDS (maximum 3 per calendar year per child)	\$27.75 30-minute unit maximum 4 units
T1027	SC		Early intervention individual session provided by an EIS professional (maximum 1 hour per day)	\$12.50 15 minutes maximum 4 units
T1027	TT	SC	Early intervention group session provided by an EIS professional (maximum 1 hour per day)	\$6.25 15 minutes maximum 4 units per day

Child health TCM services fee schedule		
Code and modifier	Description of service	Maximum fee
T1017 TL	TCM for children's medical services early steps providers	\$9.25/unit
T1017 SE	TCM for children's medical services medical foster care contractors	\$9.25/unit