Provider Newsletter

Simply healthcare

Medicaid Managed Care

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

June 2019

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Important information about utilization management

Our utilization management (UM) decisions are based on the appropriateness of care and service needed, as well as members' coverage according to their health plan. We do not reward providers or other individuals for issuing denials of coverage, service or care. Nor do we make decisions about hiring, promoting or terminating these individuals based on the idea or thought that they will deny benefits. In addition, we do not offer financial incentives for UM decision makers to encourage decisions resulting in underutilization. Our medical policies are available on our **provider website**.

You can request a free copy of our UM criteria from Provider Services at **1-844-405-4296**. Providers can discuss a UM denial decision with a physician reviewer by calling us toll free at the number listed below. Providers can access UM criteria **online**.

We are staffed with clinical professionals who coordinate our members' care and are available 24 hours a day, 7 days a week to accept precertification requests. Secured voicemail is available during off-business hours. A clinical professional will return your call within the next business day. Our staff will identify themselves by name, title and organization name when initiating or returning calls regarding UM issues.

You can submit precertification requests by:

- Faxing to 1-**800-964-3627**
- Calling us at **1-844-405-4296**
- The Availity Portal at **https://www.availity.com**

Have questions about utilization decisions or the UM process?

Call our Clinical team at **1-844-405-4296** Monday to Friday from 8 a.m. to 7 p.m. Eastern time.

SFL-NL-0042-19

2019 *Utilization Management Affirmative Statement* concerning utilization management decisions

All associates who make utilization management (UM) decisions are required to adhere to the following principles:

- UM decision making is based only on appropriateness of care and service and existence of coverage.
- We do not specifically reward practitioners or other individuals for issuing denials of coverage or care. Decisions about hiring, promoting or terminating practitioners or other staff are not based on the likelihood or perceived likelihood that they support, or tend to support denials of benefits.
- Financial incentives for UM decision makers do not encourage decisions that result in underutilization or create barriers to care and service.

SFL-NL-0040-19

Simply healthcare

Complex Case Management program

Managing illness can be a daunting task for our members. It is not always easy to understand test results or know how to obtain essential resources for treatment or who to contact with questions and concerns.

Simply Healthcare Plans, Inc. is available to offer assistance in these difficult moments with our Complex Care Management program. Our care managers are part of an interdisciplinary team of clinicians and other resource professionals there to support members, families, primary care physicians and caregivers. The Complex Care Management process utilizes the experience and expertise of the Care Coordination team to educate and empower our members by increasing self-management skills. The Complex Care Management process can help members understand their illnesses and learn about care choices to ensure they have access to quality, efficient health care.

Members or caregivers can refer themselves or family members by calling the Customer Service number located on their ID card. They will be transferred to a team member based on the immediate need. Physicians can refer their patients by contacting us telephonically or through electronic means. We can help with transitions across levels of care so that patients and caregivers are better prepared and informed about health care decisions and goals.

You can contact us by email:

- **General:** CM_DM_Referrals@simplyhealthcareplans.com
- **Medical Foster Care and Early Intervention Services:** dl-EIS_MFC_communications@anthem.com
- **CMAT:** dl-CM_CMAT_MDT@anthem.com

You can reach us by phone at:

- **Medicaid: 1-844-406-2396, ext. 106-121-3001**
- **Medicare: 1-877-577-0115**

SFL-NL-0042-19

Members' Rights and Responsibilities Statement

The delivery of quality health care requires cooperation between patients, their providers and their health care benefit plans. One of the first steps is for patients and providers to understand their rights and responsibilities. Therefore, in line with our commitment participating practitioners and members in our system, Simply Healthcare Plans, Inc. has adopted a *Members' Rights and Responsibilities Statement*, which is located within the provider manual.

If you need a physical copy of the statement, call Provider Services at **1-844-405-4296**.

SFL-NL-0042-19

Simply healthcare

Intervention for blood sugar control in pregnant women with diabetes

In an effort to help your patients maintain healthy blood sugar levels throughout pregnancy, reduce the probability that babies will be born weighing greater than 4,500 grams and, thereby, reduce the potential for Cesarean section, Simply Healthcare Plans, Inc. (Simply) offers the Diabetes in Pregnancy program to support you and your patients. Eligible Simply members in need of additional support may be enrolled in case management and referred to a registered dietitian/nutritionist or certified diabetes educator.

The program includes providing meal planning assistance, physical activity interventions, weight gain interventions and monitoring blood sugars patterns. Pregnant members with diabetes are identified as early as possible and are targeted for outreach to engage in case management.

Diabetes in pregnancy

The common types of diabetes seen during pregnancy are type 1, type 2 and gestational diabetes, which is defined as diabetes first diagnosed in the second or third trimester of pregnancy that is clearly neither pre-existing type 1 or type 2 diabetes. According to the Centers for Disease Control and Prevention, pre-existing diabetes occurs in 1% to 2% of all pregnancies and gestational diabetes in 6% to 9% of pregnancies.[1]

While pregnancy complicated with diabetes is a low percentage of all pregnancies, the risk of Cesarean sections are much higher in this population than for women with uncomplicated pregnancies. Sixty-four percent of women with pre-existing diabetes and 46% of women with gestational diabetes will have a Cesarean section compared to 32% of women who do not have diabetes during pregnancy.[2]

Whether diagnosed with type 1 or type 2 diabetes or diagnosed with gestational diabetes, blood sugar control is essential for the health and well-being of mother and infant. All types of diabetes put the baby at risk for macrosomia, making a Cesarean section delivery more likely.[3] Research indicates that early lifestyle interventions, such as meal planning and physical activity, can help women reach healthy blood sugar targets more quickly and help them stay in target longer, thus reducing the risk of macrosomia in the infant.[4] According to the American College of Obstetricians and Gynecologists (ACOG), Cesarean sections should be limited to babies of at least 4,500 grams in mothers with diabetes.[5]

For more information

If you have a patient who would benefit from speaking with a Simply registered dietitian/nutritionist, certified diabetes educator or an obstetric case manager, please call Provider Services at **1-844-405-4296** and ask for a case management referral for the member.

1 Retrieved from: **https://www.cdc.gov/reproductivehealth/maternalinfanthealth/diabetes-during-pregnancy.htm**.

2 *Agency for Healthcare Research and Quality Statistical Brief #102*. Retrieved from: **https://www.hcup-us.ahrq.gov/reports/statbriefs/sb102.jsp**.

3 *The New England Journal of Medicine*, May 8, 2008 vol. 358 no. 19. Hyperglycemia and Adverse Pregnancy Outcomes, The HAPO Study Cooperative Research Group. Retrieved from: **https://www.nejm.org/doi/full/10.1056/NEJMoa0707943**.

4 E*ffect of diet and physical activity based interventions in pregnancy on gestational weight gain and pregnancy outcomes: meta-analysis of individual participant data from randomized trials*. BMJ 2017;358:j3119 doi: 10.1136/bmj.j3119 (Published 19 July 2017).

5 *ACOG Obstetrics Care Consensus No.1*, March 2014 (reaffirmed 2016), Safe Prevention of Primary Cesarean Delivery. Retrieved from: **https://www.acog.org/Clinical-Guidance-and-Publications/Obstetric-Care-Consensus-Series/Safe-Prevention-of-the-Primary-Cesarean-Delivery**.

SFL-NL-0034-19

Sepsis diagnosis coding and billing reminder

To help ensure compliance with the coding and billing of sepsis, Simply Healthcare Plans, Inc. reviews clinical information in the medical records submitted with the claim, including lab results, treatment and medical management. In order to conduct the review accurately and consistently, our review process for sepsis applies ICD-10-CM coding and documentation guidelines, in addition to the updated and most recent sepsis-3 clinical criteria published in the **Journal of the American Medical Association, February 2016**. At discharge, clinicians and facilities should apply the sepsis-3 criteria when determining if their patient's clinical course supports the coding and billing of sepsis. The claim may be subject to an adjustment in reimbursement when sepsis is not supported based on the sepsis-3 definition and criteria.

SFL-NL-0041-19

Medicare Advantage

2019 *Utilization Management Affirmative Statement* concerning utilization management decisions

View the **article** in the Medicaid section.

SFL-NL-0040-19

Important information about utilization management

View the **article** in the Medicaid section.

SFL-NL-0042-19

Members' Rights and Responsibilities Statement

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Complex Case Management program

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Sepsis diagnosis coding and billing reminder

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SFL-NL-0041-19/SHPCRNL-0010-19

2019 provider trainings

The Simply Healthcare Plans, Inc. Medicare Risk Adjustment regulatory compliance team offers two provider training series regarding Medicare risk adjustment guidelines. Information for each training is outlined below:

Medicare Risk Adjustment and Documentation Guidance (General) training	
Series:	Offered the first Wednesday of each month from 1 p.m. to 2 p.m. ET
Learning objective:	Provide an overview of Medicare risk adjustment, including the risk adjustment factor and the hierarchical condition category (HCC) model, with guidance on medical record documentation and coding
Credits:	This live activity is offered from December 5, 2018, through November 6, 2019. It has been reviewed by the American Academy of Family Physicians and is acceptable for up to 1.00 prescribed credit.

For those interested in joining us to learn how providers play a critical role in facilitating the risk adjustment process, register for one of the monthly training sessions at the link below:
https://antheminc.adobeconnect.com/admin/show-event-catalog?folder-id=38826374.

Medicare Risk Adjustment, Documentation and Coding Guidance (Condition Specific) training	
Series:	Offered bimonthly on the fourth Wednesday from noon to 1 p.m. ET
Learning objective:	Collaborative learning event with enhanced personal health care to provide in-depth disease information pertaining to specific conditions, including an overview of their corresponding HCCs, with guidance on documentation and coding
Credits:	This live activity series is offered from January 23, 2019, to November 27, 2019. It has been reviewed by the American Academy of Family Physicians and is acceptable for credit.

For those interested in joining us for this six-part training series, please see the list of topics and scheduled training dates below:

1. **Red Flag HCCs, Part 1 (Register for recording of live session):** Training will cover HCCs most commonly reported in error as identified by CMS: chronic kidney disease (stage 5), ischemic or unspecified stroke, cerebral hemorrhage, aspiration and specified bacterial pneumonias, unstable angina and other acute ischemic heart disease, and end-stage liver disease. Recording will play upon registration.
   https://antheminc.cosocloud.com/e4i5k4h7cf3j/event/registration.html
2. **Red Flag HCCs, Part 2 (March 27, 2019):** Training will cover HCCs most commonly reported in error as identified by CMS: atherosclerosis of the extremities with ulceration or gangrene, myasthenia gravis/ myoneural disorders and Guillain-Barre syndrome, drug/alcohol psychosis, lung and other severe cancers, and diabetes with ophthalmologic or unspecified manifestation. Recording will play upon registration.
   https://antheminc.cosocloud.com/enfndbyedd5g/event/event_info.html
3. **Opioids and more: Substance abuse and dependence (May 22, 2019):**
   Register at **https://antheminc.cosocloud.com/ej8ltgkxa1ch/event/registration.html**.
4. **Acute, chronic and status conditions (July 24, 2019):**
   Register at **https://antheminc.cosocloud.com/e2j034x8nshx/event/registration.html**.
5. **Diabetes mellitus and other metabolic disorders (September 25, 2019):**
   Register at **https://antheminc.cosocloud.com/e9l4sxzbd2lq/event/registration.html**.
6. **Behavioral health (November 27, 2019):**
   Register at **https://antheminc.cosocloud.com/eatxsocnqf6h/event/registration.html**.

Submitting corrected claims

Simply Healthcare Plans, Inc. (Simply) will treat corrected claims as replacement claims. When you submit a corrected claim, it is important that you clearly identify that the claim is a correction rather than an original claim. Refer to the instructions below for information on submitting *CMS-1500* and *UB-04* claims forms.

Electronic *CMS-1500* claims

Enter Claim Frequency Type code (billing code) 7 for a replacement/correction. Enter 8 to void a prior claim in the 2300 loop of CLM*05 03. Enter the original claim number in the 2300 loop of the REF*F8*.

Paper *CMS-1500* claims

Simply will accept:

- Corrected claim written on the face of the *CMS-1500* claim.
- The *Provider Adjustment Request Form* clearly identifying the information being corrected.
- Entry in box 22 of the claim:
  - Use resubmission code 7 to notify us of a corrected or replacement claim.
  - Insert an 8 to let us know you are voiding a previously submitted claim.
  - Enter the original claim number in the Original Ref. No. field. If that information is not available, enter the original document control number (DCN).

Electronic or paper *UB-04* claims

- Simply will continue to accept the *Provider Adjustment Request Form* clearly identifying the information being corrected.
- When submitting a corrected claim, ensure the type of bill is xx7 (correction/replacement) or xx8 (void) when the correction is made within the initial claim one year timely filing limitation.

When you need to correct a claim and it is beyond the timely filing limit of one calendar year from the through date on claim, you should resubmit a reopening request (type of bill XXQ) to correct the error. Reopenings are typically used to correct claims with clerical errors, including minor errors and omissions, and are conducted at the discretion of the plan. Therefore, it is not appealable, and the original initial determination stands as a binding decision. Appeal rights are retained on the original initial determination. Omissions do not include failure to bill items or services such as late charges.

Note: For adjustments and reopenings that result in higher weighted diagnosis-related groups, there is a congressionally mandated time frame of 60 days from the initial claim determination.

SHPCRNL-0007-19

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SFL-NL-0040-19

Members' Rights and Responsibilities Statement

The delivery of quality health care requires cooperation between patients, their providers and their health care benefit plans. One of the first steps is for patients and providers to understand their rights and responsibilities. Therefore, in line with our commitment participating practitioners and members in our system, Clear Health Alliance has adopted a *Members' Rights and Responsibilities Statement*, which is located within the provider manual.

If you need a physical copy of the statement, call Provider Services at **1-844-405-4296**.

SFL-NL-0042-19

Sepsis diagnosis coding and billing reminder

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You can contact us by email:

- **General:** CM_DM_Referrals@simplyhealthcareplans.com
- **Medical Foster Care and Early Intervention Services:** dl-EIS_MFC_communications@anthem.com
- **CMAT:** dl-CM_CMAT_MDT@anthem.com

You can reach us by phone at **1-855-459-1566**.

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SFL-NL-0042-19

CLEAR HEALTH ALLIANCE