

Hospice claims notice

Simply Healthcare Plans, Inc. and Clear Health Alliance (Simply) has identified, via an internal hospice claim review, two claims processing errors that are resulting in nonpayment of hospice room and board claims.

Front-end rejection

The first issue involves a front-end rejection error. The root-cause analysis identified that a new claims systems coding/configuration implemented in December 2019, intended for hospital inpatient claims, has been causing the incorrect rejection of hospice claims for missing admission diagnosis. This configuration should have excluded hospice room and board claims. We are diligently working to correct the coding in the system and expect that it will be corrected by May 7, 2020.

In order to ensure hospice providers receive payment for the incorrectly rejected claims, Simply has implemented an ongoing claim review process that bypasses these incorrect rejections and allows the claim to process through Simply's claims system. Additionally, all claims that were previously rejected in error on or after December 1, 2019, are being reprocessed, and payment will be issued by May 31, 2020.

Claims denials

The second issue involves the incorrect denial of hospice claims requiring the submission of an *Explanation of Payment (EOP)* for members where no third-party liability exists. This issue was corrected on April 28, 2020. We are in the process of finalizing the root-cause analysis of the issue and identifying the needed corrective actions.

Until this issue is resolved, in order to ensure hospice providers receive payment for any previously incorrectly denied claims, Simply has implemented an ongoing claim review process that identifies these claims and reprocesses them for any payment due. All claims that were previously denied in error on or after December 31, 2019, are being reprocessed, and payment will be issued by May 31, 2020.

Note: Claims resubmission is not required. We will continue the process implemented to mediate these claim rejections and denials until the coding/configuration issues are corrected. Providers **do not need** to submit appeals in order to correct these errors.

If you have any questions or concerns related to the information in this bulletin, please contact your Provider Relations representative.

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

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

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

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