

Simply Healthcare Plans, Inc. and Clear Health Alliance — Medicaid claims payment exceptions process (COVID-19)

We would like to thank all medical providers and their staff for the continuity of care and safety provided to our Florida Medicaid recipients during the novel coronavirus (COVID-19) state of emergency. Simply Healthcare Plans, Inc. and Clear Health Alliance (Simply) have implemented a claims payment exceptions process for reimbursement of certain medically necessary services furnished during the period of the state of emergency that:

- Normally would have required a prior authorization;
- Were rendered by a non-participating provider or;
- Exceeded coverage limits for the service

Simply will continue to update policy and procedures to meet the state guidance and to support our providers.

Provider enrollment requirements (including waiver of non-applicable provider credentialing requirements)

Simply will pay for medically necessary services provided to members diagnosed with COVID-19, regardless of whether the provider is located or licensed in Florida or located in-state but is not currently participating in Florida Medicaid. The goal of the process is to minimize the administrative effort required by providers to be paid for services they rendered to those Florida Medicaid recipients impacted by COVID-19. This process should only be used by providers that have already provided services and are requesting payment.

The use of non-participating providers is limited to instances where a plan-contracted provider is not available to render the medically necessary service to plan members. Non-participating providers will be reimbursed at the provider reimbursement rates and methodologies published on the Florida Agency for Health Care Administration's web page for covered services rendered to our members.

To be reimbursed for services rendered to eligible Simply members, providers not already enrolled in Florida Medicaid (out-of-state or in-state) must complete and provide the following:

1. A fully completed provisional (temporary) enrollment application.
http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/PUBLIC%20MISC%20FILES/SMMC_Provisional_Out-of-Network_Provider_Enrollment_Form_03182020.pdf
2. A fully completed claim form containing the provider's active National Provider Identifier (NPI), along with the provider's SSN/FEIN;
3. A copy of the provider's professional license; and
4. Please email the information to: ProviderAdminInquiry@anthem.com
5. Please indicate in subject line: **COV 19 Provisional Enrollment**
6. Please contact ProviderAdminInquiry@anthem.com or **1-844-405-4296** if you have questions about this process.

<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. Clear Health Alliance is a Managed Care Plan with a Florida Medicaid contract.

SFLPEC-1933-20 April 2020

Minimum documentation requirements for managed care plan decision making

Under the Agency For Health Care Administration’s COVID-19 state of emergency directive, Simply will not deny medically necessary services for lack of initial or ongoing prior authorization from skilled nursing facilities, long term acute care hospitals, hospital services, physician services, advanced practice registered nursing services, physician assistant services, home health services, and durable medical equipment and supplies. For members diagnosed with COVID-19, Simply will not deny any medically necessary services to evaluate and treat members diagnosed with COVID-19 for lack of prior authorization. We will waive limits on medically necessary services for these members. This includes the following:

- The 45-day hospital inpatient limit
- Home Health services
- DME
- \$1500 outpatient limit

For services rendered by non-participating providers or that exceed coverage limits for services, the plan may request copies of Medical records with claims submission.

Claim submission requirements

Refer to the Provider Manual for claim submission requirements (https://provider.simplyhealthcareplans.com/docs/gpp/FLFL_SMH_FHKProviderManual.pdf). The claims submission requirements are largely the same with the addition of diagnosis codes available for COVID-19-related care.

When submitting claims related to COVID-19, follow the appropriate CDC guidance on diagnosis coding for the date of service.

Interim code guidelines:

ICD-10-CM Official Coding Guidelines — Supplement:

<https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Gudance-Interim-Advice-coronavirus-feb-20-2020.pdf>

New ICD-10-CM diagnosis code, effective April 1, 2020:

New ICD-10-CM code for the 2019 Novel Coronavirus (COVID-19)

<https://www.cdc.gov/nchs/data/icd/Announcement-New-ICD-code-for-coronavirus-2-20-2020.pdf>

Simply encourages the submission of claims electronically through Electronic Data Interchange (EDI). Providers must submit claims within 180 days from the date of discharge for inpatient services or from the date of service for outpatient services. Electronic claims submission is available through Availity (<https://www.availity.com>) with payer IDs:

Health plan	Payer ID
Simply Healthcare Plans, Inc.	SMPLY
Clear Health Alliance	CLEAR

Providers also have the option of submitting paper claims. Paper claims must be submitted within 180 days of the date of service and submitted to the following address:

Claim submission requirements

**Simply Healthcare Plans, Inc.
P.O. Box 61010
Virginia Beach, VA 23466-1020**

Simply maintains a system to collect member encounter data. Due to reporting needs and requirements, network providers who are reimbursed by capitation must send encounter data to Simply for each member encounter. Encounter data can be submitted through EDI submission methods or on a *CMS-1500 (08-05)* claim form unless other arrangements are approved by Simply. Data will be submitted in a timely manner, but no later than 180 days from the date of service. Encounter data should be submitted to the following address:

**Simply Healthcare Plans, Inc.
P.O. Box 61010
Virginia Beach, VA 23466-1010**

For more information, contact Provider Services at **1-844-405-4296**.

For more information regarding Simply's response to COVID-19 and updated guidelines, visit the *Provider News* section of our websites:

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