

Provider Newsletter



<https://provider.simplyhealthcareplans.com>

December 2020

Table of Contents

Medicaid	Page 2
COVID-19 information from Simply Healthcare Plans, Inc.	Page 2
Notifications on the Availity Portal	Page 2
Coding spotlight: HEDIS MY 2021	Page 2
Digital transactions cut administrative tasks in half	Page 3
Resources to support your pregnant and postpartum patients and their families	Page 4
Vaccines for Children Program reminder	Page 5
Important notice: influenza and pneumonia vaccines	Page 6
Prior authorization requirements	Page 7
Medical drug benefit <i>Clinical Criteria</i> updates	Page 8
FDA approvals and expedited pathways used — new molecular entities	Page 9
Children’s Health Insurance Program — Florida Healthy Kids	Page 10
Medicare Advantage	Page 11
2021 Medicare Advantage individual benefits and formularies	Page 12
Medical drug benefit <i>Clinical Criteria</i> update	Page 12
<i>Medical Policies</i> and <i>Clinical Utilization Management Guidelines</i> update	Page 13
Reimbursement Policy	Page 14
Split-Care Surgical Modifiers	Page 14
Clear Health Alliance	Page 15
Notifications on the Availity Portal	Page 15
Digital transactions cut administrative tasks in half	Page 16
Vaccines for Children Program reminder	Page 17
Important Notice: Influenza and Pneumonia Vaccines	Page 18
Resources to support your pregnant and postpartum patients and their families	Page 19
Medical drug benefit <i>Clinical Criteria</i> updates	Page 20
FDA approvals and expedited pathways used — new molecular entities	Page 21
Prior authorization requirements	Page 22
Reimbursement Policy	Page 23
Split-Care Surgical Modifiers	Page 23

Want to receive the Provider Newsletter via email?

Click [here](#) to provide/update your email address.

COVID-19 information from Simply Healthcare Plans, Inc.

Simply Healthcare Plans, Inc. is closely monitoring COVID-19 developments and how the novel coronavirus will impact our customers and provider partners. Our clinical team is actively monitoring external queries and reports from the Centers for Disease Control and Prevention (CDC) to help us determine what action is necessary on our part.

For additional information, reference the *COVID-19 Updates* page on our [website](#).

SFLPEC-1898-20/SFLCARE-0208-20

Notifications on the Availity Portal

We are now using the *Notification Center* on the Availity* Portal home page to communicate vital and time sensitive information. You will see a *Take Action* call out and a red flag in front of the message to make it easy to see new items requiring your attention.



We will use the *Notification Center* to update your organization if there are payment integrity requests for medical attachments or recommended training in the Custom Learning Center. Select the **Take Action** icon to access the custom learning recommended course.

There will also be a message posted in the *Notification Center* when a payment dispute decision is available. Selecting the **Take Action** icon will allow easy access to your appeals worklist for details.

Viewing the *Notification Center* updates should be included as part of your regular workflow so that you are aware of any outstanding action items.

* *Availity, LLC is an independent company providing administrative support services on behalf of Simply Healthcare Plans, Inc.*

SFL-NL-0200-20

Coding spotlight: HEDIS MY 2021

HEDIS overview

The National Committee for Quality Assurance (NCQA) is a non-profit organization that accredits and certifies healthcare organizations. The NCQA establishes and maintains the Healthcare Effectiveness Data and Information Set (HEDIS®). HEDIS is a tool comprised of standardized performance measures used to compare managed care plans. The overall goal is to measure the value of health care based on compliance with HEDIS measures. HEDIS also allows stakeholders to evaluate physicians based on healthcare value rather than cost. This article will outline specific changes to the HEDIS measures as outlined by the NCQA. The changes are effective for the measurement year (MY) 2020 to 2021. It is important to note that the state health agency has the authority to determine which measures and rates managed care organizations should capture.

HEDIS data helps calculate national performance statistics and benchmarks and sets standards for measures in NCQA Accreditation.



HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

SFL-NL-0227-20

Digital transactions cut administrative tasks in half

Introducing the Simply Healthcare Plans, Inc. (Simply) *Provider Digital Engagement Supplement* to the provider manual

Using our secure provider portal or EDI submissions (via Availity*), administrative tasks can be reduced by more than 50% when filing claims with or without attachments, checking statuses, verifying eligibility, benefits and when submitting prior authorizations electronically. In addition, it could not be easier. Through self-service functions, you can accomplish digital transactions all at one time, all in one place. If you are not already registered, just go [here](#) for EDI or [here](#) for the secure provider portal (Availity).

Get payments faster

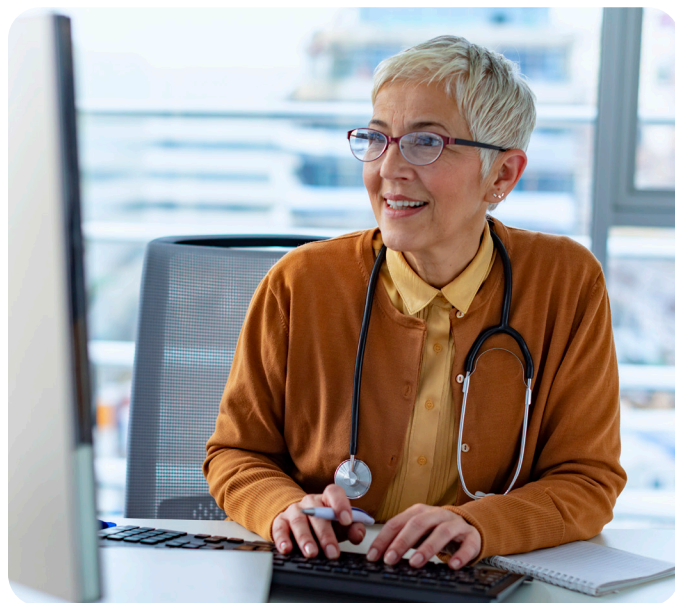
By eliminating paper checks, electronic funds transfer (EFT) is a digital payment solution that deposits payments directly into your account. It is safe, secure and will deliver payments to you faster. Electronic remittance advice (ERA) is completely searchable and downloadable from the Availity Portal or the *EDI 835* remittance, which meets all *HIPAA* mandates — eliminating the need for paper remittances.

Member ID cards go digital

Members who are transitioning to digital member ID cards will find it is easier for them and you. The ID card is easily emailed directly to you for file upload, eliminating the need to scan or print. In addition, the new digital member ID card can be directly accessed through the secure provider portal via Availity. Providers should begin accepting the digital member ID cards when presented by the member.

Simply makes going digital easy with the *Provider Digital Engagement Supplement*

From our digital member ID cards, EDI transactions, application programming interfaces and direct data entry, we cover everything you need to know in the *Provider Digital Engagement Supplement* to the provider manual, available by going to



<https://provider.simplyhealthcareplans.com/florida-provider/provider-education> > Training Programs > Provider Trainings > Provider Digital Engagement, and on the secure [Availity Portal](#). The supplement outlines our provider expectations, processes and self-service tools across all electronic channels (Medicaid and Medicare), including medical, dental and vision benefits.

The *Provider Digital Engagement Supplement* to the provider manual is another example of how Simply is using digital technology to improve the health care experience. We are asking providers to go digital with Simply no later than January 1, 2021, so we can realize our mutual goals of reducing administrative burden and increasing provider satisfaction and collaboration.

Read the *Provider Digital Engagement Supplement* now by going to <https://provider.simplyhealthcareplans.com/florida-provider/provider-education> > Training Programs > Provider Trainings > Provider Digital Engagement, and go digital with Simply.

* Availity, LLC is an independent company providing administrative support services on behalf of Simply Healthcare Plans, Inc.

Resources to support your pregnant and postpartum patients and their families



Across the nation, too many women continue to experience pregnancy-related complications and death. More than 700 women die each year in the United States as a result of complications related to pregnancy or delivery.¹ Many of these deaths are preventable. In addition, significant racial and ethnic disparities exist in maternal morbidity and mortality. For example, Black/African American and American Indian/Alaska Native women are two to three times more likely to die from pregnancy-related complications compared to White women.² Simply Healthcare Plans, Inc. recognizes your role at the front lines of defense to support your diverse pregnant and postpartum patients. We want to ensure you have the right tools and resources to help your patients understand their risks and key maternal warning signs.

The Centers for Disease Control and Prevention (CDC) recently launched the **Hear Her** campaign to raise awareness of pregnancy-related complications, risks and death. The Hear Her campaign aims to increase knowledge of the symptoms women should seek medical attention for during pregnancy and in the year after delivery, such as vision changes and chest pain. Resources are available for pregnant and postpartum women, partners, families and friends, and health care providers.

The Hear Her campaign reminds us of the importance of listening to women. As a healthcare provider, you have an opportunity to listen to pregnant women, engage in an open conversation to make certain their concerns are adequately addressed, and help your patients understand urgent maternal warning signs.

In addition, the Council on Patient Safety in Women's Health Care developed a tool to help women identify urgent maternal warning signs. The **Urgent Maternal Warning Signs tool** helps women recognize the symptoms they may experience during and after pregnancy that could indicate a life-threatening condition. The tool also provides additional information on the symptoms and conditions that place women at increased risk for pregnancy-related death.

If you have a pregnant member in your care who would benefit from case management, please call us at **1-844-405-4296**. Members can also call our 24/7 NurseLine at the number on their member ID card.

References

- 1 Centers for Disease Control and Prevention. (2020, August 13). *Reproductive Health: Maternal Mortality*. Retrieved from <https://www.cdc.gov/reproductivehealth/maternal-mortality/index.html>.
- 2 Centers for Disease Control and Prevention. (2019, September 5). *Racial and Ethnic Disparities Continue in Pregnancy-Related Deaths*. Retrieved from <https://www.cdc.gov/media/releases/2019/p0905-racial-ethnic-disparities-pregnancy-deaths.html>.

SFL-NL-0212-20

Vaccines for Children Program reminder

The Florida Vaccines for Children (VFC) Program provides vaccines to children 0 to 18 years of age who meet program eligibility at no cost to the parent or guardian. It supports the Immunization Section's commitment to vaccinate all children. This valuable program allows providers to make routine immunizations available to eligible children without out-of-pocket expenses to the parent or guardian.

Simply Healthcare Plans, Inc. (Simply) will reimburse providers the administration fee for the vaccine as per their contract. Providers must bill using the appropriate assigned Healthcare Common Procedure Coding System (HCPCS) procedure code to the vaccine and a modifier code, as indicated.

The provider must enroll with the VFC Program through the Department of Health to receive the vaccines free of charge and have sufficient supplies of the vaccines.

Florida SHOTS completes the VFC annual provider enrollment process. If you would like to enroll in the VFC Program, please send an email to FloridaVFC@FLHealth.gov. A VFC representative with instructions for initial enrollment will contact you. Providers must report to SHOTS all vaccines rendered to members enrolled in Statewide Medicaid Managed Care Managed Medical Assistance.

Information regarding the VFC Program is available by contacting the Florida Department of Health by phone at **1-877-888-7468** or by visiting <https://tinyurl.com/VFC-Program> and selecting the appropriate immunization services.

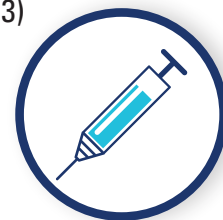
An email can be sent to FloridaVFC@FLHealth.gov for enrollment information.

We encourage PCPs to provide information about enrollees requesting temporary cash assistance from the Department of Children and Families (DCF), upon request by DCF and receipt of the enrollee's written permission. This information is necessary to document that the enrollee has met the immunization requirements for enrollees receiving temporary cash assistance.

Additional information

The following vaccines and combination vaccines are available free to the enrolled VFC provider through Florida's VFC Program:

- Combination vaccines (Pediarix[®], Comvax[®], Quadracel, Pentacel[®], Kinrix[®] and ProQuad[®])
- Diphtheria, tetanus, acellular pertussis (DTaP)
- Haemophilus influenzae type b (HIB)
- Hepatitis A
- Hepatitis B
- Human papillomavirus (HPV)
- Influenza
- Measles, mumps, rubella (MMR)
- Measles, mumps, rubella, varicella (MMRV)
- Meningococcal B, Meningococcal conjugate (MCV4)
- Pneumococcal conjugate (PCV13)
- Polio (IPV)
- Rotavirus
- Tetanus, diphtheria (Td)
- Tetanus, diphtheria, acellular pertussis (Tdap)
- Varicella



The following vaccine is available by request for high-risk children only:

- Pneumococcal polysaccharide (PPV23)

For vaccines excluded from the VFC Program, please contact the Simply Precertification Department at 9250 W. Flagler St., Suite 600, Miami, FL 33174-3460 before administering a vaccine not covered by the VFC Program.

Contact us

Provider Services: **1-844-405-4296**

- Eligibility verification: Prompt 1
- Referrals and authorizations: Prompt 2
- Claims status: Prompt 3
- Provider Relations: Prompt 4
- Pharmacy department: Prompt 5

You may also email provideradmininquiry@simplyhealthcareplans.com.

SFLPEC-0216-20

Important notice: influenza and pneumonia vaccines

Since the onset of the COVID-19 pandemic, a significant drop in well visits has resulted in vaccination delays. Many patients may have cancelled or missed appointments and essential vaccines – putting them at risk for dangerous diseases. Simply Healthcare Plans, Inc. (Simply) has prioritized immunization compliance efforts to address concerns related to secondary outbreaks of vaccine-preventable illnesses.

We are encouraging our provider partners to promote the importance of influenza (flu) and pneumonia vaccines with their patients. Health care providers should use every opportunity during the influenza vaccination season to administer influenza vaccines to all eligible persons to protect vulnerable populations, the healthcare system, and other critical infrastructure. Flu and pneumonia vaccines are covered benefits for Simply members.

Pneumonia drug	Eligible members
Pneumococcal Polysaccharide Vaccine (PPSV23)	<ul style="list-style-type: none">Florida Healthy Kids membersMedicaid members with SimplyMedicare members
Pneumococcal Polysaccharide Vaccine (PPSV23) <small>*Recommended for all adults >65</small>	<ul style="list-style-type: none">Florida Healthy Kids membersSimply Medicaid membersMedicare members

Simply providers should ensure they are providing a safe environment to administer flu and pneumonia vaccines for their patients.

SFL-NL-0230-20

Guidance on providing well-care during the COVID-19 pandemic:

- All well-care visits, including those to administer vaccines, should occur in person whenever possible and within the provider's office to ensure the maintenance and establishment of care continuity.
- Telehealth services that have been successfully implemented to provide the appropriate elements of a well visit should continue to be supported and followed by a timely in-person visit.
- Providers should identify patients who have missed well visits and/or recommended vaccinations and contact them to schedule in person appointments.

Strategies to ensure provider office safety:

- Inform families about your implemented safety strategies.
- Schedule well-visits and sick-visits at different times of the day.
- Separate well patients from sick patients by spatially placing patients in different areas.
- Collaborate with providers in the community to identify separate locations for providing well visits for patients.
- Create a process for phone check-ins or in car waiting rooms.



Read more online.

Prior authorization requirements

Moderate to Deep Anesthesia for Dental Surgery in the Facility Setting

Effective January 4, 2021, prior authorization (PA) requirements will change for the following: Moderate to Deep Anesthesia for Dental Surgery in the Facility Setting (includes Hospital and Ambulatory Service Centers). The medical codes listed in the full article will require PA by Simply Healthcare Plans, Inc.



Read more online.

SFLPEC-2297-20

Outpatient procedures if done in the outpatient hospital setting (place of service 22/billing code 013)

Effective January 1, 2021, prior authorization requirements will be required for the below CPT® codes if requested in the outpatient (OP) hospital setting. Prior authorization will be required for POS 22 (OP hospital) only. No authorization will be required if done in an alternate OP place of service, such as an ambulatory surgery center.

For services that are scheduled on or after January 1, 2021, providers must contact the Simply Healthcare Plans, Inc. Prior Authorization team to obtain prior authorization for these services only if requested in the hospital. Providers are strongly encouraged to verify that a prior authorization has been obtained before scheduling and performing services in the outpatient hospital.



Read more online.

SFLPEC-2304-20

Federal and state law, as well 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.**

PA requirements will be added to the following:

- **Web:** <https://www.availity.com>
- **Fax:** 1-800-964-3627; 1-844-509-9862 (Medicaid Pharmacy Injectables)
- **Phone:** 1-844-406-2396

Not all PA requirements are listed here. PA requirements are available to contracted providers by accessing the Provider Self-Service Tool at <https://www.availity.com> by visiting <https://provider.simplyhealthcareplans.com> > Login. Contracted and noncontracted providers who are unable to access Availity* may call Provider Services at **1-844-405-4296** for PA requirements.

* Availity, LLC is an independent company providing administrative support services on behalf of Simply Healthcare Plans, Inc.





Medical drug benefit *Clinical Criteria* updates

December 2019 update

On December 18, 2019, and December 23, 2019, the Pharmacy and Therapeutics (P&T) Committee approved *Clinical Criteria* applicable to the medical drug benefit for Simply HealthCare Plans, Inc. These policies were developed, revised or reviewed to support clinical coding edits.

Effective dates are reflected in the [Clinical Criteria Web Posting December 2019](#).

SFL-NL-0159-20

August 2020 update

Note that state mandated criteria will take precedence over the updates/changes to the criteria posted.

On August 21, 2020, the Pharmacy and Therapeutics (P&T) Committee approved *Clinical Criteria* applicable to the medical drug benefit for Simply HealthCare Plans, Inc. These policies were developed, revised or reviewed to support clinical coding edits.

Effective dates are reflected in the [Clinical Criteria Web Posting August 2020](#).

SFL-NL-0223-20

The *Clinical Criteria* is publicly available on the provider websites. Visit [Clinical Criteria](#) to search for specific policies.

For questions or additional information, use this [email](#).

FDA approvals and expedited pathways used — new molecular entities

Simply Healthcare Plans, Inc. (Simply) reviews the activities of the Food and Drug Administration's (FDA) approval of drugs and biologics on a regular basis to understand the potential effects for our providers and members.

The FDA approves new drugs and biologics using various pathways. Recent studies on the effectiveness of drugs and biologics going through different FDA pathways illustrates the importance of clinicians being aware of the clinical data behind a drug or biologic approval in making informed decisions.

Here is a list of the approval pathways the FDA uses for drugs/biologics:

Standard Review:	The standard review process follows well-established paths to make sure drugs/biologics are safe and effective when they reach the public. From concept to approval and beyond, FDA performs these steps: reviews research data and information about drugs and biologics before they become available to the public; watches for problems once drugs and biologics are available to the public; monitors drug/biologic information and advertising; and protects drug/biologic quality. To learn more about the Standard Review process, go here .
Fast Track:	Fast track is a process designed to facilitate the development and expedite the review of drugs/biologics to treat serious conditions and fill an unmet medical need. To learn more about the Fast Track process, go here .
Priority Review:	A priority review designation means FDA's goal is to take action on an application within six months. To learn more about the Priority Review process, go here .
Breakthrough Therapy:	This process is designed to expedite the development and review of drugs/biologics, which may demonstrate substantial improvement over available therapy. To learn more about the Breakthrough Therapy process, click here .
Orphan Review:	This refers to the review of drugs that demonstrate promise for the diagnosis and/or treatment of rare diseases or conditions. To learn more about the Orphan Review process, click here .
Accelerated Approval:	These regulations allowed drugs/biologics for serious conditions that filled an unmet medical need to be approved based on a surrogate endpoint. To learn more about the Accelerated Approval process, click here .

New molecular entities approvals — January to August 2020

Certain drugs/biologics are classified as new molecular entities (NMEs) for purposes of FDA review. Many of these products contain active ingredients that have not been approved by the FDA previously, either as a single ingredient drug or as part of a combination product; these products frequently provide important new therapies for patients.

Simply reviews the FDA-approved NMEs on a regular basis. To facilitate the decision-making process, we are providing a list of NMEs approved from January to August 2020 along with the FDA approval pathway utilized.



SFL-NL-0220-20

COVID-19 information from Simply Healthcare Plans, Inc.

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

SFLPEC-1898-20/SFLCARE-0208-20

Notifications on the Availity Portal

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

SFL-NL-0200-20

Digital transactions cut administrative tasks in half

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

SFL-NL-0217-20

Resources to support your pregnant and postpartum patients and their families

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

SFL-NL-0212-20

Important Notice: Influenza and Pneumonia Vaccines

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

SFL-NL-0230-20

Prior authorization requirements

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

SFLPEC-2297-20

Medical drug benefit *Clinical Criteria* updates (December 2019 and August 2020)

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

SFL-NL-0159-20/SFL-NL-0223-20

FDA approvals and expedited pathways used — new molecular entities

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

SFL-NL-0220-20

Medicare Advantage

COVID-19 information from Simply Healthcare Plans, Inc.

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

SFLPEC-1898-20/SFLCARE-0208-20

Digital transactions cut administrative tasks in half

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

SFL-NL-0223-20

Important notice: influenza and pneumonia vaccines

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

SFL-NL-0230-20

Medical drug benefit *Clinical Criteria* updates (August 2020)

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

SFL-NL-0159-20



Simply Healthcare Plans, Inc. is a Medicare-contracted coordinated care plan that has a Medicaid contract with the State of Florida Agency for Health Care Administration to provide benefits or arrange for benefits to be provided to enrollees. Enrollment in Simply Healthcare Plans, Inc. depends on contract renewal.


2021 Medicare Advantage individual benefits and formularies



An overview of notable 2021 benefit changes will be available at <https://provider.simplyhealthcareplans.com>.

SHPCRNL-0068-20

Medicare Advantage




Florida 2021 Medicare Advantage plan changes

Annual benefit changes for Medicare Advantage plan members under Simply Healthcare Plans, Inc. will be effective January 1, 2021.

The following is a summary of these changes. Complete details are in the member's *Evidence of Coverage*. Please visit <https://provider.simplyhealthcareplans.com> and then, under *Resources*, select **Provider Manuals and Guides** for *Evidence of Coverage*, formularies and benefit summaries, or contact Provider Services at the number on the back of the member's ID card. Changes may include medical and Part D benefits, copays, coinsurance, deductibles, formulary coverage, pharmacy network, premiums and out-of-pocket maximums.

Some group-sponsored Medicare Advantage plan benefits vary from the Medicare Advantage plans offered to individuals. Please refer to the member's *Evidence of Coverage* or call Provider Services at the number on the member ID card for more benefit detail.

2021 highlights:
Not all benefits listed below are available to all Medicare Advantage members. Complete details are in the member's *Evidence of Coverage*.

 **End-stage renal disease (ESRD)**
Medicare beneficiaries with end-stage renal disease (ESRD) may enroll in all Medicare Advantage plans beginning January 1, 2021.

- Previously, ESRD beneficiaries could only obtain Medicare Advantage coverage under limited circumstances. With this new enrollment option, ESRD beneficiaries may select a Medicare Advantage plan during open enrollment, regardless of previous coverage.

Medical drug benefit *Clinical Criteria* updates

June 2020 update

On February 21, 2020, May 15, 2020, and June 18, 2020, the Pharmacy and Therapeutics (P&T) Committee approved *Clinical Criteria* applicable to the medical drug benefit for Simply HealthCare Plans, Inc. These policies were developed, revised or reviewed to support clinical coding edits.

Effective dates are reflected in the [Clinical Criteria Web Posting June 2020](#).

SHPCRNL-0065-20

The *Clinical Criteria* is publicly available on the provider websites. Visit [Clinical Criteria](#) to search for specific policies.

For questions or additional information, use this [email](#).

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.**

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

Updates

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

- MED.00134 — Noninvasive Heart Failure and Arrhythmia Management and Monitoring System:
 - Revised Investigational and Not Medically Necessary indications
- SURG.00156 — Implanted Artificial Iris Devices:
 - Revised Investigational and Not Medically Necessary indications
- SURG.00157 — Minimally Invasive Treatment of the Posterior Nasal Nerve to Treat Rhinitis:
 - Revised Investigational and Not Medically Necessary indications
- CG-DME-07 — Augmentative and Alternative Communication (AAC) Devices with Digitized or Synthesized Speech Output:
 - Revised Medically Necessary and Not Medically Necessary indications
- GENE.00052 — Whole Genome Sequencing, Whole Exome Sequencing, Gene Panels, and Molecular Profiling:
 - Revised Medically Necessary indications
- SURG.00077 — Uterine Fibroid Ablation: Laparoscopic, Percutaneous or Transcervical Image Guided Techniques:
 - Expanded scope and revised Investigational and Not Medically Necessary indications
- SURG.00112 — Implantation of Occipital, Supraorbital or Trigeminal Nerve Stimulation Devices (and Related Procedures):
 - Revised scope, and Investigational and Not Medically Necessary indications
- CG-REHAB-12 — Rehabilitative and Habilitative Services in the Home Setting: Physical Medicine/Physical Therapy, Occupational Therapy and Speech-Language Pathology:
 - A new clinical UM Guideline was created from content contained in CG-REHAB-04,

CG-REHAB-05, CG-REHAB-06.

- There are no changes to the guideline content.
- Publish date is scheduled for December 8, 2020.
- The following AIM Specialty Health[®] (AIM)** *Clinical Appropriateness Guidelines* have been revised and will be effective on December 6, 2020. To view AIM guidelines, visit the [AIM page](#):
 - Interventional Pain Management (See August 16, 2020, version.)*
 - Chest Imaging (See August 16, 2020, version.)*
 - Oncologic Imaging (See August 16, 2020, version.)*
 - Sleep Clinical Guidelines (See August 16, 2020, version.)*

Medical Policies

On August 13, 2020, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Simply Healthcare Plans, Inc. (Simply). These guidelines take effect December 6, 2020.

Clinical UM Guidelines

On August 13, 2020, the MPTAC approved several *Clinical UM Guidelines* applicable to Simply. These guidelines adopted by the medical operations committee for our members on September 24, 2020. These guidelines take effect December 6, 2020.



Read more online.

** AIM Specialty Health is an independent company providing some utilization review services on behalf of Simply Healthcare Plans, Inc.

SHPCRN-0072-20

Reimbursement Policy

Policy Update

Split-Care Surgical Modifiers

(Policy 11-005, effective 03/01/21)

Reimbursement is based on a percentage of the fee schedule or contracted/negotiated rate for the surgical procedure. Currently:

- Modifier 54 (surgical care only) is reimbursed at 70%.
- Modifier 55 (postoperative management only) is reimbursed at 20%.
- Modifier 56 (preoperative management only) is reimbursed at 10%.

Effective March 1, 2021, Simply Healthcare Plans, Inc. will continue to reimburse on a percentage of the fee schedule, or contracted negotiated rates for the surgical procedure. However, the following rates have been amended to:

- Modifier 54 (surgical care only) will be reimbursed at 50%.
- Modifier 55 (postoperative management only) will be reimbursed at 30%.
- Modifier 56 (preoperative management only) will be reimbursed at 20%.

For additional information, review the Split-Care Surgical Modifiers reimbursement policy at <https://provider.simplyhealthcareplans.com>.

SFL-NL-0222-20



COVID-19 information from Clear Health Alliance

Clear Health Alliance is closely monitoring COVID-19 developments and how the novel coronavirus will impact our customers and provider partners. Our clinical team is actively monitoring external queries and reports from the Centers for Disease Control and Prevention (CDC) to help us determine what action is necessary on our part.

For additional information, reference the *COVID-19 Updates* page on our [website](#).

SFLPEC-1898-20

Notifications on the Availity Portal

We are now using the *Notification Center* on the Availity* Portal home page to communicate vital and time sensitive information. You will see a *Take Action* call out and a red flag in front of the message to make it easy to see new items requiring your attention.

We will use the *Notification Center* to update your organization if there are payment integrity requests for medical attachments or recommended training in the Custom Learning Center. Select the **Take Action** icon to access the custom learning recommended course.

There will also be a message posted in the *Notification Center* when a payment dispute decision is available. Selecting the **Take Action** icon will allow easy access to your appeals worklist for details.

Viewing the *Notification Center* updates should be included as part of your regular workflow so that you are aware of any outstanding action items.

* *Availity, LLC is an independent company providing administrative support services on behalf of Clear Health Alliance.*

SFL-NL-0200-20



Digital transactions cut administrative tasks in half

Introducing the Clear Health Alliance (CHA) *Provider Digital Engagement Supplement* to the provider manual

Using our secure provider portal or EDI submissions (via Availity*), administrative tasks can be reduced by more than 50% when filing claims with or without attachments, checking statuses, verifying eligibility, benefits and when submitting prior authorizations electronically. In addition, it could not be easier. Through self-service functions, you can accomplish digital transactions all at one time, all in one place. If you are not already registered, just go [here](#) for EDI or [here](#) for the secure provider portal (Availity).

Get payments faster

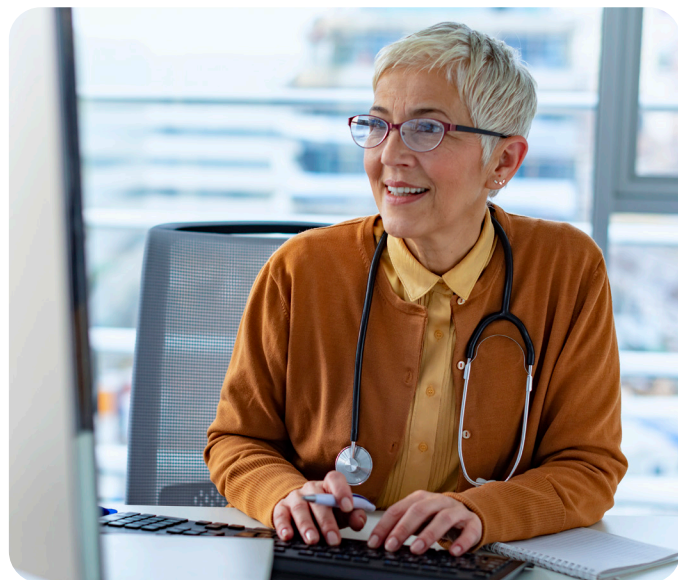
By eliminating paper checks, electronic funds transfer (EFT) is a digital payment solution that deposits payments directly into your account. It is safe, secure and will deliver payments to you faster. Electronic remittance advice (ERA) is completely searchable and downloadable from the Availity Provider Portal or the *EDI 835* remittance, which meets all *HIPAA* mandates — eliminating the need for paper remittances.

Member ID cards go digital

Members who are transitioning to digital member ID cards will find it is easier for them and you. The ID card is easily emailed directly to you for file upload, eliminating the need to scan or print. In addition, the new digital member ID card can be directly accessed through the secure provider portal via Availity. Providers should begin accepting the digital member ID cards when presented by the member.

CHA makes going digital easy with the *Provider Digital Engagement Supplement*

From our digital member ID cards, EDI transactions, application programming interfaces and direct data entry, we cover everything you need to know in the *Provider Digital Engagement Supplement* to the



provider manual, available by going to <https://provider.clearhealthalliance.com/florida-provider/provider-education> > Training Programs > Provider Digital Engagement, and on the secure **Availity Portal**. The supplement outlines our provider expectations, processes and self-service tools across all electronic channels (Medicaid and Medicare), including medical, dental and vision benefits.

The *Provider Digital Engagement Supplement* to the provider manual is another example of how CHA is using digital technology to improve the health care experience. We are asking providers to go digital with CHA no later than January 1, 2021, so we can realize our mutual goals of reducing administrative burden and increasing provider satisfaction and collaboration.

Read the *Provider Digital Engagement Supplement* now by going to <https://provider.clearhealthalliance.com/florida-provider/provider-education> > Training Programs > Provider Digital Engagement, and go digital with CHA.

* Availity, LLC is an independent company providing administrative support services on behalf of Clear Health Alliance.

SFL-NL-0217-20

Vaccines for Children Program reminder

The Florida Vaccines for Children (VFC) Program provides vaccines to children 0 to 18 years of age who meet program eligibility at no cost to the parent or guardian. It supports the Immunization Section's commitment to vaccinate all children. This valuable program allows providers to make routine immunizations available to eligible children without out-of-pocket expenses to the parent or guardian.

Clear Health Alliance (CHA) will reimburse providers the administration fee for the vaccine as per their contract. Providers must bill using the appropriate assigned Healthcare Common Procedure Coding System (HCPCS) procedure code to the vaccine and a modifier code, as indicated.

The provider must enroll with the VFC Program through the Department of Health to receive the vaccines free of charge and have sufficient supplies of the vaccines.

Florida SHOTS completes the VFC annual provider enrollment process. If you would like to enroll in the VFC Program, please send an email to FloridaVFC@FLHealth.gov. A VFC representative with instructions for initial enrollment will contact you. Providers must report to SHOTS all vaccines rendered to members enrolled in Statewide Medicaid Managed Care Managed Medical Assistance.

Information regarding the VFC Program is available by contacting the Florida Department of Health by phone at **1-877-888-7468** or by visiting <https://tinyurl.com/VFC-Program> and selecting the appropriate immunization services.

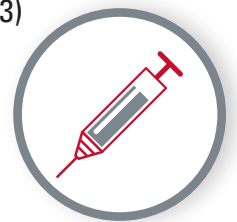
An email can be sent to FloridaVFC@FLHealth.gov for enrollment information.

We encourage PCPs to provide information about enrollees requesting temporary cash assistance from the Department of Children and Families (DCF), upon request by DCF and receipt of the enrollee's written permission. This information is necessary to document that the enrollee has met the immunization requirements for enrollees receiving temporary cash assistance.

Additional information

The following vaccines and combination vaccines are available free to the enrolled VFC provider through Florida's VFC Program:

- Combination vaccines (Pediarix[®], Comvax[®], Quadracel, Pentacel[®], Kinrix[®] and ProQuad[®])
- Diphtheria, tetanus, acellular pertussis (DTaP)
- Haemophilus influenzae type b (HIB)
- Hepatitis A
- Hepatitis B
- Human papillomavirus (HPV)
- Influenza
- Measles, mumps, rubella (MMR)
- Measles, mumps, rubella, varicella (MMRV)
- Meningococcal B, Meningococcal conjugate (MCV4)
- Pneumococcal conjugate (PCV13)
- Polio (IPV)
- Rotavirus
- Tetanus, diphtheria (Td)
- Tetanus, diphtheria, acellular pertussis (Tdap)
- Varicella



The following vaccine is available by request for high-risk children only:

- Pneumococcal polysaccharide (PPV23)

For vaccines excluded from the VFC Program, please contact the CHA Precertification Department at 9250 W. Flagler St., Suite 600, Miami, FL 33174-3460 before administering a vaccine not covered by the VFC Program.

Contact us

Provider Services: **1-844-405-4296**

- Eligibility verification: Prompt 1
- Referrals and authorizations: Prompt 2
- Claims status: Prompt 3
- Provider Relations: Prompt 4
- Pharmacy department: Prompt 5

You may also email provideradmininquiry@clearhealthalliance.com.

SCFLPEC-0009-20

Important notice: influenza and pneumonia vaccines

Since the onset of the COVID-19 pandemic, a significant drop in well visits has resulted in vaccination delays. Many patients may have cancelled or missed appointments and essential vaccines – putting them at risk for dangerous diseases. Clear Health Alliance (CHA) has prioritized immunization compliance efforts to address concerns related to secondary outbreaks of vaccine-preventable illnesses.

We are encouraging our provider partners to promote the importance of influenza (flu) and pneumonia vaccines with their patients. Health care providers should use every opportunity during the influenza vaccination season to administer influenza vaccines to all eligible persons to protect vulnerable populations, the healthcare system, and other critical infrastructure. Flu and pneumonia vaccines are covered benefits for CHA members.

Pneumonia drug	Eligible members
Pneumococcal Polysaccharide Vaccine (PPSV23) <small>*Recommended for all adults > 65</small>	<ul style="list-style-type: none">• Clear Health Alliance members

CHA providers should ensure they are providing a safe environment to administer flu and pneumonia vaccines for their patients.

SFL-NL-0230-20

Guidance on providing well-care during the COVID-19 pandemic

- All well-care visits, including those to administer vaccines, should occur in person whenever possible and within the provider's office to ensure the maintenance and establishment of care continuity.
- Telehealth services that have been successfully implemented to provide the appropriate elements of a well visit should continue to be supported and followed by a timely in-person visit.
- Providers should identify patients who have missed well visits and/or recommended vaccinations and contact them to schedule in person appointments.

Strategies to ensure provider office safety

- Inform families about your implemented safety strategies.
- Schedule well-visits and sick-visits at different times of the day.
- Separate well patients from sick patients by spatially placing patients in different areas.
- Collaborate with providers in the community to identify separate locations for providing well visits for patients.
- Create a process for phone check-ins or in car waiting rooms.



Read more online.

Resources to support your pregnant and postpartum patients and their families



Across the nation, too many women continue to experience pregnancy-related complications and death. More than 700 women die each year in the United States as a result of complications related to pregnancy or delivery.¹ Many of these deaths are preventable. In addition, significant racial and ethnic disparities exist in maternal morbidity and mortality. For example, Black/African American and American Indian/Alaska Native women are two to three times more likely to die from pregnancy-related complications compared to White women.² Clear Health Alliance recognizes your role at the front lines of defense to support your diverse pregnant and postpartum patients. We want to ensure you have the right tools and resources to help your patients understand their risks and key maternal warning signs.

The Centers for Disease Control and Prevention (CDC) recently launched the **Hear Her** campaign to raise awareness of pregnancy-related complications, risks and death. The Hear Her campaign aims to increase knowledge of the symptoms women should seek medical attention for during pregnancy and in the year after delivery, such as vision changes and chest pain. Resources are available for pregnant and postpartum women, partners, families and friends, and health care providers.

The Hear Her campaign reminds us of the importance of listening to women. As a healthcare provider, you have an opportunity to listen to pregnant women, engage in an open conversation to make certain their concerns are adequately addressed, and help your patients understand urgent maternal warning signs.

In addition, the Council on Patient Safety in Women's Health Care developed a tool to help women identify urgent maternal warning signs. The **Urgent Maternal Warning Signs tool** helps women recognize the symptoms they may experience during and after pregnancy that could indicate a life-threatening condition. The tool also provides additional information on the symptoms and conditions that place women at increased risk for pregnancy-related death.

If you have a pregnant member in your care who would benefit from case management, please call us at **1-844-405-4296**. Members can also call our 24/7 NurseLine at the number on their member ID card.

References

- 1 Centers for Disease Control and Prevention. (2020, August 13). *Reproductive Health: Maternal Mortality*. Retrieved from <https://www.cdc.gov/reproductivehealth/maternal-mortality/index.html>.
- 2 Centers for Disease Control and Prevention. (2019, September 5). *Racial and Ethnic Disparities Continue in Pregnancy-Related Deaths*. Retrieved from <https://www.cdc.gov/media/releases/2019/p0905-racial-ethnic-disparities-pregnancy-deaths.html>.

SFL-NL-0212-20



Medical drug benefit *Clinical Criteria* updates

December 2019 update

On December 18, 2019, and December 23, 2019, the Pharmacy and Therapeutics (P&T) Committee approved *Clinical Criteria* applicable to the medical drug benefit for Clear Health Alliance. These policies were developed, revised or reviewed to support clinical coding edits.

The *Clinical Criteria* is publicly available on the provider websites, and the effective dates will be reflected in the [Clinical Criteria Web Posting December 2019](#). Visit [Clinical Criteria](#) to search for specific policies.

SFL-NL-0159-20

August 2020 update

Note that state mandated criteria will take precedence over the updates/changes to the criteria posted.

On August 21, 2020, the Pharmacy and Therapeutics (P&T) Committee approved *Clinical Criteria* applicable to the medical drug benefit for Clear Health Alliance. These policies were developed, revised or reviewed to support clinical coding edits.

Effective dates are reflected in the [Clinical Criteria Web Posting August 2020](#).

SFL-NL-0223-20

The *Clinical Criteria* is publicly available on the provider websites. Visit [Clinical Criteria](#) to search for specific policies.

For questions or additional information, use this [email](#).

FDA approvals and expedited pathways used — new molecular entities

Clear Health Alliance (CHA reviews the activities of the Food and Drug Administration’s (FDA) approval of drugs and biologics on a regular basis to understand the potential effects for our providers and members.

The FDA approves new drugs and biologics using various pathways. Recent studies on the effectiveness of drugs and biologics going through different FDA pathways illustrates the importance of clinicians being aware of the clinical data behind a drug or biologic approval in making informed decisions.

Here is a list of the approval pathways the FDA uses for drugs/biologics:

Standard Review:	The standard review process follows well-established paths to make sure drugs/biologics are safe and effective when they reach the public. From concept to approval and beyond, FDA performs these steps: reviews research data and information about drugs and biologics before they become available to the public; watches for problems once drugs and biologics are available to the public; monitors drug/biologic information and advertising; and protects drug/biologic quality. To learn more about the Standard Review process, go here .
Fast Track:	Fast track is a process designed to facilitate the development and expedite the review of drugs/biologics to treat serious conditions and fill an unmet medical need. To learn more about the Fast Track process, go here .
Priority Review:	A priority review designation means FDA’s goal is to take action on an application within six months. To learn more about the Priority Review process, go here .
Breakthrough Therapy:	This process is designed to expedite the development and review of drugs/biologics, which may demonstrate substantial improvement over available therapy. To learn more about the Breakthrough Therapy process, click here .
Orphan Review	This refers to the review of drugs that demonstrate promise for the diagnosis and/or treatment of rare diseases or conditions. To learn more about the Orphan Review process, click here .
Accelerated Approval:	These regulations allowed drugs/biologics for serious conditions that filled an unmet medical need to be approved based on a surrogate endpoint. To learn more about the Accelerated Approval process, click here .

New molecular entities approvals — January to August 2020

Certain drugs/biologics are classified as new molecular entities (NMEs) for purposes of FDA review. Many of these products contain active ingredients that have not been approved by the FDA previously, either as a single ingredient drug or as part of a combination product; these products frequently provide important new therapies for patients.

CHA reviews the FDA-approved NMEs on a regular basis. To facilitate the decision-making process, we are providing a list of NMEs approved from January to August 2020 along with the FDA approval pathway utilized.

SFL-NL-0220-20



Read more online.

Prior authorization requirements

Moderate to Deep Anesthesia for Dental Surgery in the Facility Setting

Effective January 4, 2021, prior authorization (PA) requirements will change for the following: Moderate to Deep Anesthesia for Dental Surgery in the Facility Setting (includes Hospital and Ambulatory Service Centers). The medical codes listed in the full article will require PA by Clear Health Alliance.



Read more online.

SFLPEC-2297-20

Outpatient procedures if done in the outpatient hospital setting (place of service 22/billing code 013)

Effective January 1, 2021, prior authorization requirements will be required for the below CPT® codes if requested in the outpatient (OP) hospital setting. Prior authorization will be required for POS 22 (OP hospital) only. No authorization will be required if done in an alternate OP place of service, such as an ambulatory surgery center.

For services that are scheduled on or after January 1, 2021, providers must contact the Clear Health Alliance Prior Authorization team to obtain prior authorization for these services only if requested in the hospital. Providers are strongly encouraged to verify that a prior authorization has been obtained before scheduling and performing services in the outpatient hospital.



Read more online.

SFLPEC-2304-20

Federal and state law, as well 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.**

PA requirements will be added to the following:

- **Web:** <https://www.availity.com>
- **Fax:** 1-800-964-3627; 1-844-509-9862 (Medicaid Pharmacy Injectables)
- **Phone:** 1-844-406-2396

Not all PA requirements are listed here. PA requirements are available to contracted providers by accessing the Provider Self-Service Tool at <https://www.availity.com> by visiting <https://provider.clearhealthalliance.com> > Login. Contracted and noncontracted providers who are unable to access Availity* may call Provider Services at **1-844-405-4296** for PA requirements.

* Availity, LLC is an independent company providing administrative support services on behalf of Clear Health Alliance.

Reimbursement Policy

Policy Update

Split-Care Surgical Modifiers

(Policy 11-005, effective 03/01/21)

Reimbursement is based on a percentage of the fee schedule or contracted/negotiated rate for the surgical procedure. Currently:

- Modifier 54 (surgical care only) is reimbursed at 70%.
- Modifier 55 (postoperative management only) is reimbursed at 20%.
- Modifier 56 (preoperative management only) is reimbursed at 10%.

Effective March 1, 2021, Clear Health Alliance will continue to reimburse on a percentage of the fee schedule, or contracted negotiated rates for the surgical procedure. However, the following rates have been amended to:

- Modifier 54 (surgical care only) will be reimbursed at 50%.
- Modifier 55 (postoperative management only) will be reimbursed at 30%.
- Modifier 56 (preoperative management only) will be reimbursed at 20%.

For additional information, review the Split-Care Surgical Modifiers reimbursement policy at <https://provider.clearhealthalliance.com>.

SFL-NL-0222-20

