

Provider News

March 2023

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Want to receive our **Provider News** and other
communications via email?

Submit your email address to **Simply** and **CHA**.

Simply:



CHA:





Contact us

If you have questions or need assistance, visit the *Contact Us* section at the bottom of our provider website for up-to-date contact information and self-service tools or call Provider Services.

Provider website:

- Simply Healthcare Plans, Inc.:
<https://provider.simplyhealthcareplans.com>
- Clear Health Alliance:
<https://provider.clearhealthalliance.com>

Provider Services:

- Medicaid and Florida Healthy Kids: **844-405-4296**
- Medicare Advantage: **844-405-4297**



Administrative

Simply Healthcare Plans, Inc. | Medicaid and Florida Healthy Kids
Clear Health Alliance | Medicaid

Remittance advice message enhancements: providing clear descriptions and actionable next steps

It can be difficult to understand why a claim has denied, particularly when the descriptions aren't as understandable as they can be. We want to make it easier to understand why your claim denied and how to update your claim with the information needed for processing.

We're phasing in clear, concise, and simplified denial descriptions that explain in greater detail why the claim or claim line has denied and what to do next. We've even included details about how to provide us with information digitally, to move the claim further along faster in the claims process.

Continuing to improve

The new denial descriptions will be phased in over the next few months. We're starting with those claim descriptions that have caused the most confusion based on your feedback. If new denial reasons are added, those descriptions will be expanded as well.

Save time. Increase efficiency. Go digital. If you're not enrolled in Availity Essentials,* use this link for registration information: <https://availity.com/Essentials-Portal-Registration>. There is no cost for our providers to use the applications through [Availity.com](https://availity.com).

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

FLSMPLY-CD-014709-22-CPN14593

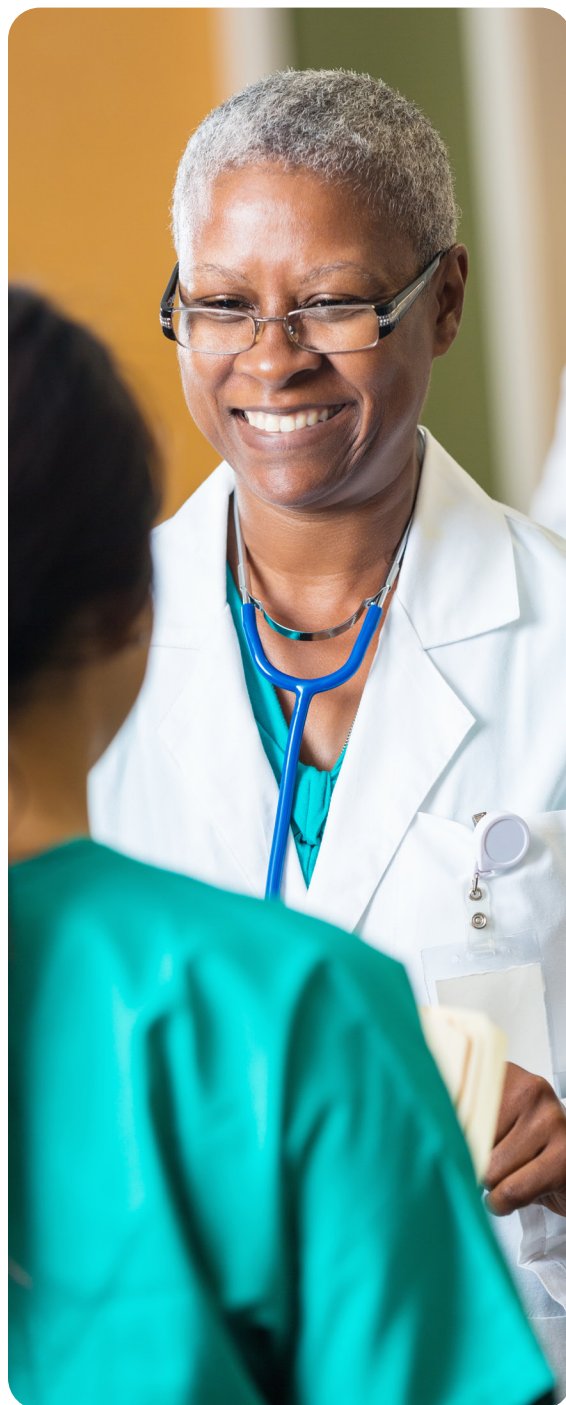


Appointment availability and after-hours access requirements

To ensure members receive care in a timely manner, the state of Florida and the National Committee for Quality Assurance require PCPs, specialty providers, and behavioral health providers to maintain the following appointment availability and after hours access requirements.

Appointment availability requirements:

Appointment type	Appointment standard
Florida Healthy Kids (FHK) Appointments	<ul style="list-style-type: none">• Urgent — within 24 hours• Sick care — within 7 days• Well care — within 28 days
Medicaid Urgent medical	<ul style="list-style-type: none">• Within 48 hours of a request for care services that does not require prior authorization• Within 96 hours of a request for care services that does require prior authorization
Medicaid Non-urgent medical or behavioral healthcare services	<ul style="list-style-type: none">• Within seven days post-discharge from an inpatient behavioral health admission for follow-up behavioral health treatment• Within 14 days for initial outpatient behavioral health treatment• Within 30 days of a request for a primary care appointment• Within 60 days of a request for a specialist appointment after the appropriate referral is received by the specialist
NCQA Behavioral health	<ul style="list-style-type: none">• For non-life-threatening emergencies: within six hours• For urgent care: within 24 hours• For initial, routine care visits: within 10 business days• For follow-up, routine care visits: within 30 days



Appointment availability and after-hours access requirements (cont.)

After hours access requirements

To ensure 24-hour coverage, PCPs must maintain one of these arrangements:

- Use an answering service that can contact the PCP or another designated Simply Healthcare Plans, Inc. or Clear Health Alliance medical practitioner to answer the office telephone. All calls answered by an answering service must be returned within 30 minutes.
- After-hours appointment availability: The health plan must provide the state with the percentage of PCPs who offer after-hours access. Please assist us in updating our records.
- Use a recording in the language of each of the major population groups served by the PCP to answer the office telephone after normal business hours. The recording must direct members to call another number to reach the PCP or another provider designated by the PCP. Someone must be available to answer the designated provider's telephone; another recording is not acceptable.
- Arrange for the office telephone to be transferred after office hours to another location where someone will answer and be able to contact the PCP or a designated Simply or CHA medical practitioner who can return the call within 30 minutes.

The following procedures are not acceptable for the office telephone:

- Only answering during office hours
- Answering after hours only using a recording that tells members to leave a message
- Answering after hours with a recording that directs members to go to an ER for any services needed
- Returning after-hours calls outside of 30 minutes

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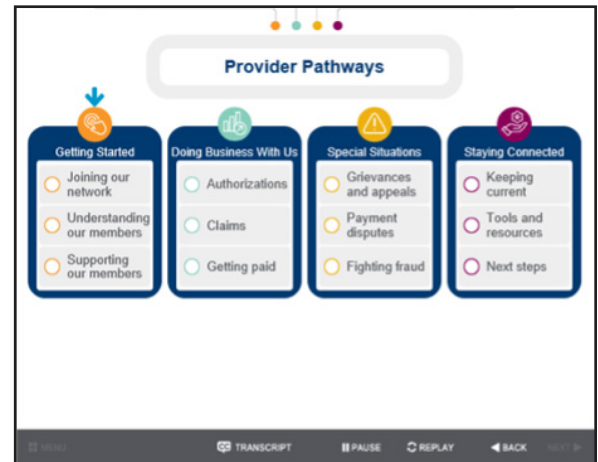
Administrative — Digital Tools

Simply Healthcare Plans, Inc. | Medicaid
Clear Health Alliance | Medicaid

Provider Pathways orientation

Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA) value you as a provider in our network. That's why we've redesigned one of the ways we share important information about our tools and resources to make it more useful for you.

Provider Pathways is a 24/7 digital resource that gives a foundation on doing business with Simply and CHA. We are always looking to improve our training methodology, and this self-paced offering provides Simply and CHA with a new approach to an easy on demand option for sharing information on our most frequently used provider tools and resources. In addition, the orientation, gives you the flexibility for scheduling training for yourself and your staff.



You're in control of your training experience

You select the training path you need. Do you want to learn more about authorizations or maybe you need information on claims? You pick the path. You decide the pace.

Provider Pathways includes information on most of our frequently used provider tools and resources:

- Joining our network
- Signing up for Availity*
- Enrolling in EFTs/ERAs
- Checking member eligibility and claim status
- Authorizations and so much more

The modules have both instructor voiceover and transcripts to take you through each lesson. You can Pause, Replay, or go Back whenever you need. Provider Pathways tracks your progress in case you have to leave and come back later. The modules are designed to be informative, easy to navigate, and can be retaken if you need a quick refresher on one or more topics, whenever needed.

For your convenience, Provider Pathways is available on the *Provider Education* page of the provider website:

- Provider Pathways — Doing business with Simply: <https://provider.simplyhealthcareplans.com>
- Provider Pathways — Doing business with CHA: <https://provider.clearhealthalliance.com>

** Availity, LLC is an independent company providing administrative support services on behalf of the health plan.*

FLSMPLY-CD-010989-22/FLCHA-CD-010965-22

Advancing Mental Health Equity for Youth & Young Adults

Register today for the Advancing Mental Health Equity for Youth & Young Adults forum hosted by Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA) and Motivo* for Simply and CHA providers on Wednesday, March 15, 2023 from 4 to 5:30 p.m. ET.

Please register for this event [online](#).

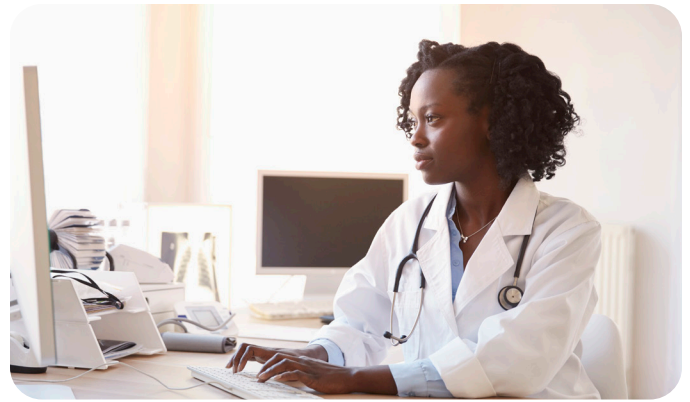
Simply and CHA is committed to making healthcare simpler and reducing health disparities for youth and young adults. We believe that advancing health equity for young people is critical to not only improving their experience, but also ensuring the mental health system is a safe and trusted resource. Authentic conversations lead to reducing implicit bias and improving the health and wellbeing of all Americans and the communities in which we live and serve.

Please join us to hear from a diverse panel of experienced professionals from Motivo and Simply and CHA as we discuss the intersection of mental health, race, sexual orientation, gender identity, disability, and supporting youth and young adults on their mental health journey.

Each quarterly forum will continue the exploration of ways we can reduce disparities in healthcare, demonstrate cultural humility, address and deconstruct bias, have difficult and productive conversations, learn about valuable resources, and increase diversity equity and inclusion in healthcare.

** Motivo is an independent company providing a virtual forum on behalf of Simply Healthcare Plans, Inc. and Clear Health Alliance.*

FLSMPLY-CDCR-017478-23-CPN17407



Simply Healthcare Plans, Inc. | Medicaid and Medicare Advantage
Clear Health Alliance | Medicaid

Introducing the Provider Learning Hub

You can learn about many of our digital capabilities through a new educational platform called the Provider Learning Hub.

The Provider Learning Hub will include helpful information related to:

- Availity Essentials* registration and onboarding.
- Electronic medical attachments.
- Administrative transactions.

You can access the Provider Learning Hub without a username or password. Access the Provider Learning Hub today from the provider website under Availity Essentials:

- **Simply Healthcare Plans, Inc.**
- **Clear Health Alliance**

Our first featured training will focus on attachment applications — with special emphasis on new processes that will make submitting attachments much more efficient.

** Availity, LLC is an independent company providing administrative support services on behalf of the health plan.*

FLSMPLY-CDCR-013000-22

Policy Updates

Simply Healthcare Plans, Inc. | Medicare Advantage

***Clinical Criteria* updates**

On August 19, 2022, and September 9, 2022, the Pharmacy and Therapeutic (P&T) Committee approved several *Clinical Criteria* applicable to the medical drug benefit for Simply Healthcare Plans, Inc. (Simply) These policies were developed, revised, or reviewed to support clinical coding edits.

Visit the [***Clinical Criteria* website**](#) to search for specific policies. For questions or additional information, reach out via [**email**](#).



Read more online.

FLSMPLY-CR-014129-22-CPN13243

Simply Healthcare Plans, Inc. | Florida Healthy Kids

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Read more online.

FLSMPLY-CD-014128-22-CPN13243

Simply Healthcare Plans, Inc. | Medicaid
Clear Health Alliance | Medicaid

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Read more online.

FLSMPLY-CD-014127-22-CPN13243

Policy Updates — Reimbursement Policies

Simply Healthcare Plans, Inc. |
Medicare Advantage

Informational Update Modifier Usage

Policy G-06006

The Modifier Usage policy is aligning with Medicare modifier requirements by adding the following to our Related Coding section:

- Modifier CO — Outpatient occupational therapy assistant services
- Modifier CQ — Outpatient physical therapy assistant services

Additionally, Modifier FB (Item provided without cost to provider, supplier or practitioner, or full credit received for replaced device (examples, but not limited to, covered under warranty, replaced due to defect, free samples) was expanded to facility providers.

FLSMPLY-CR-015035-22-CPN10025

Simply Healthcare Plans, Inc. | Medicaid and
Florida Healthy Kids
Clear Health Alliance | Medicaid

Informational Update Modifiers 25 and 57

Policy G-06003, effective April 1, 2023

Beginning with dates of service on or after April 1, 2023, Simply and CHA will update the Modifiers 25 and 57 policy to not allow reimbursement for CPT® code 99211 when appended with Modifier 25.

Based on the descriptions of both Modifier 25 and CPT 99211, the Evaluation and Management must be separately identifiable, and CPT 99211 is not a separately identifiable service.

In addition, the policy titled Modifiers 25 and 57: Evaluation and Management with Global Procedures will be renamed to Modifiers 25 and 57.

FLSMPLY-CD-015696-22-CPN15299

For additional information, please review the Modifier Usage reimbursement policy at <https://provider.simplyhealthcareplans.com/florida-provider/reimbursement-policies>.

Products and Programs

Simply Healthcare Plans, Inc. | Medicare Advantage

Medicare PPO plan FAQ

This communication applies to the Medicare Advantage program for UniCare Life and Health Insurance Company (UniCare) dba Simply Healthcare Plans, Inc. (Simply).

As we continue our efforts to provide high-quality, consumer-focused health plans for Medicare Advantage beneficiaries, Simply is offering a Medicare PPO plan effective January 1, 2023.

How are UniCare and Simply connected?

The Medicare Advantage PPO product with Simply is underwritten by UniCare, a licensed Florida health insurer.

Who can enroll in this new PPO plan?

Medicare eligible consumers can enroll if they reside in one of the following counties: Brevard, Broward, Charlotte, Citrus, Clay, Collier, Duval, Flagler, Hernando, Hillsborough, Indian River, Lake, Lee, Manatee, Marion, Martin, Miami-Dade, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Putnam, St. Johns, St. Lucie, Sarasota, Seminole, Sumter, and Volusia.

What are the new PPO plans called?

The new PPO plans are Simply Freedom (PPO) and Simply Freedom Extra (PPO).

Will any provider materials be branded UniCare?

Yes, you may see the UniCare logo in Availity Essentials,* and it will display on your claim remittances for these consumers. This is the logo you can expect to see:



How do I request an authorization for a consumer with Simply Freedom (PPO) or Simply Freedom Extra (PPO) coverage?

- Web: You can initiate preauthorization requests online via [Availity.com](https://www.availity.com) using the Interactive Care Reviewer.
- Phone: **844-405-4297**
- Fax: **800-959-1597**

How do I submit claims for consumers with Simply Freedom (PPO) or Simply Freedom Extra (PPO) coverage?

Paper claims Not applicable to DME or home health providers under Integrated Home Care Services, Inc. (IHCS).	Simply Healthcare Plans, Inc. P.O. Box 61010 Virginia Beach, VA 23466-1010
Electronic claims	Availity.com Payer ID: SPLY

Medicare PPO plan FAQ (cont.)

Where can I find Simply's provider resources, documents, and the *Provider Manual*?

Visit Simply's provider self-service website at <https://provider.simplyhealthcareplans.com>.

What are some examples of the benefits for consumers with Simply Freedom (PPO) and Simply Freedom Extra (PPO) coverage?

- \$0 plan premium (consumers will still need to pay Medicare Part B premium)
- Copays as low as \$0
- SilverSneakers*
- Dental, vision, and hearing benefits
- 24/7 telehealth visits
- \$100,000 in worldwide coverage
- \$0 copay on prescription drugs (tier 1 and tier 2)

Who can I contact for information on participating as a PPO provider?

If you would like more information or information on participating in the PPO provider network for Simply, contact **877-915-0551**.

What is the Provider Services phone number?

The phone number for Provider Services is **844-405-4297**.

** Availity, LLC is an independent company providing administrative support services on behalf of the health plan. Tivity Health, Inc. is an independent company providing the SilverSneakers fitness program on behalf of the health plan.*

FLSMPLY-CR-015345-22





Simply Healthcare Plans, Inc. | Medicare Advantage

Shared savings and transition care management after inpatient discharges

Simply Healthcare Plans, Inc. is actively seeking to promote CMS's transition care management (TCM) program for its Medicare members.

The goal is to ensure comprehensive physician follow-up and management of patients within seven and/or 14 days of discharge from hospital, skilled nursing facility (SNF), inpatient rehabilitation hospital (IRF), or long-term acute care hospitals (LTAC). And thus, to minimize clinical relapses, that often result in acute hospital readmissions, within 30-days of discharge.

CPT® codes for these visits are:

- 99496 (post-discharge comprehensive follow-up within seven days): pays between \$250 to \$350, depending on region, and;
- 99495 (post-discharge follow-up within 14 days): pays between \$190 to \$260, depending on region.



Read more online.

FLSMPLY-CR-018711-23-CPN18422

Products and Programs — Pharmacy



Simply Healthcare Plans, Inc. | Medicare Advantage

New specialty pharmacy medical step therapy requirements

Effective April 1, 2023, the following part B medications from the current *Clinical Criteria Guidelines* will be included in our medical step therapy precertification review process. Step therapy review will apply upon precertification initiation in addition to the current medical necessity review (as is current procedure). Step therapy will not apply for members who are actively receiving medications listed below.

Clinical Criteria CC-0002 currently has a step therapy preferring Neulasta, Neulasta OnPro, and the biosimilar Udenyca. This update is to notify that Rolvedon and the new biosimilars Fynetra and Stimufend will be added to existing step therapy as non-preferred agents.

Clinical Criteria Guidelines are publicly available on the provider website. Visit the [Clinical Criteria website](#) to search for specific criteria.

<i>Clinical UM Guidelines</i>	Preferred drugs	Nonpreferred drugs
CC-0002	Neulasta, Neulasta OnPro, Udenyca	Fulphila, Fynetra, Nyvepria, Rolvedon, Stimufend, Ziextenzo

FLSMPLY-CR-015600-22-CPN5348

Quality Management



Simply Healthcare Plans, Inc. | Medicare Advantage

HEDIS MY2023 — Diabetes measures

This provider bulletin provides an overview on the HEDIS® MY2023 (measuring year) measures related to diabetes including Hemoglobin A1c Control for Patients with Diabetes (HBD), Blood Pressure Control for Patients with Diabetes (BPD), Eye Exam for Patients with Diabetes (EED), and Kidney Health Evaluation for Patients with Diabetes (KED).



[Read more online.](#)

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

FLSMPLY-CR-015368-22

Controlling High Blood Pressure and submitting compliant readings

The Controlling High Blood Pressure (CBP) HEDIS® measure can be challenging as it not only requires proof of a blood pressure reading, but also that the patient's blood pressure is adequately controlled. CBP care gaps can open and close throughout the year depending on if the patient's most recent BP reading is greater than 140/90 mmHG. As we start a new year, it's important that we have record of your patients' blood pressure readings and that you continue to monitor patients with elevated readings.

Tips when scheduling members to close CBP care gaps:

- When scheduling appointments, have staff ask patients to avoid caffeine and nicotine for at least an hour before their scheduled appointment time.
- If possible, update your scheduling app and/or your reminder text message campaigns to include reminders about abstaining from caffeine and nicotine prior to appointment time as well as a reminder to arrive early to avoid a sense of rushing.

Tips for lower BP readings during the appointment:

- Ask the patient if they tend to get nervous at appointments and have higher readings as a result. If they do, take their blood pressure at both the start and end of the appointment and document the lower reading.
- Readings can also vary arm to arm. If slightly elevated in one arm, try the other and document the lower reading.

Getting credit for adequately controlled blood pressure readings:

- Submit readings via Category II CPT® codes on claims.
- Ensure readings are carefully and appropriately documented within your electronic medical record system.

- If you have questions on how to submit readings, speak to your care or practice consultant.
- Also, be sure to adequately code patients who meet the exclusion criteria:
 - Exclusions:
 - Palliative care
 - Enrolled in hospice
 - Frailty and/or advanced illness
 - Living in long-term care
 - Optional exclusions:
 - Dialysis (ESRD), kidney transplant, nephrectomy
 - Female members with a diagnosis of pregnancy
 - Non-acute inpatient admissions

Description	Code
Diastolic BP	CAT II: 3078F-3080F LOINC: 8462-4
Diastolic 80 to 89	CAT II: 3079F
Diastolic greater than/equal to 90	CAT II: 3080F
Diastolic less than 80	CAT II: 3078F
Systolic BP	CAT II: 3074F, 3075F, 3077F LOINC: 8480-6
Systolic greater than/equal to 140	CAT II: 3077F
Systolic less than 140	CAT II: 3074F, 3075F

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FLSMPLY-CR-012307-22-CPN10532