

Provider News

Simply Healthcare Plans, Inc. (Simply)

Provider Services: Medicaid & Florida Healthy Kids: 844-405-4296 • Medicare: 844-405-4297 | <https://provider.simplyhealthcareplans.com>

Clear Health Alliance (CHA)

Provider Services: Medicaid: 844-405-4296 | <https://provider.clearhealthalliance.com>

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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:





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

COVID-19 information

Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA) are closely monitoring COVID-19 developments and how the novel coronavirus will impact our customers and provider partners. Our clinical teams are 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 the [Simply website](#) and [CHA website](#).

SFLPEC-1898-20/SFLCARE-0208-20



Administration — Digital Tools

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

New Strategic Provider System implementation May 2022

Strategic Provider System to launch in May

In May 2022, Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA) will replace the current data management system with the new and significantly improved Strategic Provider System (SPS). The SPS data portal will increase website data accuracy, transparency, and timeliness, creating an enhanced provider experience.

SPS offers robust support features that will improve the ability of Simply and CHA to match submitted claims, resulting in more accurate pricing and processing.

The easy-to-use website will allow you to:

- Digitally submit demographic data to one location.
- Maintain, update, and verify demographic data using a single website.
- Receive clear on-screen alerts and guidance as you maintain your data.
- Obtain access to a simplified quick verification process that will allow you to complete required verifications online, eliminating the need to fax, email, or use separate online forms.
- Receive periodic reminders to help you keep your information current.



What you need to do to get ready for the change

If already enrolled in Availity,* no further action is needed. If you are not enrolled, go to [availity.com](https://www.availity.com) and select the orange *Register* button. Availity is a secure provider website where you can enjoy the convenience of digital transactions, including prior authorization and claims submission, as well as benefit and eligibility look-up.

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

SFL-NL-0379-21

Policy Updates



Simply Healthcare Plans, Inc. | Medicare Advantage

New specialty pharmacy medical step therapy requirements

Step therapy review will apply upon precertification initiation, in addition to the current medical necessity review process. Step therapy will not apply for members who are actively receiving medications listed below.

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

Effective March 1, 2022, the following Part B medications from the current *Clinical Utilization Management (UM) Guidelines* will be included in our medical step therapy precertification review process.

<i>Clinical UM Guidelines</i>	Preferred drug(s)	Nonpreferred drug(s)
ING-CC-0062	Inflectra, Remicade, Infliximab (unbranded)	Avsola, Renflexis

SFLCARE-0530-22

Effective June 1, 2022, the following Part B medications from the current *Clinical Utilization Management (UM) Guidelines* will be included in our medical step therapy precertification review process.

<i>Clinical UM Guidelines</i>	Preferred drug(s)	Nonpreferred drug(s)
ING-CC-0072	Avastin, Eylea	Lucentis, Byooviz, Macugen, Beovu

SFLCARE-0532-22

Policy Updates — Prior Authorization

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

Prior authorization requirement change for HCPCS code K1022

Effective June 1, 2022, prior authorization (PA) requirements will change for HCPCS code K1022. The medical code below will require PA for Simply Healthcare Plans, Inc. and Clear Health Alliance members.

PA requirements will be added to the following:

- K1022: Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type

SFL-NL-0406-22



Federal and state law, state contract language, and CMS guidelines, including definitions and specific contract provisions/exclusions, take precedence over these precertification rules and must be considered first when determining coverage. **Noncompliance with new requirements may result in denied claims.**

To request PA, use one of the following methods:

- Web: Log into **Availity**,* then select Patient Registration > Authorizations & Referrals. Then select Authorization Request or Auth/Referral Inquiry, as appropriate.
- Fax: **800-964-3627**; Medicaid pharmacy injectables: **844-509-9862**
- Phone: **844-406-2396**

Not all PA requirements are listed here. PA requirements are available to providers by accessing the Precertification Lookup Tool at <https://provider.simplyhealthcareplans.com> or <https://provider.clearhealthalliance.com> on the Resources tab or for contracted providers on the **Availity Portal**. Providers may also call Provider Services at **844-406-2396** for assistance with PA requirements.

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



Simply Healthcare Plans, Inc. | Medicare Advantage

Specialty pharmacy precertification list expansion

Federal and state law, state contract language, and CMS guidelines, including definitions and specific contract provisions/exclusions, take precedence over these precertification rules and must be considered first when determining coverage. **Noncompliance with new requirements may result in denied claims.**

Effective for dates of service on and after July 1, 2022, the specialty Medicare Part B drugs listed in the table below will be included in our precertification review process

HCPSC or CPT® code(s)	Medicare Part B drugs
Q5117	Kanjinti
Q5113	Herzuma
Q5114	Ogivri
Q5112	Ontruzant
Q5116	Trazimera

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HCPSC or CPT® code(s)	Medicare Part B drugs
J3490, J3590	Fyarro
J3490, J3590	Besremi
C9399, J3490, J3590	Vyvgart
J3490	Adbry
J3490	Leqvio

SFLCARE-0531-22

Quality Management

Simply Healthcare Plans, Inc. | Medicare Advantage

HEDIS 2022: summary of changes from NCQA

The National Committee for Quality Assurance (NCQA) has changed, revised, and retired HEDIS® measures for measurement year 2022. Below is a summary of the key changes to be aware of.

Diabetes measures

NCQA has separated the Comprehensive Diabetes indicators into stand-alone measures:

- Hemoglobin A1c Control for Patients with Diabetes (HBD) (HbA1c Control < 8 and Poor Control HbA1c)
- Eye Exam Performed for Patients with Diabetes (EED)
- Blood Pressure for Patients with Diabetes (BPD)
- Kidney Health Evaluation for Patients with Diabetes (KED)

The process measure Comprehensive Diabetes HbA1c testing was retired as the goal is to move towards more outcome measures.

Race/ethnicity stratification

To address healthcare disparities, the first step is reporting and measuring performance. Given this, NCQA has added race and ethnicity stratifications to the following HEDIS measures:

- Colorectal Cancer Screening (COL)
- Controlling High Blood Pressure (CBP)
- Hemoglobin A1c Control for patients with Diabetes (HBD)
- Prenatal and Post-Partum Care (PPC)
- Child and Adolescent Well Care Visits (WCV)

NCQA plans to expand the race and ethnicity stratifications to additional HEDIS measures over several years to help reduce disparities in care among patient populations. This effort builds on NCQA's existing work dedicated to the advancing health equity in data and quality management.

New measures

Antibiotic Utilization for Respiratory Conditions (AXR): The percentage of episodes for members 3 months of age and older with a diagnosis of a respiratory condition that resulted in an antibiotic dispensing event

This measure was added given antibiotics prescribed for acute respiratory conditions are a large driver of antibiotic overuse. Tracking antibiotic prescribing for all acute respiratory conditions will provide context about overall antibiotic use. Given this new measure, the Antibiotic Utilization measure has been retired.

Deprescribing of Benzodiazepines in Older Adults (DBO): The percentage of Medicare members 65 years of age and older who were dispensed benzodiazepines and achieved a 20% decrease or greater in benzodiazepine dose during the measurement year

Guidelines recommend that benzodiazepines be avoided in older adults, and deprescribing benzodiazepines slowly and safely, rather than stopping use immediately. There is an opportunity to promote harm reduction by assessing progress in appropriately reducing benzodiazepine use in the older adult population.

HEDIS 2022: summary of changes from NCQA (cont.)

Advanced Care Planning (ACP): The percentage of adults 65 to 80 years of age, with advanced illness, an indication of frailty or who are receiving palliative care, and adults 81 years of age and older, who had advance care planning during the measurement year

Advance care planning is associated with improved quality of life, this measure will allow an understanding if it is provided to those who are most likely to benefit from it. Given this new measure, the Care for Older Adults measure has been retired.

Measure changes

Use of Imaging Studies for Low Back Pain (LBP):

This measure was expanded to the Medicare line-of-business and the upper age limit for this measure was expanded to age 75. Additional exclusions to the measure were also added.

A complete summary of 2022 HEDIS changes and more information, can be found online.

Source: [NCQA.org](https://www.ncqa.org)

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

SHPCRNL-0142-22



Products and Programs

Simply Healthcare Plans, Inc. | Medicare Advantage

2022 Simply Healthcare Plans, Inc. rewards program

At Simply Healthcare Plans, Inc. (Simply), we want to help members maintain a healthy, happy, and independent lifestyle. That's why we offer an incentive to all Simply members. The goal of the rewards program is to encourage members to obtain healthcare services that improve their wellbeing and health outcomes.

Members will receive a welcome letter, coupon sheet, and frequently asked questions document. After obtaining an eligible service, members will need to redeem coupons in return for rewards. Members cannot get the same service/reward more than once per year. All members need to do is complete various rewards program services between January 1 and December 31 to receive CVS gift cards worth up to \$80 during the calendar year!

Note: Members enrolled in the Simply Care (HMO I-SNP) plan are not eligible for this program.

Healthcare actions eligible for rewards & coding:

Reward value	Healthcare action	CPT® codes	HCPCS
\$20	Annual flu vaccine	90685	
\$30	Annual wellness exam	99381-99385, 99287, 99391, 99287, 99394-99397, 99213-99215 + Z code	G0402, G0438, G0439
\$20	Colonoscopy	4438-44394, 44397, 44401-44408, 45355, 45378-45393, 45398, 74261-74263	G0104, G0105, G0121
\$20	Depression screening	96127 (Z13.89), 3725F	G0444
\$20	Diabetes care: Eye exam	S0620, S0621, S3000, 3072F, 2022F, 2024F, 2026F, 2023F, 2025F, 2033F	50620, 50621, 53000
\$10	Diabetes care: HbgA1c control	3044F, 3046F, 3051F, 3052F	
\$10	Diabetes care: HbgA1c test	83036, 83073	
\$10	Fall risk screening	1100F (Z91.81), 1101F, 3288F	
\$10	Fecal occult blood test (FOBT) or Multi-target stool DNA test (FIT DNA)	77353, 77354, 81528, 82270, 82274	G0464, G0328
\$20	Health risk assessment (HRA)	Completed with the health plan	
\$20	Mammogram screening	77052, 77055-77057, 77061-77063, 77065-77067	G0202, G0204, G0206

To avoid discrepancies, the healthcare actions listed above must be coded correctly.

SHPCRNL-0139-22

