

Provider News

November 2022

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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

Fax number update and reminder: Podiatry Network Solutions and Dermatology Network Solutions

Effective Friday August 26, 2022, Podiatry Network Solutions (PNS)* and Dermatology Network Solutions (DNS)* will have a new fax number for prior authorization requests. The new fax number is **305-402-2269**.

PNS is our statewide subcontractor providing podiatry services to Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA) members. If you have questions, contact PNS Provider Services at **844-222-3939**, Monday to Friday, 8 a.m. to 5 p.m.

DNS is our statewide subcontractor providing dermatology services to Simply and CHA members. If you have questions, contact DNS Provider Services at **844-222-3535**, Monday to Friday, 8 a.m. to 5 p.m.

** Podiatry Network Solutions is an independent company providing podiatry care services on behalf of Simply Healthcare Plans, Inc. and Clear Health Alliance. Dermatology Network Solutions is an independent company providing dermatology services on behalf of Simply Healthcare Plans, Inc. and Clear Health Alliance.*

FLSMPLY-CDCR-006265-22

Simply Healthcare Plans, Inc. | Medicare Advantage

Monkeypox and smallpox vaccines: Product code on claims

Care providers are a trusted resource for members when it comes to vaccine advice. As information on the monkeypox outbreak changes and vaccination and testing guidance is released, we're committed to keeping you informed.

Some care providers may have seen a message on their provider *Explanation of Benefits (EOB)* stating that Simply Healthcare Plans, Inc. does not recognize the vaccine product codes for monkeypox and smallpox that became effective July 26, 2022. We're updating the provider fee schedules to reflect the new vaccine product codes as quickly as possible. The *EOB* message did not impact payment for administration of the vaccines, which is reimbursable; however, since the monkeypox and smallpox vaccines are provided by the government at no charge, the vaccine products are non-reimbursable.

To aid in processing claims for the monkeypox and smallpox vaccine products, care providers must include these three elements on claims, even if vaccine products were received from the federal government at no charge:

1. Product code (90611 or 90622)
2. Applicable ICD-10-CM diagnosis code
3. Administration code

More detail on codes and cost-sharing

Providers are encouraged to use:

- Product code 90611 for smallpox and monkeypox vaccine.
- Product code 90622 for vaccinia (smallpox) virus vaccine.
- Code 87593 for laboratory testing.

When billing the monkeypox and smallpox vaccine products, care providers should submit those codes with a \$0.01 charge.

Cost-sharing for the vaccine is waived.

You can read more information on monkeypox [online](#).

FLSMPLY-CR-008693-22-CPN8260



Simply Healthcare Plans, Inc. (Simply) and Vivida Health official notice of contract acquisition



Simply is acquiring the Statewide Medicaid Managed Care Managed Medical Assistance (SMMC MMA) contract from Vivida Health (Vivida). This acquisition expands the Medicaid footprint of Simply in region 8 as a non-specialty SMMC MMA plan.

Effective November 1, 2022, Simply will be one of the health plans serving the healthcare coverage needs of eligible Medicaid recipients in region 8, including the recipients previously enrolled in Vivida. Upon finalizing the Vivida contract acquisition and the Vivida member enrollment into Simply, effective November 1, 2022, Vivida will cease to operate as an active SMMC MMA plan in Florida.

Please note, Simply and Vivida will continue to operate and exist as two separate entities. Vivida will continue to process and adjudicate Vivida member claims with dates of service prior to November 1, 2022. As one of our valued providers, we request that you continue to provide the same quality healthcare that you have been rendering to our Simply and Vivida members and in the same manner that our members have grown accustomed to receiving this care.

Contract acquisition Frequently Asked Questions:



[Read more online.](#)

FLSMPLY-CD-004038-22

Contract acquisition tip sheet and claims cut-off notice:



[Read more online.](#)

FLSMPLY-CD-004039-22

Below is a list of the region and counties affected by the contract acquisition effective November 1, 2022:

Region	Counties
Region 8	Charlotte, Collier, DeSoto, Glades, Hendry, Lee, and Sarasota

What's next

In the following weeks, we will continue to provide you with updates and additional information concerning the contract acquisition.

We're here to help

If you have any questions or concerns regarding the Simply and Vivida contract acquisition, please do not hesitate to contact your local Vivida or Simply Provider Experience representatives. You can also contact Simply Provider Services at **844-405-4296**, Monday through Friday from 8 a.m. to 7 p.m. ET; or Vivida Provider Services at **844-243-5175**, Monday through Friday from 8 a.m. to 7 p.m. ET. Again, thank you for serving our members with the highest quality care, and we look forward to continuing to work with you.

FLSMPLY-CD-004036-22



Important information about utilization management

Our utilization management (UM) decisions are based on the appropriateness of care and service needed, as well as the member's coverage according to their health plan. We do not reward providers or other individuals for issuing denials of coverage, service, or care. We do not make decisions about hiring, promoting, or terminating these individuals based on the idea or thought that they will deny benefits. In addition, we do not offer financial incentives for UM decision makers to encourage decisions resulting in underutilization. Our medical policies are available on our [provider website](#).

You can request a free copy of our UM criteria from Provider Services at **844-405-4296**. Providers can discuss a UM denial decision with a physician reviewer by calling us toll free at **844-405-4296**. To access UM criteria online, go to <https://provider.simplyhealthcareplans.com/florida-provider/manuals-and-guides>.



We are staffed with clinical professionals who coordinate our members' care and are available 24/7 to accept precertification requests. Secured voicemail is available during off-business hours; a clinical professional will return your call within the next business day. Our staff will identify themselves by name, title, and organization name when initiating or returning calls regarding UM issues.

You can submit precertification requests by:

- Visiting [Availity* Essentials](#) (all expedited requests must be submitted via the portal).
- Faxing to **800-964-3627**.
- Calling us at **844-405-4296**.

Have questions about utilization decisions or the UM process?

Call our Clinical team at **844-405-4296**, Monday through Friday, from 8 a.m. to 7 p.m. ET. Case Management business hours are Monday through Friday, from 8 a.m. to 5 p.m., ET.

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

FLSMPLY-CD-003880-22-CPN3786

Policy Updates

Simply Healthcare Plans, Inc. | Medicare Advantage

Medical drug benefit *Clinical Criteria* updates

May 2022 update

On May 20, 2022, the Pharmacy and Therapeutics (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.



Read more online.

FLSMPLY-CR-006393-22

Visit the [Clinical Criteria website](#) to search for specific policies. If you have questions or would like additional information, reach out via [email](#).





Policy Updates — Prior Authorization

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

Prior authorization no longer required for breast pumps

As of June 1, 2022, Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA) no longer require prior authorization for breast pumps. We recognize that more mothers may need to breastfeed during formula shortages and do not want to impede their access to a breast pump. Additionally, Simply and CHA are dedicated to supporting mothers by proactively addressing their breastfeeding needs.

The following procedure codes, for purchase and rental, will no longer require prior authorization:

- E0602 — Breast pump
- E0603 — Breast pump, electric (AC and/or DC), any type

The following procedure code is on a six-month temporary authorization waiver:

- E0604 — Breast pump, hospital grade, electric (AC and/or DC), any type

FLSMPLY-CD-006816-22

Simply Healthcare Plans, Inc. | Medicare Advantage

Simply Healthcare Plans, Inc. expands specialty pharmacy precertification list

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

HCPCS or CPT codes	Medicare Part B drugs
C9399, J3490, J3590, J9999	Opdualag (nivolumab and relatlimab-rmbw)
C9096	Releuko (filgrastim-ayow)
A9699	Pluvicto (lutetium lu 177 vipivotide tetraxetan)

FLSMPLY-CR-005022-22-CPN4985

Prior authorization requirement changes

Effective November 1, 2022, prior authorization (PA) requirements will change for the following code(s). The medical code(s) listed below will require PA by Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA) for Medicaid members.

Prior authorization requirements will be added for the following code(s):

- 33249 — Insertion or replacement of permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber
- C1777 — Lead, cardioverter-defibrillator, endocardial single coil (implantable)
- E0784 — Ext Amb Infusn Pump Insulin

SFL-NL-0428-22

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. Non-compliance with new requirements may result in denied claims.

To request PA, you may use one of the following methods:

- Web: Once logged in to **Availity**.*
- Fax: **800-964-3627; 844-509-9862** (Medicaid Pharmacy Injectables)
- Phone: **844-406-2396**

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers on the provider website at <https://provider.simplyhealthcareplans.com> (Simply) or <https://provider.clearhealthalliance.com> (CHA) > Login or by accessing Availity. Providers who are unable to access Availity may call our Provider Services at **844-405-4296** for assistance with PA requirements.

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

Policy Updates — *Medical Policies and Clinical Guidelines*

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

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.



Effective November 4, 2022, Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA) will begin using the AIM Specialty Health®* *Clinical Appropriateness Guidelines* for medical necessity review of the below services. Please note, the Utilization Management team for Simply and CHA will complete these reviews using the AIM *Clinical Appropriateness Guidelines*:

- Musculoskeletal guidelines:
 - Spine surgery
 - Joint surgery
 - Small joint surgery
 - Sacroiliac joint fusion
- Sleep disorder management guideline
- Rehabilitative services:
 - Occupational therapy
 - Physical therapy
 - Speech therapy

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

FLSMPLY-CD-005787-22

Products and Programs — Pharmacy

Simply Healthcare Plans, Inc. | Medicare Advantage

New specialty pharmacy medical step therapy requirements

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

<i>Clinical UM Guidelines</i>	Preferred drug(s)	Nonpreferred drug(s)
ING-CC-0107	Avastin, Mvasi	Zirabev, Alymsys

FLSMPLY-CR-004227-22-CPN3971

<i>Clinical UM Guidelines</i>	Preferred drug(s)	Nonpreferred drug(s)
ING-CC-0002	Zarxio	Granix, Neupogen, Nivestym, Releuko

FLSMPLY-CR-004246-22-CPN3970

