

Provider Newsletter

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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Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Medicaid contract. Simply Healthcare Plans, Inc. dba Clear Health Alliance is a Managed Care Plan with a Florida Medicaid contract.

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.

Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Healthy Kids contract.



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

Simply Healthcare Plans, Inc. | Medicaid

Clear Health Alliance | Medicaid

Screening, brief intervention, and referral to treatment procedure codes added effective January 1, 2021

Screening, brief intervention, and referral to treatment (SBIRT) procedure codes have been added to the Medicaid practitioner fee schedule and are retroactively effective to January 1, 2021, dates of service. Simply Healthcare Plans, Inc. and Clear Health Alliance implemented these codes as of June 18, 2021. SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. Primary care centers, hospital emergency rooms, trauma centers, and other community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur.

SBIRT provides the following preventive services:

- Screening individuals to quickly assess the severity of substance use and to identify the appropriate level of treatment.
- Brief intervention focusing on increasing insight and awareness regarding substance use and motivation toward behavioral change.
- Referral to treatment provides those identified as needing more extensive treatment with access to specialty care.

At this time, only physicians and physician extenders can render SBIRT services. This includes the following provider types:

- 25 – Doctor of medicine (MD)
- 26 – Doctor of osteopathic medicine (DO)
- 29 – Physician assistant (PA)
- 30 – Advanced practice registered nurse (APRN)

The procedure codes below can be used once per day, as medically necessary:

Code	Description	Fee-for-service reimbursement level
H0049	Alcohol and/or drug screening	\$17.08
H0050	Alcohol and/or drug screening, brief intervention, per 15 minutes	\$28.73

SFL-NL-0319-21

Our new relationship with American Specialty Health

Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA) are contracting with American Specialty Health Group, Inc.* (ASH) to provide quality acupuncture and chiropractic services in your area. We are contracting with ASH to provide a network of acupuncture and chiropractic practitioners for members enrolled in:

- Florida Healthy Kids, effective June 1, 2021.
- Statewide Medicaid Managed Care Managed Medical Assistance (SMMC MMA), CHA and the Medicare Advantage program for Simply effective August 1, 2021.

Continuity of care

Simply and CHA allow members to continue receiving medically necessary services from a not-for-cause terminated provider and will process claims for services rendered to such members until the member selects another provider, for a minimum of 60 days after termination of the provider contract. For continuity of care services under these circumstances, Simply and CHA will continue to abide by the same contract terms in place prior to contract termination.



Contracting with ASH

ASH will be responsible for contracting with practitioners of acupuncture and chiropractic services for Simply and CHA benefit plans. We encourage you to submit your credentialing materials to ASH so you can begin the credentialing process and become effective for Simply and CHA members as soon as possible.

Please take a moment to consider the advantages of this partnership and key features of the program:

- No fees to join or to participate with ASH
- Reasonable fee schedules plus additional incentive payments
- 100% peer-to-peer evaluation and review by licensed practitioners
- Membership in one of the nation's largest health services organizations

Simply and CHA are pleased to work with ASH to create unique benefit offerings for acupuncture and chiropractic services. We hope you will choose to participate. Please do not hesitate to call ASH at **888-511-2743** if you have any questions about this program.

* American Specialty Health Group, Inc. is an independent company providing a network of acupuncture and chiropractic practitioners on behalf of Simply Healthcare Plans, Inc. and Clear Health Alliance.

SFLPEC-2584-21



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

Medicaid postpartum coverage extension, postpartum optimization, and promoting birth equity

Medicaid postpartum coverage extension

Presently, almost half of all births in Florida are financed by Medicaid coverage (Swerlick & Yager, 2021). In an effort to reduce maternal mortality and morbidity rates and improve health outcomes for new mothers and infants, The Florida House of Representatives (2021) passed the HB 5201 healthcare bill that extends postpartum Medicaid eligibility and coverage from 60 days to 12 months post-delivery. Effective July 1, 2021, this 10-month extension will provide the time needed for mothers to access care, obtain effective contraception, and if indicated, coordinate any chronic disease management (including mental health). The maternal mortality rate for 2019 was 20.1 deaths per 100,000 live births (Hoyert, 2020).

Recent data shows that a relatively large portion of pregnancy-related deaths in the United States occurs after birth. Approximately, 52% occur after the delivery, or during postpartum:

- 19% of all maternal deaths occur between one and six days' postpartum
- 21% of all maternal deaths are between one and six weeks' postpartum
- 12% of all maternal deaths take place during the remaining portion of the year (Declercq & Zephyrin, 2020)



[Read more online.](#)

SFL-NL-0320-21

Reminder: provider incentive for medication reconciliation

Did you know that Simply Healthcare Plans, Inc. pays \$25 when a member's medications post-hospital discharge have been reconciled with the current medication list in the outpatient medical record?

CPT® II code 1111F indicates (via claims) that the member's medications post-hospital discharge have been reviewed to ensure coordination of care between the hospital and PCP. Medications prescribed at the hospital must be reconciled to ensure that all other medications previously prescribed will not negatively interact.

Time frame

Medications must be reconciled within 30 days of hospital discharge.

Office visit type

Reconciliation may be completed via an in-person, online, or telephone encounter, but is not required. The member does not have to be present for medications to be reconciled.

Provider type

The medication reconciliation may be completed by the prescribing practitioner (includes mid-levels), clinical pharmacist, or registered nurse.

Billing the code:

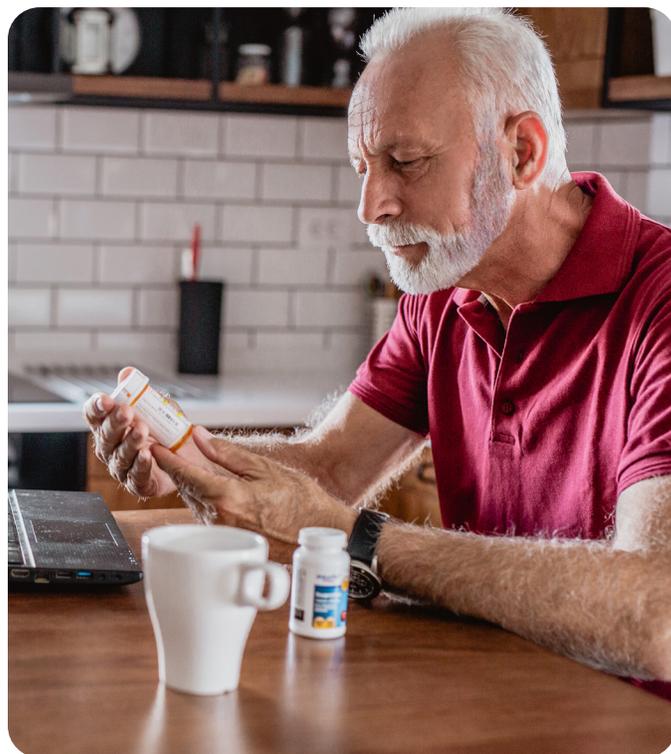
- CPT II codes are typically for informational purposes, but due to the nature of this measure, an incentive has been established.
- CPT II 1111F should be included after the CPTs, as one of the last line items of the claim, with a unit of 1 and \$25 as the amount.

Benefits of coding 1111F:

- Increases the transitions of care rate
- Reduces the burden of medical record requests because there is documentation that medications were reviewed for this date of service

For auditing purposes, please ensure documentation will support the justification of this CPT II code.

SHPCRNL-0100-21



Policy Updates

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

New specialty pharmacy medical step therapy requirements

Effective for dates of service on and after May 1, 2021, Simply Healthcare Plans, Inc. and Clear Health Alliance will include the specialty pharmacy drugs and corresponding codes from current *Clinical Criteria* noted below in our medical step therapy precertification review process. Step therapy review applies upon precertification initiation or renewal, in addition to the current medical necessity review.

<i>Clinical Criteria</i>	Status	Drug(s)	HCPCS codes
ING-CC-0182	Preferred	Infed	J1750
ING-CC-0182	Preferred	Venofer	J1756
ING-CC-0182	Preferred	Ferrlecit	J2916
ING-CC-0182	Nonpreferred	Injectafer	J1439
ING-CC-0182	Nonpreferred	Feraheme	Q0138 (non-ESRD use)
ING-CC-0182	Nonpreferred	Monoferric	J1437

The *Clinical Criteria* is publicly available on our provider website. Visit <https://www.anthem.com/ms/pharmacyinformation/Agents-for-Iron-Deficiency-Anemia.pdf> for the specific *Clinical Criteria*.

SFL-NL-0255-21

Simply Healthcare Plans, Inc. | Florida Healthy Kids

Medical drug benefit *Clinical Criteria* updates

Note: State mandated criteria will take precedence over the updates/changes to the criteria posted.

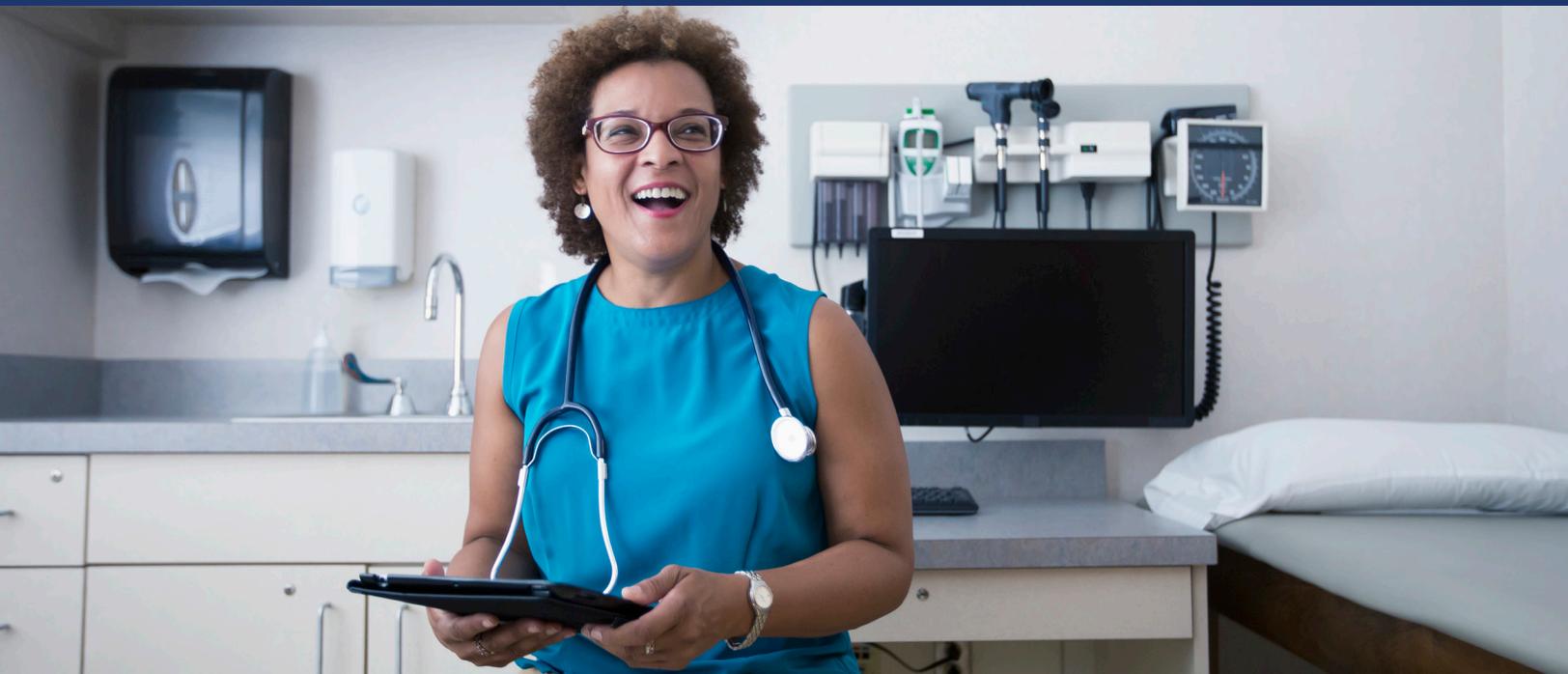
The Pharmacy and Therapeutics (P&T) Committee approved several *Clinical Criteria* applicable to the medical drug benefit for Florida Healthy Kids members with Simply Healthcare Plans, Inc. These policies were developed, revised, or reviewed to support clinical coding edits.



SFL-NL-0318-21

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 and Florida Healthy Kids
Clear Health Alliance | Medicaid

Prior authorization required for specialty pharmacy drugs

Effective for dates of service on and after May 1, 2021, the following specialty pharmacy codes from current or new *Clinical Criteria* documents will require prior authorization.

Visit the *Clinical Criteria* website to search for specific clinical criteria. Please note, these codes are specific to Agents for Iron Deficiency Anemia. The *Clinical Criteria* indicated below can be found at: <https://www.anthem.com/ms/pharmacyinformation/Agents-for-Iron-Deficiency-Anemia.pdf>.

<i>Clinical Criteria</i>	HCPCS or CPT® code(s)	Drug
ING-CC-0182	J1756	Venofer
ING-CC-0182	J2916	Ferrlecit
ING-CC-0182	J1750	Infed
ING-CC-0182	J1439	Injectafer
ING-CC-0182	Q0138	Feraheme
ING-CC-0182	J1437	Monoferric

SFL-NL-0260-21

Provider notification for Utilization Management Authorization Rule Operations Workgroup Item 1837

Effective September 1, 2021, prior authorization (PA) requirements will change for multiple codes. The medical codes listed below will require PA by Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA) for our members.

PA requirements will be added to the following:

- 0244U — oncology (solid organ), DNA, comprehensive genomic profiling, 257 genes, interrogation for single-nucleotide variants, insertions/deletions, copy number alterations, gene rearrangements, tumor-mutational burden and microsatellite instability, utilizing formalin-fixed paraffin-embedded tumor tissue

SFL-NL-0308-21

Provider notification for Utilization Management Authorization Rule Operations Workgroup Item 1907

On October 1, 2021, Simply Healthcare Plans, Inc. prior authorization (PA) requirements will change for A0426 and A0428.

PA requirements will be added for the following codes:

- A0426 – AIs 1
- A0428 – BIs

SHPCRNL-0090-21

Federal and state law, as well as state contract language and CMS 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.

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

- Websites:
 - Simply: <https://provider.simplyhealthcareplans.com>
 - CHA: <https://provider.clearhealthalliance.com>
- Fax (Medicaid and Florida Healthy Kids): **800-964-3627; 844-509-9862** (Medicaid Pharmacy Injectables)
- Phone (Medicaid and Florida Healthy Kids): **844-406-2396**

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers by accessing the provider self-service tool on the Availity* Portal at <https://www.availity.com> or on the provider websites at <https://provider.simplyhealthcareplans.com> > Login for Simply or <https://provider.clearhealthalliance.com> > Login for CHA. Contracted and noncontracted providers who are unable to access Availity may call the number on the back of the member's ID card 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.