

# 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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Want to receive our *Provider Newsletter* 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

Simply Healthcare Plans, Inc. | Medicare Advantage

## Adjudicating claims or COVID-19 vaccines, their administration and COVID-19 monoclonal antibodies

Beginning January 1, 2022, Medicare Advantage Organizations (MAOs) and Medicare Medicaid Plans (MMPs) are responsible for adjudicating claims for COVID-19 vaccines and their administration and for COVID-19 monoclonal antibodies and their administration.

SHPCRNL-0125-21



Simply Healthcare Plans, Inc. | Medicare Advantage

## 2022 Medicare Advantage service area and benefit updates

An overview of notable 2022 benefit changes and service area updates are now available [here](#). Please continue to check <https://provider.simplyhealthcareplans.com> for the latest Medicare Advantage information.

Medicare Advantage

Simply healthcare

### Florida 2022 Medicare Advantage plan changes

**Annual benefit changes for Medicare Advantage plan members under Simply Healthcare Plans, Inc. (Simply) will be effective January 1, 2022.**

The following is a summary of these changes. Complete details are in the member's Evidence of Coverage (EOC). Visit <https://shop.simplyhealthcareplans.com/medicare> for EOC, 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 EOC or call Provider Services at the number on the back of the member's ID card for more benefit details.

#### 2022 highlights

Not all benefits listed below are available to all Medicare Advantage members. Complete details are in the member's EOC:

##### Dental/vision/hearing flex card benefit:

- Annual allowance to be used for out-of-pocket costs for dental/vision/hearing services.
- Members would be provided a debit card that can only be used at certain provider or merchant types. Simply funds the card, and any unused funds would be recouped at the end of the benefit period. Funds will not be rolled over from one benefit period to the next.
- No precertification will be needed to qualify for this benefit.
- This will be offered as an embedded benefit.

\* In-home support is an independent company providing member support services on behalf of Simply Healthcare Plans, Inc. BelleCares is an independent company providing administrative foot care benefits on behalf of Simply Healthcare Plans, Inc. Availity, LLC is an independent company providing administrative support services on behalf of Simply Healthcare Plans, Inc.

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. SBUCK-0090-21 October 2021

SHPCRNL-0123-21



# Administration — Digital Tools

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

## Good news: Non-payment remittance advice enhancements are here

We have enhanced your ability to search, review, and download a copy of the remittance advice on Availity\* when there is not an associated payment. For remit advice with payment, you can continue to search with the Check/EFT number.

Below are images reflecting the scenarios that have been enhanced:

### Paper remittance

ZERO AMOUNT -- THIS IS NOT A CHECK	
DATE	07/14/21
PROVIDER NAME	
ADDRESS	
PROVIDER-NPI IDS	XXXXX
TAX ID NO	XXXXXX
CHECK NUMBER:	9999999999
0.00	IRS WITHHELD
0.00	STATE WITHHELD

### Electronic remittance advice (ERA/835)

#### Check Details

Check/EFT Number 9999999999-2019

Check/EFT Date 11/18/2019

Check Amount \$0.00

## What has changed?

### Non-payment number display in the Check Number and Check/EFT Number fields:

**Old** — There were two sets of numbers for the same remittance advice. The paper remittance displayed 10 bytes (9999999999 or 99#####) and the corresponding 835 (ERA) displayed 27 bytes (9999999999 — [year] #####).

**Enhancement** — The updated numbering sequence for the paper remittance and corresponding 835 (ERA) now contain the same 10-digit number beginning with 9 (9XXXXXXXXXX). Each non-payment remittance issued will be assigned a unique number.

### Searching for non-payment remittance:

**Old** — When using *Remit Inquiry* to locate paper remittance, the search field required a date range and tax ID to locate a specific remittance due to same number scenario (10 bytes (9999999999) being used for every non-payment remittance.

**Enhancement** — Once the unique ERA non-payment remittance number is available, it can be entered in the check number field in *Remit Inquiry*. This new way of assigning check numbers provides a faster and simplified process to find the specific remittance.

The way your organization receives remittances and payments has not changed; we have simply enhanced the numbering for the non-pay remittances. These changes do not impact previously issued non-payment remittance advice.

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

SFL-NL-0347-21

# Policy Updates

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

## Medical drug benefit *Clinical Criteria* updates

Simply Healthcare Plans, Inc. | Florida Healthy Kids

### June 2021 update

On August 21, 2020, November 20, 2020, and June 24, 2021, the Pharmacy and Therapeutics (P&T) Committee approved several *Clinical Criteria* applicable to the medical drug benefit for Florida Healthy Kids. These policies were developed, revised or reviewed to support clinical coding edits.



Read more online.

SFL-NL-0349-21

Simply Healthcare Plans, Inc. | Medicare Advantage

### August 2021 update

On August 20, 2021, the Pharmacy and Therapeutics (P&T) Committee approved several *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.



Read more online.

SHPCRNL-0121-21

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

### August 2021 update

On August 20, 2021, the Pharmacy and Therapeutics (P&T) Committee approved several *Clinical Criteria* applicable to the medical drug benefit for Simply Healthcare Plans, Inc. and Clear Health Alliance. These policies were developed, revised, or reviewed to support clinical coding edits.



Read more online.

SFL-NL-0370-21

Simply Healthcare Plans, Inc. | Florida Healthy Kids

### August 2021 update

On August 20, 2021, the Pharmacy and Therapeutics (P&T) Committee approved several *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.



Read more online.

SFL-NL-0373-21

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

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

## Important notice for pediatricians: newborn enrollment policy



Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA) are responsible for all Medicaid-eligible newborns of enrolled members. This includes payment of medically necessary services and well-child care for the newborn from the date of his or her birth, regardless of the mother's continued enrollment in the plan unless the newborn is disenrolled.

**The Agency for Health Care Administration (AHCA) requires Medicaid providers to render care and services to Medicaid-eligible newborns from the date of their birth. Balance billing for a covered service is not permitted.** Verify if the mother was eligible for full Medicaid on the baby's date of birth by using the web portal, MEVS, FaxBack, or AVRS. The Medicaid fiscal agent will not activate the baby's coverage if the mother is not eligible or her eligibility category is MU (Presumptively Eligible Pregnant Woman) or FP (Family Planning Services Only).

If the mother is a Simply or CHA member with Medicaid, the baby will be retroactively enrolled in the same managed care plan as the mother for the first 3 months of life unless the mother voluntarily enrolls the baby in a different managed care plan.

Providers who do not follow this guidance are at risk of receiving an AHCA complaint, contributing to gaps in newborn care, and not abiding by the Statewide Medicaid Managed Care contract.

All providers are responsible for reporting member pregnancies to us to initiate the unborn child's Medicaid eligibility process and ensure appropriate case management.

For all pregnant members we are aware of, we will submit a request to the Department of Children and Families (DCF) for the assignment of an inactive Medicaid ID for the unborn child. When the baby is born, we will submit a request to DCF to activate the Medicaid ID to ensure plan enrollment and claims payment. For babies born without a Medicaid ID, we will submit a request to DCF for a presumptive eligible newborn Medicaid determination to obtain a Medicaid ID for the baby.

For more information on this policy and requirements, visit [AHCA](#) or refer to the [provider manual](#).

SFL-NL-0369-21

# Policy Updates — Prior Authorization

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 a PA, you may use one of the following methods:

- Through the Availity Portal:\* Once logged in to **Availity**, select Patient Registration > Authorizations & Referrals > Choose either **Authorizations** or **Auth/Referral Inquiry**, as appropriate.
- By fax: **800-964-3627**
- By phone: **844-405-4296**

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers on the **Simply Healthcare Plans, Inc.** and **Clear Health Alliance** provider website. You must log in to see detailed PA requirements. Contracted and noncontracted providers who are unable to access Availity may call Provider Services at **844-405-4296** 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. | Medicaid and Florida Healthy Kids  
Clear Health Alliance | Medicaid

## Durable medical equipment prior authorization requirement changes

Effective December 1, 2021, prior authorization (PA) requirements will change for several codes. These medical codes will require PA by Simply Healthcare Plans, Inc. and Clear Health Alliance for members.



[Read more online.](#)

SFL-NL-0360-21

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

## Prior authorization requirement changes

Effective December 1, 2021, prior authorization (PA) requirements will change for 0018U and 0245U. The medical codes listed below will require PA by Simply Healthcare Plans, Inc. and Clear Health Alliance for Statewide Medicaid Managed Care Managed Medical Assistance and Florida Healthy Kids members.

### PA requirements will be added to the following:

- 0018U — Oncology (thyroid), microRNA profiling by RT-PCR of 10 microRNA sequences, utilizing fine needle aspirate, algorithm reported as a positive or negative result for moderate to high risk of malignancy
- 0245U — Oncology (thyroid), mutation analysis of 10 genes and 37 RNA fusions and expression of four mRNA markers using next-generation sequencing, fine needle aspirate, report includes associated risk of malignancy expressed as a percentage

SFL-NL-0361-21



## Prior authorization updates for medications billed under the medical benefit

Effective for dates of service on and after January 1, 2022, the following medication codes billed on medical claims from current or new *Clinical Criteria* documents will require prior authorization.

Please note, inclusion of a national drug code on your medical claim will help expedite claim processing of drugs billed with a not otherwise classified (NOC) code.

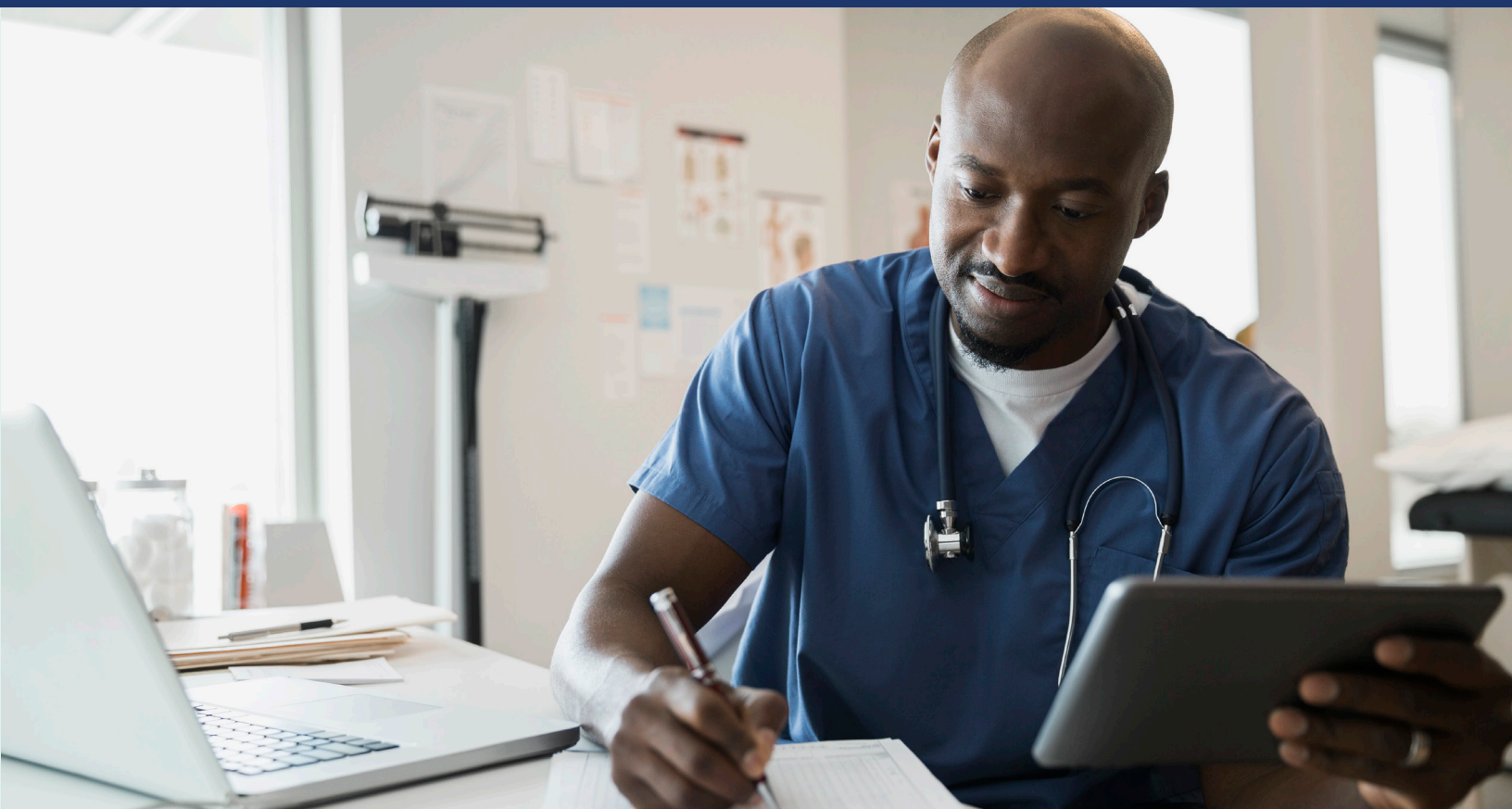
Visit the [Clinical Criteria website](#) to search for the specific *Clinical Criteria* listed below.

<i>Clinical Criteria</i>	HCPCS or CPT® code(s)	Drug
ING-CC-0184	J9348	Danyelza
ING-CC-0186	J9353	Margenza
ING-CC-0190	J3490, J3590, C9399: Unclassified drugs or biologicals	Nulibry

SFLPEC-2810-21/SFL-NL-0384-21



# Policy Updates — Reimbursement Policies



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

## Policy Update

# Drug Screen Testing

(Effective March 1, 2022)

Effective March 1, 2022, separate reimbursement is not allowed for specimen validity testing when utilized for drug screening. Reimbursement is included in the CPT® and HCPCS code descriptions for presumptive and definitive drug testing. Modifier 59, XE, XP, XS, and XU will not be allowed to override.

For additional information, please review the Drug Screen Testing reimbursement policy at <https://provider.simplyhealthcareplans.com/florida-provider/reimbursement-policies>, or <https://provider.clearhealthalliance.com/florida-provider/reimbursement-policies>.

SFL-NL-0363-21/SHPCRNL-0120-21

# Policy Updates — *Medical Policies and Clinical Guidelines*

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](https://medicalpolicy.simplyhealthcareplans.com/shp_search.html).

Simply Healthcare Plans, Inc. | Florida Healthy Kids and Medicare Advantage

## August 2021 update

Simply Healthcare Plans, Inc. | Florida Healthy Kids

### Notes/updates:

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

- \*CG-SURG-112 — Carpal Tunnel Decompression Surgery
  - Outlines the *Medically Necessary and Not Medically Necessary* criteria for carpal tunnel decompression surgery
- \*DME.00043 — Neuromuscular Electrical Training for the Treatment of Obstructive Sleep Apnea or Snoring
  - The use of a neuromuscular electrical training device is considered *Investigational & Not Medically Necessary* for the treatment of obstructive sleep apnea or snoring
- \*GENE.00058 — TruGraf Blood Gene Expression Test for Transplant Monitoring
  - TruGraf blood gene expression test is considered *Investigational & Not Medically Necessary* for monitoring immunosuppression in transplant recipients and for all other indications
- \*LAB.00040 — Serum Biomarker Tests for Risk of Preeclampsia
  - Serum biomarker tests to diagnosis, screen for, or assess risk of preeclampsia are considered *Investigational & Not Medically Necessary*
- \*LAB.00042 — Molecular Signature Test for Predicting Response to Tumor Necrosis Factor Inhibitor Therapy
  - Molecular signature testing to predict response to Tumor Necrosis Factor inhibitor (TNFi) therapy is considered *Investigational & Not Medically Necessary* for all uses, including but not limited to guiding treatment for rheumatoid arthritis
- \*OR-PR.00007 — Microprocessor Controlled Knee-Ankle-Foot Orthosis
  - Outlines the *Medically Necessary and Not Medically Necessary* criteria for the use of a microprocessor controlled knee-ankle-foot orthosis
- \*SURG.00032 — Patent Foramen Ovale and Left Atrial Appendage Closure Devices for Stroke Prevention
  - Added *Medically Necessary* statement for transcatheter closure of left atrial appendage (LAA) for individuals with non-valvular atrial fibrillation for the prevention of stroke when criteria are met
  - Revised *Investigational & Not Medically Necessary* statement for transcatheter closure of left atrial appendage when the criteria are not met
- \*SURG.00077 — Uterine Fibroid Ablation: Laparoscopic, Percutaneous, or Transcervical Image Guided Techniques
  - Added *Medically Necessary* statement on use of laparoscopic or transcervical radiofrequency ablation

## August 2021 update (cont.)

- Added *Not Medically Necessary* statement on use of laparoscopic or transcervical radiofrequency ablation when criteria in *Medically Necessary* statement are not met
- Removed laparoscopic radiofrequency ablation from *Investigational & Not Medically Necessary* statement
- Removed *Investigational & Not Medically Necessary* statement on radiofrequency ablation using a transcervical approach

## Medical Policies

On August 12, 2021, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Simply Healthcare Plans, Inc. (Simply). These guidelines take effect December 11, 2021.

## Clinical UM Guidelines

On August 12, 2021, the MPTAC approved several *Clinical UM Guidelines* applicable to Simply. These guidelines were adopted by the Medical Operations Committee for Florida Healthy Kids members on September 23, 2021. These guidelines take effect December 11, 2021.



Read more online.

SFL-NL-0378-21

Simply Healthcare Plans, Inc. | Medicare Advantage

## Notes/updates:

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

- \*CG-SURG-112 — Carpal Tunnel Decompression Surgery
  - Outlines the *Medically Necessary* and *Not Medically Necessary* criteria for carpal tunnel decompression surgery
- \*CG-SURG-113 — Tonsillectomy with or without Adenoidectomy for Adults
  - Outlines the *Medically Necessary* and *Not Medically Necessary* criteria
- \*DME.00043 — Neuromuscular Electrical Training for the Treatment of Obstructive Sleep Apnea or Snoring
  - The use of a neuromuscular electrical training device is considered *Investigational & Not Medically Necessary* for the treatment of obstructive sleep apnea or snoring
- \*GENE.00058 — TruGraf Blood Gene Expression Test for Transplant Monitoring
  - TruGraf blood gene expression test is considered *Investigational & Not Medically Necessary* for monitoring immunosuppression in transplant recipients and for all other indications
- \*LAB.00040 — Serum Biomarker Tests for Risk of Preeclampsia
  - Serum biomarker tests to diagnosis, screen for, or assess risk of preeclampsia are considered *Investigational & Not Medically Necessary*
- \*LAB.00042 — Molecular Signature Test for Predicting Response to Tumor Necrosis Factor Inhibitor Therapy
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  - Revised *Investigational & Not Medically Necessary* statement for transcatheter closure of left atrial appendage when the criteria are not met
- \*SURG.00077 — Uterine Fibroid Ablation: Laparoscopic, Percutaneous, or Transcervical Image Guided Techniques
  - Added *Medically Necessary* statement on use of laparoscopic or transcervical radiofrequency ablation



- Added *Not Medically Necessary* statement on use of laparoscopic or transcervical radiofrequency ablation when criteria in *Medically Necessary* statement are not met
- Removed laparoscopic radiofrequency ablation from *Investigational & Not Medically Necessary* statement
- Removed *Investigational & Not Medically Necessary* statement on radiofrequency ablation using a transcervical approach

### **Medical Policies**

On August 12, 2021, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Simply Healthcare Plans, Inc. (Simply). These guidelines take effect November 29, 2021.

### **Clinical UM Guidelines**

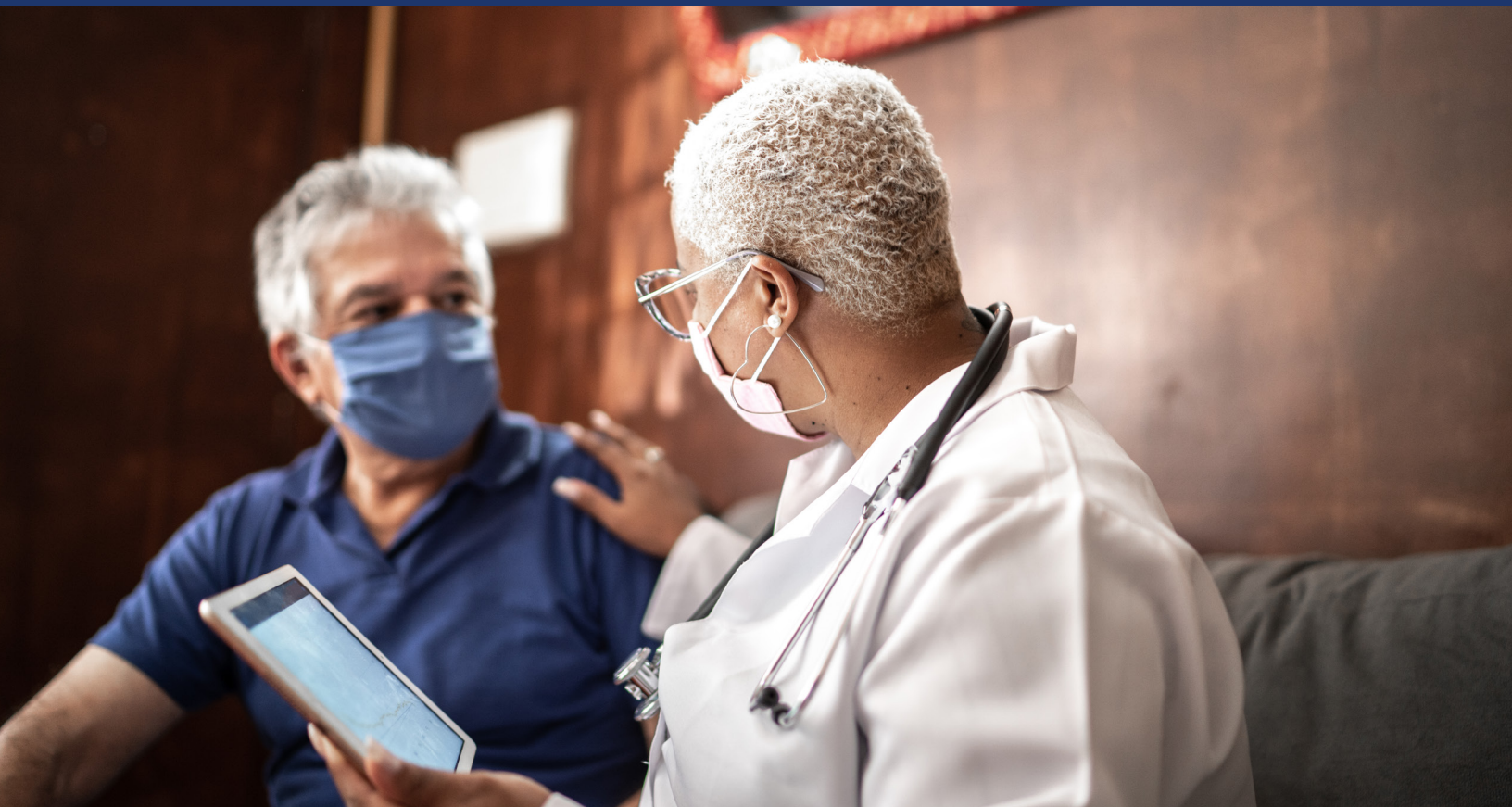
On August 12, 2021, the MPTAC approved several *Clinical UM Guidelines* applicable to Simply. These guidelines were adopted by the Medical Operations Committee for our members on September 23, 2021. These guidelines take effect November 29, 2021.

 **Read more online.**

SHPCRNL-0122-21



# Quality Management



Simply Healthcare Plans, Inc. | Medicare Advantage

## HEDIS coding booklet

The Centers for Medicare & Medicaid Services (CMS) uses a five-star quality rating system to measure Medicare Advantage beneficiaries' experiences with the delivery of their healthcare services. HEDIS® data is one of the ways in which a star rating is determined. Simply Healthcare Plans, Inc. created a HEDIS coding booklet you can use as guidance for critical HEDIS measures for the 2021 measurement year. You can access this booklet [online](#).

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

SHPCRNL-0116-21

## Electronic medical record data feed

Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA) providers using electronic medical record (EMR) technology can seamlessly increase HEDIS® scores via a secure data feed.

HEDIS data is not always captured through claims submission and requires medical record collection and review. Examples of data not captured through claims:

- Member visits prior to enrollment
- Claims billed to a third-party billing agency
- SNOWMED codes
- Lab and prescription data (for example, the results of an Hba1c screening are normally in a record or sometimes included in lab vendor files)

### What is an EMR feed?

The EMR file is a text file with data coming from an EMR system (for example, EPIC, e-Clinicalworks, etc.) and sent directly to the health plan; the process is more efficient than claims and medical records. CPT®, CPT II, and SNOWMED codes, etc. will be included in the file that will be sent to Simply and CHA.

### What are the benefits of an EMR feed?

- More efficient than faxing medical records to Simply and CHA
- Less administrative burden for providers and office staff
- Any and all codes that are in your EMR system will be included in the file
- Improved individual provider and group HEDIS scores by closing gaps in care
- Decreases health plan's requests for medical records
- Reduce copy service vendor utilization and requests

- Provider staff are not displaced from daily office tasks to fulfill requests
- Trained and proficient HEDIS staff are used which reduces copy errors
- Members are reviewed as a whole as opposed to via Provider Dashboard reports
- Other possible resources for data can be identified while researching the medical record
- Identification of gaps in care and opportunities for improvement can be communicated to the provider in a timely manner that will meet the time frames specified for HEDIS measure outcomes.

### Who from the provider office manages the EMR feed?

EMR feeds are sent monthly via an SFTP by your office IT department or EMR data specialist. If you do not already have a SFTP site created, Simply and CHA will set up a site at no cost to you.

### What do Simply and CHA do with this data?

The Performance Ratings and Operations team will review the data for accuracy and formatting. This typically occurs in the fall. Thereafter, files are uploaded to HEDIS-certified software following the same process as claims data.

### How do I measure the impact of the EMR feed with respect to my HEDIS/STARS scores?

You will receive a report to indicate how impactful the data is to your HEDIS/STARS scores.

If you are interested in sending EMR feeds to Simply and CHA or have any questions, please contact Kim Chmiel, HEDIS Manager at [kimberly.chmiel@amerigroup.com](mailto:kimberly.chmiel@amerigroup.com).

*HEDIS® is a registered trademark of the National Committee for Quality Assurance.*

SFLPEC-2740-21/SFL-NL-0374-21

# Products and Programs

Simply Healthcare Plans, Inc. | Medicare Advantage

## Somatus is your resource for kidney care management

We are pleased to announce a new no-cost care management program available for your Medicare Advantage covered patients with chronic kidney disease (CKD) or end-stage kidney disease (ESKD). This high-touch program, delivered by Somatus,\* is designed to support and enhance your existing patient care by providing hands-on, one-on-one care management to eligible patients with kidney disease.

Somatus is the leading and largest provider of kidney care management services in the country. Through an innovative care-delivery model, Somatus surrounds patients with access to the full suite of support services and education needed to delay kidney disease progression and retain quality of life.

### Somatus' care management services are personalized to each participating member and may include:

- A full care team comprised of a nurse, community health worker, pharmacist, dietitian, and social worker.
- Ongoing in-home physical assessments, environmental assessments, face-to-face education, and health coaching to identify problems early and avoid potential hospitalizations and complications.
- Comprehensive 1:1 care management of the patient's kidney disease and co-morbidities, delivered in person (at home, clinic, or hospital) or via telephone.
- Clinical and logistical assistance to help patients transfer safely from hospital to home, if needed.
- Meal planning, appointment scheduling, transportation coordination, connection to local resources and community-based organizations, and more.



Simply Healthcare Plans, Inc. will identify Medicare Advantage patients in your practice that qualify for and would benefit from Somatus' kidney-care services, and we look forward to working with you to ensure these patients enroll and take part in this no-cost opportunity. A member of the Somatus team will be in touch to discuss your eligible patients and how you can help encourage their participation.

### For more information about Somatus, visit [www.somatus.com](http://www.somatus.com) or contact the Somatus Care Team at:

- Phone: **855-851-8354** | Monday through Friday | 9 a.m. to 9 p.m. ET
- Email: [care@somatus.com](mailto:care@somatus.com)

\* Somatus is an independent company providing care management services on behalf of Simply Healthcare Plans, Inc.

SHPCRNL-0124-21



## New LTSS expanded benefits, open enrollment, and more

Effective October 1, 2021, Simply Healthcare Plans, Inc. (Simply) will offer new and enhanced expanded benefits to our members. Simply has complemented the traditional Medicaid benefits by developing a package of value-added services specifically for our Long-Term Services and Supports (LTSS) members. These new and existing benefits were created to improve the well-being of our members and help them stay as healthy as possible.

In addition to our expanded benefits, Simply is actively working on more ways to enhance the provider experience. These enhancements will be communicated in the near future.

Note: The Statewide Medicaid Managed Care (SMMC) annual open enrollment season also begins October 1, 2021. During open enrollment, members may choose a different managed care plan or remain with their current plan. Open enrollment will occur in phases based on the region in which the member lives.

Benefit category	Benefit description
Assisted living facility (ALF) move in basket (New)	Members can select up to \$50 worth of items: <ul style="list-style-type: none"> <li>For LTSS members currently living in an ALF and new members transitioning/moving into an ALF.</li> </ul> * <i>One lifetime benefit</i>
Caregiver transportation (New)	Four one-way trips monthly to visit a member who is residing at an ALF. <ul style="list-style-type: none"> <li>For LTSS eligible caregivers who need transportation to see loved ones in an ALF.</li> </ul>
Healthy living benefit (New)	Healthy lifestyle aids for LTSS members that includes a wide variety of assistive devices and adaptive aids to help members maintain independence in their homes. *Members can select two of the following items to achieve better health: <ul style="list-style-type: none"> <li>Digital scale, home blood pressure cuff, peak flow meter, reachers/grabbers, lumbar pillow, personal fan, clip on lamp, walker bag, or a pair two of face masks.</li> </ul> * <i>One lifetime benefit to choose two items.</i>
30-day bed hold (Existing)	Based on meeting requirements, member will receive a 30-day bed hold at assisted living and adult family care homes.
Nursing home transition fund (Existing)	\$5,000 transition fund to cover costs to move out of a nursing home into the community will cover certain costs, such as security utility deposits, household furnishing, and moving expenses.
Transportation (Existing)	Four one-way trips to community designation up to 25 miles per month.
Caregiver therapy (Existing)	Individual therapy for caregivers. Unit of service is fifteen minutes; limit of four units per day, a maximum of 12 days per year.

For more information, please contact your Provider Relations representative or call Provider Services at **877-440-3738**. You can also visit us [online](#).

Full lists of expanded benefits can be found in our [provider manuals](#).

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