February 2021

Provider Services:
Medicaid: 1-844-405-4296 • Medicare: 1-844-405-4297
https://provider.simplyhealthcareplans.com

Simply healthcare

Provider Newsletter

Want to receive the Provider Newsletter via email?

Click **here** to provide/update your email address.

SFL-NL-0254-21

Table of Contents

Important Notice: Provider Information for COVID-19 Vaccine Enrollment

Are you interested in serving your community by providing COVID-19 vaccinations? To become a COVID-19 vaccine provider, your organization must be enrolled in Florida SHOTS and the Vaccines for Children/Adult Program (VFC/VFA).

Florida SHOTS

Providers must hold an active and valid medical license to enroll.

- If you are not enrolled in Florida SHOTS: Visit **https://www.flshotsusers.com** to complete an enrollment application. Check the **COVID-19 Enrollment** box. You will receive a confirmation email with your login credentials after your application has been processed.
- If you are enrolled in Florida SHOTS: Login to Florida SHOTS using your ID, username and password. If you do not remember your login ID, contact the Florida SHOTS help desk (1-**877-888-7468, option 2**). If you need to reset your password, click **Need Password Assistance** on the login page.

Vaccines for Children (VFC)/Vaccines for Adult (VFA)

Each location or site where vaccines will be ordered and received must be enrolled in VFC/VFA. An application or form to enroll in VFC/VFA is not needed as COVID-19 vaccine enrollment staff will contact providers directly to conduct the enrollment process.

COVID-19 Vaccination Provider Agreement

All providers must complete two sections of the COVID-19 Provider Agreement.

- **Section A: Provider Requirements and Legal Agreement** (One agreement must be completed for the organization and signed by both the Chief Medical Officer and Chief Executive Officer)
  1. Log into your Florida SHOTS account and visit the *COVID-19 Enrollment* page.
  2. Click **Submit COVID-19 Section A** to fill out the agreement. The PDF document must be downloaded, signed by both responsible parties, and emailed to COVIDVaccineProgram@flhealth.gov.
- **Section B: Provider Profile** (You will not be able to complete this section until you have started the VFC/VFA enrollment process. One provider profile must be completed for each VFC/VFA enrolled location or site.)
  1. Log in to your Florida SHOTS account and visit the *COVID-19 Enrollment* page.
  2. Click **COVID-19 Enroll Section B** to complete and submit the provider profile.
- The COVID-19 vaccine enrollment desk will contact you to provide information on how to order and receive vaccines as available.

Additional Resources:

- **COVID-19 Vaccine Enrollment Process for Providers**
- **COVID-19 Vaccine Enrollment Information**

For additional information, contact the Department of Health's Immunization Section at 1-**877-888-7468**. Providers can also direct questions to CovidVaccineProgram@flhealth.gov.

SFL-NL-0245-20

Medicaid enrollment required for ordering, prescribing or referring providers

As a reminder, all providers who refer, order, prescribe or attend in conjunction with the provision of services to Medicaid recipients are required to be enrolled in the Medicaid program (*Title 42 CFR Section 455.410*).

If physicians and other practitioners who order, prescribe or refer services for beneficiaries do not choose to submit claims to Medicaid, they can register as referring, ordering, prescribing (ROPA) providers.

If you are not currently enrolled with Medicaid and have prescribed medications for our member, please visit the Florida Agency For Health Administration's Medicaid Web Portal as soon as possible at **http://portal.flmmis.com** > Provider Services > Enrollment. This will help you avoid having claims for these prescriptions rejected at the pharmacy in the future.

Here, you will find information on how to enroll in Medicaid through:

- Full Medicaid enrollment.
- Limited Medicaid enrollment.
- Referring, ordering, prescribing (ROPA) enrollment.
- Out of state enrollment.
- Provisional enrollment.

What if I need assistance?

For assistance with the enrollment process, contact the Provider Enrollment Contact Center (PECC) at **1-800-289-7799, option 4**.

What actions should my patients take?

If you are unable to complete the Medicaid enrollment process, we are here to help. Advise your patients to contact Member Services at **1-844-406-2396** for assistance with locating an in-network Medicaid provider.

SFL-NL-0221-20

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CAHPS® is an annual standardized survey conducted from January to May to assess consumers' experience with their provider and health plan. A random sample of your adult and child patients may get the survey. Providers directly impact the majority of questions used for scoring.

These questions are:

- When you needed care right away, how often did you get it?
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- How often did your personal doctor seem informed and up-to-date about the care you got from other health providers?
- How would you rate your primary care doctor?
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To learn more about CAHPS and how you can improve the patient experience, review the CAHPS Overview training by visiting **https://provider.simplyhealthcareplans.com**.

CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

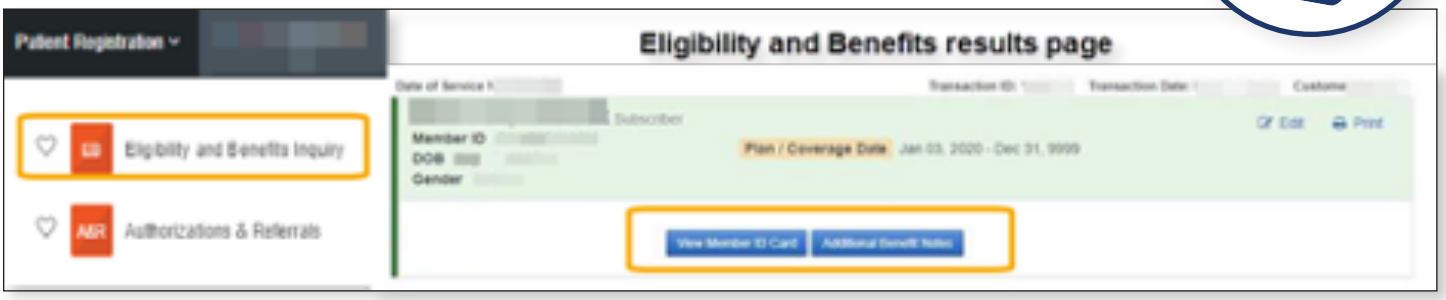
SFL-NL-0225-20

Availity Portal eligibility and benefits provides both additional benefit notes and digital member ID cards

New: additional benefit detail

Now, you can select **Additional Benefit Notes** on the Availity Portal* *Eligibility and Benefits* results screen to find more descriptive benefit information.

Benefits are listed in alphabetical order, making it easier to search for specific benefits. Capabilities include full benefit descriptions, vendor information associated with the benefit and the option for the provider to print out the benefit information.



Digital member ID cards

The **digital member ID card** allows easy, low-touch access to view additional information or confirm basic membership details.

When conducting an eligibility and benefits inquiry for our members, simply select **View Member ID Card** on the *Eligibility and Benefits* results page. Note: The Availity Portal requires you to enter the member's ID number, as well as a date of birth or the member's first and last name into the search options in order to submit an eligibility and benefits inquiry.

Try both of these valuable tools today!

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

SFL-NL-0242-20

Disease Management/ Population Health program

Disease Management/Population Health is designed to support providers in caring for patients with chronic health care needs. Simply Healthcare Plans, Inc. (Simply) provides members enrolled in the program with continuous education on self-management, assistance in connecting to community resources, and coordination of care by a team of highly qualified professionals whose goal is to create a system of seamless health care interventions and communications.

Who is eligible?

Disease Management/Population Health case managers provide support to members with:

- Asthma.
- Bipolar disorder.
- COPD.
- Diabetes.
- Congestive heart failure.
- Coronary artery disease.
- HIV/AIDS.
- Hypertension.
- Major depressive disorder — adults.
- Major depressive disorder — children and adolescents.
- Schizophrenia.
- Substance use disorder.
- Alzheimer's disease/dementia (Florida only).

Our case managers use member-centric motivational interviewing to identify and address health risks, such as tobacco use and obesity, to improve condition-specific outcomes. Interventions are rooted in evidence-based clinical practice guidelines from recognized sources. We implement continuous improvement strategies to increase evaluation, management and health outcomes.

For more information on our program and how to refer a Simply member for this program, visit our **website**.

Your input and partnership is valued. Once your patient is enrolled in the Disease Management/Population Health program, you will be notified by the case manager assigned.

SFL-NL-0232-20

HEDIS Measurement Year 2020: Medicaid summary of changes from NCQA

Revised measures:

- The former Well-Child Visits in the First 15 Months of Life (W15) measure was revised to **Well Child Visits in the First 30 Months of Life (W30)**. It includes two indicators:
  - Well-child visits in the first 15 months — children who turned 15 months during the measurement year with six or more well-child visits
  - Well-child visits for ages 15 to 30 months — children who turn 30 months during the measurement year with two or more well-child visits
- The former Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34) and Adolescent Well-Care Visits (AWC) measures have been combined into **Child and Adolescent Well-Care Visits (WCV)**:
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Key measure changes:

Controlling High Blood Pressure (CBP and CDC-CBP) — Telephone visits, e-visits and virtual check-ins are now acceptable settings for blood pressure (BP) readings. Digital BP readings reported by the member are considered numerator compliant.

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- Initiation — The percentage of members who attended two or more sessions of cardiac rehabilitation within 30 days after a qualifying event
- Engagement 1 — The percentage of members who attended 12 or more sessions of cardiac rehabilitation within 90 days after a qualifying event
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Retired Medicaid measures:

- Comprehensive Diabetes Care (CDC) retired sub-measures —
  - Medical Attention for Nephropathy (retired for Commercial and Medicaid)
  - HbA1c control (< 7.0%) for a selected population
- Adult BMI Assessment (ABA)
- Medication Management for People With Asthma (MMA)
- Children's and Adolescents' Access to Primary Care Practitioners (CAP)

Measure change summary:

For a complete summary, go to **https://tinyurl.com/NCQA-measures**.

SFL-NL-0229-20

Medical drug benefit *Clinical Criteria* updates

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

On November 15, 2019, February 21, 2020, May 15, 2020, August 21, 2020, August 28, 2020, and September 24, 2020, the Pharmacy and Therapeutics (P&T) Committee approved *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.

Effective dates are reflected in the ***Clinical Criteria* Web Posting September and October 2020**.

SFL-NL-0240-20

The *Clinical Criteria* is publicly available on the provider website. Visit the ***Clinical Criteria* website** to search for specific policies.

If you have questions or would like additional information, use this **email**.

Prior authorization requirement for outpatient procedures if done in the outpatient hospital setting (place of service 22/billing code 013)

Prior authorization requirements

Effective January 1, 2021, prior authorization requirements will be required for several CPT® codes if requested in the outpatient (OP) hospital setting. Prior authorization will be required for place of service (POS) 22 (OP hospital) only. No authorization will be required if done in an alternate OP POS, such as an ambulatory surgery center.

For services that are scheduled on or after January 1, 2021, providers must contact the Simply Healthcare Plans, Inc. Prior Authorization team to obtain prior authorization for these services only if requested in the hospital. Providers are strongly encouraged to verify that a prior authorization has been obtained before scheduling and performing services in the outpatient hospital.

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

- Web: **https://www.availity.com***
- Fax: **1-800-964-3627**

Read more online.

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SFL-NL-0246-20

Provider notification for Utilization Management Authorization Rule Operations Workgroup Item 1326

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

PA requirements will be added to the following:

- 30117 — Excision/Destruction, Intranasal Lesion; Int Approach
- 30999 — Unlisted Proc, Nose
- 54401 — Insertion, Penile Prosthesis; Inflatable (Self-Contained)
- C1778 — Lead, neurostimulator (implantable)
- C1787 — Patient programmer, neurostimulator
- C2622 — Prosthesis, penile, noninflatable
- G0157 — Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes
- G2168 — Services performed by a physical therapist assistant in the home health setting in the delivery of a safe and effective physical therapy maintenance program, each 15 minutes
- G2169 — Services performed by an occupational therapist assistant in the home health setting in the delivery of a safe and effective occupational therapy maintenance program, each 15 minutes
- L8681 — Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only
- L8699 — Prosthetic Implant NOS

SFL-NL-0236-20

Radiotherapies and radioimmunotherapies will require prior authorization

Effective February 1, 2021, Simply Healthcare Plans, Inc. will require prior authorization (PA) for the below additional injectable drugs.

PA requirements will be added to the following codes:

- A9543 Injection, Yttrium Y-90 ibritumomab tiuxetan (Zevalin)
- A9590 Injection, Iodine I-131, iobenguane, 1 mCi (Azedra)
- A9513 Injection, Lutetium Lu 177, dotatate, therapeutic, 1 millicurie (Lutathera)
- A9606 Injection, Radium ra-223 dichloride, therapeutic, per microcurie (Xofig)

SFL-NL-0238-20

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:

- Web: **https://provider.simplyhealthcareplans.com**
- Fax: **1-800-964-3627**, **1-844-509-9862** (Medicaid pharmacy injectables)
- Phone: **1-844-406-2396**

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers by accessing the Precertification Lookup Tool on the **Availity* Portal** or on the **provider website**. Contracted and noncontracted providers who are unable to access Availity may call Provider Services at **1-844-405-4296** for assistance with PA requirements.

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Important Notice: Provider Information for COVID-19 Vaccine Enrollment

View the **article** in the Medicaid section.

SFL-NL-0245-20

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SFL-NL-0221-20

CAHPS® survey

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SFL-NL-0225-20

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SFL-NL-0242-20

Disease Management/Population Health program

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SFL-NL-0232-20

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SFL-NL-0229-20

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SFL-NL-0240-20

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SFL-NL-0246-20

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SFL-NL-0238-20

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SFL-NL-0245-20

Disease Management/Population Health program

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SFL-NL-0232-20

Medical drug benefit *Clinical Criteria* updates

August 2020 update

On August 21, 2020, the Pharmacy and Therapeutics (P&T) Committee approved *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.

Effective dates are reflected in the ***Clinical Criteria* Web Posting August 2020**.

SHPCRNL-0070-20

September and October 2020 update

On November 15, 2019, February 21, 2020, May 15, 2020, August 21, 2020, August 28, 2020, and September 24, 2020, the Pharmacy and Therapeutics (P&T) Committee approved *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.

Effective dates are reflected in the ***Clinical Criteria* Web Posting September and October 2020**.

SHPCRNL-0076-20

The *Clinical Criteria* is publicly available on the provider website. Visit the ***Clinical Criteria* website** to search for specific policies.

If you have questions or would like additional information, use this **email**.

PN for UM AROW Item 1330

On April 1, 2021, Simply Healthcare Plans, Inc. prior authorization (PA) requirements will change for the following codes.

PA requirements will be added to the following:

- 54400 — Insertion, Penile Prosthesis; Non-Inflatable (Semi-Rigid)
- 54401 — Insertion, Penile Prosthesis; Inflatable (Self-Contained)
- 61885 — Subq Placement Cranial Neurostimulator Pulse Generator/Receiver; w/Connection Single Electrod Array
- 64569 — Revision or replacement of cranial nerve (for example, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator
- 0404T — Transcervical uterine fibroid(s) ablatioin with ultrasound guidance, radiofrequency
- 0563T — Evacuation of meibomian glands, using heat delivered through wearable, open-eye eyelid treatment devices and manual gland expression, bilateral
- C1767 — Generator, neurostimulator (implantable), non-rechargeable
- C1778 — Lead, neurostimulator (implantable)

SHPCRNL-0071-20

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.

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- Web: **https://www.availity.com**

Not all PA requirements are listed here. PA requirements are available to contracted providers by accessing the Provider Self-Service Tool at Availity* at **https://provider.simplyhealthcareplans.com** > Login. Call the Provider Services number on the back of the member's ID card for PA requirements.

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Additional Resources:

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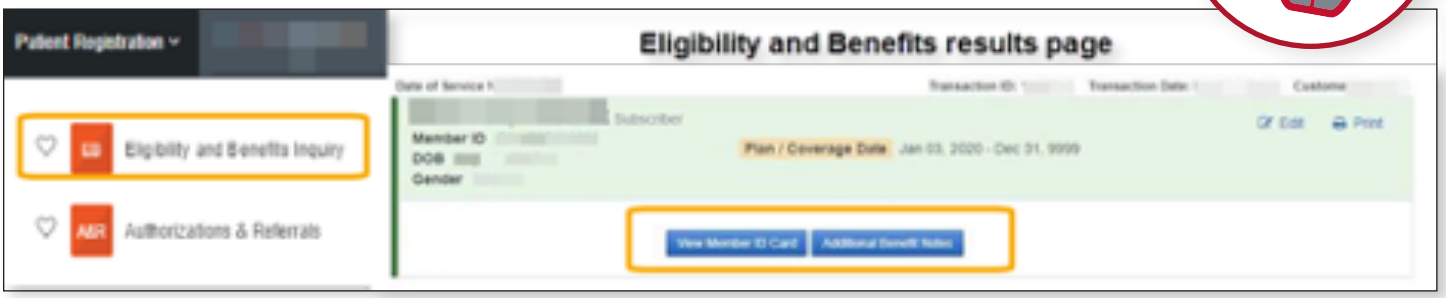

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SFL-NL-0246-20

Radiotherapies and radioimmunotherapies will require prior authorization

Effective February 1, 2021, Clear Health Alliance will require prior authorization (PA) for the below additional injectable drugs. Please refer to the Precertification Look Up Tool for authorization requirements. Noncompliance with the new requirements may result in denied claims.

PA requirements will be added to the following codes:

- A9543 Injection, Yttrium Y-90 ibritumomab tiuxetan (Zevalin)
- A9590 Injection, Iodine I-131, iobenguane, 1 mCi (Azedra)
- A9513 Injection, Lutetium Lu 177, dotatate, therapeutic, 1 millicurie (Lutathera)
- A9606 Injection, Radium ra-223 dichloride, therapeutic, per microcurie (Xofig)

Please use one of the following methods to request PA:

- Web: **https://www.availity.com***
- Phone: **1-800-282-4548**

Federal and state law, as well as state contract language, including definitions and specific contract provisions/exclusions, take precedence over these PA rules and must be considered first when determining coverage.

** Availity, LLC is an independent company providing administrative support services on behalf of Clear Health Alliance.*

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CLEAR HEALTH ALLIANCE