

# *Reference Guide for Home Health Service Providers Contracted Directly with Simply Healthcare Plans, Inc. Long Term Care*



This reference guide includes relevant contact information, a summary of the claims appeal process, an overview of Home Health Services responsibilities, and frequently asked questions. Home Health Service providers will find this guide useful when members are receiving Home Health Services.

## Authorization requests and authorization appeals

### Initial authorization

All Long Term Care (LTC) services require authorization.

Service	Fax
Long-term care (LTC)	844-285-1169

### Authorization appeals

Submit via Fax (Medicaid): 866-216-3482

## Case management contacts — notice of start of care (SOC), staffing delays, missed services, discharges

Service	Contact
LTC phone	877-440-3738
LTC fax	888-762-3220
LTC email — status notifications and discharges	FLLTCInquiry@anthem.com
UM contacts — authorization-related inquiries	
LTC UM email	Floridahcbsauthorization@anthem.com

## Provider Relations team contact information

If you have questions, issues, and concerns, please contact your assigned Provider Relations representative, or contact the Provider Relations escalation listed below.

Topic	Contact
Inservice, billing questions, Change of Ownership (CHOW), general contract/credentialing inquiries	If known, first contact your assigned Provider Relations representative or email <a href="mailto:lrcprovrelations@simplehealthcareplans.com">lrcprovrelations@simplehealthcareplans.com</a> .
Re-credentialing documents only	<a href="mailto:AGPCred@amerigroup.com">AGPCred@amerigroup.com</a>
Provider Relations escalations	<a href="mailto:LTCPREscalations@simplehealthcareplans.com">LTCPREscalations@simplehealthcareplans.com</a>

## Claims appeal process

Please contact Provider Services at **877-440-3738**, Monday through Friday, from 8 a.m. to 7 p.m. ET. to discuss any claims issues or escalated concerns regarding the non-payment of claims.

If you do not agree with our decision of a payment or denial, you may file a reconsideration request in writing within 90 calendar days from the plan's notification date. When filing a formal request with the plan, submit your request with all applicable documentation to support your dispute.

### Disputes can be submitted in writing to the Payment Dispute Unit at:

P.O. Box 61599  
Virginia Beach, VA 23466

You may also submit a dispute via Availity Essentials at **availity.com** or call **877-440-3738** for more information.

A resolution to the Claims Payment Dispute will be rendered and communicated to the provider within 60 calendar days of receipt of the request. If the provider is dissatisfied with the payment dispute resolution, the provider may submit a second level appeal in writing only.

If the provider is dissatisfied with the second level appeal resolution, they can request a review from the Statewide Provider and Health Plan Claim Dispute Resolution Program (Capitol Bridge) by calling **800-889-0549** or emailing **FLCDR@capitolbridge.com**.



### Appeals should consist of the following:

- Provider cover letter.
- Supporting documentation to overturn the claim such as medical records, authorizations etc.
- Claims report.

A level 1 appeal needs to be submitted 90 days from the date on the *Explanation of Payment*. A level 2 appeal needs to be submitted 30 days from the date on the first appeal decision.



## Home health and nurse registry responsibilities and reminders

- **Requirement for proper authorization, billing, and payment:**

- New authorizations are required for all members prior to servicing the patient.
- To locate a LTC member's case manager, send an email to [fltcinquiry@anthem.com](mailto:fltcinquiry@anthem.com).
- Provider must verify member's eligibility and claims status via **Availity.com**.



### Sign up to receive EFT through EnrollSafe:

- <https://enrollsafe.payeehub.org>
- To register, the provider creates an account with EnrollSafe to become verified. Once verified, the provider may select the bank account they wish to receive their ACH payments.
- The provider must register and submit their enrollment requests directly through the EnrollSafe EFT Enrollment Hub.

### Netsmart (EVV) setup:

- The agency administrator will need to create a provider account.
- Self-registration: <https://mobilecaregiverplus.com/anthem-fl/>

### Netsmart (EVV) portal training:

- Live and previously recorded training webinars are available at: <https://mobilecaregiverplus.com/anthem-fl/>
- Mobile Caregiver+ provider website:
  - **Objective:** How to import your data, schedule your caregivers, and everything in between.
- Mobile Caregiver+ provider website — Claims Console:
  - **Objective:** Learn how to review, modify, and submit claims for reimbursement.
- Mobile Caregiver+ mobile app:
  - **Objective:** Learn how to use the mobile app to check in, check off, and check out.

<https://provider.simplyhealthcareplans.com>