

December 2018

Reimbursement policy

Effective December 1, 2018, reimbursement policies will transition to the Simply Healthcare Plans, Inc. and Clear Health Alliance (Simply) provider website. For policy-specific information, visit www.simplyhealthcareplans.com/provider or www.clearhealthalliance.com/provider and select **Claims**, then **Reimbursement Policies**.

Reimbursement policy language may have changed. These policies will serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by the Simply benefit plans. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis. Proper billing and submission guidelines are required along with the use of industry-standard, compliant codes on all claim submissions.

Code and clinical editing

Simply applies code and clinical editing guidelines to evaluate claims for accuracy and adherence to accepted national industry standards and plan benefits. We use sophisticated software products to ensure compliance with standard code edits and rules. These products increase consistency of payment for providers by ensuring correct coding and billing practices. Editing sources include but are not limited to CMS National Correct Coding Initiative, *Medical Policies* and *Clinical Utilization Management Guidelines*. Simply is committed to working with you to ensure timely processing and payment of claims.