

Preapproval Request

Please submit all appropriate clinical information, provider contact information, and any other required documents to support your request. If this is a request for an extension or modification of an existing authorization from Simply Healthcare Plans, Inc. (Simply), please provide the authorization number with your submission. If you have questions or to submit your request, use the following:

- Statewide Medicare Advantage medical assistance prior authorization phone: **844-405-4297**, fax: **866-811-0143**, or online submission via Availity Essentials:* Availity.com.
- Please fax all in-home requests for DME/HH/Infusion services directly to Integrated Home Care Services (IHCS) at: 844-215-4265.
- Statewide Medicare Advantage long-term care pending (LTC) request fax: **866-811-0197**.

| Date: | Provider return fax: |
|---|---|
| Member information | |
| Name: | Simply ID: |
| Phone: | DOB: |
| Address: | Additional member information: |
| Referring provider 🗆 Participating 🗆 Nonparticipati | ng |
| Name: | NPI: |
| Provider ID: | TIN: |
| Office contact name: | Office phone: |
| Office fax: | Address: |
| Specialty: | |
| Servicing provider 🗆 Participating 🗆 Nonparticipating | ng |
| Name: | NPI: |
| Provider ID: | TIN: |
| Office contact name: | Office phone: |
| Office fax: | Address: |
| Servicing facility 🗆 Participating 🗆 Nonparticipating | 5 |
| Name: | NPI: |
| Provider ID: | TIN: |
| Facility contact name: | Facility phone: |
| Facility fax: | Address: |
| Requested service | Date/date range of service: |
| ICD-10-CM code(s): | CPT [®] code(s) (include requested units): |
| Type of service (check all that apply): Outpatient | Planned innatient |

Type of service (check all that apply): □ Outpatient □ Planned inpatient □ Emergent inpatient □ Skilled nursing facility □ Long-term services and supports/long-term care □ Home health □ Durable medical equipment □ Diagnostic study □ Hospice □ Office visit □ Personal care services □ Other:

Place of service: □ Hospital □ Ambulatory surgery center □ Office □ Home □ Independent lab □ Nursing facility □ Other:

Additional information

** Important note: An expedited/urgent request for a determination is a request in which waiting for a decision under the standard time frame could place the member's life, health, or ability to regain maximum function in serious jeopardy.

Emergent — Use for all nonelective inpatient admissions only when provider indicates the admission was urgent,

emergent, or expedited (for admission on same day).

□ **Urgent** — Use for outpatient services only when provider indicates the service is urgent, emergent, or expedited.

New service request

Authorization renewal

* Availity, LLC is an independent company providing administrative support services on behalf of the health plan. Integrated Home Care Services is an independent company providing administrative support services on behalf of the health plan.

https://provider.simplyhealthcareplans.com

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.

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