Precertification Request

This communication applies to the Medicaid programs for Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA) as well as the Florida Healthy Kids (FHK) program for Simply.

To prevent delays in processing your 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 and CHA, please provide the authorization number with your submission. To ask a question or submit your precertification request, use the following contact information, or submit the request online via **https://Availity.com**.

For expedited (urgent) authorizations, log on to **https://Availity.com** > Select ***Patient Registration***
> Then select ***Authorizations and Referrals*** to access online authorizations.

Statewide Medicaid Managed Care Managed Medical Assistance, CHA, and FHK:
- Phone: **844-405-4296**
- Fax: **866-495-1981**

Statewide Medicaid Managed Care Long-Term Care (SMMC LTC):
- Phone: **877-440-3738**
- Fax: **844-285-1169**

Date:	Provider return fax:
Member information	
Name:	Simply and CHA ID:
Phone:	DOB:
Address:	Additional member information:
	Previous authorization #:
Referring provider: ☐ Participating ☐ Nonparticipating	
Name:	NPI:
Provider ID:	TIN:
Office contact name:	Office phone:
Office fax:	Address:
Specialty:	
Servicing provider: ☐ Participating ☐ Nonparticipating	
Name:	NPI:
Provider ID:	TIN:
Office contact name:	Office phone:
Office fax:	Address:

Servicing facility: ☐ **Participating** ☐ **Nonparticipating**	
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 inpatient ☐ Emergent inpatient
☐ Skilled nursing facility ☐ Long-term services and supports/long-term care ☐ Custodial 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

☐ Emergent — use for **all** nonelective **inpatient** admissions only, when provider indicates that the admission
   was urgent, emergent, or expedited (for admission on same day).
☐ Urgent — use for **outpatient** services only, when provider indicates that the service is urgent,
   emergent, or expedited.
☐ New service request (SMMC LTC only)
☐ Authorization renewal (SMMC LTC only)