



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 [Availity.com](https://www.availity.com).

For expedited (urgent) authorizations, log on to [Availity.com](https://www.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: **866-495-1986**

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: <input type="checkbox"/> Participating <input type="checkbox"/> Nonparticipating	
Name:	NPI:
Provider ID:	TIN:
Office contact name:	Office phone:
Office fax:	Address:
Specialty:	
Servicing provider: <input type="checkbox"/> Participating <input type="checkbox"/> Nonparticipating	
Name:	NPI:
Provider ID:	TIN:
Office contact name:	Office phone:
Office fax:	Address:

<https://provider.simplyhealthcareplans.com> | <https://provider.clearhealthalliance.com>

Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Medicaid contract. Simply Healthcare Plans, Inc. dba Clear Health Alliance is a Managed Care Plan with a Florida Medicaid contract.

Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Healthy Kids contract.

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Servicing facility: <input type="checkbox"/> Participating <input type="checkbox"/> 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): <input type="checkbox"/> Outpatient <input type="checkbox"/> Planned inpatient <input type="checkbox"/> Emergent inpatient <input type="checkbox"/> Skilled nursing facility <input type="checkbox"/> Long-term services and supports/long-term care <input type="checkbox"/> Custodial care <input type="checkbox"/> Home health <input type="checkbox"/> Durable medical equipment <input type="checkbox"/> Diagnostic study <input type="checkbox"/> Hospice <input type="checkbox"/> Office visit <input type="checkbox"/> Personal care services <input type="checkbox"/> Other:	
Place of service: <input type="checkbox"/> Hospital <input type="checkbox"/> Ambulatory surgery center <input type="checkbox"/> Office <input type="checkbox"/> Home <input type="checkbox"/> Independent lab <input type="checkbox"/> Nursing facility <input type="checkbox"/> Other:	
Additional information	
<input type="checkbox"/> Emergent — use for all nonelective inpatient admissions only, when provider indicates that the admission was urgent, emergent or expedited (for admission on same day). <input type="checkbox"/> Urgent — use for outpatient services only, when provider indicates that the service is urgent, emergent, or expedited. <input type="checkbox"/> New service request (SMMC LTC only) <input type="checkbox"/> Authorization renewal (SMMC LTC only)	