

## Precertification Request

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 Healthcare Plans, Inc. and Clear Health Alliance (Simply), 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://www.availity.com>.

Statewide Medicaid Managed Care Managed Medical Assistance, Clear Health Alliance and Florida Healthy Kids:

- Phone: **1-844-405-4296**
- Fax: **1-800-964-3627**

Statewide Medicaid Managed Care Long-Term Care (SMMC LTC):

- Phone: **1-877-440-3738**
- Fax: **1-888-762-3220**

Date:	Provider return fax:
<b>Member information</b>	
Name:	Simply ID:
Phone:	DOB:
Address:	Additional member information:
	Previous authorization #:
<b>Referring provider: <input type="checkbox"/> Participating <input type="checkbox"/> Nonparticipating</b>	
Name:	NPI:
Provider ID:	TIN:
Office contact name:	Office phone:
Office fax:	Address:
Specialty:	
<b>Servicing provider: <input type="checkbox"/> Participating <input type="checkbox"/> Nonparticipating</b>	
Name:	NPI:
Provider ID:	TIN:
Office contact name:	Office phone:
Office fax:	Address:
<b>Servicing facility: <input type="checkbox"/> Participating <input type="checkbox"/> Nonparticipating</b>	
Name:	NPI:
Provider ID:	TIN:
Facility contact name:	Facility phone:

<https://provider.simplyhealthcareplans.com/florida-provider>

<https://provider.clearhealthalliance.com/florida-provider>

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

SFLPEC-1738-19 November 2019

Facility fax:	Address:
<b>Requested service</b>	<b>Date/date range of service:</b>
ICD-10-CM code(s):	CPT® code(s) (include requested units):
<b>Type of service (check all that apply):</b> <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"/> 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:	
<b>Place of service:</b> <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:	
<b>Additional information</b>	
<input type="checkbox"/> Emergent — use for <b>all</b> nonelective <b>inpatient</b> admissions only, when provider indicates that the admission was urgent, emergent or expedited (for admission on same day). <input type="checkbox"/> Urgent — use for <b>outpatient</b> 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)	