



Clear Health Alliance (CHA) Covered Services

The following details all expanded benefits available to CHA members. For more information please contact CHA at 1-844-405-4296 or visit <https://www.clearhealthalliance.com/florida/home.html>

CHA provides services in the following Regions: <1,2,3,4,5,6,7,8,9,10,11 >

MMA Expanded Benefits

For more information on these benefits, contact CHA's Member Services Department at 1-844-406-2398

Service	Description (including limits)	Prior Authorization Required	Phone Number
General Expanded Benefits			
Cellular Services (minutes and/or data)	Using Federal Lifeline Smart Phone - Unlimited health-related text message reminders and ensure our members can reach our Member Services line without reducing their remaining minutes. While members are being provided a smartphone as part of the Federal benefit, the Plan will cover the minutes (time usage) used for health-related messages and communications with Plan member services, otherwise reduced from the Federally covered phone plan.	Not required	
Circumcision (newborns only)	One per lifetime for infants up to 28 days old	Not required	Contact PCP or Contact the plan at



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			1-844-405-4296; Prior Authorization: Option 3
Doula Services	Unlimited per pregnancy	Not required	
Home Delivered Meals	Two meals per day for seven days - Must be after three-day or more surgical hospital stay.	Required	Contact the plan at 1-844-405-4296; Prior Authorization: Option 3
Housing Assistance (rent, utilities, and/or grocery assistance)	\$500 per lifetime for homeless enrollees	Required	Contact the plan at 1-844-405-4296; Prior Authorization: Option 3
Meal Stipend (available for long distance medical appointment day-trips)	\$200 per day up to \$1,000 per year for trips greater than 100 miles	Required	Contact the plan at 1-844-405-4296; Prior Authorization: Option 3
Over-the-Counter Benefit	\$25/month to spend on an approved list of products	Not required	
Adult Expanded Benefits			
Acupuncture Services	30 minutes of treatment once weekly up to 3 month	Required	Contact the plan at 1-844-405-4296; Prior Authorization: Option 3
Art Therapy	Unlimited visits for members receiving behavioral health services	Required	Contact the plan at 1-844-405-4296; Prior Authorization: Option 3
Behavioral Health Day Services/Day Treatment	Additional 10 units per year of behavior health day treatment and 1 day per week, up to 52 per year of day care services, adult, per diem	Not required	
Behavioral Health Intensive Outpatient Treatment	3 hours/day, 3 days/week; 9-hours/week, max 8 weeks	Required	Contact the plan at 1-844-405-4296; Prior Authorization: Option 3
Behavioral Health Medical Services (e.g. medication	Additional 8 behavioral health-related medical services per	Required	Contact the plan at



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management, drug screening, etc.)	year with prior authorization for verbal interaction – mental health and substance abuse; medication management, and drug screening		1-844-405-4296; Prior Authorization: Option 3
Behavioral Health Screening Services	1 additional per year	Not required	
Chiropractic Services	35 additional visits per year	Required	Contact the plan at 1-844-405-4296; Prior Authorization: Option 3
Computerized Cognitive Behavioral Therapy	Unlimited health and behavior assessment (e.g., health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires) through Simply's Online Well Being Tool	Not required	
Durable Medical Equipment/Supplies	Various limits for respiratory supplies and electric stimulators (pain management)	Required	Contact the plan at 1-844-405-4296; Prior Authorization: Option 3
Hearing Services	The following services are provided 1 per every 2 years: assessment for hearing aids, hearing aid fitting/checking, hearing aid monaural in ear, behind ear hearing aid, hearing aid dispensing fee, in ear binaural hearing aid, behind ear binaural hearing aid, dispensing fee, behind ear cros hearing aid, cros hearing aid dispensing fee, behind ear bicros hearing aid, dispensing	Not required	



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	fee bicos, and hearing evaluation		
Home Health Nursing/Aide Services	1 additional unit of service for: home visits by a home health aide or certified nurse assistant (per hour and per visit); nursing care in the home provided by a registered nurse or licensed practical nurse (per hour and per diem); and personal care services (per 15 minute units and per diem)	Required	Contact the plan at 1-844-405-4296; Prior Authorization: Option 3
Massage Therapy	8 units (2 hours per year)	Required	Contact the plan at 1-844-405-4296; Prior Authorization: Option 3
Nutritional Counseling	Eligible members expanded to include obesity, will receive up to a total of six (6) visits per year for: nutrition class, medical nutrition individual initial and subsequent treatment, group medical nutrition, and individual and group medical nutrition therapy after a change in diagnosis, medical condition, or treatment regimen	Required	Contact the plan at 1-844-405-4296; Prior Authorization: Option 3
Occupational Therapy	One evaluation and one re-evaluation per year, and up to 7 therapy treatment units per week	Required	Contact the plan at 1-844-405-4296; Prior Authorization: Option 3
Outpatient Hospital Services	\$1,700 outpatient limit, excluding laboratory services	Required	Contact the plan at 1-844-405-4296; Prior Authorization: Option 3



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Physical Therapy	One evaluation and one re-evaluation per year, and up to 7 therapy treatment units per week	Not required	
Prenatal Services	Rental of a hospital grade breast pump, one per year with prior authorization; rental of a breast pump, one per two years; 14 antepartum visits for low-risk pregnancies; 18 antepartum visits for high-risk pregnancies; 3 postpartum visits within 90 days following delivery	Required	Contact the plan at 1-844-405-4296; Prior Authorization: Option 3
Primary Care Services	Unlimited outpatient visits	Not required	
Respiratory Therapy	One initial evaluation and one re-evaluation per year; one respiratory therapy visit per day	Not required	
Speech Therapy	One evaluation and re-evaluation per year; one evaluation of oral and pharyngeal swallowing function per year; up to 7 therapy treatment units per week; one AAC initial evaluation and one AAC re-evaluation per year; up to four 30-minute AAC fitting, adjustment, and training sessions per year	Not required	
Vaccine – Influenza	No limits specified	Not required	



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Vaccine – Pneumonia	No limits specified	Required	Contact the plan at 1-844-405-4296; Prior Authorization: Option 3
Vaccine – Tdap	All pregnant enrollees are eligible to receive one (1) Tdap vaccine per pregnancy. All other adult enrollees are eligible to receive one (1) TD booster per lifetime.	Required	Contact the plan at 1-844-405-4296; Prior Authorization: Option 3
Vision Services	1 pair of frames per year, one eye exam per year. The following contact lenses are dispensed in a 6-month supply with a prescription: PMMA, toric or prism ballast, per lens; gas permeable, toric, prism ballast, per lens; gas permeable, extended wear, per lens, hydrophilic, spherical, per lens, hydrophilic, toric, or prism ballast, per lens, hydrophilic extended wear, per lens; contact lens, other type	Not required	Contact the plan at 1-844-405-4296; Prior Authorization: Option 3
Waived Copayments	The plan waives the copayment on the following services: Birthing Center; Chiropractic; Community Behavioral Health; FQHC; Inpatient and Outpatient Hospital; Independent Labs; Non-Emergency Transportation; Nurse Practitioner; Optometrist; Physician Assistant; Physician; Podiatrist; Portable X-ray; RHC;	Not required	



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	Registered Nurse First Assistant.		
<i>Specialty Plan Services – these services are only available for enrollees in a specialty plan</i>			
Vaccine – Hepatitis B	All adults who have not been previously vaccinated are eligible to receive the vaccine.	Required	Contact the plan at 1-844-405-4296; Prior Authorization: Option 3
Vaccine – Human Papilloma Virus	We will cover the HPV vaccine for enrollees who have not previously received the vaccine.	Required	Contact the plan at 1-844-405-4296; Prior Authorization: Option 3
Vaccine – Meningococcal	All adults with HIV who have not been previously vaccinated are eligible to receive two (2) primary doses at least two months apart and be revaccinated every five (5) years.	Required	Contact the plan at 1-844-405-4296; Prior Authorization: Option 3



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Covered Health Management Programs

CHA offers programs to help members access care and learn how to manage health conditions, including case management. The following are health management programs available to members. For more information please contact CHA at 1-844-405-4296 or visit <https://www.clearhealthalliance.com/florida/home.html>

Program Name	Description	Contact Information
Diabetes Self-Management Education	Available to members with Type 1 diabetes	1-888-830-4300 (TTY 711) toll-free or via email at dmself-referral@clearhealthalliance.com .
Breathe Well, Live Well	Asthma Management Program for Adults	1-888-830-4300 (TTY 711) toll-free or via email at dmself-referral@clearhealthalliance.com .

For more information:

Provider Manual - https://provider.simplyhealthcareplans.com/docs/FLFL_SMH_FHKPProviderManual.pdf

Clear Health Alliance's Provider Education Site

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



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