

Credentialing applicant rights and review process

Florida | Simply Healthcare Plans, Inc. (Simply) | Statewide Medicaid Managed Care (SMMC) • Florida Healthy Kids (FHK) • Medicare Advantage
Florida | Clear Health Alliance (CHA) | Statewide Medicaid Managed Care (SMMC)

Practitioners and Health Delivery Organizations (HDOs) have the right to review information submitted in support of their credentialing applications. This right includes access to information obtained from any outside sources, with the exception of references, recommendations, or other peer review-protected information.

Correction of credentialing information

If credentialing information cannot be verified, or if there is a discrepancy in the credentialing information obtained, Credentialing staff will contact the practitioner or HDO within 30 calendar days of the issue being identified. This communication will notify the practitioner or HDO of the right to correct any erroneous information or to provide additional details regarding the matter under review.

The notification will include the specific process for submitting additional information, including where it should be sent. Depending on the nature of the matter, corrections may occur verbally or in writing. If the initial communication is verbal, written confirmation will be sent at a later date. All communication on the matter, including copies of the correspondence or a detailed record of phone calls, will be clearly documented in the practitioner's credentials file. The practitioner or HDO will be given no less than 14 calendar days to provide additional information.

Review of additional information

Simply and CHA may request and will accept additional information from the applicant to correct or explain incomplete, inaccurate, or conflicting credentialing information. The Credentials Committee will review the information and rationale submitted by the applicant to determine if a material omission has occurred or if other credentialing criteria are met.

Credentialing application status

Upon request, applicants will be provided with the status of their credentialing application and the information we are allowed to share with the provider regarding the application. When such requests are received, the practitioner will be informed of:

- Whether the credentialing application has been received
- The current stage of review, and
- A reasonable anticipated date for completion and notification

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

FL-SMPLYCHA-CDCCR-FHKSMCM-019750-26-GRP5024 October 2026

Status requests will be responded to verbally unless the provider requests a written response.

Notification of applicant rights

Written notification of these rights is communicated by Simply and CHA through the provider website or provider manual.

Note: Credentialing of a provider may take up to 90 days from receipt of a completed application. To check the status of your application, please contact the Credentialing department at Credentialing@SimplyHealthcare.com.