



Comprehensive Covered Services

The following details all expanded benefits available to Simply Healthcare Plans, Inc. (Simply) members. For more information please contact Simply at 1-844-405-4296 or visit <https://www.simplyhealthcareplans.com/florida-home/simply.html>

Simply provides services in the following Regions: <5, 6, 7, and 10>

MMA Expanded Benefits

For more information on these benefits, contact the Simply Member Services Department at 1-844-406-2396

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	



9250 W. Flagler Street, Suite
600, Miami, FL 33174-3460

1-800-887-6888

info@simplyhealthcareplans.com



Circumcision (newborns only)	One per lifetime for infants up to 28 days old	Not required	Contact PCP or Contact the plan at 1-844-405-4296; Prior Authorization: Option 3
Doula Services	Unlimited per pregnancy	Not required	
Home Delivered Meals	2 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	
Transportation Services to Non-Medical Appointments/Activities	Limit 4 one-way rides per member, up to 25 miles each leg. Maximum of 48 one-way rides per member per year, up to 25 each leg. Limited to Long-Term Care enrollees	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, limited to pregnant women	Required	Contact the plan at 1-844-405-4296; Prior Authorization: Option 3
Behavioral Health Medical Services (e.g. medication management, drug screening, etc.)	Additional 8 behavioral health-related medical services per year with prior authorization for verbal interaction – mental health and substance abuse; medication management, and drug screening	Required	Contact the plan at 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)	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 fee bicros, and hearing evaluation	Not required	Contact the plan at 1-844-405-4296; Prior Authorization: Option 3
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	Eligible enrollees with acute musculoskeletal pain receive 8 units (2 hours) per year	Required	Contact the plan at 1-844-405-4296; Prior Authorization: Option 3





Nutritional Counseling	Eligible members	Required	Contact the plan
	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		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	Not required	
Outpatient Hospital Services	\$1,700 outpatient limit, excluding laboratory services (additional \$200 above \$1,500 limit)	Required	Contact the plan at 1-844-405-4296; Prior Authorization: Option 3
Physical 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
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 for the hospital grade breast pump only; not required for other listed benefits	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	Unlimited	Not required	
Vaccine – Pneumonia	No limits specified	Required	Contact the plan at 1-844-405-4296; Prior Authorization: Option 3
Vaccine – Shingles	One (1) vaccination, per enrollee, per lifetime	Not required	
Vaccine – Tdap	One (1) vaccine per pregnancy	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,	Not required	





	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		
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; ARNP; Optometrist; Physician Assistant; Physician; Podiatrist; Portable X-ray; RHC; Registered Nurse First Assistant.	Not required	
<i>Long-Term Care Services – these services are only available for LTC enrollees</i>			
Assisted Living Facility/Adult Family Care Home – Bed Hold Days	30 days	Not required	
Individual Therapy Sessions for Caregivers	Unit of service is 15 minutes, limit of four units per day, a maximum of 12 days per year	Required	Contact the plan at 1-844-405-4296; Prior Authorization: Option 3
Nursing Facility to Community Setting Transition Assistance	\$5,000 per lifetime	Required	Contact the plan at 1-844-405-4296; Prior Authorization: Option 3





Covered Health Management Programs

Simply 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 Simply at 1-844-405-4296 or visit <https://www.simplyhealthcareplans.com/florida-home/simply.html>

Program Name	Description	Contact Information
Diabetes Self-Management Education	Available to members with Type 1 diabetes	Contact the plan at 1-844-405-4296; https://www.simplyhealthcareplans.com/florida-medicaid/get-help/health-wellness.html
Breathe Well, Live Well	Asthma Management Program for Adults	Contact the plan at 1-844-405-4296; https://www.simplyhealthcareplans.com/florida-medicaid/get-help/health-wellness.html

For more information:

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

Simply's Provider Education Site

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

