

MMA Expanded Benefits



Vivida Health provides services in Region 8:

The following details all Expanded Benefits available to Vivida Health Medicaid members. For more information on these benefits, please contact Vivida Health at **844-243-5131 (TTY: 711)** or visit **VividaHealth.com**.

Service	Description (including limits)	Phone Number
General Expanded Benefits		
Cellular Phone Service	<ul style="list-style-type: none">• One (1) cellphone• 350 minutes• Unlimited text messages• One (1) GB data. Member can call Vivida Member Services without using minutes and will receive text messages with health tips and reminders	844-824-8653
Circumcision (newborns only)	<ul style="list-style-type: none">• One (1) per lifetime for infants up to 28 days old	844-824-8653
CVS Discount Program - CVS ExtraCare Health Card	<ul style="list-style-type: none">• Card provides a 20% discount on select CVS brand health care products, including pain relievers, allergy, cough and cold remedies, heartburn and stomach remedies, vitamins, first aid, baby care and more• To obtain this card, Enrollees may visit cvs.com/extracare or contact CVS by calling toll-free 888-543-5938 to sign up• Enrollees use this card at the checkout register at CVS to obtain their 20% discount• Enrollees do not need to present their Health Plan ID card	888-543-5938
Doula Services	<ul style="list-style-type: none">• Birth Coaching through pregnancy• Services must be through Certified Doula Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring• Home visit for postnatal assessment and follow-up care• Home visit for newborn care and assessment• Unlisted home visit service or procedure	844-824-8653

Prior Authorization Required

Home Delivered Meals	<ul style="list-style-type: none"> • Home Delivery of meals post-discharge from Acute Care via Flavor Harvest Program for individuals with documented malnutrition or other pertinent medical conditions • Disaster relief: One (1) Annually 	844-824-8653
Housing Assistance	<ul style="list-style-type: none"> • \$250 Lifetime per household • Rent, utilities, and/or grocery assistance 	844-824-8653
Meal Stipend	<ul style="list-style-type: none"> • \$200 per day up to \$1,000 per year for trips greater than 100 miles • Available for long distance medical appointment day-trips 	844-824-8653
Non-Emergency Transportation (Non-Medical Purposes)	<ul style="list-style-type: none"> • Transportation: ancillary: parking fees, tolls, other • Trips to: Assistive Care Services, Non-medical transportation to educational classes (i.e. Swimming Lessons/Drowning prevention or Diabetes), Pharmacy, Smoking Cessation, Weight Control Programs, Women Infants Children (WIC), Prescribed Pediatric Extended Care (PPEC) • Unlimited • Prior authorization needed if recipient 1>25 miles outside Region 8, otherwise without prior authorization 	
Over-the-Counter Benefit (OTC)	<ul style="list-style-type: none"> • OTC medications and supplies • \$25 per month to spend on an approved list of products 	
Swimming Lessons (Drowning Prevention)	<ul style="list-style-type: none"> • Children only • Offered once per year through Plan-sponsored Program • Limited to 1,000 enrollees annually • This benefit is not currently offered by the health plan and would be submitted under the A9270 code as noted to the left for the participants in the swimming lessons 	844-824-8653

Service	Description (including limits)	Phone Number
Adult Expanded Benefits		
Acupuncture Services	<ul style="list-style-type: none"> • Acupuncture therapy for management of chronic pain 	844-824-8653

Prior Authorization Required

Art Therapy	<ul style="list-style-type: none"> • Activity therapy, such as music, dance, art, or play therapies not for recreation, related to the care and treatment of patient’s disabling mental health problems, per session (45 minutes or more) • Unlimited with prior authorization 	888-710-2316 or TTY 711
Behavioral Health Assessment/Evaluation Services	<ul style="list-style-type: none"> • Up to three (3) patient-focused health risk assessment instruments with scoring and documentation, per standardized instrument, without authorization • Unlimited beyond three (3) assessments based on medical necessity criteria • <i>Prior authorization required beyond 3</i> 	844-824-8653
Behavioral Health Day Services/Day Treatment	<ul style="list-style-type: none"> • Behavior Health Day Treatment Day Care Services, Adult • Per Diem • Unlimited with prior authorization 	
Behavioral Health Intensive Outpatient Treatment	<ul style="list-style-type: none"> • Alcohol and/or drug services • Intensive outpatient (treatment program that operates 3 hours per day, 3 days per week, 9 hours per week, max 8 weeks, and is based on an individualized treatment plan), including assessment and counseling • Crisis intervention, and activity therapies or education 	888-710-2316 or TTY 711
Behavioral Health Medical Services (e.g., Medication Management, Drug Screening, etc.)	<ul style="list-style-type: none"> • Medication management and up to three (3) drug screening services per year without prior authorization • <i>Additional tests with prior authorization only</i> 	888-710-2316 or TTY 711
Behavioral Health Psychosocial Rehabilitation	<ul style="list-style-type: none"> • Psychosocial rehabilitation services • Unlimited, with prior authorization 	888-710-2316 or TTY 711
Behavioral Health Screening Services	<ul style="list-style-type: none"> • Up to three (3) times per year 	

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Chiropractic Services	<ul style="list-style-type: none"> • 24 visits of chiropractic manipulation therapy for the treatment of chronic pain • <i>For visits beyond the allowed 24 annually (e.g., weekly visits deemed medically necessary), prior authorization is required</i> 	844-824-8653
Computerized Cognitive Behavioral Therapy	<ul style="list-style-type: none"> • Unlimited visits for health and behavior assessment and reassessment • Individual, group, and family (with or without the patient present) health and behavior intervention 	
Durable Medical Equipment	<ul style="list-style-type: none"> • Varied services covered in excess of fee schedule 	
Equine Therapy	<ul style="list-style-type: none"> • Equestrian/Hippotherapy • 10 sessions with prior authorization 	888-710-2316 or TTY 711
Group Therapy (Behavioral Health)	<ul style="list-style-type: none"> • Unlimited with prior authorization 	888-710-2316 or TTY 711
Hearing Services	<ul style="list-style-type: none"> • The following services are provided one (1) per every two (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 	844-824-8653
Home Health Nursing/Aide Services	<ul style="list-style-type: none"> • Care provided 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) • Personal care services (per 15 minute units and per diem) • 48 visits with prior authorization 	888-710-2316 or TTY 711
Home Visit by a Social Worker	<ul style="list-style-type: none"> • Services of clinical social worker in home health or hospice settings • 48 visits per year with prior authorization 	844-824-8653
Homemaker Services (e.g., Hypoallergenic Carpet Cleanings)	<ul style="list-style-type: none"> • One (1) carpet cleaning per year for adults with asthma 	844-824-8653

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Individual/ Family Therapy	<ul style="list-style-type: none"> • Unlimited with prior authorization • Brief individual psychotherapy • Training and educational services related to the care and treatment of patient’s disabling mental health problems per session (45 minutes or more) 	888-710-2316 or TTY 711
Massage Therapy	<ul style="list-style-type: none"> • Up to 40 sessions of 15 minutes with Licensed Medical Massage Provider with prior authorization 	844-824-8653
Medication Assisted Treatment Services	<ul style="list-style-type: none"> • Alcohol and/or drug services • Methadone administration and/or service (provision of the drug by a licensed program) • Unlimited with prior authorization 	844-824-8653
Mental Health Targeted Case Management	<ul style="list-style-type: none"> • Unlimited with prior authorization 	888-710-2316 or TTY 711
Nutritional Counseling	<ul style="list-style-type: none"> • Six (6) visits with prior authorization • Nutrition class, initial and subsequent individual medical nutrition, group medical nutrition, and individual and group medical nutrition therapy after a change in diagnosis, medical condition, or treatment regimen 	888-710-2316 or TTY 711
Occupational Therapy	<ul style="list-style-type: none"> • One (1) evaluation and one re-evaluation per year • Up to seven (7) therapy treatment units per week • No prior authorization required for initial visit • <i>Subsequent visits require authorization</i> 	844-824-8653
Outpatient Hospital Services	<ul style="list-style-type: none"> • The benefit will be an additional \$250 annually for the following services: Diagnostic testing, radiology, OP surgical procedures 	844-824-8653
Pet Therapy	<ul style="list-style-type: none"> • Per session (45 minutes or more) • Unlimited with prior authorization 	888-710-2316 or TTY 711
Physical Therapy	<ul style="list-style-type: none"> • One (1) evaluation and one re-evaluation per year • Up to seven (7) therapy treatment units per week • No prior authorization required for initial visit • <i>Subsequent visits require authorization</i> 	844-824-8653

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Prenatal Services	<ul style="list-style-type: none"> • Rental of a hospital grade breast pump, one (1) per year • Rental of a breast pump, one (1) per two (2) years • 14 antepartum visits for low-risk pregnancies • 18 antepartum visits for high-risk pregnancies • Three (3) postpartum visits within 90 days following delivery 	844-824-8653
Primary Care Services	<ul style="list-style-type: none"> • Office/Outpatient visits, unlimited 	
Respiratory Therapy	<ul style="list-style-type: none"> • One (1) initial evaluation and one (1) reevaluation per year • One (1) respiratory therapy visit per day • No prior authorization required for initial visit • <i>Subsequent visits require authorization</i> 	844-824-8653
Speech Therapy	<ul style="list-style-type: none"> • One (1) evaluation and re-evaluation per year • One (1) evaluation of oral and pharyngeal swallowing function per year • Up to seven (7) therapy treatment units per week • One (1) AAC initial evaluation and one (1) AAC re-evaluation per year • Up to four (4) 30-minute AAC fitting, adjustment, and training sessions per year • No prior authorization required for initial visit • <i>Subsequent visits require authorization</i> 	844-824-8653
Substance Abuse Treatment or Detoxification Services (Outpatient)	<ul style="list-style-type: none"> • Unlimited with prior authorization • Includes crisis intervention services 	888-710-2316 or TTY 711
Vaccine: Influenza	<ul style="list-style-type: none"> • One (1) vaccine per year • Age 21 and over 	
Vaccine: Pneumonia	<ul style="list-style-type: none"> • Per CDC ACIP guidelines for ages 21 and over • Prior authorization required for administration outside of CDC guidelines 	844-824-8653
Vaccine: Shingles	<ul style="list-style-type: none"> • One (1) vaccine per year 	844-824-8653

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Vaccine: TDaP for Pregnant Enrollees	<ul style="list-style-type: none"> • Tetanus diphtheria toxoids acellular pertussis vaccine (TDaP) intramuscular, one (1) per pregnancy
Vision Services	<ul style="list-style-type: none"> • One (1) pair of frames per year • One (1) 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
Waived Copayments	<ul style="list-style-type: none"> • All copays will be removed except for Emergency Department

Vivida Health Plan is a Managed Care Plan with a Florida Medicaid Contract. The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the Managed Care Plan. Limitations, copayments, and/or restrictions may apply. Benefits, formulary, pharmacy network, premium and/or co-payments/ co-insurance may change. Vivida Health is a Medicaid Health Plan serving Charlotte, Collier, DeSoto, Glades, Hendry, Lee, and Sarasota counties.

Vivida Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or gender. Vivida Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or gender.

This information is available for free in other languages. If you need auxiliary aids and services, including the provision of the materials in alternative formats, including large print, please call us at 844-243-5131 or TTY 711.

Please contact our customer service number at 844-243-5131 or TTY 711 during 8:00 A.M. to 7:00 P.M. Monday through Friday.

If you do not speak English, call us at 855-854-8691 Pin 323 We have access to interpreter services and can help answer your questions in your language. We can also help you find a health care provider who can communicate with you in your language.

Esta información está disponible en otros idiomas de manera gratuita. Comuníquese con nuestro servicio al cliente a través del 844-243-5131 o por 711 durante el 8:00 A.M. to 7:00 P.M. de lunes a viernes.

Si no habla inglés, llámenos al 855-854-8691 Pin 323. Contamos con servicios de intérpretes y podemos ayudar a responder sus preguntas en su idioma. También podemos ayudarlo a encontrar un proveedor de atención médica que pueda comunicarse con usted en su idioma.

Enfòmasyon sa a disponib gratis nan lòt lang. Tanpri kontakte sèvis kliyantèl nou nan nimewo 844-243-5131 oswa 711 pandan 8:00 A.M. to 7:00 P.M. lendi jiska vandredi.

Si ou pa pale anglè, rele nou nan 1-855-854-8691 Pin 323. Nou gen aksè ak sèvis entèprèt e nou ka ede reponn kesyon ou yo nan lang pa w. Nou ka ede w tou jwenn pwofesyonèl lasante ki kapab kominike avèk ou nan lang pa w.