

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)
General Expanded Benefits	
Cellular Phone Service	<ul style="list-style-type: none">• One (1) cellphone• 350 minutes• Unlimited text messages• Four and a half (4.5) GB data. Member can call Vivida Member Services without using minutes and will receive text messages with health tips and reminders
Circumcision (newborns only)	<ul style="list-style-type: none">• One (1) per lifetime for infants up to 28 days old
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
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

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
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
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 lives >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

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

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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>
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
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>
Behavioral Health Psychosocial Rehabilitation	<ul style="list-style-type: none"> • Psychosocial rehabilitation services • Unlimited, with prior authorization
Behavioral Health Screening Services	<ul style="list-style-type: none"> • Up to three (3) times per year
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>
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
Equine Therapy	<ul style="list-style-type: none"> • Equestrian/Hippotherapy • 10 sessions with prior authorization
Group Therapy (Behavioral Health)	<ul style="list-style-type: none"> • Unlimited with prior authorization

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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
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
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
Homemaker Services (e.g., Hypoallergenic Carpet Cleanings)	<ul style="list-style-type: none"> One (1) carpet cleaning per year for adults with asthma
Housing Assistance	<ul style="list-style-type: none"> \$250 Lifetime per household Rent, utilities, and/or grocery assistance
Individual/Family Therapy	<ul style="list-style-type: none"> Up to 10 visits with prior authorization Brief individual psychotherapy, unlimited with prior authorization Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)
Massage Therapy	<ul style="list-style-type: none"> Up to 40 sessions of 15 minutes with Licensed Medical Massage Provider with prior authorization
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
Mental Health Targeted Case Management	<ul style="list-style-type: none"> Unlimited with prior authorization

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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
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>
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
Pet Therapy	<ul style="list-style-type: none"> • Per session (45 minutes or more) • Unlimited with prior authorization
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>
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
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) re-evaluation per year • One (1) respiratory therapy visit per day • No prior authorization required for initial visit • <i>Subsequent visits require authorization</i>

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Speech Therapy	<ul style="list-style-type: none"> • One (1) initial evaluation and one (1) 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>
Substance Abuse Treatment or Detoxification Services (Outpatient)	<ul style="list-style-type: none"> • Unlimited with prior authorization • Includes crisis intervention services
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
Vaccine: Shingles	<ul style="list-style-type: none"> • One (1) vaccine per year
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

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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 844-243-5131 or TTY 711. 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 844-243-5131 or TTY 711. 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 1-844-243-5131 or TTY 711. 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.