



Member Handbook



SunshineHealth.Com

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Alternative Formats Available

The information in this booklet is about your Sunshine Health Managed Medical Assistance benefits. Alternative formats are available to you free of charge.

Sunshine Health offers alternative formats such as:

- Large Print
- Audio
- Accessible electronic formats
- Information written in other languages

If you need this booklet in an alternative format or for another program such as Long Term Care or Child Welfare, please call Member Services for help. The number is 1-866-796-0530 (TDD/TTY 1-800-955-8770).

Spanish: Si necesita este folleto en un formato alternativo o para otro programa como Cuidado a largo plazo o Bienestar infantil, llame a Servicios para miembros para obtener ayuda. El número es 1-866-796-0530 (TDD / TTY 1-800-955-8770)

Interpreter Services

For members who do not speak English or do not feel comfortable speaking it, Sunshine Health has a free service to help. This service is very important because you and your doctor must be able to talk about your medical or behavioral health concerns in a way you both can understand. Our interpreter services are provided at no cost to you. They can help with many different languages. This includes sign language. We also have Spanish-speaking representatives available who can help you as needed. Sunshine Health members who are blind or visually impaired can call Member Services for an oral interpretation. For interpretation services, call Member Services. The number is 1-866-796-0530 (TDD/TTY 1-800-955-8770).

Non-discrimination

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

Sunshine Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Ilanova De Jesus. If you believe that Sunshine Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Ilanova De Jesus, Manager, Customer Service

1301 International Parkway, Ste. 400

Sunrise, FL 33323

Toll-free: 1-866-796-0530 ext. 41754

Fax: 1-844-439-0708

Email: shcivilrightscoordinator@centene.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Ilanova De Jesus, Complaints Supervisor is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue SW. Room 509F

HHH Building, Washington, DC 20201

1-800-868-1019

1-800-537-7697(TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Welcome & Resources

Welcome to Sunshine Health

Sunshine Health is your new health plan. Sunshine Health is a Managed Care Organization overseen by the Florida Agency for Health Care Administration (AHCA). You became a Sunshine Health member because you:

- Live in Florida.
- Currently receive Medicaid benefits.

Sunshine Health is a healthcare plan that gives you choices – from finding a Health Home by choosing your primary care provider (PCP) to joining in special programs that help you stay healthy.

You may also visit our website at www.sunshinehealth.com for more information and services.

Member Handbook

The Member Handbook is a guide to Sunshine Health and your health care benefits. The Member Handbook explains your rights, your benefits, and your responsibilities as a member of Sunshine Health's health plan. Please read this booklet carefully. This booklet tells you how to get Sunshine Health's health care services. It also gives you information on your Sunshine Health benefits and services such as:

- What is covered by Sunshine Health.
- What is not covered by Sunshine Health.
- How to get the care you need.
- How to get your prescriptions filled.
- What you will have to pay for your healthcare or prescriptions.
- What to do if you are unhappy about your health plan or coverage.
- Eligibility requirements.
- Sunshine Health's geographic service area.
- Materials you will receive from Sunshine Health.

You can call Member Services and speak to one of our agents who can assist you at 1-866-796-0530 to get an extra copy of the Member Handbook. There is no charge. You may also visit our website at www.sunshinehealth.com to view the Member Handbook. The member handbook is located in the For Members section on our website. You can click on the Handbooks/Resources Link to access the online member handbook. This information is available free of charge.

Sunshine Health will not arbitrarily deny or reduce the amount, duration or scope of a required service solely because of the enrollee's diagnosis, type of illness, or condition.

Sunshine Health may place appropriate limits on a service on the basis of such criteria as medical necessity, as defined by AHCA, or for utilization control, consistent with the terms of their agreement with the State, provided the services furnished can be reasonably expected to achieve their purpose. For further information, please refer to the Florida Medicaid Handbook.

Provider Directory

Sunshine Health has a Provider Directory that lists all of the providers and facilities in our network. The Provider Directory is located in the Find Doctor/Provider/Hospitals section on our website. You can click on Start Provider Search to use our online provider directory. This information is available to you free of charge. The Provider Directory has information about our providers:

- Type or Specialty (such as PCP's).
 - Address and Telephone number.
 - Office Hours.
 - Handicap-Accessibility of Sites/Facilities.
 - Languages Spoken (other than English).
 - If they are accepting new patients.
1. Call Member Services at 1-866-796-0530 to get a free copy of our Provider Directory. Member Services can also help you find a provider in your area.
 2. View our Provider Directory online on our website at www.sunshinehealth.com.

Sunshine Health Website

WWW.SUNSHINEHEALTH.COM

Sunshine Health's website helps you get the answers. Our website has resources that make it easy for you to get quality care. This information is available to you free of charge. It also gives you information on your Sunshine Health benefits and services such as:

- Member Handbook.
- Provider Directory.
- Current news and events.
- Online form submission.
- Member self-service features such as Change PCP, view claims submitted on your behalf, and view care gaps, which are services you or your child might need.
- Sunshine Health programs and services.

MediKids enrollees - Please visit:

http://ahca.myflorida.com/medicaid/Policy_and_Quality/Policy/program_policy/FLKidCare for additional coverage information.

Member Advisory Committee

You can help Sunshine Health with the way our health plan works. We want to give our members the best health care services. We have a Member Advisory Committee that gives members like you a chance to share your thoughts and ideas with Sunshine Health. At the meetings, you have a chance to talk about how you get services.

The group meets at least two times a year. We may ask members, parents/foster parents, guardians of children who are members, member advocates, and Sunshine Health staff to join in the meeting. This gives you a chance to talk about your ideas or concerns. You also have a chance to tell us how we are doing. You may ask questions. You may share any concerns that you have about the delivery of services. Call Member Services at 1-866-796-0530 if you would like to attend.

Quality Improvement (QI)

Sunshine Health is committed to providing quality health care for you. Our main goal is to improve your health and help you with any illness or disability. Our program is consistent with the National Committee on Quality Assurance (NCQA) and Institute of Medicine (IOM) priorities. To help promote safe, reliable, and quality health care, our programs include:

- Conducting a thorough check on providers when they become part of the Sunshine Health provider network.
- Checking the access that Sunshine Health members have to all types of health care services.
- Providing programs and educational items about general health care and specific diseases.
- Sending reminders to you to get annual tests. Examples are an adult physical, cervical cancer screening, and breast cancer screening.
- Looking into your concerns regarding the health care you have received. If you have a concern about the care you got from your doctor or any service provided by Sunshine Health, please contact us. The number is 1-866-796-0530.

Sunshine Health believes that getting feedback from members can help make the services and quality of our programs better. We take a member survey each year. It asks questions about the health care and services you are getting. We want to hear from you. If you get one of our member surveys, please fill it out and put it in the mail.

How to Contact Us

Sunshine Health

1301 International Parkway, 4th Floor

Sunrise, FL 33323

Normal Business Hours of Operation: Monday through Friday 8:00 a.m. to 8:00 p.m. Eastern Time

Member Services	1-866-796-0530
Dental/Vision/Pharmacy Services	1-866-796-0530
TDD/TTY line	1-800-955-8770
Member Services Fax	1-866-796-0523
Florida Relay Services (voice and TTY)	1-800-955-8770
Behavioral Health	1-866-796-0530



OTHER IMPORTANT PHONE NUMBERS

Non-Emergency Transportation (Logisticare)	1-877-659-8420
Emergency Services	Call 911

Your Member ID Card

When you enroll in Sunshine Health, you will receive a Sunshine Health Member ID Card within five calendar days of enrollment. This card is proof that you are a Sunshine Health member. You need to keep this card with you at all times. Please show this card every time you go for any service under the Sunshine Health program. The Sunshine Health Member ID card will show your name, Medicaid ID#, PCP name and number. If you do not get your Sunshine Health Member ID card within a few weeks after you join our plan, please call Member Services at 1-866-796-0530. We will send you another card.

Here is what your Sunshine Health ID card will look like:

 <p>Member</p> <p> sunshine health.</p> <p>Name: John D Doe Medicaid ID: 123456789 DOB: XX/XX/XXXX Effective Date: <Effective Date></p> <p>PCP Name: JANE DOE PCP Phone: <PCP Phone></p> <p>Envolve Pharmacy Solutions Pharmacy Help Desk: 1-800-311-0539 RXBIN: 004336 RXPCN: MCAIDADV RXGRP: RX5441</p> <p><small>If you have health questions, call your PCP or our 24/7 nurse advice hotline at 1-866-796-0530 (TDD/TTY 1-800-955-8770). In an emergency, call 911.</small></p>	<p>IMPORTANT CONTACT INFORMATION FOR MEMBERS</p> <p>Sunshine Health 1301 International Parkway, Suite 400, Sunrise, FL 33323 SunshineHealth.com</p> <hr/> <p>Call 1-866-796-0530 TDD/TTY: 1-800-955-8770 for</p> <ul style="list-style-type: none"> • 24/7 Member Services • 24/7 NurseWise • Provider Services • Authorization • Non-participating provider services • Vision Services • Dental Services • Eligibility • Behavioral Health • Case Management <hr/> <p>Submit Claims To: Sunshine Health Attn: CLAIMS PO Box 3070, Farmington, MO 63640-3823</p>
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How Your Plan Works

Member Services

Our Member Services Department will tell you how Sunshine Health works. They will also tell you how to get the care you need. The Member Services staff is there for you! The Member Services call center can help you to do the following:

- Find a PCP.
- Access interpretation services.
- Schedule an appointment with your PCP.
- Obtain a list of health plan providers.
- Schedule other services (dental and vision).
- Report a potential fraud issue.
- Obtain a new ID card.
- Request new member materials.
- Obtain information about covered and non-covered benefits.
- Obtain information about case management.
- Access provider Information.
- Filing grievances and appeals.
- Receive materials in an alternative format.

Please call 1-866-796-0530 (TDD/TTY 1-800-955-8770). We are open Monday through Friday from 8:00 a.m. to 8:00 p.m. EST. Calls received after business hours are sent directly to NurseWise/Envolve People Care, Inc. NurseWise/Envolve People Care, Inc. nurses are available 24 hours a day, seven days a week, including holidays.

NurseWise/Envolve People Care, Inc.

NurseWise/Envolve People Care, Inc. is a free health information phone line. NurseWise/Envolve People Care, Inc. is ready to answer your health questions 24 hours a day – every day of the year.

NurseWise/Envolve People Care, Inc. is staffed with registered nurses. These nurses have spent lots of time caring for people. They are ready and eager to help you.

The services listed below are available by calling NurseWise/Envolve People Care, Inc., Sunshine Health's 24-hour nurse hotline at 1-866-796-0530 (TDD/TTY 1-800-955-8770).

- Medical advice.
- Advice about a sick child.
- Health information library.
- Advice about whether you need to go to a doctor, Urgent Care, or Emergency Room (ER).
- Answers to questions about your health.

Sometimes you may not be sure if you need to go to the (ER). Call NurseWise/Envolve People Care, Inc. They can help you decide where to go for care. If you have an emergency, call 911 or go to the nearest ER.

Membership and Eligibility Information

ELIGIBILITY

You must have Medicaid or Long-Term Care and be eligible for the Statewide Medicaid Managed Care Managed Medical Assistance program in order to be eligible for this health plan. Sunshine Health does not determine eligibility.

To locate your local Florida Medicaid Office, please visit: <http://www.myflfamilies.com/contact-us>. To locate your local Department of Aging and Disability Resource (ADRC) center, please visit: <http://www.agingresourcecentersofflorida.org/floridamap.html?button=Find+an+ADR+C+Near+You>. You may also call the Department of Children and Families (DCF) office at 1-866-762-2237.

The Florida Area Offices and ADRC numbers are also listed below:

AREA 1

Medicaid – Escambia, Okaloosa, Santa Rosa, and Walton counties.....1-800-303-2422

ADRC – Escambia, and Santa Rosa counties.....1-866-531-8011

AREA 2A

Medicaid – Bay, Franklin, Gulf, Holmes, Jackson, and Washington counties.....1-800-226-7690

ADRC – Bay, Franklin, Gulf, Holmes, Jackson, and Washington counties.....1-800-96-ELDER

AREA 2B

Medicaid – Calhoun, Gadsden, Jefferson, Leon,

Liberty, Madison, Taylor, and Wakulla counties.....1-800-248-2243

ADRC – Calhoun, Gadsden, Jefferson, Leon,

Liberty, Madison, Taylor, and Wakulla counties.....1-800-96-ELDER

AREA 3A

Medicaid – Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton,

Lafayette, Levy, Putnam, Suwannee, and Union counties.....1-800-803-3245

ADRC – Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton,

Lafayette, Levy, Putnam, Suwannee, and Union counties.....1-800-96-ELDER

AREA 3B

Medicaid – Citrus, Hernando, Lake, Marion, and Sumter counties.....1-877-724-2358

ADRC – Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton,

Lafayette, Levy, Putnam, Suwannee, and Union counties.....1-800-96-ELDER

Sunshine Health Member Services Department:

1-866-796-0530 (TDD/TTY 1-800-955-8770)

AREA 4

Medicaid – Baker, Clay, Duval, Flagler, Nassau, St. Johns, and Volusia counties.....1-800-273-5880

ADRC – Baker, Clay, Duval, Flagler, Nassau, St. Johns, and Volusia counties.....1-888-242-4464

AREA 5

Medicaid – Pasco and Pinellas counties.....1-800-299-4844

ADRC – Pasco and Pinellas counties.....1-800-96-ELDER

AREA 6

Medicaid – Hardee, Highlands, Hillsborough, Manatee, and Polk counties.....1-800-226-2316

ADRC – Hardee, Highlands, Hillsborough, Manatee, and Polk counties.....1-800-96-ELDER

AREA 7

Medicaid – Orange, Osceola, Seminole, and Brevard counties.....1-877-254-1055

ADRC – Brevard, Orange, Seminole, and Osceola counties.....1-800-96-ELDER

AREA 8

Medicaid – Charlotte, Collier, DeSoto, Glades, Hendry, Lee, and Sarasota counties.....1-800-226-6735

Senior Choices – Charlotte, Collier, Glades, Hendry, Lee, and Sarasota counties.....1-866-413-5337

AREA 9

Medicaid – Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie counties.....1-800-226-5082

ADRC – Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie counties.....1-866-684-5885

AREA 10

Medicaid – Broward County.....1-866-875-9131

ADRC – Broward County.....1-954-745-9567

AREA 11

Medicaid – Dade and Monroe counties.....1-800-953-0555

ADRC – Dade County.....1-800-96-ELDER

Major Life Changes

Life changes might affect your eligibility with Sunshine Health. If you have a major change in your life, please call your eligibility case manager, or DCF. Contact them within 10 days after the change happens (or within 10 days after you realize the change has taken place). You should also contact our Member Services Department to update your information 866-796-0530 or you can do this by going to our member website at www.sunshinehealth.com.

Some examples of major life changes are:

- A change in your name.
- Move to a different address.
- A change in your job/income.
- Change in family size.
- A change in blindness or disability.
- Pregnancy.
- Moving to a new county or out of state.

Quality and Member Satisfaction Information

You may ask for information about Sunshine Health's quality performance indicators. This includes how well our members are getting routine services to keep them healthy. You can also get member satisfaction survey results. Please call Member Services to request information. The number is 1-866-796-0530 (TDD/TTY 1-800-955-8770).

If you want more information on the structure of Sunshine Health or information on physician incentive plans, call Member Services. The number is 1-866-796-0530.

Enrollment

OPEN ENROLLMENT

There will be a yearly open enrollment period for Statewide Medicaid Managed Care Managed Medical Assistance program members that Medicaid will tell you about. If you are a mandatory enrollee, the state will send you a letter 60 days before the end of your enrollment year telling you that you can change plans if you want to. This is called "open enrollment." You do not have to change Managed Care Plans. If you choose to change plans during open enrollment, you will begin in the new plan at the end of your current enrollment year. Whether you pick a new plan or stay in the same plan, you will be locked into that plan for the next 12 months. Every year you may change Managed Care Plans during your 60-day open enrollment period without cause.

Sunshine Health Member Services Department:

1-866-796-0530 (TDD/TTY 1-800-955-8770)

If you are a mandatory enrollee required to enroll in a plan, once you are enrolled in Sunshine Health or the state enrolls you in a plan, you will have 120 days from the date of your first enrollment to try the Managed Care Plan. During the first 120 days you can change Managed Care Plans for any reason. After the 120 days, if you are still eligible for Medicaid, you may be enrolled in the plan for the next eight months. This is called “lockin.” If you want to change your Managed Care Plan during open enrollment, please contact the Florida Medicaid Choice Counseling Hotline (Choice Counseling) at 1-877-711-3662 (Phone), 1-866-467-4970 (TDD), 1-850-402-4678 (Fax) or through the Florida Medicaid website located at www.flmedicaidmanagedcare.com. Also, if you lose Medicaid eligibility and have any questions on reinstatement, you may call that number.

DIENROLLMENT

You may ask to disenroll from Sunshine Health with or without cause by calling Choice Counseling at 1-877-711-3662 (Phone), 1-866-467-4970 (TDD). Sunshine Health cannot directly disenroll any member. AHCA's procedures must be followed for all disenrollment requests. Member requests for disenrollment must be sent to AHCA either orally or in writing. For further information you may refer to the Florida Medicaid website at www.flmedicaidmanagedcare.com.

You may request disenrollment for the following:

- During your initial one hundred and twenty (120) day enrollment period.
- During annual open enrollment.
- If the temporary loss of Medicaid eligibility has caused the member to miss the open enrollment period.
- When the Agency or its enrollment broker grants the member the right to terminate enrollment without cause (done on a case-by-case basis).
- During the thirty (30) days after the member is referred for hospice services in order to enroll in another Managed Care Plan to access the member's choice of hospice provider.

If you are a mandatory enrollee and you want to change plans after the initial 120-day period ends or after your open enrollment period ends, you must have a state-approved good cause reason to change plans. The following are state-approved good cause reasons to change Managed Care Plans:

1. The enrollee does not live in a region where the Managed Care Plan is authorized to provide services, as indicated in the Florida Medicaid Management Information System (FMMIS).
2. The provider is no longer with the Managed Care Plan.
3. The enrollee is excluded from enrollment.
4. The enrollee is prevented from participating in the development of his/her treatment plan/plan of care.
5. The enrollee has an active relationship with a provider who is not on the Managed Care Plan's panel, but is on the panel of another Managed Care Plan. "Active relationship" is defined as having received services from the provider within the six months preceding the disenrollment request.
6. The enrollee is in the wrong Managed Care Plan as determined by the Agency.
7. The Managed Care Plan no longer participates in the region.
8. The state has imposed intermediate sanctions upon the Managed Care Plan, as specified in 42 CFR 438.702(a)(4).
9. The enrollee needs related services to be performed concurrently, but not all related services are available within the Managed Care Plan network, or the enrollee's PCP has determined that receiving the services separately would subject the enrollee to unnecessary risk.
10. The Managed Care Plan does not, because of moral or religious objections, cover the service the enrollee seeks.
11. The enrollee missed open enrollment due to a temporary loss of eligibility.
12. Other reasons per 42 CFR 438.56(d)(2) and s. 409.969(2), F.S., including, but not limited to: poor quality of care; lack of access to services covered under the Contract; inordinate or inappropriate changes of PCPs; service access impairments due to significant changes in the geographic location of services; an unreasonable delay or denial of service; lack of access to providers experienced in dealing with the enrollee's health care needs; or fraudulent enrollment.

Some Medicaid recipients may change Managed Care Plans whenever they choose, for any reason. To find out if you may change plans, call the Enrollment Broker. The phone number is 1-877-711-3662.

REINSTATEMENT

Sunshine Health's Member Services Department will let you know in writing if you are to be reinstated, the effective date of the reinstatement and your assigned primary care provider. The letter will tell you to contact Sunshine Health Member Services Department if a new member card and/or a new member handbook are needed. Sunshine Health will provide notice to you by the first calendar day of the month following the Plans receipt of the notice from the State or within five calendar days from receiving the enrollment file, whichever is later.

NEWBORN ENROLLMENT

You must sign up your unborn child with DCF before they are born or upon giving birth. Your caseworker at DCF will help you through this process. This way you will make sure the baby has Medicaid. Please remember to call Sunshine Health once you tell DCF of your pregnancy. You can pick a doctor (PCP) for the baby as soon as you become pregnant.

You must pick a doctor for the baby a day after birth. If the baby does not have a doctor, we will pick one for you. When you have the baby, call us at 1-866-796-0530 (Phone) 1-800-955-8770 (TDD/TTY). Your baby's Medicaid ID number will work once the hospital or provider tells the State of the delivery.

Benefits

Covered Services

This section tells you about your Sunshine Health covered benefits and benefit limits. **Please Note:**

- Sunshine Health will not limit or deny services because of a condition you already have.
- For services that are medically necessary and covered by Sunshine Health, you will not have any copayments (co-pays), deductibles, or other cost sharing that requires you to pay a portion of the fee.
- If you get health care services that are not medically necessary or if you get care from doctors who are out of the Sunshine Health network, you may be responsible for payment.
- If you have questions about medical necessity or which doctors are in your network, call Member Services. The number is 1-866-796-0530.
- With Sunshine Health, you can get medical services and benefits listed below.
- You must pay for any non-covered services. Covered benefits are listed below.
- If you are in need of services not covered by Sunshine Health that are covered by Medicaid, contact the Agency for Health Care Administration or your local Medicaid office for assistance.

Benefits

This list does not show all of covered and non-covered benefits. All services are subject to benefit coverage, limits, and exclusions as mentioned in the plan guidelines. Some services require prior authorizations. If you have questions about any of these services or any services limits, call us. We can be reached at 1-866-796-0530 (toll-free) 1-800-955-8770 (TDD/TTY). A Member Services Representative will help you understand your benefits.

MediKids enrollees - Please visit:

http://ahca.myflorida.com/medicaid/Policy_and_Quality/Policy/program_policy/FLKidCare for additional coverage information.

Services Covered by Sunshine Health

These services must be provided by a Sunshine Health provider, unless approved by Sunshine Health.

BENEFITS	COVERAGE
Child Health Check Up (CHCUP)/EPSDT	For children, CHCUP includes comprehensive health and developmental history, unclothed physical examination, developmental assessment, nutritional assessment, appropriate immunizations, laboratory testing, health education, dental screening, vision screening, hearing screening, diagnosis and treatment, and referral and follow-up as appropriate. Includes eligible Healthy Start Services.
Dental Services	For children (ages 20 years and younger) dental services includes diagnostic services, preventive treatment, restorative treatment, endodontic treatment, periodontal treatment, surgical procedures and/or extractions, orthodontic treatment and complete and partial dentures (see Enhanced Benefits for more information on dental services for adults).
Diabetes Supplies and Education	Coverage for medically appropriate and necessary equipment, supplies, and services used to treat diabetes. This includes outpatient self-management training and educational services.
Emergency Services	Includes emergency medical care 24 hours a day, seven days a week. You do not need approval from Sunshine Health or your PCP to go to the ER if you are having an emergency.
Family Planning Services	Family Planning Services includes information, referral education, counseling, diagnostic procedures and contraceptive drugs and supplies. Services are voluntary and you are permitted full freedom of choice of methods for Family Planning to help you plan a family size or help you space the time between having children. You can go to any provider that participates with Medicaid for these services without a referral from your PCP.
Freestanding Dialysis Facility Services	Includes routine laboratory tests, dialysis-related supplies, ancillary services, and other items.
Hearing Services	Hearing Services include examinations and evaluations necessary for the furnishing of one standard hearing aid every three (3) years (see Enhanced Benefits for more information).
Durable Medical Equipment	Medical items (limited to approved types of supplies and equipment, suitable for use in the home). Benefit includes prosthetics and orthotics and respiratory equipment and supplies.

Home Health Care Services and Private Duty Nursing Care	Sunshine Health covers home health services that are medically necessary. Home health services include home health visits (nurse and home health aide), private duty nursing and personal care services for children, therapy services medical supplies and durable medical equipment. Home healthcare does not include homemaker services, Meals on Wheels, companion, sitter, or social services. Sunshine Health follows the state Medicaid Home Health Services Coverage and Limitations Handbook.
Hospice	Hospice services are forms of palliative medical care and services designed to meet the physical, social, psychological, emotional, and spiritual needs of terminally ill recipients and their families.
Hospital Ancillary Services	Includes radiology, pathology, neurology, neonatology, and anesthesiology services provided by a hospital.
Immunizations	According to childhood immunization schedule as approved by the appropriate Recommended Childhood Immunization Schedule for the United States.
Independent Laboratory and Portable X-Ray Services	Includes laboratory and x-ray services.
Inpatient Hospital Services	Includes all items and services needed to give appropriate care during a stay at a hospital, including room and board, nursing care, medical supplies, and all diagnostic and therapeutic services.
Mental Health and Substance Abuse Services	Includes mental health counseling and referral services or substance abuse services.
Nursing Facility Services	Nursing facility services for members under the age of eighteen (18) years
Outpatient Services	<p>Outpatient services, including physical therapy, occupational therapy, speech therapy, and respiratory services, provided in an outpatient hospital setting. Also included are services in an ambulatory surgical treatment center.</p> <p>Therapy services and outpatient laboratory and other diagnostic services are limited to \$1,500 per year when provided in an outpatient hospital setting (see Enhanced Benefits for more information if you live in Region 3).</p>
Therapy Services: Physical, Respiratory, Occupational and Speech therapies	Are covered for recipients under 21 years of age as medically necessary.
Physician Services	Includes all services and procedures rendered by a participating provider when needed for preventive, diagnostic, therapeutic, or to treat a particular injury, illness or disease. Excludes experimental procedures and cosmetic surgery. These physicians include: advanced registered nurse practitioner, physician assistant, podiatry, ambulatory surgical centers, community health departments, rural health clinic services, federally qualified health centers, birthing centers, certified nurse midwives, chiropractic, psychiatrist and nursing care (see Enhanced Benefits for more information).

Prescribed Drugs	Includes prescribed drugs currently covered by the Medicaid Program, when supplied by a licensed participating pharmacy.
Vision Services/ Optometric Services	<p>Routine eye exam (all recipients): Once every 12 consecutive months (service date to service date); additional examinations when medically indicated and authorized by the Plan.</p> <p>Prescription hardware (all recipients): One pair of glasses; additional pairs when medically indicated and authorized by the Plan (see Enhanced Benefits for more information).</p>
Chiropractor	Services provided by Chiropractors.
Podiatrist	Services provided by Podiatrists.
Transportation	Urgent care transportation to and from your covered medical and dental appointments. Medicaid eligible non-emergency transportation services are given through Logisticare Transportation at 1-877-659-8420. Call them to make your appointment. Make your appointment 24 hours before you need to be picked up. If the transportation service is late to pick up, call 1-877-659-8421 to find out why it is late. Call 1-877-659-8420 if you need to cancel your transportation. If you have an emergency and need to be taken to the hospital, you must call 911.

ENHANCED BENEFITS	COVERAGE
Enhanced Dental	Adult members (21 and older) are allowed one cleaning plus one oral exam every six months, or one comprehensive oral exam every year. Includes routine and diagnostic x-rays every two years (These services have a \$10 copay).
Enhanced Hearing	Adult members (21 and older) can receive one annual hearing exam and one hearing aid every two years. Hearing aid purchase price limited to a maximum of \$500; subject to medical necessity and prior authorization.
Unlimited Primary Care Visits	Unlimited office visits for general services, such as family practice or pediatric, when medically necessary.
Home Visits	Two home visits per month by a physician or physician extender for supervision of chronic conditions, when medically necessary.
Home health	Up to four intermittent visits per day for non-pregnant adults age 21 and older. The visits can be any combination of licensed nurse and home health aide visits when medically necessary.
Enhanced Perinatal visits	Unlimited office visits for prenatal and postpartum care.
Enhanced outpatient hospital services	For adult enrollees age 21 and older living in region 3. An additional \$300 per year for outpatient hospital services, when prior authorized by Sunshine Health. This includes outpatient surgery, radiologic imaging services, physical therapy, speech, therapy, occupational therapy, and respiratory therapy.
Pneumonia Vaccine	For adult members age 21 and older. Must be prior authorized for those age 21 to 65.
Influenza Vaccine	Once a year for adult members age 21 and older.

Shingles Vaccine	Adult members age 21 and older. Must be prior authorized for those age 21 to 60.
Post-discharge meals	Up to 10 home delivered meals per calendar year for enrollees who are discharged from a physical health hospital stay and participate in Sunshine Health’s transitional care program. Must be prior authorized by Sunshine Health.
Medically related lodging and food	Up to \$100 per day for lodging and food for up to 21 days. Lodging and up to two meals per day for family members when an enrollee’s Sunshine Health approved specialized hospital stay is 150 miles or more from the enrollee’s home. Must be prior authorized by Sunshine Health.
Art therapy	Art therapy delivered in an outpatient setting when having other behavioral health services. The art therapy must be delivered by a behavioral health clinician with art therapy certification. This must be prior authorized by Sunshine Health.
Circumcision	Covered for newborn males up to 12 weeks old.
Enhanced Vision	An additional \$100 allowance for glasses. This may be applied to upgraded lens features or frames.
Over the Counter (OTC)/Mail Order Benefit	\$25 per household per month OTC benefit to purchase over the counter products such as vitamins, aspirin, birth control products, and Band-Aids. Enrollees must phone a 1-866-577-9010 number to request covered items to be mailed. Remaining balances do not transfer to the following month.
Nutritional counseling	Three outpatient visits with a participating dietician for members with HIV/ AIDS, hyperlipidemia, hypertension, or obesity.

“In lieu of” services	
Sunshine Health members can choose the following “in lieu of” services:	<p>Crisis Stabilization Units (CSU) may be used for up to fifteen (15) days during a month in lieu of inpatient psychiatric hospital care.</p> <p>Partial hospitalization services in a hospital may be provided in lieu of inpatient psychiatric hospital care for up to ninety (90) days annually for adults ages 21 and older; there is no annual limit for children under the age of 21.</p> <p>Self-Help/Peer Services in lieu of community behavioral health services – unit of service is fifteen (15) minutes; limit of sixteen (16) units per day.</p>

Patient Liability

WHEN YOU HAVE TO PAY AND WHEN YOU DON'T

Sunshine Health will cover most of your medical bills. There are times when services are not covered or are limited. You will be responsible for noncovered services. You may also be responsible for services you get if you do not follow Sunshine Health rules. Some important things for you to remember include:

- **Always** ask if the service is covered before you get it.
- If you want to know if a specific procedure code or pharmacy item is covered, call Member Services at 1-866-796-0530.
- If you get a noncovered service, your provider may ask you to sign a statement that you will pay for the services. If your provider recommends you get a service that is not covered, you must pay for that service if you choose to get it.
- You must use a Sunshine Health provider. If you don't, you may have to pay the bill.
- Show your member ID card and other cards at the time you get the service or item. If you don't, you may be responsible for the bill.
- If you request a service that is not covered, you must pay for that service.

For more information, please contact Member Services at 1-866-796-0530.

How to Obtain Healthcare

3 Easy Steps to Establish a Primary Care

Provider (PCP) Relationship

1. **Choose a doctor.** If you do not choose a PCP, Sunshine Health will assign one for you. You can find this information on your member ID card. You will be able to switch to a different doctor during our new member welcome call or anytime you choose to do so.
2. **Make an appointment with your doctor if you have not seen one in the last 12 months,** or if you feel you need to see a doctor.
3. **Talk to your doctor about any health problems you are having.**

WHAT IS A PCP?

When you enroll in Sunshine Health, you must choose a PCP. Your primary care provider, or PCP, is a doctor you see on a regular basis to take care of your medical needs. You should receive all of your basic medical care from your PCP. You can call your PCP when you are sick and do not know what to do. Seeing your doctor for regular check-ups helps you find health problems early. This can help prevent going to the emergency room.

If you have never seen your PCP, as soon as you join Sunshine Health you should call your PCP. Introduce yourself as a new member. Make an appointment for a preventive visit. It is best not to wait until you are sick to meet your doctor for the first time.

PCP RESPONSIBILITIES

Your PCP will:

- Make sure that you get all medically necessary services in a timely manner.
- Follow-up on the care you get from other medical providers.
- Refer you to a specialist if you need one.
- Provide any ongoing care you need.
- Update your medical record, including keeping track of all the care that you get with your PCP and specialists,
- Provide services in the same manner for all patients.
- Give you regular physical exams.
- Provide preventive care.
- Give you regular immunizations.
- Make sure you can contact him/her or another doctor at all times.
- Discuss what advance directives are and file them in your medical record.

CHOOSING YOUR PCP

The Sunshine Health Provider Directory is a list of all the providers in Sunshine Health's network. This includes PCPs, other doctors, and hospitals. It shows the addresses, phone numbers, and any languages the provider may speak. When picking a PCP, look for one of the following kinds of providers.

- Family Practitioner.
- Obstetrician/Gynecologist (OB/GYN).
- General Practitioner.
- Physician Assistants.
- Internal Medicine Practitioner.
- Pediatrician.
- Nurse Practitioner.

Specialists can be your PCP for special needs, upon request. Sunshine Health is always working to have the best provider network for all of its members. Please check the Sunshine Health website at www.sunshinehealth.com to see if new providers have been added. If you want to know more about the PCP before you choose, please call Member Services. The number is 1-866-796-0530. You may also see a list of network providers, contact information, provider specialties, and hospital affiliation at www.sunshinehealth.com.

CHANGING YOUR PCP

You may change your PCP at any time. For example:

- Your PCP is no longer in your area.
- You are not satisfied with your PCP's services.
- The PCP does not provide the services you want because of religious or moral reasons.
- You want the same PCP as other family members.

You must tell us when you change your PCP. You can do this by calling Member Services. The number is 1-866-796-0530 or online at www.sunshinehealth.com.

Members may choose to have all family members use the same PCP. They may also choose different PCPs based on each family member's needs.

MAKING AN APPOINTMENT WITH YOUR PCP

Once you have picked a PCP, make an appointment to meet with your doctor yearly or within 90 days of choosing a PCP. This is if you have not been to the doctor within the last year. This will give you and your doctor a chance to get to know each other. Your doctor can give you medical care, advice, and information about your health.

Call your PCP's office to make an appointment. Remember to take your member ID card with you every time you go to the doctor's office. **If you have trouble getting an appointment with or seeing your doctor, please call Member Services. The number is 1-866-796-0530.**

AFTER HOURS APPOINTMENTS WITH YOUR PCP

You can call your PCP's office for information on getting care after hours. If you have a medical problem or question and cannot reach your PCP during normal office hours, you can call NurseWise/Envolve People Care, Inc. The number is 1-866-796-0530. NurseWise/Envolve People Care, Inc. is Sunshine Health's 24-hour medical nurse line. You will speak to a nurse. If you have an emergency, call 911 or go to the nearest ER.

What to Do if Your Provider Leaves the Sunshine Health Network

If your PCP or Specialist Provider is planning to leave the Sunshine Health provider network, we will send you a notice before the date this occurs. We will give you another PCP. We will send you a new ID card showing your new PCP. You can change the PCP we picked for you or find another Specialist Provider by calling our Member Services Department and speak to one of our agents who will be happy to help you find the right doctor for you. The number is 1-866-796-0530.

Sunshine Health may approve visits with your doctor for up to 90 days after he/she leaves the network. We can do this if you are in active care with your doctor. Members in second or third trimester of pregnancy can keep the same doctor until after the first post-partum visit. During this time, we will help you find a new Sunshine Health network doctor. If Sunshine Health approves for you to see a doctor after he/she leaves the network, you will receive the same covered services. For the Sunshine Health approved services, the doctor must agree to:

- Treat you for your health care needs.
- Accept the same payment rate from Sunshine Health.
- Follow Sunshine Health quality assurance standards.
- Follow Sunshine Health's policies about prior authorization and using a treatment plan.
- Give you necessary medical information about your care.

Continued coverage is only available if your PCP or specialist was not terminated by Sunshine Health due to quality of care.

NOTE: Except for emergency and family planning, you must get all services through Sunshine Health network providers or pre-approved out of network providers.

IMPORTANT: If you cannot keep any appointment, please call the doctor's office to cancel at least 24 hours in advance. If you need to change an appointment, call the doctor's office as soon as possible. They can make a new one for you. If you need help getting an appointment, call Member Services. The number is 1-866-796-0530.

Continuing Services or Drugs with Out of Network Providers

New members getting care from a doctor who is not in Sunshine Health's provider network can see that doctor for up to 60 days. This is for prior authorized ongoing medical and behavioral health services that were approved by your previous Medicaid plan and the services were arranged before you enrolled in Sunshine Health. After 60 days any services other than emergency and self-referral services with an out of network Sunshine Health provider must be prior authorized by Sunshine Health. If you have questions, call Member Services. The number is 1-866-796-0530.

New members who are pregnant can keep the same doctor until you have had your baby and for your first post-partum visit. If you have questions, call Member Services. The number is 1-866-796-0530.

Medical Services

Medically Necessary Services

Covered services that you get must be medically necessary. This means getting the right care, at the right place, at the right time. Sunshine Health uses standard guidelines to check medical necessity. Sunshine Health does not reward its network providers or their staff to deny care.

Sunshine Health must provide all medically necessary services for its members who are under age 21. This is the law. This is true even if Sunshine Health does not cover a service or the service has a limit. As long as your child's services are medically necessary, services have:

- No dollar limits; or
- No time limits, like hourly or daily limits.

Your provider may need to ask Sunshine Health for approval before giving your child the service. Call 1-866-796-0530 if you want to know how to ask for these services

Prior Authorization for Services

When you need care, always start with a call to your PCP. Some covered services may need prior approval. They may need review by Sunshine Health before services are given. This includes services or visits to an out of network provider. Hospital stays, transplants, home health services, some surgeries, medical equipment, and some medicines require prior approval. Your doctor can tell you if a service needs a prior approval. The list of these services is on Sunshine Health's website at www.sunshinehealth.com.

You can also call Member Services if you have questions. The number is 1-866-796-0530.

Some covered services require a prior authorization from Sunshine Health before the service is provided. The list of services that need a prior authorization can include an admission to the hospital after your emergency condition has improved, power wheelchairs, home health visits, MRI X-rays, hospice care, genetic testing, pain management or some outpatient surgery. That list is on our website at SunshineHealth.com. Your PCP or other doctor that is treating you can request an authorization from Sunshine Health. When your doctor requests an authorization, he or she must send information about your health condition and treatment. This may include copies of your medical record, results of tests, what medications you have tried, or what kind of support you need to take care of yourself at home. You can go to any participating Sunshine Health doctor for covered services.

Your doctor will give us information about why you need the service. Sunshine Health will look to see if the service is covered and that it is necessary. Sunshine Health will make the decision as soon as possible based on your medical condition. Standard decisions are made within seven calendar days. If the service is urgent, the decision will be made within 48 hours. We will let you and your doctor know if the service is approved or denied. If you or your doctor are not happy with the decision you can ask for a second review. This is called an appeal. See the "Member Satisfaction" section in your Member Handbook. This will give you more information about appeals.

If there are any major changes to the prior authorization process, we will let you and your doctors know right away.

Second Medical Opinion

You have the right to a second opinion about your treatment. This means talking to a different doctor to see what they have to say. The second doctor will give you their point of view. This may help you decide if certain services or methods are best for you. If you want a second opinion, tell your PCP. There is no cost to you.

Your PCP or Sunshine Health's Member Services can help you find a doctor to give you a second opinion. You can pick any Sunshine Health network provider. If you are unable to find a doctor in the Sunshine Health network, we will help you find a doctor outside the network. If you need to see an out of network provider for the second opinion, it must be prior approved by Sunshine Health.

Any tests that a doctor may ask for as part of the second opinion should be done by a doctor, hospital or other in network provider. If the tests are requested to be done somewhere that is not in Sunshine Health's network, they must be prior approved by Sunshine Health. Your PCP will look at the report from the doctor who did the second opinion. Your PCP will help you decide on the best treatment plan.

How to Get Medical Care When You Are Out of State

The two situations where you are covered for services out of state are as follows:

- You are out of state and you have a medical or behavioral health emergency. You can go to an ER in any state if you have a true medical or behavioral health emergency. If you are seen at an out-of-state hospital for an emergency, your follow up care must be with a Sunshine Health network provider. You may also need to contact your PCP to get a referral if you need to see a specialist. It is determined that you need special care that you cannot receive in Florida.
- If Sunshine Health approves, the cost of the care you get in the other state will be covered. Members are not covered for any services outside of the United States.

If you are out of the area and have an emergency, **call 911 or go to the nearest ER**. Be sure to call us and report your emergency. **This must be done within 48 hours**. You do not need prior approval. Sunshine Health will cover only medically necessary emergency services out of state.

If you are out of state and have an **urgent problem**, go to an urgent care clinic or you may go to a PCP. Be sure to show your Sunshine Health member ID card before getting services.

Out of Network Care

Out of network emergency services do not need approval from Sunshine Health. All other covered services from an out of network provider need prior authorization by Sunshine Health except family planning services, women's preventive health services, treatment of women's acute health conditions (i.e. treatment of sexually transmitted diseases), and maternity Care. We will first check to see if there is a network provider that can treat your medical condition. If there is not, we will help you find an out of network provider. You will have to pay for the out of network service(s) if Sunshine Health did not approve it. If you have questions, call Member Services. The number is 1-866-796-0530. Sunshine Health will tell you when the referral is approved.

Referrals to Specialty Care

You may need to see a certain doctor for certain medical problems. This includes special conditions, injuries, and/or diseases. Talk to your PCP first. Your PCP will refer you to a specialist. A specialist is a doctor who works in one health care area; for example, a doctor who only works with the heart, skin, or bones. A Sunshine Health doctor will send you to another Sunshine Health doctor who is a specialist. This is unless your medical condition could be better treated by someone other than a Sunshine Health doctor.

Some conditions may need ongoing care from a specialist. Sunshine Health will allow your PCP to give a standing referral to a specialist in the Sunshine Health network when:

- The specialist in Sunshine Health's network agrees to a treatment plan for you.
- The specialist provides your PCP with updates on your condition and treatment plan.
- The specialist's services to be provided are part of the benefits covered by Sunshine Health.

NOTE: If your specialist refers you to another specialist, your specialist may need to obtain authorization by Sunshine Health and your PCP.

Self-Referrals

For certain covered services, no approval is required from your PCP or Sunshine Health.

You may receive the services below whether or not the doctor is in the Sunshine Health provider network.

- Emergency services.
- Treatment of women's acute health conditions (i.e. treatment of sexually transmitted diseases).
- Family planning services.
- Women's preventive health services.
- Maternity care.

For more information on women's services, see pages 40-41 of this manual.

Urgent Care-After Hours

Urgent Care is not Emergency Care. Urgent Care is needed when you have an injury or illness that must be treated within 48 hours. It is usually not life threatening, yet you cannot wait for a visit to your PCP.

Only go to the ER if your doctor tells you to go or you have a life-threatening emergency. When you need urgent care, follow these steps:

- Call your PCP. The name and phone number are on your Sunshine Health ID card. Your PCP may give you care and directions over the phone.
- If it is after hours and you cannot reach your PCP, call NurseWise/Envolve People Care, Inc. The number is 1-866-796-0530 (TDD/TTY 1-800-955-8770). You will be connected to a nurse. Have your Sunshine Health ID card number handy. The nurse may help you over the phone or direct you to other care. You may have to give the nurse your phone number. During normal office hours, the nurse will assist you in contacting your PCP.

If you are told to see another doctor or go to the nearest hospital ER, **be sure to bring your Sunshine Health member ID card.** Ask the doctor to call your PCP or Sunshine Health.

If you need to go to an Urgent Care Center, please check the Sunshine Health Provider Directory. You can also check our website at www.sunshinehealth.com.

Emergency Care

Emergency Medical Condition – (a) A medical condition manifesting itself by acute symptoms of sufficient severity, which may include severe pain or other acute symptoms, such that a prudent layperson who possesses an average knowledge of health and medicine, could reasonably expect that the absence of immediate medical attention could result in any of the following: (1) serious jeopardy to the health of a patient, including a pregnant woman or fetus; (2) serious impairment to bodily functions; (3) serious dysfunction of any bodily organ or part. (b) With respect to a pregnant woman: (1) that there is inadequate time to effect safe transfer to another hospital prior to delivery; (2) that a transfer may pose a threat to the health and safety of the patient or fetus; (3) that there is evidence of the onset and persistency of uterine contractions or rupture of the membranes.

When to go to the ER:

- Broken bones.
- Gun or knife wounds.
- Bleeding that will not stop.
- You are pregnant, in labor and/or bleeding.
- Severe chest pain or heart attack.
- Drug overdose.
- Poisoning.
- Bad burns.
- Shock (you may sweat, feel thirsty or dizzy or have pale skin).
- Convulsions or seizures.
- Trouble breathing.
- Suddenly unable to see, move or speak.

Emergency rooms are for emergencies. If you can, call the doctor who is treating you first. If your condition is severe, call 911 or go to the nearest hospital. You do not need a doctor's approval. If you are not sure if it is an emergency, call your PCP. Your PCP will tell you what to do. If your PCP is not available, a doctor taking calls can help. There may be a message telling you what to do. You can also call NurseWise/Envolv People Care, Inc., our 24-hour medical advice line. The number is 1-866-796-0530 (TDD/TTY 1-800-955-8770) if you have questions.

It is okay if the hospital does not belong to the Sunshine Health network. You can use any hospital if it is an emergency. You or someone acting on your behalf MUST call your PCP and Sunshine Health within 48 hours of being admitted. This helps your PCP to provide or arrange for any follow-up care that you may need. We will help you get follow-up care. Call us at 1-866-796-0530 (TDD/TTY 1-800-955-8770).

Transportation Services

Transportation is an important factor for access to health care services. Below is a list of things that you should be familiar with regarding transportation services. If you have any questions about transportation services, our Member Service agents will be happy to assist you.

EMERGENCY TRANSPORTATION SERVICES

Sunshine Health covers emergency ambulance ground transportation to the nearest hospital for emergency care. Ambulance transportation to the hospital emergency room in non-emergency situations is not a covered service under Sunshine Health. You may have to pay for it. Ambulance transportation from a healthcare facility to another healthcare facility is covered only when it is medically necessary. It also must be arranged and approved by a Sunshine Health with a network provider.

NON-EMERGENCY MEDICAL TRANSPORTATION SERVICES (NEMT)

NEMT can be used when you do not have a way to get to your healthcare appointment without charge. We may use public transportation or bus tokens, vans, or even a taxi, if necessary to get you to your healthcare appointment. Sunshine Health will give you a ride that meets your needs. You do not get to choose what kind of car or van or company you will use. You may be able to get help with gas costs if you have a friend or a neighbor who can take you. This must be approved before your appointment.

What are the NEMT guidelines for services?

- You must be enrolled with Sunshine Health on the day of your appointment.
- No other free transportation is available to you such as volunteer, community, or other.
- Children who are under age 17 must have an adult ride with them.
- We will only pay for one child and one parent/guardian and/or an attendant if your child is under age 21 and needs to be away from home overnight or needs someone to be with him/her. We will not pay for other children or adults.

What healthcare services can I get NEMT to take me to?

- The appointment is to a service covered by Sunshine Health.
- The appointment is to a healthcare provider near where you live. If the provider is far away, you may need to say why and get a note from your PCP. There are rules about how far you can travel to a health care appointment and get a ride.

How do I use the NEMT program?

Call Sunshine Health's transportation provider, Logisticare at 1-877-659-8420. Their Customer Service agents will assist you. You must call at least 48 hours before the day of the appointment. You may be able to get a ride sooner if your healthcare provider gives you an urgent care appointment. You can also call 1-866-796-0530 to speak to Member Service agents who will assist you with your transportation needs. If you have an emergency, dial 911, or the local emergency phone number.

Post-Stabilization Services

Post-stabilization services are services that are needed in an ER to stabilize your condition. They do not require prior authorization. It does not matter whether you receive the emergency care in or outside of the Sunshine Health network. We cover ER services to make sure you are stable after an emergency.

Pharmacy

Pharmacy Program

You can get prescriptions through your Sunshine Health coverage if you go to a pharmacy that takes Sunshine Health members. There are some drugs that may not be covered through Sunshine Health. A Sunshine Health pharmacy can let you know which drugs are not covered, or help you find another drug that is covered. You can also ask your doctor about what drugs are covered. They can help you with what is best for you.

Prior Authorization

Some drugs have limits or require prior approval before your prescription can be filled. If prior approval is needed, the pharmacy will tell your doctor. If your doctor feels you have a medical need for the drug, they can ask Sunshine Health for approval. If Sunshine Health does not give the approval, you and your doctor will be told of the decision. You will also be told how to file an appeal. If your doctor prescribes a psychotropic medication for an enrollee under the age of 13, the pharmacy must have a written, informed consent from the enrollee's parent or legal guardian.

Emergency Drug Supply

If your doctor cannot be reached to approve a prescription, you may be able to get a 72-hour (three day) emergency supply for some prescriptions. Pharmacies that are contracted with our pharmacy benefit manager are authorized to provide a 72-hour supply.

Over-the-Counter (OTC) Medications

Some OTC drugs are covered through Sunshine Health's drug list. In order for an OTC drug to be covered, it must be written on a valid prescription by a licensed doctor. If you purchase OTC drugs without a prescription from a doctor, you will have to pay for them. You may also use your available OTC benefits.

Excluded Drugs

Some drugs are not covered through Sunshine Health. These include, but are not limited to:

- Drug Efficacy Study Implementation (DESI) drugs.
- Identical, Related, and Similar (IRS) drugs.
- Symptomatic relief of cough and cold products.
- Drugs used for cosmetic purposes or hair growth.
- Fertility agents.
- Gender-specific medications if prescribed to the gender for which they are not FDA approved or medically necessary.
- Drugs used to treat erectile dysfunction.
- Drugs used for weight loss (with the exception of those requiring prior authorization) or weight gain.
- OTC products (except those listed on the Preferred Drug List).

Filling a Prescription

Sunshine Health covers most of the drugs your doctor says you need. Your doctor will write a prescription so you can take it to the pharmacy. Your doctor may be able to send the prescription for you. Sunshine Health provides prescriptions for its members through network pharmacies. You can get your prescriptions filled at most pharmacies. It is important that you show your Sunshine Health member ID card at the pharmacy. If you need help finding a pharmacy or have trouble getting your drugs, call Sunshine Health at 1-866-796-0530.

Specialty Pharmacy Products

Some drugs are not available at a local pharmacy. These drugs are supplied by a specialty pharmacy provider. These drugs may need prior approval before your prescription can be filled. The pharmacy will tell your doctor if the drugs have to be supplied by a specialty pharmacy and if you need a prior approval. Sunshine Health partners with AcariaHealth/Envolve Pharmacy Solution, Inc. to provide specialty drugs. These are drugs that are high cost and treat complex conditions. They require extra support to make sure they are used correctly. If you want a different specialty pharmacy, tell us. We will review your request. If you have questions, call Sunshine Health at 866-796-0530. If you want a different pharmacy, tell us. Fill out the included Specialty Pharmacy Change Request Form and return it. We will let you know if it is approved.

If you have questions about any of the pharmacy services, call Member Services. The number is 1-866-796-0530.

Health Management

New Technology

Sunshine Health may cover new technology medical services or procedures. These must not be considered investigational or experimental. Sunshine Health looks at new technology or new uses of technology. Requests for coverage will be reviewed. A decision will then be made. Sunshine Health may decide to cover a new technology on an individual case or plan-wide basis.

Child Welfare (Foster Care)

Sunshine Health provides health care to Florida children in the State's Child Welfare Program. Sunshine Health's network provides the services under a contract with the Florida Agency for Health Care Administration (AHCA). Sunshine Health works with many doctors, clinics, and hospitals to care for you/your child. If you are a caregiver for a child who is in the State's Child Welfare Program, please call our Member Services Department to request a copy of our Child Welfare Handbook.

You/your child will get health care from doctors in Sunshine Health's provider network. Children can get regular check-ups, exams, primary care, and specialist care when needed. Sunshine Health also has hospitals, specialists, labs, and many more providers when you/your child need them.

Medical Consenter

A Medical Consenter is the person whom a court has said can consent to medical care for a child in State conservatorship. The Medical Consenter may be the child's foster parent, a relative of the child, or a person named by the Department of Family and Protective Services. The child's parent may also be a Medical Consenter if their rights have not been terminated. They can also consent if the court says that it is in the best interest of the child to allow the parent to make medical decisions for the child. A Medical Consenter may also be a child in conservatorship of at least 16 years of age. This would occur if a court says the child has the capacity to consent to medical care.

ROLE OF MEDICAL CONSENTER

The role of a Medical Consenter includes agreeing to the child's medical care. It also means taking part in the child's medical appointments. Medical care means "health care and related services." This may include medical, behavioral, dental, eye care, and surgical treatment. This does not apply to emergency services. Contact 911 or go to the nearest hospital or emergency facility if you think you need emergency care.

Health Risk Screening (HRS)

Sunshine Health wants to know how we can better serve you. One way we do this is by asking you to fill out a private HRS form. This form is in your Welcome Packet. This form gives us information to determine your needs. Once you fill out the form, please send it back to us in the postage-paid envelope we gave you.

If you have questions about the form, please call us at 1-866-796-0530.

Case Management

We understand some members have special needs. Sunshine Health offers our members case management services to help with special health care needs. If you have special needs or you have a disability, case management may be able to help you. Our case managers are registered nurses or social workers. They can help you understand major health problems. They can also arrange care with your doctors. A case manager will work with you and your doctor. They can help you get the care you need. Case managers can talk to your doctors, help with scheduling appointments, and coordinate your care. For Long-Term Care members, the case manager can help you get services that are on your plan of care.

This service is for members who may need more help in taking care of their health. These members often have several conditions, see several doctors, have a new diagnosis that they need help to manage, or need help arranging many services the doctor has ordered. Our case managers can help members understand their health problems and work with the member and their doctors to help them get the care they need. If you think that case management may be able to help you, call our Member Services department can at 1-866-796-0530 for more information. You can ask to speak to a case manager.

Sunshine Health's case management staff are available to assist our members who may benefit from services available from the community. Our staff will help identify those resources and refer the member to those agencies. This can include services like food banks, WIC services, or housing support. Some of our case management staff do work in the community. They can do home assessments to identify health risks and identify safety issues in the home and fall prevention. Our staff can help educate members and their family on the value of an advance directive, how to obtain one, and who they may to consider sharing their advanced directive with.

Behavioral Health Services

Sunshine Health will cover your behavioral health needs. A PCP referral or prior authorization is not needed for behavioral health care. You may go to any behavioral health provider on Sunshine Health's list of providers. You may get five visits in a year without our okay. Be sure to go to a behavioral health provider in our network.

Behavioral health care includes care for people who are depressed, have a mental illness, abuse drugs or alcohol, or need other behavioral health services. Call 1-866-796-0530 to if you need a name of a behavioral health provider or need help getting these services.

Sunshine Health's behavioral health department can help you in many ways. Together we can help you get treatment.

This is how we can help:

- We will refer you to a behavioral health provider. You will have a case manager to help with your care. They will help you find the right services for your treatment.
- We will help you pick a different behavioral health case manager or direct service provider within Sunshine Health if you want one and one is available.
- We can help you find community resources.
- After hours, you can also call NurseWise/Envolv People Care, Inc. NurseWise/Envolv People Care, Inc. offers bilingual help 24 hours, seven days a week at no cost to you.

You can call Sunshine Health at 1-866-796-0530 and follow the prompts. You can also visit us online at www.sunshinehealth.com.

How can you get help if you or your child has behavioral health, alcohol or drug problems? Do you need a referral for this?

Behavioral health refers to behavioral health and substance abuse (alcohol and drug) treatment. Sometimes talking to friends or family members can help you work out a problem. When that is not enough, you should call your PCP or Sunshine Health's behavioral healthcare department. Sunshine Health has a group of behavioral health and substance abuse specialists to help our enrollees. You do not need a referral from your PCP for these services. Sunshine Health will help you find the best provider for you or your child. Call 1-866-796-0530 and follow the prompts to get help right away. You can call 24 hours a day, seven days a week.

If a child under the age of 13 is prescribed psychotropic drugs, the written approval of the child's parent or legal guardian is required. A Consent Form must be filled out by both the parent/guardian and the child's doctor before Sunshine Health will pay for the drugs.

How do you know if you or your child needs help?

Help might be needed if you or your child:

- Can't cope with daily life.
- Feels very sad, stressed or worried.
- Are not sleeping or eating well.
- Wants to hurt themselves or others or have thoughts about hurting yourself.
- Are troubled by strange thoughts (such as hearing voices).
- Are drinking or using other substances more.
- Are having problems at work or at home.
- Seem to be having problems at school.

When you or your child have a behavioral health or substance abuse problem, it is important for you to work with someone with whom you are comfortable. We can help you find a provider who will be a good match for you. The most important thing is for you or your child to have someone you can talk to. They can work on solving your problems.

What to do in a behavioral health emergency

You should call 911 if you or your child is having a life-threatening behavioral health emergency. You can also go to a crisis center or the nearest emergency room in our service area or out of our area. You do not have to wait for an emergency to get help. Call Sunshine Health at 1-866-796-0530. They can help you or your child with depression, behavioral illness, substance abuse, or emotional questions.

What to do if you or your child are already in treatment

If you or your child are already getting care, ask your provider if they are in the Sunshine Health network. If the answer is yes, you do not need to do anything. If the answer is no, call Sunshine Health. The number is 1-866-796-0530.

We will ask your/your child's provider to join our network. We want you or your child to keep getting the care they need. If the provider does not want to join the Sunshine Health network, we will work with the provider to keep caring for you or your child until medical care can be moved to a new Sunshine Health provider.

Disease Management

Not all members need case management. Sunshine Health has several programs to improve the health of our members with chronic conditions. We know this means more than just helping you to see a doctor. It means helping you understand and manage your health conditions. We do this through our disease management programs. Members are provided education and personal help from Sunshine Health staff. The goal of this service is to add to the quality of your care and help you to improve your health. Sunshine Health works with a company called Nurtur/Envolve People Care, Inc. to give disease management services to our members. If you have one of the conditions below, call member services for information.

- Asthma.
- High blood pressure.
- Diabetes.
- Heart problems.

All of our programs are geared toward helping you understand and actively manage your health. We are here to help you with things like:

- How to take medicines.
- What screening tests to get.
- When to call the doctor.

We will help you get the things you need. We will provide tools to help you learn and take control of your condition. For more information, call Member Services at 1-866-796-0530. You can ask to speak to a Health Coach.

The Child Health Check-Up Program (CHCUP)

CHCUP is a preventive healthcare program for age birth to 21 years old. This program used to be known as EPSDT – Early and Periodic Screening, Diagnosis, and Treatment. Children and young people need to see their doctor regularly even when they are not sick. This chart shows when babies, children and young adults need to see their doctor for a health check. We don't want your child to miss any key steps toward good health as they grow.

Doctors and nurses will examine your child or teenager. They will give shots for diseases when necessary. Shots are important to keep your child healthy. They will also ask questions about health problems and tell you what to do to stay healthy. If there is a problem found during the checkup, your doctor can send you to a specialist.

	HEALTH CHECK SCHEDULE	DENTAL EXAM
Infancy	<ul style="list-style-type: none"> • Birth • Three to five days • By one month • Two months • Four months • Six months 	<ul style="list-style-type: none"> • When first tooth shows, no later than 12 months. • Repeat every six months.
Early Childhood	<ul style="list-style-type: none"> • 12 month • 15 month • 18 month • 24 month • 30 month • Three years 	<ul style="list-style-type: none"> • Every six months
Middle Childhood & Adolescence	<ul style="list-style-type: none"> • Every year until age 21 	<ul style="list-style-type: none"> • Every six months

To schedule a Health Check visit, call your doctor. If you have problems getting a visit, please call Member Services at 1-866-796-0530.

Family Planning Services

Sunshine Health covers family planning services. You can get these services and supplies from family planning providers that are not in our network. You do not need a referral or prior authorization. These services are free for our members. These services are voluntary and confidential, even if you are less than 18 years old.

Some examples of family planning services are:

- Education and advice from trained personnel to help you make choices.
- Information about birth control.
- Physical exams.
- Follow-up visits.
- Pregnancy tests.
- Birth control supplies.
- Tests and treatment of STDs (sexually transmitted diseases).

WHEN YOU ARE PREGNANT

Keep these points in mind if you are pregnant now or want to become pregnant:

- **Go to the doctor as soon as you think you are pregnant.** It is important for your health and your baby's health to see a doctor as early as possible. This will help your baby get off to a good start. It's even better to see your doctor before you get pregnant to get your body ready for pregnancy.
- **Make an appointment with your dentist** for a cleaning and checkup.
- **Set a goal to live a healthier lifestyle.** Healthy lifestyle habits include exercising, eating balanced healthy meals, and resting for eight to ten hours at night.

PREGNANCY AND MATERNITY SERVICES

There are things you can do to have a safe and healthy pregnancy. See your doctor about any medical problems you have such as diabetes and high blood pressure. Do not use tobacco, alcohol, or non-prescribed drugs either now or while you are pregnant. You should see your doctor before becoming pregnant if you have had any of the following problems:

- You have had three or more miscarriages.
- You have given birth to a premature baby (this means the baby came before 37 weeks of pregnancy), or a "preemie."
- You gave birth to a stillborn baby.

A note about Folic Acid. Folic acid is a very important nutrient that can help you have a healthier baby. You should take folic acid before you become pregnant. You can also take it as soon as you find out you are pregnant. Some foods that have folic acid are:

- Orange juice.
- Peas.
- Enriched rice.
- Green vegetables.
- Fortified breakfast cereals.
- Whole wheat bread.
- Beans.

It is difficult to get enough Folic acid from food alone. Ask your doctor about taking prenatal vitamins. See your doctor as soon as you think you are pregnant. If you have questions about how to get Folic acid or services for your pregnancy, call Member Services. You can also call to get information about our pregnancy program, Start Smart for Your Baby. The number is 1-866-796-0530.

PREGNANCY PROGRAM – START SMART FOR YOUR BABY®

Start Smart for Your Baby (Start Smart) is our special program for women who are pregnant. Sunshine Health wants to help you take care of yourself and your baby through your whole pregnancy. Information can be provided to you by mail, telephone, and through the Start Smart website, www.startsmartforyourbaby.com. Our Start Smart staff can answer questions and give you support if you are having a problem. We can even arrange for a home visit if needed.

If you are pregnant and smoke cigarettes, Sunshine Health can help you stop smoking. We have a special stop smoking program for pregnant women. There is no cost to you. The program has trained healthcare clinicians who are ready to build one-to-one contacts with you. They will provide education, counseling, and the support you need to help you quit smoking. Working as a team over the telephone, you and your health coach can make a plan to make changes in your behavior and lifestyle. These coaches will encourage and help you to stop smoking.

We have many ways to help you have a healthy pregnancy. Before we can help, we need to know you are pregnant. Please call Member Services at 1-866-796-0530 as soon as you learn you are pregnant. We will help you set up the special care that you and your baby need. Sunshine Health does not restrict services including counseling or referrals for moral or religious objections.

REWARDS PROGRAM

Earning rewards is easy! When you make certain healthy choices, reward dollars will automatically be put on your CentAccount rewards card. The rewards are added approximately two weeks after we receive the claim from your provider for the healthy behavior you've completed. If it's your first reward, a card will be mailed to you. Keep the card after you use it. As you earn more rewards, it will be added to the same card. The rewards are non-transferrable. If you voluntarily disenroll from Sunshine Health or lose Medicaid Eligibility for more than one-hundred eighty (180) days and you are not reinstated with Sunshine Health, you will lose your reward/incentives.

Earn rewards by completing the following healthy activities:

HEALTHY ACTIVITY	REWARD VALUE	LIMITATIONS
Annual dental well care visit	\$20	<ul style="list-style-type: none"> Ages 2 to 21 Once reward per calendar year
Annual child well care visit in the first 15 months	\$50	<ul style="list-style-type: none"> Ages birth up to 15 months Visit must be with a primary care doctor Visit recommended before 30 days old, and at 2, 4, 6, 9, 12 and 15 months
Annual child well care visit	\$10	<ul style="list-style-type: none"> Ages 2 to 20 One reward per calendar year
Annual well care visit with a primary care doctor	\$10	<ul style="list-style-type: none"> Age 21 and older
Annual cervical cancer screening	\$10	<ul style="list-style-type: none"> Ages 21 to 64

Annual breast cancer	\$10	<ul style="list-style-type: none"> Females ages 50 to 69
Diabetic Screening: <ul style="list-style-type: none"> HbA1c test LDL cholesterol test Kidney screening Dilated eye exam 	\$40	<ul style="list-style-type: none"> Ages 18-75 Must complete all activities within the calendar year One reward per calendar year
Prenatal visits	\$10	<ul style="list-style-type: none"> Member must be enrolled in Start Smart for Your Baby by 37 weeks gestation Payment is for 3rd, 6th and 9th prenatal visit No more than \$30 can be earned
Postpartum visits	\$10	<ul style="list-style-type: none"> Postpartum visit must occur between 21 and 56 days after the delivery date
Post behavioral health admission follow-up visit	\$10	<ul style="list-style-type: none"> Visit post discharge must be from a behavioral health provider The visit post discharge must occur within seven (7) calendar days after the date of the discharge
Substance Abuse Health Coaching	\$20	<ul style="list-style-type: none"> Ages 16 or older Must complete three (3) coaching sessions with a Health Coach The third session must occur within six (6) months of the date of the first session
Tobacco Cessation Health Coaching	\$20	<ul style="list-style-type: none"> Age 16 and older Member must sign and return the Sunshine Program Consent form Member must state that they are willing to stop using tobacco within 30 days Must complete six (6) health coaching sessions for tobacco cessation
Weight Loss Health Coaching	\$20	<ul style="list-style-type: none"> Age 13 and older Member must sign and return the Sunshine Program Consent form Member must state that they are willing to take steps to lose weight within 30 days Must complete six (6) health coaching sessions for weight loss The sixth session must be completed within nine (9) months of

To learn more about the Rewards Program please visit www.sunshinehealth.com or call 1-866-796-0530.

Child or Adult Abuse, Neglect, or Exploitation

Any Sunshine Health member who has reason to suspect a child, adult or elderly person has been harmed, abused, or neglected should file a report immediately. File the report with the Florida Protection Report Center at 1-800-962-2873 (1-800-96-ABUSE). Or file it with your local law enforcement agency.

Personalized Outreach – MemberConnections®

MemberConnections is a special program that helps connect you to medical care and social services. MemberConnections Representatives are specially trained to help Sunshine Health members. They can help you choose doctors find support services, and help arrange for needed services. The MemberConnections Representatives work with Sunshine Health’s Case Managers to make sure your healthcare needs are met. They can also visit your home to help you with healthcare needs and social services. To learn more about the program, please call Member Services at 1-866-796-0530

ConnectionsPlus®

ConnectionsPlus is part of the MemberConnections program that provides free cell phones to certain members who are enrolled in our case management program and who do not have safe, reliable access to a telephone. This program lets our members to have 24-hour instant access to physicians, case managers, Sunshine Health staff, telehealth services, and 911. This is only available during the time the enrollee is working with our case managers. If you are not enrolled in Sunshine Health, the phone must be returned to Sunshine Health. To learn more about the program, please contact Member Services. The number is 1-866-796-0530. You can also go to our website at www.sunshinehealth.com.

Member Satisfaction

We hope you will always be happy with us and our providers. If you are not happy, please let us know. Sunshine Health has steps for handling any problems you may have. Sunshine Health offers all of our members the following ways to get member satisfaction:

- Complaint.
- Internal Appeal Process.
- Internal Grievance Process.
- Access to State Fair Hearing.

Complaint

A complaint is the lowest form of problem. It gives Sunshine Health the chance to resolve your problem without it becoming a formal grievance. Complaints must be resolved within one business day following receipt or be moved into the grievance system.

Internal Grievance Process

Sunshine Health wants to fully solve your problems or concerns. **A Grievance is an expression of dissatisfaction about any matter other than an “action.”** An appeal is a request to review a Notice of Adverse Benefit Determination.

HOW TO FILE A GRIEVANCE

Filing a grievance will **not** affect your healthcare services. We will not treat you differently. We want to **know** your concerns so we can improve our services.

A grievance may be filed orally or in writing at any time. We can be reached Monday through Friday, 8:00 a.m. to 8:00 p.m. by calling Member Services at 866-796-0530 or TDD/TTY at 800-955-8770.

We will need the following information:

- Your first and last name.
- Your Sunshine Health or Medicaid ID number.
- Your address and telephone number.
- What you are unhappy with.
- What you would like to have happen.

If you file a grievance, the Grievance and Appeal Coordinator (GAC) will send you a letter within 5 business days of receipt. This letter lets you know that we have received your grievance.

If you have any more information to help with your grievance, you may send it to us. We will add it to your case. You may send us the information at. You may send us the information at:

Sunshine Health
Grievance and Appeal Coordinator
1301 International Parkway, Suite 400
Sunrise, FL 33323

Phone: 866-796-0530
Fax: 866-534-5972
TTY/TDD: 800-955-8770
Sunshine.Appeals@centene.com

In some cases, getting information to help us review your grievance may take extra time. The time for deciding your grievance can be extended for 14 days if you think extra time to get information will benefit you. If Sunshine Health requests more time to gather the information, we will send you a letter to tell you why. This extension will be for 14 days. We will only do this if the information we are waiting for could help with your grievance.

You may ask for copies of any information that Sunshine Health used to make the decision about your care. You can expect a resolution and a written answer from Sunshine Health within 90 days of your grievance.

Internal Appeal Process

FILING AN APPEAL

An appeal is a request to review a Notice of Adverse Benefit Determination. You can request this review by phone or in writing. You must follow a request by phone in writing unless it is an expedited appeal.

An adverse decision can be when Sunshine Health:

- Denies the care requested.
- Decreases the amount of care.
- Ends care that has previously been approved.
- Denies payment for care and you may have to pay for it.

You will know that Sunshine Health is taking an action because we will send you a letter. The letter is called a Notice of Adverse Benefit Determination. If you do not agree with the action, you may request an Appeal.

EXPEDITED APPEALS

You or your doctor may want us to make a fast decision. You can ask for an expedited review if you or your doctor feel that your health is at risk. Your doctor must send information in writing telling us why you need a faster review.

Expedited appeal reviews are available for members in situations deemed urgent. If Sunshine Health agrees that the request is urgent, your appeal will be resolved within 72 hours.

WHO MAY FILE AN APPEAL?

- You, the member (or the guardian of a minor member)
- A person you have authorized to act for you

You must give written permission if someone else files an appeal for you. Sunshine Health will include a form in the Notice of Adverse Benefit Determination. Contact Member Services at 1-866-796-0530 if you need help. We can assist you with filing an appeal.

WHEN DOES AN APPEAL HAVE TO BE FILED?

The Notice of Adverse Benefit Determination will tell you about this process. You may file an appeal within 60 days from the date of the Notice of Adverse Benefit Determination. If you make your request by phone or in person, you must also send Sunshine Health a letter confirming your request within 10 days of making the request by phone. Sunshine Health will give you a written decision within 30 days of the date we receive your written request.

You, or someone authorized to do so, can act for you or help you with the appeal. You can tell us the name of the person authorized to help you by completing a Request for an Appeal or Grievance Form. We can help you fill out this form. Call us at 866-796-0530 or TTY/TDD at 800-955-8770 to ask for help, including if you need an interpreter.

You may send us health information about why we should pay for the service. This information can be sent with the Request for an Appeal or Grievance Form or in a separate letter. You can call your doctor if you need more medical information for your appeal. In some cases, getting the health information may take extra time. The time for deciding your appeal can be extended for 14 days if you or your doctor thinks the extra time to get the health information will benefit you. If Sunshine Health requests more time to gather the health information, we will send you a letter to tell you why. This extension will be for 14 days. We will only do this if the health information we are waiting for could help with your plan appeal.

You may send the Request for an Appeal or Grievance Form, or your written request for a plan appeal and any health information to us by sending a letter to:

Sunshine Health

Grievance and Appeal Coordinator

1301 International Parkway, Suite 400

Sunrise, FL 33323

Fax: 866-534-5972

If the Notice of Adverse Benefit Determination that you were sent said that we were terminating, suspending, or reducing a service that you were getting as a Sunshine Health member, you have the right to keep getting the service. If you let us know that you want to continue the service within ten (10) days of the Notice of Adverse Benefit Determination letter, we will approve you to continue this service until the plan appeal decision is made. To do this, Sunshine Health must have been approving you to get the service before, the services were ordered by an authorized provider, and the time of the approval for that service has not ended. If after the review of your plan appeal Sunshine Health decides that the decision to terminate, suspend, or reduce the service was right and you kept getting the service, you may have to pay for the service.

You, or someone you authorized to do so, can ask us for a complete copy of your file, including medical records, a copy of plan review criteria and guidelines, contract provisions, other documents, records, and other information considered during the plan appeal process. These will be provided free of charge.

You may request these documents by contacting:

Sunshine Health

Grievance and Appeal Coordinator

1301 International Parkway, Suite 400

Sunrise, FL 33323

Phone: 866-796-0530

Fax: 866-534-5972

TTY/TDD: 800-955-8770

Sunshine_Appeals@centene.com

If you have questions, call us at 866-796-0530 or TDD/TTY at 800-955-8770.

Right to Request a State Medicaid Fair Hearing

If you do not agree with this decision, you have the right to request a Medicaid fair hearing from the state. When you ask for a fair hearing, a hearing officer who works for the state reviews the decision made during the plan appeal.

MediKids members only have an option for a review through the Subscriber Assistance Program (SAP).

HOW TO ASK FOR A FAIR HEARING:

You may ask for a fair hearing any time up to 120 days after you get this Notice of Plan Appeal Resolution. Your case manager can help you with this, if you have one.

You may ask for a fair hearing by calling or writing to:

**Agency for Health Care Administration
Medicaid Hearing Unit**

P.O. Box 60127
33906

Phone: 877-254-1055 (toll-free)

Fax: 239-338-2642

MedicaidHearingUnit@ahca.myflorida.com Ft. Myers, FL

Your written request for a Medicaid fair hearing must include the following information:

- Your name
- Your member number that is on your Sunshine Health member identification card OR your Medicaid ID number
- A phone number where we can reach you or your authorized representative

You may also include the following information if you have it:

- Why you think we should change the decision
- Any medical information to support the request
- Who you would like to help with your fair hearing

After getting your fair hearing request, the Office of Fair Hearing will tell you in writing that they got your fair hearing request.

HOW TO ASK FOR YOUR SERVICES TO CONTINUE DURING A FAIR HEARING:

If you were receiving services during your plan appeal, file the request for your services to continue with the Office of Appeal Hearings no later than 10 days after this Notice of Plan Appeal Resolution was mailed OR on or before the first day that your services are scheduled to be reduced, suspended, or terminated, whichever is later. Be sure to tell the hearing officer if you want your services to continue.

If your services are continued and our decision is upheld in a fair hearing, we may ask that you pay for the cost of those services. We will not take away your Medicaid benefits. We cannot ask your family or legal representative to pay for the services.

RIGHT TO REQUEST A REVIEW FROM THE SUBSCRIBER ASSISTANCE PROGRAM:

If you do not like our plan appeal decision, you have one year after you get the final decision letter to request a review by the Subscriber Assistance Program (SAP). **You must finish your appeal process first. If you ask for a fair hearing, you cannot have a SAP review.**

You may ask for a SAP review by calling or writing to:

Agency for Health Care Administration

Subscriber Assistance Program

2727 Mahan Drive, Building 3, MS #45

Tallahassee, FL 32308

Phone: 850-412-4502

888-419-3456 (toll-free)

After getting your SAP request, the Agency for Health Care Administration will tell you in writing that they got your SAP request.

If you have questions, call us at 866-796-0530 or TDD/TTY at 800-955-8779

If you need help resolving a health plan issue, Medicaid has specially trained people responsible for answering your questions about Florida Medicaid, including but not limited to plan enrollment information, Medicaid Fee-For-Service network assistance and complaint resolution. As a health plan member, you may submit a complaint against an SMMC plan by contacting the **Medicaid Help** Line toll free at 1-877-254-1055 **(8:00 a.m. ET – 5:00 p.m. ET Monday – Friday)**; Telecommunications device for the deaf (TDD) 1-866-467-4970 or by filling in the **SMMC Program Complaint Form** available on the AHCA website.

You may also contact the **Consumer Complaint, Publication and Information Call Center** toll free at 1-888-419-3456 (TDD) 1-800-955-8771 **(8:00 a.m. ET – 5:00 p.m. ET Monday – Friday)**.

Waste, Abuse, and Fraud (WAF) Program

AUTHORITY AND RESPONSIBILITY

Sunshine Health is serious about finding and reporting fraud and abuse. Our staff is available to talk to you about this.

Here are the address and phone numbers:

Sunshine Health Compliance Department

1301 International Parkway, 4th Floor

Sunrise, FL 33323

Phone: 1-866-796-0530

To report suspected fraud and/or abuse in Florida Medicaid, call the Consumer Complaint Hotline toll-free at 1-888-419-3456 or complete a Medicaid Fraud and Abuse Complaint Form, which is available online at:

<https://apps.ahca.myflorida.com/mpi-complaintform>

Or you can call Sunshine Health's WAF Hotline at 1-866-685-8664.

Waste, abuse, and fraud means that any member, any provider, or another person is misusing Medicaid, the AHCA program, or Sunshine Health resources. This could include things like:

- Loaning, selling or giving your Sunshine Health member ID card or Medicaid ID card to someone.
- Misusing Sunshine Health or Medicaid benefits.
- Billing Sunshine Health for "free" services.
- Wrongful billing to Sunshine Health by a provider.
- Billing Sunshine Health for services not provided.
- Any action to defraud Sunshine Health, Medicaid, or the AHCA program.

If you report suspected fraud and your report results in a fine, penalty or forfeiture of property from a doctor or other health care provider, you may be eligible for a reward through the Attorney General's Fraud Rewards Program (toll-free 1-866-966-7226 or 850-414-3990). The reward may be up to twenty-five percent (25%) of the amount recovered, or a maximum of \$500,000 per case (Section 409.9203, Florida Statutes). You can talk to the Attorney General's Office about keeping your identity confidential and protected. Medicaid's address and phone number are:

Florida Attorney General's Office

Attn: Medicaid Fraud Division

107 West Gaines Street

Tallahassee, FL 32301

Phone: 850-414-3300

Your health care benefits are given to you based on your eligibility for both Medicaid and AHCA program. You must not share your benefits with anyone. Sunshine Health's network providers must also report any misuse of benefits to Sunshine Health. Sunshine Health must also report any misuse or wrongful use of benefits to Medicaid. If you misuse your benefits, you could lose them. Medicaid may also take legal action against you if you misuse your benefits.

If you think a doctor, a hospital, another Sunshine Health member, or another person is misusing the Medicaid or Sunshine Health resources, tell us right away. We will take action against anyone who does this. Sunshine Health will take your call about waste, abuse, and fraud seriously. Call Sunshine Health's (Waste, Fraud, and Abuse) WAF Hotline at 1-866-685-8664. You do not need to give your name.

If you think a doctor, a hospital, another Sunshine Health member, or another person is misusing the Medicaid or Sunshine Health resources, tell us right away. We will take action against anyone who does this. Sunshine Health will take your call about waste, abuse, and fraud seriously. Call Sunshine Health's (Waste, Fraud and Abuse) WAF Hotline at 1-866-685-8664. You do not need to give your name.

What to do if you get a bill

Talk with your doctor about services that are covered and services that are not covered. You should not be billed for services that are covered. This is if you follow plan rules. If you get a bill for a service that should be covered by Sunshine Health, call your provider right away. Make sure your provider has all of your insurance information. Make sure they know to bill Sunshine Health. If you still get bills from the provider after you give your insurance information, call Member Services for help. The number is 1-866-796-0530. Do not pay the bill yourself.

If you ask for a service that is not covered by Sunshine Health, your doctor will ask you to sign a statement that says you will pay for the service yourself. If you sign a statement saying you will pay for the non-covered service, then you must pay for the bill. If you have any questions about a bill, you can call Member Services. The number is 1-866-796-0530.

Other Insurance

You must let Sunshine Health and Medicaid know if you have other insurance with another company. Sunshine Health can help you coordinate your other benefits from your other insurance company.

Accidental Injury or Illness (Subrogation)

Sunshine Health members who need to see a doctor for an injury or illness that was caused by another person or business must tell us as soon as possible. Please call our Member Services department to let us know. The number is 1-866-796-0530. When you call, we will need the name of the party at fault. We will need their insurance company, and the names of any attorneys involved. Some examples of accidents or injuries that need to be reported to Sunshine Health are:

- You are hurt in a car accident.
- You are hurt on the job and/or have a worker's compensation claim.
- You fall and/or get hurt in a store.
- You have a Personal Injury or Medical Malpractice lawsuit.

Member Rights and Responsibilities

Members are informed of their rights and responsibilities through the Member Handbook. Sunshine Health providers are also expected to respect and honor members' rights.

Sunshine Health members have the following rights:

- To be treated with respect and with due consideration for his or her dignity and privacy.
- To receive information on available treatment options and alternatives, in a way the member can understand.
- To participate in decisions regarding his/ her healthcare, including the right to refuse treatment.
- To complete information about their specific condition and treatment options, regardless of cost or benefit coverage.
- To seek second opinions.
- To get assistance with care coordination from the PCP office.
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation, as specified in other Federal regulations on the use of restraints and seclusion.
- To express a concern or appeal about Sunshine Health or the care it provides and receive a response in a reasonable period of time.
- To be able to get a copy of his/her medical records, (one copy free of charge) and ask that they be amended or corrected.
- To make recommendations regarding the organization's member rights and responsibility policy.
- To choose his/her health professional to the extent possible and appropriate.
- To have someone act on your behalf if you are unable to do so.
- To exercise his or her rights, and that the exercise of those rights does not adversely affect the way the health plan and its providers treat the enrollee.
- To receive healthcare services that are accessible, are comparable in amount, duration and scope to those provided under Medicaid Fee-For-Service and are sufficient in amount, duration and scope to reasonably be expected to achieve the purpose for which the services are furnished.
- To receive services that are appropriate and are not denied or reduced because of diagnosis, type of illness, or medical condition.
- To receive all material and information in a way the member can easily understand.
- To receive oral interpretation services free of charge for all non-English languages.
- To be notified that interpretation services are available and how to access those services.

Sunshine Health members have the following responsibilities:

- To inform Sunshine Health of the loss or theft of a member ID card.
- Present the Sunshine Health member ID card when using healthcare services.
- Be familiar with Sunshine Health procedures to the best of the member's abilities.
- To call or contact Sunshine Health to obtain information and have questions clarified.
- To provide participating network providers with accurate and complete medical information.
- Following the prescribed treatment of care recommended by the provider or letting the provider know the reasons the treatment cannot be followed, as soon as possible.
- To make every effort to keep any agreed upon appointments, and follow-up appointments; and access preventive care services.

- To live healthy lifestyles and avoid behaviors known to be detrimental.
- To provide accurate and complete information to all healthcare providers.
- To become knowledgeable about Sunshine Health coverage provisions, rules and restrictions.
- To ask questions of providers to determine the potential risks, benefits, and costs of treatment alternatives, and then making care decisions after carefully weighing all pertinent factors.
- To follow the grievance process established by Sunshine Health (as outlined in the Member Handbook) if there is a disagreement with a provider.

Advance Directives

Advance Directives are written instructions about the healthcare you want to receive if you are unable to speak for yourself. Any Sunshine Health member 18 years or older can make an advance directive to accept or refuse medical or surgical treatment or withhold or remove life-giving care in the event of a terminal condition. This also includes planning treatment before you need it. You can call Member Services if you have questions or to ask for a copy of our policy. The number is 1-866-796-0530, or talk to your PCP if you have any questions. Call them if you need help in finding the form. Once finished, ask your PCP to put the form in your file. You can make changes to your directive when you want to. If the law changes, we will let you know within 90 days of any change.

If your directive is not being followed, you can call the state's complaint line at 1-888-419-3456.

Together, you and your PCP can make decisions that will set your mind at ease. It can help your doctors understand your wishes about your health. Advance Directives will not take away your right to make your own decisions. They will work only when you are unable to speak for yourself. You will not be treated differently for not having an Advance Directive. Sunshine Health does not limit the implementation of advance directives as a matter of conscience.

Examples of Advance Directives include:

- Living Will.
- Health Care Power of Attorney.
- "Do Not Resuscitate" Orders.

Protecting Your Privacy

Notice of Privacy Practices

Privacy Notice

Effective: January 1, 2017

For help to translate or understand this, please call 1-866-796-0530. If you are hearing impaired, call our TDD/TTY line at 1-800-955-8770.

Si necesita ayuda para traducir o entender este texto, por favor llame al telefono. 1-866-796-0530. TDD/TTY 1-800-955-8770. Interpreter services are provided free of charge to you.

At Sunshine Health, your privacy is important to us. We will do all we can to protect your health records. We protect your records by allowing only certain staff access to your information. We use passwords and firewalls to protect information on computers and locked file cabinets to protect paper documents. By law, we must protect your health records and send you this notice.

This notice tells you how we use your health records. It describes when we can share your records with others. It explains your rights about the use of your health records. It also tells you how to exercise those rights and who can see your health records. This notice does not apply to information that does not identify you.

When we talk about your health records in this notice, it includes any information about all of your health services while you are a member of Sunshine Health. This includes providing healthcare to you and also includes payment for your healthcare while you are our member.

Please note: *You will also receive a Privacy Notice from Medicaid outlining their rules for your health records. Other health plans and healthcare providers may have other rules when using or sharing your health records. We ask that you obtain a copy of their Privacy Notices and read them carefully.*

How We Use or Share Your Health Records

Here are ways we may use or share your health records:

- To help pay your medical bills given to us by healthcare providers.
- To help your healthcare providers give you the proper care. For example, if you are in the hospital, we may give them your records sent to us by your doctor.
- To help manage your healthcare. For example, we might talk to your doctor about a disease or wellness program that could help improve your health.
- To help resolve any appeals or grievances filed by you or a healthcare provider with Sunshine Health or the State of Florida.
- To assist others who help us provide your health services. We will not share your records with these outside groups unless they agree to protect your records.
- For public health or disaster relief efforts.
- To remind you if you have a doctor's visit coming up.
- To give you information about other healthcare treatments and programs, such as how to stop smoking or lose weight.

State and federal laws may call for us to give your health records to others for the following reasons:

- To state and federal agencies that oversee Sunshine Health, such as KDAD, KDHE or the U.S. Department of Health and Human Services.
- For public health actions. For example, the FDA may need to check or track medicines and medical device problems.
- To public health groups if we believe there is a serious public health or safety threat.
- To a health agency for certain activities. This might include audits, inspections, and licensure or enforcement actions.
- To a court or administrative agency.
- To law enforcement. For example, records may be used to identify or find someone who is a suspect, fugitive, material witness or missing person.
- To a government person about child abuse, neglect, or violence in your home.
- To a coroner or medical examiner to identify a dead person or help find a cause of death.
- These may be needed by a funeral director to help them carry out their duties.
- For organ transplant purposes.
- For special government roles, such as military and veteran activities, national security and intelligence activities, and to help protect the President and others.
- For job-related injuries due to your state's worker compensation laws.
- If one of the above reasons does not apply, we must obtain your written approval to use or share your health records with others. If you change your mind, you may retract your written approval at any time.
- If sharing your health information is not allowed by or limited by a state law, we will obey the law that protects your health information best.

What Are Your Rights?

The following are your rights with regards to your health records. If you would like to exercise any of the following rights, please contact us. We can be reached at 1-866-796-0530.

- You have the right to ask us to give your records only to certain people or groups and to say for what reasons. You also have the right to ask us to stop your records from being given to family members or others who are involved in your healthcare. Please note that while we will try to follow your wishes, the law does not make us do so.
- You have the right to ask to get confidential communications of your health records. For example, if you believe that you would be harmed if we send your records to your current mailing address, you can ask us to send your health records by other means. Other means might be fax or an alternate address.
- You have the right to view and get a copy of all the records we keep about you in your designated record set. This consists of anything we use to make decisions about your health. It includes enrollment, payment, claims processing and medical management records.

You do not have the right to get certain types of health records. We may decide not to give you the following:

- Information contained in psychotherapy notes.
- In certain situations, we may not let you get a copy of your health records.
- Information collected in reasonable anticipation of, or for use in a court case or another legal proceeding.
- You will be informed in writing. You may have the right to have our action reviewed.
- Information subject to certain federal laws about biological products and clinical laboratories.

You have the right to ask us to make changes to wrong or incomplete health records we keep about you. These changes are known as amendments. Any request for an amendment must be in writing. You need to give a reason for your change(s). We will get back to you in writing no later than 60 days after we get your request. If we need additional time, we may take up to another 30 days. We will let you know of any delays and the date when we will get back to you.

If we make your changes, we will let you know they were made. We will also give your changes to others who we know have your health records and to other persons you name. If we choose not to make your changes, we will let you know why in writing. You will have a right to submit a letter disagreeing with us. We have a right to answer your letter. You then have the right to ask that your original request for changes, our denial and your second letter disagreeing with us be put with your health records for future disclosures. You have the right to receive an accounting of disclosures of your health records to others for six years beginning January 1, 2011.

By law, we do not have to give you a list of the following:

- Health records given or used for treatment, payment and healthcare operations purposes.
- Health records given to you or others with your written approval.
- Information that is incidental to a use or disclosure otherwise permitted.
- Health records given to persons involved in your care or for other notification purposes.
- Health records used for national security or intelligence purposes.
- Health records given to prisons, police, FBI, and others who enforce laws or health oversight agencies.
- Health records given or used as part of a limited data set for research, public health, or healthcare operations purposes.

You have the right to receive notice from us following a breach of your unsecured protected health information. You also have the right to ask for an accounting of disclosures of your information. To receive an accounting of disclosures, your request must be in writing. We will act on your request within 60 days. If we need more time, we may take up to another 30 days. We will inform you of any delays and the date we will get back to you. Your first list will be free. We will give you one free list every 12 months. If you ask for another list within 12 months, we may charge you a fee. We will tell you the fee beforehand and give you a chance to take back your request.

Using Your Rights?

- **You have a right to receive a copy of this notice at any time. We reserve the right to change the terms of this notice.** Any changes in our privacy practices will apply to all the health records that we keep. If we make changes, we will send a new notice to you.
- **If you have any questions about this notice or how we use or share your health records, please call.** We can be reached at 1-866-796-0530. Our office is open Monday through Friday from 8:00 a.m. to 8:00 p.m.

If you believe your privacy rights have been violated, you may write a letter of complaint to:

Privacy Official – Sunshine Health

1301 International Parkway, 4th Floor
Sunrise, FL 33323

You may also contact the Secretary of the U.S. Department of Health and Human Services:

Office for Civil Rights – Region IV

U.S. Department of Health & Human Services

61 Forsyth Street, SW.
Atlanta, GA 30323-8909
Voice Phone: 1-800-368-1019
TTD: 1-800-537-7697
Fax: 1-404-562-7881

Authorization to Use and Disclose Health Information

Notice to Member:

- Completing this form will allow **Sunshine Health** to (i) use your health information for a particular purpose, and/or (ii) share your health information with the individual or entity that you identify on this form.
- You do not have to sign this form or give permission to use or share your health information. Your services and benefits with **Sunshine Health** will not change if you do not sign this form.
- Right to cancel (revoke): This authorization/consent form is subject to revocation at any time except to the extent that **Sunshine Health** or other lawful holder of your health information that is permitted to share it has already acted in reliance on it. If you want to cancel this Authorization Form, fill out the Revocation Form on the last page and mail it to the address at the bottom of the page.
- **Sunshine Health** cannot promise that the person or group you allow us to share your health information with will not share it with someone else.
- Keep a copy of all completed forms that you send to us. We can send you copies if you need them.
- Fill in all the information on this form. When finished, mail it to the address at the bottom of the first page.

Member Name (print): _____

Member Date of Birth: ____/____/____ **Member ID Number:** _____

I give Sunshine Health consent to release my health information to the below listed person(s) or group(s) for the reason(s) below:

Person(s) or Group(s) to Receive Information (add additional names or groups on page 2):

Name (person or group): _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** (____) ____ - _____

I approve Sunshine Health to use or share the health information below:

- All of my health information; OR**
- All of my health information EXCEPT (check all boxes that apply):**
 - Prescription drug/medication information
 - Acquired Immunodeficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV) information
 - Treatment for alcohol and/or substance abuse information
 - Behavioral health services
 - Other: _____

Authorization End Date: ____/____/____ (End date is required. If no end date is listed, authorization will expire one year from the date of approval).

Member Signature: _____ **Date:** ____/____/____
(Member or Legal Representative Sign Here)

Mail to: Medicaid at Sunshine Health Attn: Privacy Officer, 1301 International Parkway, Suite 400, Sunrise, FL 33323
Phone: (866) 796-0530 or TDD/TTY 1-800-955-8770

If you are signing for the Member, describe your relationship below. If you are the Member's representative, describe this below and send us copies of those forms such as power of attorney or order of guardianship.

Member Name (print): _____

Member Date of Birth: ____/____/____ Member ID Number: _____

Additional Individual Person(s) or Group(s) to Receive Information

Name (person or group): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) ____ - _____

Name (person or group): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) ____ - _____

Name (person or group): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) ____ - _____

Name (person or group): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) ____ - _____

Name (person or group): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) ____ - _____

Name (person or group): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) ____ - _____

Name (person or group): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) ____ - _____

Mail to: Medicaid at Sunshine Health Attn: Privacy Officer, 1301 International Parkway, Suite 400, Sunrise, FL 33323
Phone: (866) 796-0530 or TDD/TTY 1-800-955-8770

Revoke Authorization to Use and/or Disclose Health Information

I want to cancel, or revoke, the consent I gave to **Sunshine Health** to release my health information.

Person or Group that Received the Information:

Name (person or group): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) ____ - _____

Authorization Signed Date (if known): ____/____/____

Member Information:

Member Name (print): _____

Member Date of Birth: ____/____/____ Member ID Number: _____

I understand that my health information (including, where applicable, my substance use disorder records) may have already been used or shared because of the permission I gave before. I also understand that this cancellation only applies to the permission I gave to use my health information for a particular purpose or to share my health information with the person or group. It does not cancel any other authorization forms I signed for health information to be used for another purpose or shared with another person or group.

Member Signature: _____ **Date:** ____/____/____

(Member or Legal Representative Sign Here)

If you are signing for the Member, describe your relationship below. If you are the Member's personal representative, describe this below and send us copies of those forms such as power of attorney or order of guardianship.

Sunshine Health will stop using or sharing your health information when we receive and process this form. Use the mailing address below. You can also call for help at the number below.

Mail to: Medicaid at Sunshine Health Attn: Privacy Officer, 1301 International Parkway, Suite 400, Sunrise, FL 33323
Phone: (866) 796-0530 or TDD/TTY 1-800-955-8770