



**sunshine health™**

Florida Medicaid Health Plan Member Handbook

# SUNSHINE HEALTH MEDICAID AND COMPREHENSIVE LONG TERM CARE



1-866-796-0530

TTY 1-800-955-8770

November 2020

**SunshineHealth.com**

SH\_2370

**"If you do not speak English,** call us at 1-866-796-0530. We have access to interpreter services and can help answer your questions in your language. We can also help you find a health care provider who can talk with you in your language."

**Spanish: Si usted no habla inglés,** llámenos al 1-866-796-0530. Ofrecemos servicios de interpretación y podemos ayudarle a responder preguntas en su idioma. También podemos ayudarle a encontrar un proveedor de salud que pueda comunicarse con usted en su idioma.

**French: Si vous ne parlez pas anglais,** appelez-nous au 1-866-796-0530. Nous avons accès à des services d'interprétariat pour vous aider à répondre aux questions dans votre langue. Nous pouvons également vous aider à trouver un prestataire de soins de santé qui peut communiquer avec vous dans votre langue.

**Haitian Creole: Si ou pa pale lang Anglè,** rele nou nan 1-866-796-0530. Nou ka jwenn sèvis entèprèt pou ou, epitou nou kapab ede reponn kesyon ou yo nan lang ou pale a. Nou kapab ede ou jwenn yon pwofesyonèl swen sante ki kapab kominike avèk ou nan lang ou pale a."

**Italian: "Se non parli inglese** chiamaci al 1-866-796-0530. Disponiamo di servizi di interpretariato e siamo in grado di rispondere alle tue domande nella tua lingua. Possiamo anche aiutarti a trovare un fornitore di servizi sanitari che parli la tua lingua."

**Russian: «Если вы не разговариваете по-английски,** позвоните нам по номеру 1-866-796-0530. У нас есть возможность воспользоваться услугами переводчика, и мы поможем вам получить ответы на вопросы на вашем родном языке. Кроме того, мы можем оказать вам помощь в поиске поставщика медицинских услуг, который может общаться с вами на вашем родном языке».



**Questions? Call Member Services at 1-866-796-0530 or TTY at 1-800-955-8770**



## Important Contact Information

<b>Member Helpline</b>	<b>1-866-796-0530</b>	<b>Available 24 hours</b>
<b>Member Help Line TTY</b>	<b>1-800-955-8770</b>	<b>Available 24 hours</b>
<b>Website</b>	<a href="http://SunshineHealth.com">SunshineHealth.com</a>	
<b>Address</b>	<b>P.O. Box 459089 Fort Lauderdale, FL 33345-9089</b>	

<b>Service</b>	<b>Contact Information</b>
LogistiCare (Medicaid Transportation)	Reservations: 1-877-659-8420 (TTY 1-866-288-3133) Ride Assist (Where's My Ride?): 1-877-659-8421
Alivi (Long-Term Care Transportation)	Reservations and Ride Assist (Where's My Ride?): 1-888-863-0248 (TTY 711)
HearUSA (Hearing Services)	1-800-442-8231
Envolve Pharmacy Solutions (Pharmacy Services)	1-800-460-8988
Florida Care Management Services Agency (Long-Term Care Case Management)	1-877-462-1200
GT Independence (Long-Term Care PDO)	1-877-659-4500
Envolve PeopleCare (Disease Management)	1-800-942-4008
Envolve PeopleCare Nurse Advice Line	1-855-696-2553
Dental Services	Contact your case manager directly or call 1-866-796-0530 for help with arranging these services.



## Important Contact Information

Service	Contact Information
To report suspected cases of abuse, neglect, abandonment, or exploitation of children or vulnerable adults	1-800-96-ABUSE (1-800-962-2873) TTY: 711 or 1-800-955-8771 <a href="http://www.myflfamilies.com/service-programs/abuse-hotline">http://www.myflfamilies.com/service-programs/abuse-hotline</a>
For Medicaid Eligibility	1-866-762-2237 TTY: 711 or 1-800-955-8771 <a href="http://www.myflfamilies.com/service-programs/access-florida-food-medical-assistance-cash/medicaid">http://www.myflfamilies.com/service-programs/access-florida-food-medical-assistance-cash/medicaid</a>
To report Medicaid Fraud and/or Abuse	1-888-419-3456 <a href="https://apps.ahca.myflorida.com/mpi-complaintform/">https://apps.ahca.myflorida.com/mpi-complaintform/</a>
To file a complaint about a health care facility	1-888-419-3450 <a href="http://ahca.myflorida.com/MCHQ/Field_Ops/CAU.s.html">http://ahca.myflorida.com/MCHQ/Field_Ops/CAU.s.html</a>
To request a Medicaid Fair Hearing	1-877-254-1055 1-239-338-2642 (fax) <a href="mailto:MedicaidHearingUnit@ahca.myflorida.com">MedicaidHearingUnit@ahca.myflorida.com</a>
To file a complaint about Medicaid services	1-877-254-1055 TTY: 1-866-467-4970 <a href="http://ahca.myflorida.com/Medicaid/complaints/">http://ahca.myflorida.com/Medicaid/complaints/</a>
To find information for elders	1-800-96-ELDER (1-800-963-5337) <a href="http://elderaffairs.state.fl.us/doea/arc.php">http://elderaffairs.state.fl.us/doea/arc.php</a>
To find out information about domestic violence	1-800-799-7233 TTY: 1-800-787-3224 <a href="http://www.thehotline.org/">http://www.thehotline.org/</a>
To find information about health facilities in Florida	<a href="http://www.floridahealthfinder.gov/index.html">http://www.floridahealthfinder.gov/index.html</a>
To find information about urgent care	Call 1-866-796-0530 or visit our website at <a href="http://SunshineHealth.com">SunshineHealth.com</a>
For an emergency	9-1-1 Or go to the nearest emergency room



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## Welcome to Sunshine Health's Statewide Medicaid Managed Care Plan

Sunshine Health has a contract with the Florida Agency for Health Care Administration (Agency) to provide health care services to people with Medicaid. This is called the **Statewide Medicaid Managed Care (SMMC) Program**. You are enrolled in our SMMC plan. This means that we will offer you Medicaid services. We work with a group of health care providers to help meet your needs.

There are many types of Medicaid services that you can receive in the SMMC program. You can receive medical services, like doctor visits, labs and emergency care, from a **Managed Medical Assistance (MMA)** plan. If you are an elder or adult with disabilities, you can receive nursing facility and home and community-based services in a **Long-Term Care (LTC)** plan. If you have a certain health condition, like AIDS, you can receive care that is designed to meet your needs in a **Specialty** plan.

If your child is enrolled in the Florida KidCare **MediKids** program, most of the information in this handbook applies to you. We will let you know if something does not apply.

This handbook will be your guide for all health care services available to you. You can ask us any questions, or get help making appointments. If you need to speak with us, just call us at 1-866-796-0530.







## Section 1: Your Plan Identification Card (ID card)

You should have received your ID card in the mail. Call us if you have not received your card or if the information on your card is wrong. Each member of your family in our plan should have their own ID card.

Carry your ID card at all times and show it each time you go to a health care appointment. Never give your ID card to anyone else to use. If your card is lost or stolen, call us so we can give you a new card.

Your Member ID card will look like this:

(Front)



<div><b>Member</b></div> <div><b>sunshine health.</b></div> <div><b>Name:</b> John D Doe <b>Medicaid ID:</b> 123456789 <b>DOB:</b> XX/XX/XXXX <b>Effective Date:</b> &lt;Effective Date&gt; <b>PCP Name:</b> JANE DOE <b>PCP Phone:</b> &lt;PCP Phone&gt;</div> <div><b>Envolve Pharmacy Solutions</b> Pharmacy Help Desk: 1-800-311-0539 RXBIN: 004336 RXPCN: MCAIDADV RXGRP: RX5441</div> <div><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></div>	<div><b>Miembro</b></div> <div><b>sunshine health.</b></div> <div><b>Nombre:</b> John D Doe <b>ID de Medicaid:</b> 123456789 <b>de Nac.:</b> XX/XX/XXXX <b>Fecha de vigencia:</b> &lt;Fecha de vigencia&gt; <b>Nombre MAP:</b> JANE DOE <b>Tel.del MAP:</b> &lt;Teléfono MAP&gt;</div> <div><b>Envolve Pharmacy Solutions</b> Mesa de ayuda de farmacia: 1-800-311-0539 RXBIN: 004336 RXPCN: MCAIDADV RXGRP: RX5441</div> <div><small>Si tiene alguna duda sobre salud, llame a su MAP o a nuestra línea de servicios de enfermería las 24 horas todos los días al 1-866-796-0530 (TDD/TTY 1-800-955-8770). En caso de emergencia, llame al 911</small></div>
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<div><b>IMPORTANT CONTACT INFORMATION FOR MEMBERS</b></div> <div>Sunshine Health PO Box 459086, Fort Lauderdale, FL 33345-9086 SunshineHealth.com</div> <div><b>Call 1-866-796-0530   TTY: 1-800-955-8770 for</b></div> <div><table><tr><td>• 24/7 Member Services</td><td>• Non-participating provider services</td><td>• Eligibility</td></tr><tr><td>• 24/7 Nurse Advice Line</td><td>• Vision Services</td><td>• Behavioral Health</td></tr><tr><td>• Provider Services</td><td>• Dental Services</td><td>• Case Management</td></tr><tr><td>• Authorization</td><td></td><td></td></tr></table></div> <div><b>Submit Claims To:</b> Sunshine Health Attn: CLAIMS PO Box 3070, Farmington, MO 63640-3823</div>	• 24/7 Member Services	• Non-participating provider services	• Eligibility	• 24/7 Nurse Advice Line	• Vision Services	• Behavioral Health	• Provider Services	• Dental Services	• Case Management	• Authorization			<div><b>INFORMACIÓN DE CONTACTO IMPORTANTE PARA MIEMBROS</b></div> <div>Sunshine Health PO Box 459086, Fort Lauderdale, FL 33345-9086 SunshineHealth.com</div> <div><b>Llame al 1-866-796-0530   TTY: 1-800-955-8770 para</b></div> <div><table><tr><td>• Servicios a Miembros 24/7</td><td>• Servicios de proveedores no participantes</td><td>• Elegibilidad</td></tr><tr><td>• Nurse Advice Line 24/7</td><td>• Servicios oftalmológicos</td><td>• Salud conductual</td></tr><tr><td>• Servicios a proveedores</td><td>• Servicios odontológicos</td><td>• Gestión de casos</td></tr><tr><td>• Autorizaciones</td><td></td><td></td></tr></table></div> <div><b>En caso de reclamos:</b> Sunshine Health Attn: RECLAMACIONES PO Box 3070, Farmington, MO 63640-3823</div>	• Servicios a Miembros 24/7	• Servicios de proveedores no participantes	• Elegibilidad	• Nurse Advice Line 24/7	• Servicios oftalmológicos	• Salud conductual	• Servicios a proveedores	• Servicios odontológicos	• Gestión de casos	• Autorizaciones		
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• Servicios a proveedores	• Servicios odontológicos	• Gestión de casos																							
• Autorizaciones																									

If you are a Long-Term Care member only, your Member ID card will look like this:

(Front)

 <b>ENROLLEE NAME:</b> <<ENROLLEE-NAME>> <b>ENROLLEE ID#:</b> <<ENROLLEE-NO>> <b>EFFECTIVE DATE:</b> <<EFF-DATE>>  <small>This card does not prove membership nor guarantee coverage. Call the Sunshine Health Long Term Care Enrollee Services to confirm benefits/eligibility, and for service authorizations.</small>	 <b>NOMBRE DEL AFILIADO:</b> <<ENROLLEE-NAME>> <b>NÚM. DE ID DEL AFILIADO:</b> <<ENROLLEE-NO>> <b>FECHA DE VIGENCIA:</b> <<EFF-DATE>>  <small>Esta tarjeta no es prueba de afiliación ni garantía de cobertura. Llame a Servicios para Afiliados de Sunshine Health Long Term Care para confirmar beneficios/ elegibilidad y para autorizaciones de servicios.</small>
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<b>IMPORTANT CONTACT INFORMATION FOR MEMBERS</b>  Sunshine Health PO Box 459088, Fort Lauderdale, FL 33345-9088 SunshineHealth.com  <b>Call 1-866-796-0530   TTY: 1-800-955-8770 for</b>  <table><tr><td>• 24/7 Member Services</td><td>• Eligibility</td></tr><tr><td>• Authorization</td><td>• Case Management</td></tr></table> <b>Submit Claims To:</b> Sunshine Health Attn: CLAIMS PO Box 3070, Farmington, MO 63640-3823	• 24/7 Member Services	• Eligibility	• Authorization	• Case Management	<b>INFORMACIÓN DE CONTACTO IMPORTANTE PARA MIEMBROS</b>  Sunshine Health PO Box 459088, Fort Lauderdale, FL 33345-9088 SunshineHealth.com  <b>Llame al 1-866-796-0530   TTY: 1-800-955-8770 para</b>  <table><tr><td>• Servicios a Miembros 24/7</td><td>• Elegibilidad</td></tr><tr><td>• Autorizaciones</td><td>• Gestión de casos</td></tr></table> <b>En caso de reclamos:</b> Sunshine Health Attn: RECLAMACIONES PO Box 3070, Farmington, MO 63640-3823	• Servicios a Miembros 24/7	• Elegibilidad	• Autorizaciones	• Gestión de casos
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• Servicios a Miembros 24/7	• Elegibilidad								
• Autorizaciones	• Gestión de casos								

Questions? Call Member Services at 1-866-796-0530 or TTY at 1-800-955-8770



## Section 2: Your Privacy

Your privacy is important to us. You have rights when it comes to protecting your health information, such as your name, Plan identification number, race, ethnicity and other things that identify you. We will not share any health information about you that is not allowed by law.

If you have any questions, call Member Services. Our Sunshine Health Privacy Practices describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this carefully.

For help to translate or understand this, please call 1-866-796-0530.  
Hearing impaired TTY 1-800-955-8770.

Si necesita ayuda para traducir o entender este texto, por favor llame al telefono.  
1-866-796-0530. (TTY 1-800-955-8770).

Interpreter services are provided free of charge to you.

### **Covered Sunshine Health Duties:**

At Sunshine Health, your privacy is important to us. We will do all we can to protect your health records. By law, we must protect these health records.

Our Privacy Practices policy 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 use those rights and who can see your health records. This does not apply to health records that do not identify you. If one of the below reasons does not apply, we must get your written consent.

Sunshine Health can change our Privacy Practices. Any changes in our Privacy Practices will apply to all the health records we keep. If we make changes, we will send you a new notice.

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

### **How We Use or Share Your Health Records:**

Below is a list of how we may use or share your health records without your consent:

- **Treatment.** We may use or share your health records with doctors or other health care providers providing medical care to you and to help manage your care. For example, if you are in the hospital, we may give the hospital your records sent to us by your doctor.
- **Payment.** We may use and disclose your Personal Health Information (PHI) to make benefit payments for the health care services provided to you. We may release your PHI to another health plan, to a health care provider, or other entity subject to the federal Privacy Rules for their payment purposes.

- **Health Care Operations.** We may use and share your health records to: perform our health care operations; help resolve any appeals or grievances filed by you or a health care provider with Sunshine Health or the State of Florida; or help assist others who help us provide your health services. We will not share your records with these groups unless they agree to protect your records.
- **Appointment Reminders/Treatment Alternatives.** We may use and release your health records to remind you of dates and times for treatment and medical care with us. We may also use or release it to give you information about treatment options. We may also use or release it for other health-related benefits and services. For instance, information on how to stop smoking or lose weight.
- **As Required by Law.** We may use or share your health records without your consent if any law office requires them. The request will be met when the request complies with the law. If there are any legal conflicts, we will comply with the law that better protects you and your health records.
- **Public Health Activities.** We may release your health records to a public health authority to prevent or control disease, injury or disability. We may release your health records to the Food and Drug Administration (FDA). We can do this to ensure the quality, safety or effectiveness of products or services under the control of the FDA.
- **Victims of Abuse and Neglect.** We may release your health records to a local, state or federal government authority. This includes social services or a protective services agency authorized by law to have these reports. We will do this if we have reason to believe there is a case of abuse, neglect or domestic violence.
- **Judicial and Administrative Proceedings.** We may release your health records in judicial and administrative proceedings, as well as in response to an order of a court, administrative tribunal, or in response to a subpoena, summons, warrant, discovery request, or similar legal request.
- **Law Enforcement.** We may release your health records to law enforcement, when required. For instance, a court order, court-ordered warrant, subpoena or summons issued by a judicial officer, or a grand jury subpoena. We may also release your health records to find or locate a suspect, fugitive or missing person.
- **Coroners, Medical Examiners and Funeral Directors.** We may release your health records to a coroner or medical examiner. This may be needed, for example, to decide a cause of death. We may also release your health records to funeral directors, as needed, to carry out their duties.
- **Organ, Eye and Tissue Donation.** We may release your health records to organ procurement organizations or entities engaged in the procurement, banking or transplantation of cadaveric organs, eyes or tissues.
- **Threats to Health and Safety.** We may use or release your health records if we believe, in good faith, that it is needed to prevent or lessen a serious or looming threat. This includes threats to the health or safety of a person or the public.

- **Specialized Government Functions.** If you are a member of U.S. Armed Forces, we may release your health records as required by military command authorities. We may also release your health records to:
  - authorized federal officials for national security
  - intelligence activities
  - the Department of State for medical suitability determinations
  - protective services of the President or other authorized persons
- **Workers' Compensation.** We may release your health records to comply with laws relating to workers' compensation or other like programs, established by law. These are programs that provide benefits for work-related injuries or illness without regard to fault.
- **Emergency Situations.** We may release your health records in an emergency situation, or if you are unable to respond or are not present. This includes to a family member, close personal friend, authorized disaster relief agency, or any other person you told us about. We will use professional judgment and experience to decide if the release is in your best interest. If it is in your best interest, we will release only your health records that are directly relevant to the person's involvement in your care.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official where such information is necessary for the institution to provide you with health care, to protect your health or safety, or the health or safety of others, or for the safety and security of the correctional institution.
- **Research.** In some cases, we may release your health records to researchers when their clinical research study has been approved. They must have safeguards in place to ensure the privacy and protection of your health records.

### **Uses and Releases of Your Health Records That Require Your Written Consent:**

We are required to get your written consent to use or release your health records, with few exceptions, for the reasons below:

- **Sale of Health Records.** We will request your written consent before we make any release of your health records for which payment may be made to us.
- **Marketing.** We will request your written consent to use or release your health records for marketing purposes with limited exceptions. For instance, we don't need your consent when we have a face-to-face event with you or when we give you promotional gifts of modest value.
- **Psychotherapy Notes.** We will request your written consent to use or share any of your psychotherapy notes that we have on file with limited exception. For instance, for certain treatment, payment or health care operation functions.



All other uses and releases of your health records not described will be made only with your written consent. You may cancel consent at any time. The request to cancel consent must be in writing. Your request to cancel consent will take effect as soon as you request it except in two cases. The first case is when we have already taken actions based on past consent. The second case is before we received your written request to stop.

### **Member Rights:**

Below are your rights with regard to your health records. If you would like to use any of the rights, please contact us using the information provided at the end of this notice.

- **Right to Revoke.** You may revoke your consent to have your PHI released at any time. It must be in writing. It must be signed by you or on your behalf. It must be sent to the address at the end of this notice. You may submit your letter either by mail or in person. It will be effective when we actually received it. The revoked consent will not be effective if we or others have already acted on the signed form.
- **Request Restrictions.** You have the right to ask for limits on the use and release of your PHI for treatment, payment or health care operations as well as releases to persons involved in your care or payment of your care. This includes family members or close friends. Your request should be detailed and exact. It should also say to whom the limit applies. We are not required to agree to this request. If we agree, we will comply with your limit request. We will not comply if the information is needed to provide you with emergency treatment. However, we will limit the use or release of health records for payment or health care operations to a health plan when you have paid for the service or item out-of-pocket in full.
- **Right to Request Confidential Communications.** You have the right to ask that we communicate with you about your health records in other ways or locations. This right only applies if the information could harm you if it is not communicated in other ways or place. You do not have to explain the reason for your request. You must state how you could be harmed if the change is not made. We must work with your request if it is reasonable and states the other way or place where your health records should be sent.
- **Right to Access and Receive a Copy of your Health Records.** You have the right, with certain limits, to look at or get copies of your health records contained in a record set. You may ask that we give copies in a format other than photocopies. If it is possible, we will use the format of your choice. You must ask in writing to get access to your health records. If we deny your request, we will provide you a written reason. We will tell you if the reasons for the denial can be reviewed. We will also let you know how to ask for a review, or if the denial cannot be reviewed.
- **Right to Change your Health Records.** You have the right to ask us to make changes to correct 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 request. We will contact you in

writing no later than 60 days after we get your request. If we need more 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 the 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 have a right to dispute the denied change request in writing.

- **Right to Receive an Accounting of Disclosures.** You have the right to receive a list of instances within the last six (6) years in which we or our business associates released your PHI. This does not apply to the release for purposes of treatment, payment, health care operations, or disclosures you authorized and certain other events. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. We will provide you with more details on our fees at the time of your request.
- **Right to File a Complaint.** If you feel your privacy rights have been violated, or that we have violated our own privacy practices, you can file a complaint with us in writing or by phone. Use the contact information at the end of this notice. You will not be retaliated against for filing a complaint.

You can also file a complaint with the Secretary of the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Ave. SW, Washington, D.C. 20201, or calling 1-800-368-1019, (TTY 1-866-788-4989), or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

**WE WILL NOT TAKE ANY ACTION AGAINST YOU FOR FILING A COMPLAINT.**

- **Right to Receive a Copy of our Privacy Practice.** You may ask for a copy at any time. Use the contact information listed below. If you get our Privacy Practice on our website or by email, you can request a paper copy of the notice.

**Contact Information:**

If you have any questions about our Privacy Practices related to your health records, or how to use your rights, you can contact us in writing. You can also contact us by phone. Use the contact information listed below.

**Sunshine Health  
Attn: Privacy Official  
P.O. Box 459089  
Fort Lauderdale, FL 33345-9089  
TEL: 1-866-796-0530  
TTY: 1-800-955-8770**



## Section 3: Getting Help from Member Services

Our Member Services department can answer all of your questions. We can help you choose or change your Primary Care Provider (PCP for short), find out if a service is covered, get referrals, find a provider, replace a lost ID card, report the birth of a baby and explain any changes that might affect you or your family's benefits.

### Contacting Member Services

You may call us at 1-866-796-0530, or TTY at 1-800-955-8770, Monday through Friday, 8 a.m. to 8 p.m., but not on state approved holidays (like Christmas Day and Thanksgiving Day). When you call, make sure you have your identification card (ID card) with you so we can help you. (If you lose your ID card, or if it is stolen, call Member Services.)

### Contacting Member Services after Hours

If you call when we are closed, please leave a message. We will call you back the next business day. If you have an urgent question, you may call our 24-hour Nurse Advice Line at 1-866-796-0530. Our nurses are available to help you 24 hours a day, seven days a week.



## Section 4: Do You Need Help Communicating?

**If you do not speak English**, we can help. We have people who help us talk with you in your language. We provide this help at no charge to you.

**For people with disabilities:** If you use a wheelchair, or are blind, or have trouble hearing or understanding, call us if you need extra help. We can tell you if a provider's office is wheelchair accessible or has devices for communication. Also, we have services like:

- Telecommunications Relay Service. This helps people who have trouble hearing or talking to make phone calls. Call 711 and give them our Member Services phone number. It is 1-866-796-0530. They will connect you to us.
- Information and materials in large print, audio (sound) and braille.
- Help in making or getting to appointments.
- Names and addresses of providers who specialize in your disability.

All of these services are provided free to you.



## Section 5: When Your Information Changes

If any of your personal information changes, let us know as soon as possible. You can do so by calling Member Services. We need to be able to reach you about your health care needs.

The Department of Children and Families (DCF) needs to know when your name, address, county or telephone number changes as well. Call DCF toll free at 1-866-762-2237 (TTY 1-800-955-8771) Monday through Friday from 8 a.m. to 5:30 p.m. You can also go online and make the changes in your Automated Community Connection to Economic Self Sufficiency (ACCESS) account at <https://dcf-access.dcf.state.fl.us/access/index.do>. You may also contact the Social Security Administration (SSA) to report changes. Call SSA toll free at 1-800-772-1213 (TTY 1-800-325-0778), Monday through Friday from 7 a.m. to 7 p.m. You may also contact your local Social Security office or go online and make changes in your Social Security account at <https://secure.ssa.gov/RIL/SiView.do>.



## Section 6: Your Medicaid Eligibility

In order for you to go to your health care appointments and for Sunshine Health to pay for your services, you have to be covered by Medicaid and enrolled in our plan. This is called having **Medicaid eligibility**. DCF decides if someone qualifies for Medicaid.

Sometimes things in your life might change, and these changes can affect whether or not you can still have Medicaid. It is very important to make sure that you have Medicaid before you go to any appointments. Just because you have a Plan ID card does not mean that you still have Medicaid. Do not worry! If you think your Medicaid has changed or if you have any questions about your Medicaid, call Member Services and we can help you check on it.

### If You Lose Your Medicaid Eligibility

If you lose your Medicaid eligibility and get it back within 180 days, you will be enrolled back into our plan.

### If You Have Medicare

If you have Medicare, continue to use your Medicare ID card when you need medical services (like going to the doctor or the hospital), but also give the provider your Medicaid Plan ID card too.

### If You Are Having a Baby

If you have a baby, he or she will be covered by us on the date of birth. Call Member Services to let us know that your baby has arrived and we will help make sure your baby is covered and has Medicaid right away.

It is helpful if you let us know that you are pregnant **before** your baby is born to make sure that your baby has Medicaid. Call DCF toll free at 1-866-762-2237 while you are pregnant. If you need help talking with DCF, call us. DCF will make sure your baby has Medicaid from the day he or she is born. They will give you a Medicaid number for your baby. Let us know the baby's Medicaid number when you get it.

Please let us know you are pregnant right away so that we can help you get all needed prenatal care to protect your health and your baby's. You can do this by calling Member Services. A representative can help you fill out a Notice of Pregnancy Form. You can also find this form in Section 20 of this Handbook.







## Section 7: Enrollment in Our Plan

When you first join our plan, you have 120 days to try our plan. If you do not like it for any reason, you can enroll in another SMMC plan in this region. Once those 120 days are over, you are enrolled in our plan for the rest of the year. This is called being **locked-in** to a plan. Every year you have Medicaid and are in the SMMC program, you will have an open enrollment period.

### Open Enrollment

Open enrollment is a period that starts 60 days before the end of your year in our plan. The State's Enrollment Broker will send you a letter letting you know that you can change plans if you want. This is called your **Open Enrollment** period. You do not have to change plans. If you leave our plan and enroll in a new one, you will start with your new plan at the end of your year in our plan. Once you are enrolled in the new plan, you will have another 60 days to decide if you want to stay in that plan or change to a new one before you are locked-in for the year. You can call the Enrollment Broker at 1-877-711-3662 (TTY 1-866-467-4970).

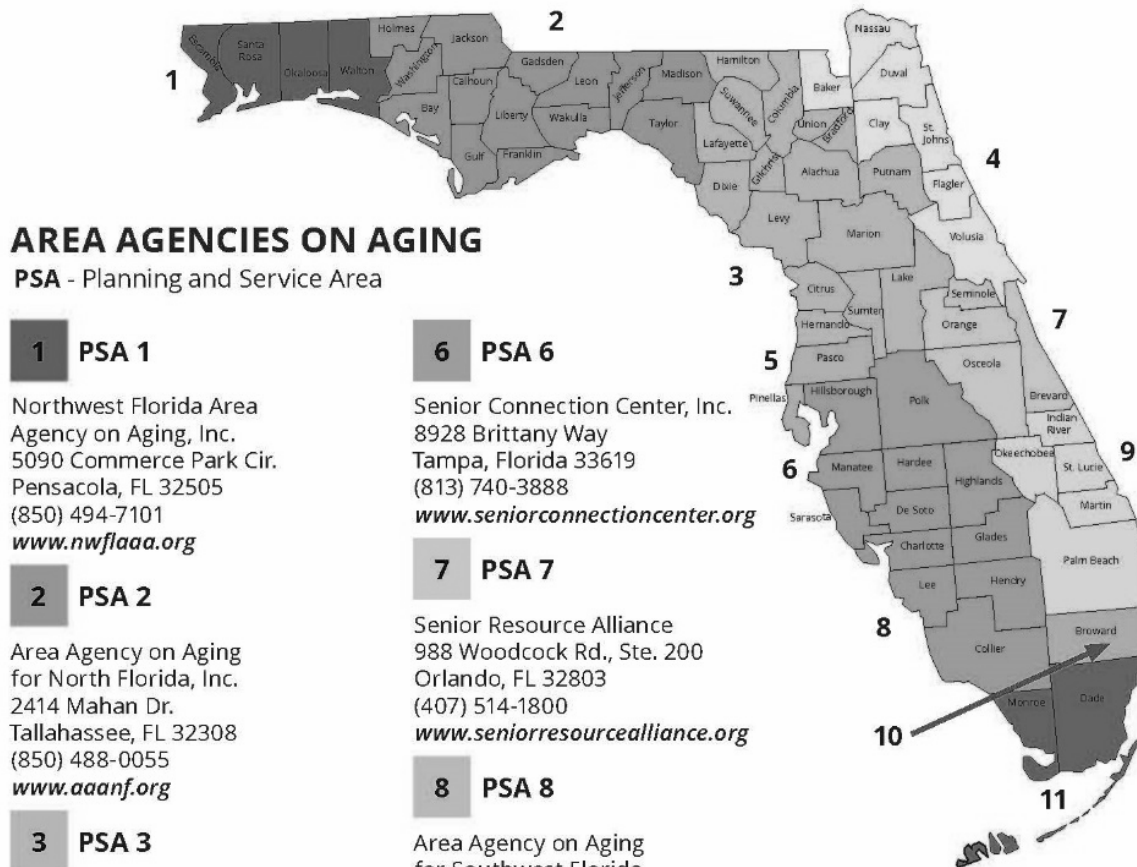
### Enrollment in the SMMC Long-Term Care Program

The SMMC Long-Term Care (LTC) program provides nursing facility services and home and community-based care to elders and adults (ages 18 years and older) with disabilities. Home and community-based services help people stay in their homes, with services like help with bathing, dressing and eating; help with chores; help with shopping; or supervision.

We pay for services that are provided at the nursing facility. If you live in a Medicaid nursing facility full time, you are probably already in the LTC program. If you don't know, or don't think you are enrolled in the LTC program, call Member Services. We can help you.

The LTC program also provides help for people living in their home. But space is limited for these in-home services, so before you can receive these services, you have to speak with someone who will ask you questions about your health. This is called a screening. The Department of Elder Affairs' Aging and Disability Resource Centers (ADRCs) complete these screenings. Once the screening is complete, your name will go on a wait list. When you get to the top of the waiting list, the Department of Elder Affairs Comprehensive Assessment and Review for Long-Term Care Services (CARES) program will ask you to provide more information about yourself to make sure you meet other medical criteria to receive services from the LTC program. Once you are enrolled in the LTC program, we will make sure you continue to meet requirements for the program each year.

You can find the phone number for your local ADRC using the following map. They can also help answer any other questions that you have about the LTC program.



## AREA AGENCIES ON AGING

PSA - Planning and Service Area

### 1 PSA 1

Northwest Florida Area Agency on Aging, Inc.  
5090 Commerce Park Cir.  
Pensacola, FL 32505  
(850) 494-7101  
[www.nwflaaa.org](http://www.nwflaaa.org)

### 2 PSA 2

Area Agency on Aging for North Florida, Inc.  
2414 Mahan Dr.  
Tallahassee, FL 32308  
(850) 488-0055  
[www.aaanf.org](http://www.aaanf.org)

### 3 PSA 3

Elder Options  
100 SW 75th St., #301  
Gainesville, FL 32607  
(352) 378-6649  
[www.agingresources.org](http://www.agingresources.org)

### 4 PSA 4

ElderSource, The Area Agency on Aging of Northeast Florida  
10688 Old St. Augustine Rd.  
Jacksonville, FL 32257  
(904) 391-6600  
[www.myeldersource.org](http://www.myeldersource.org)

### 5 PSA 5

Area Agency on Aging of Pasco-Pinellas, Inc.  
9549 Koger Blvd.  
Gadsden Bldg., Ste. 100  
St. Petersburg, FL 33702  
(727) 570-9696  
[www.agingcarefl.org](http://www.agingcarefl.org)

### 6 PSA 6

Senior Connection Center, Inc.  
8928 Brittany Way  
Tampa, Florida 33619  
(813) 740-3888  
[www.seniorconnectioncenter.org](http://www.seniorconnectioncenter.org)

### 7 PSA 7

Senior Resource Alliance  
988 Woodcock Rd., Ste. 200  
Orlando, FL 32803  
(407) 514-1800  
[www.seniorresourcealliance.org](http://www.seniorresourcealliance.org)

### 8 PSA 8

Area Agency on Aging for Southwest Florida  
15201 N Cleveland Ave.  
Ste. 1100  
North Fort Myers, FL 33903  
(239) 652-6900  
[www.aaaswfl.org](http://www.aaaswfl.org)

### 9 PSA 9

Area Agency on Aging of Palm Beach/Treasure Coast  
4400 N Congress Ave.  
West Palm Beach, FL 33407  
(561) 684-5885  
[www.youragingresourcecenter.org](http://www.youragingresourcecenter.org)

### 10 PSA 10

Aging and Disability Resource Center of Broward County, Inc.  
5300 Hiatus Rd.  
Sunrise, FL 33351  
(954) 745-9567  
[www.adrcbroward.org](http://www.adrcbroward.org)

### 11 PSA 11

Alliance for Aging, Inc.  
760 NW 107th Ave.  
Ste. 214, 2nd Floor  
Miami, FL 33172  
(305) 670-6500  
[www.allianceforaging.org](http://www.allianceforaging.org)

County coloring represents area served by the corresponding Area Agency on Aging.

Questions? Call Member Services at 1-866-796-0530 or TTY at 1-800-955-8770



## Section 8: Leaving Our Plan (Disenrollment)

Leaving a plan is called **disenrolling**. If you want to leave our plan while you are locked-in, you have to call the State's Enrollment Broker. By law, people cannot leave or change plans while they are locked-in except for very special reasons. The Enrollment Broker will talk with you about why you want to leave the plan. The Enrollment Broker will also let you know if the reason you stated allows you to change plans.

You can leave our plan at any time for the following reasons (also known as **Good Cause Disenrollment** reasons<sup>1</sup>):

- You are getting care at this time from a provider that is not part of our plan but is a part of another plan
- We do not cover a service for moral or religious reasons
- You are an American Indian or Alaskan Native
- You live in and get your Long-Term Care services from an assisted living facility, adult family care home, or nursing facility provider that was in our network but is no longer in our network

You can also leave our plan for the following reasons, if you have completed our grievance and appeal process<sup>2</sup>:

- You receive poor quality of care, and the Agency agrees with you after they have looked at your medical records
- You cannot get the services you need through our plan, but you can get the services you need through another plan
- Your services were delayed without a good reason

If you have any questions about whether you can change plans, call Member Services or the State's Enrollment Broker at 1-877-711-3662 (TTY 1-866-467-4970).

### Removal from Our Plan (Involuntary Disenrollment)

The Agency can remove you from our plan (and sometimes the SMMC program entirely) for certain reasons. This is called **involuntary disenrollment**. These reasons include:

- You lose your Medicaid
- You move outside of where we operate, or outside the State of Florida
- You knowingly use your Plan ID card incorrectly or let someone else use your Plan ID card

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<sup>1</sup> For the full list of Good Cause Disenrollment reasons, please see Florida Administrative Rule 59G-8.600: <https://www.flrules.org/gateway/RuleNo.asp?title=MANAGED%20CARE&ID=59G-8.600>

<sup>2</sup> To learn how to ask for an appeal, please turn to Section 15, Member Satisfaction, on Page 73.

- You fake or forge prescriptions
- You or your caregivers behave in a way that makes it hard for us to provide you with care
- You are in the LTC program and live in an assisted living facility or adult family care home that is not home-like and you will not move into a facility that is home-like<sup>3</sup>

If the Agency removes you from our plan because you broke the law or for your behavior, you cannot come back to the SMMC program.



## Section 9: Managing Your Care

If you have a medical condition or illness that requires extra support and coordination, we may assign a case manager to work with you. Your case manager will help you get the services you need. The case manager will work with your other providers to manage your health care. If we provide you with a case manager and you do not want one, call Member Services to let us know.

If you are in the LTC program, we will assign you a case manager. You must have a case manager if you are in the LTC program. Your case manager is your go-to person and is responsible for **coordinating your care**. This means that they are the person who will help you figure out what LTC services you need and how to get them.

If you have a problem with your care, or something in your life changes, let your case manager know and they will help you decide if your services need to change to better support you.

### Changing Case Managers

If you want to choose a different case manager, call Member Services. There may be times when we will have to change your case manager. If we need to do this, we will send a letter to let you know.

### Important Things to Tell Your Case Manager

If something changes in your life or you don't like a service or provider, let your case manager know. You should tell your case manager if:

- You don't like a service
- You have concerns about a service provider
- Your services aren't right
- You get new health insurance
- You go to the hospital or emergency room
- Your caregiver can't help you anymore

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<sup>3</sup> This is for Long-Term Care program members only. If you have questions about your facility's compliance with this federal requirement, please call Member Services or your case manager.

- Your living situation changes
- Your name, telephone number, address or county changes

### **Request to Put Your Services on Hold**

If something changes in your life and you need to stop your service(s) for a while, let your case manager know. Your case manager will ask you to fill out and sign a form to put your service(s) on hold.



## **Section 10: Accessing Services**

Before you get a service or go to a health care appointment, we have to make sure that you need the service and that it is medically right for you. This is called **prior authorization**. To do this, we look at your medical history and information from your doctor or other health care providers. Then we will decide if that service can help you. We use rules from the Agency to make these decisions.

### **Providers in Our Plan**

For the most part, you must use doctors, hospitals and other health care providers that are in our **provider network**. Our provider network is the group of doctors, therapists, hospitals, facilities and other health care providers that we work with. You can choose from any provider in our provider network. This is called your **freedom of choice**. If you use a health care provider that is not in our network, you may have to pay for that appointment or service.

You will find a list of providers that are in our network in our provider directory. If you want a copy of the provider directory, call 1-866-796-0530 to get a copy or visit our website at [SunshineHealth.com](http://SunshineHealth.com).

If you are in the LTC program, your case manager is the person who will help you choose a service provider for each of your services. Once you choose a service provider, they will contact them to begin your services. This is how services are **approved** in the LTC program. Your case manager will work with you, your family, your caregivers, your doctors and other providers to make sure that your LTC services work with your medical care and other parts of your life.

### **Providers Not in Our Plan**

There are some services that you can get from providers who are not in our provider network. These services are:

- Family planning services and supplies
- Women's preventative health services, such as breast exams, screenings for cervical cancer and prenatal care
- Treatment of sexually transmitted diseases
- Emergency care

If we cannot find a provider in our provider network for these services, we will help you find another provider that is not in our network. Remember to check with us first



before you use a provider that is not in our provider network. If you have questions, call Member Services.

## Dental Services

Your dental plan will cover most of your dental services, but some dental services may be covered by Sunshine Health. The table below will help you to decide which plan pays for a service.

Type of Dental Service(s)	Dental Plan Covers	Medical Plan Covers
Dental Services	Covered when you see your dentist or dental hygienist	Covered when you see your doctor or nurse
Scheduled dental services in a hospital or surgery center	Covered for dental services by your dentist	Covered for doctors, nurses, hospitals and surgery centers
Hospital visit for a dental problem	Not covered	Covered
Prescription drugs for a dental visit or problem	Not covered	Covered
Transportation to your dental service or appointment	Not covered	Covered

Contact Member Services at 1-866-796-0530 (TTY: 1-800-955-8770).

## What Do I Have To Pay For?

You may have to pay for appointments or services that are not covered. A covered service is a service that we have to provide in the Medicaid program. All of the services listed in this handbook are covered services. Remember, just because a service is covered does not mean that you will need it. You may have to pay for services if we did not approve it first.

If you get a bill from a provider, call Member Services. Do not pay the bill until you have spoken to us. We will help you.

## Services for Children<sup>4</sup>

We must provide all medically necessary services for our members who are ages 0 – 20 years old. This is the law. This is true even if we do 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
- No time limits, like hourly or daily limits

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<sup>4</sup> Also known as "Early and Periodic Screening, Diagnosis and Treatment" or "EPSDT" requirements.

Your provider may need to ask us for approval before giving your child the service. Call Member Services if you want to know how to ask for these services.

### **Services Covered by the Medicaid Fee-for-Service Delivery System, Not Covered Through Sunshine Health**

The Medicaid fee-for-service program is responsible for covering the following services, instead of Sunshine Health covering these services:

- Behavior Analysis (BA)
- County Health Department (CHD) Certified Match Program
- Developmental Disabilities Individual Budgeting (iBudget) Home and Community-Based Services Waiver
- Familial Dysautonomia (FD) Home and Community-Based Services Waiver
- Hemophilia Factor-related Drugs
- Intermediate Care Facility Services for Individuals with Intellectual Disabilities (ICF/IID)
- Medicaid Certified School Match (MCSM) Program
- Model Home and Community-Based Services Waiver
- Newborn Hearing Services
- Prescribed Pediatric Extended Care
- Substance Abuse County Match Program

This Agency webpage provides details about each of the services listed above and how to access these services:

[http://ahca.myflorida.com/Medicaid/Policy\\_and\\_Quality/Policy/Covered\\_Services\\_HC\\_BS\\_Waivers.shtml](http://ahca.myflorida.com/Medicaid/Policy_and_Quality/Policy/Covered_Services_HC_BS_Waivers.shtml).

### **Moral or Religious Objections**

If we do not cover a service because of a religious or moral reason, we will tell you that the service is not covered. In these cases, you must call the State's Enrollment Broker at 1-877-711-3662 (TTY 1-866-467-4970). The Enrollment Broker will help you find a provider for these services.



## **Section 11: Helpful Information About Your Benefits**

### **Choosing a Primary Care Provider (PCP)**

If you have Medicare, please contact the number on your Medicare ID card for information about your PCP. You do not have to change your Medicare PCP to get medical services. You can keep your same Medicare PCP. If you do not have a Medicare PCP, we can help you find one.

If you have Medicaid or MediKids but you do not have Medicare, one of the first things you will need to do when you enroll in our plan is choose a PCP. This can be a

doctor, nurse practitioner, or a physician assistant. You will see your PCP for regular check-ups, shots (immunizations), or when you are sick. Your PCP will also help you get care from other providers or specialists. This is called a **referral**. You can choose your PCP by calling Member Services.

You can choose a different PCP for each family member or you can choose one PCP for the entire family. If you do not choose a PCP, we will assign a PCP for you and your family.

You can change your PCP at any time. To change your PCP, call Member Services.

### **Choosing a PCP for Your Child**

You can pick a PCP for your baby before your baby is born. We can help you with this by calling Member Services. If you do not pick a PCP by the time your baby is born, we will pick one for you. If you want to change your baby's PCP, call us.

It is important that you select a PCP for your child to make sure they get their well child visits each year. Well child visits are for children 0 – 20 years old. These visits are regular check-ups that help you and your child's PCP know what is going on with your child and how they are growing. Your child may also receive shots (immunizations) at these visits. These visits can help find problems and keep your child healthy.<sup>5</sup>

You can take your child to a pediatrician, family practice provider or other health care provider.

You do not need a referral for well child visits. There is no charge for well child visits.

### **Specialist Care and Referrals**

Sometimes, you may need to see a provider other than your PCP for medical problems like special conditions, injuries or illnesses. Talk to your PCP first. Your PCP will refer you to a **specialist**. A specialist is a provider who works in one health care area.

If you have a case manager, make sure you tell your case manager about your **referrals**. The case manager will work with the specialist to get you care.

### **Second Opinions**

You have the right to get a **second opinion** about your care. This means talking with a different provider to see what they have to say about your care. The second provider will give you their point of view. This may help you decide if certain services or treatments are best for you. There is no cost to you to get a second opinion.

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<sup>5</sup> For more information about the screenings and assessments that are recommended for children, please refer to the "Recommendations for Preventative Pediatric Health Care – Periodicity Schedule" at [www.aap.org](http://www.aap.org).

Your PCP, case manager or Member Services can help find a provider to give you a second opinion. You can pick any of our providers. If you are unable to find a provider with us, we will help you find a provider that is not in our provider network. If you need to see a provider that is not in our provider network for the second opinion, we must approve it before you see them.

## **Urgent Care**

Urgent Care is not Emergency Care. Urgent Care is needed when you have an injury or illness that must be treated within 48 hours. Your health or life is not usually in danger, but you cannot wait to see your PCP or it is after your PCP's office has closed.

If you need Urgent Care after office hours and you cannot reach your PCP, call our 24-hour Nurse Advice Line at 1-866-796-0530. 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.

You may also find the closest Urgent Care center to you by calling Member Services at 1-866-796-0530 or visiting our website at [SunshineHealth.com](https://www.sunshinehealth.com) and clicking "Find a Provider."

## **Hospital Care**

If you need to go to the hospital for an appointment, surgery or overnight stay, your PCP will set it up. We must approve services in the hospital before you go, except for emergencies. We will not pay for hospital services unless we approve them ahead of time or it is an emergency.

If you have a case manager, they will work with you and your provider to put services in place when you go home from the hospital.

## **Emergency Care**

You have a medical **emergency** when you are so sick or hurt that your life or health is in danger if you do not get medical help right away. Some examples are:

- Broken bones
- Bleeding that will not stop
- You are pregnant, in labor and/or bleeding
- Trouble breathing
- Suddenly unable to see, move or talk

Emergency services are those services that you get when you are very ill or injured. These services try to keep you alive or to keep you from getting worse. They are usually delivered in an emergency room.

**If your condition is severe, call 911 or go to the closest emergency facility right away. You can go to any hospital or emergency facility.** If you are not sure if it is an emergency, call your PCP. Your PCP will tell you what to do.

The hospital or facility does not need to be part of our provider network or in our service area. You also do not need to get approval ahead of time to get emergency care or for the services that you receive in an emergency room to treat your condition.

If you have an emergency when you are away from home, get the medical care you need. Be sure to call Member Services when you are able and let us know.

### **Provider Standards for PCP and Specialist Appointment Scheduling**

<b>PCP Appointment Type</b>	<b>Access Standard</b>
Urgent Care	Within 48 hours for service that does not require prior authorization and within 96 hours for services that do require prior authorization
Regular and Routine Well Exam	Within 30 days
After Hours Care	PCPs must offer after hours appointments
<b>Specialist Appointment Type</b>	<b>Access Standard</b>
New Patient Appointment	Within 60 days of request with appropriate referral
Routine Prenatal Exams	Within four weeks until week 32, every two weeks until week 36 and every week thereafter until delivery
Oncology: New Patient Appointment	Within 30 days of request
Follow Up After Physical Health Admission	Within seven days of discharge from the hospital
<b>Behavioral Health Appointment Type</b>	<b>Access Standard</b>
Non-life Threatening Emergency	Within six hours
Urgent Access	Within 48 hours
Initial Visit for Routine Care	Within 10 business days
Follow Up for Routine Care	Within 30 calendar days
Follow Up After Behavioral Health Hospital Admission	Within seven calendar days
After Hours	Your BH provider must have a call receiving service that is answered by a live person.



## Filling Prescriptions

We cover a full range of prescription medications. We have a list of drugs that we cover. This list is called our **Formulary**. You can find this list on our website at <https://www.sunshinehealth.com/members/medicaid/benefits-services/pharmacy.html> or by calling Member Services.

We cover **brand name** and **generic** drugs. Generic drugs have the same ingredients as brand name drugs, but they are often cheaper than brand name drugs. They work the same. Sometimes, we may need to approve using a brand name drug before your prescription is filled.

We have pharmacies in our provider network. You can fill your prescription at any pharmacy that is in our provider network. Make sure to bring your Plan ID card with you to the pharmacy.

The list of covered drugs may change from time to time, but we will let you know if anything changes.

## Specialty Pharmacy Information

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 child's 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 treat complex conditions. They require extra support to make sure they are used correctly. You will be offered the option to select a different specialty pharmacy by mail, after your initial specialty medication is filled. If you want a different specialty pharmacy, complete the Specialty Pharmacy Change Request Form provided, and we will review and let you know if it is approved.

If you have questions about any of the pharmacy services or need help with this form, call Member Services at 1-866-796-0530.



## Behavioral Health Services

There are times when you may need to speak to a therapist or counselor, for example, if you are having any of the following feelings or problems:

- Always feeling sad
- Not wanting to do the things that you used to enjoy
- Feeling worthless
- Having trouble sleeping
- Not feeling like eating
- Alcohol or drug abuse
- Trouble in your marriage
- Parenting concerns

We cover many different types of behavioral health services that can help with issues you may be facing. You can call a behavioral health provider for an appointment. You can get help finding a behavioral health provider by:

- Calling 1-866-796-0530
- Looking at our provider directory
- Going to our website at [SunshineHealth.com](http://SunshineHealth.com)

Someone is there to help you 24 hours a day, seven days a week.

You do not need a referral from your PCP for behavioral health services.

**If you are thinking about hurting yourself or someone else, call 911.** You can also go to the nearest emergency room or crisis stabilization center, even if it is out of our service area. Once you are in a safe place, call your PCP if you can. Follow up with your provider within 24-48 hours. If you get emergency care outside of the service area, we will make plans to transfer you to a hospital or provider that is in our plan's network once you are stable.

## Member Reward Programs

We offer programs to help keep you healthy and to help you live a healthier life (like losing weight or quitting smoking). We call these **healthy behavior programs**. You can earn rewards while participating in these programs. Our plan offers the following programs:

Reward	Reward Value	Limitations
Well Child Visits in First 15 Months	\$50	<ul style="list-style-type: none"><li>• Ages birth to 15 months.</li><li>• All six visits must be completed.</li><li>• Visit must be with a PCP.</li></ul>
Preventive Well Child PCP Visits	\$10	<ul style="list-style-type: none"><li>• Ages 2 to 20.</li><li>• Only one reward for this service per calendar year.</li></ul>
Preventive Adult Primary Care Visit	\$10	<ul style="list-style-type: none"><li>• Age 21 and older.</li><li>• Visit must be with PCP.</li><li>• Only one reward for this service per calendar year.</li></ul>
Cervical Cancer Screening	\$10	<ul style="list-style-type: none"><li>• Females ages 21 to 64.</li><li>• Only one reward for this service per calendar year.</li></ul>
Breast Cancer Screening	\$10	<ul style="list-style-type: none"><li>• Females ages 50 to 74.</li><li>• Only one reward for this service per calendar year.</li></ul>
Diabetic Screenings <ul style="list-style-type: none"><li>• HbA1c test</li><li>• Nephropathy test</li><li>• Dilated eye exam</li></ul>	\$40	<ul style="list-style-type: none"><li>• Members with diabetes.</li><li>• All three services must be completed within same calendar year.</li><li>• Only one reward for this service per calendar year.</li></ul>

Reward	Reward Value	Limitations
Notification of Pregnancy Form	\$20 in first trimester, or \$10 in second trimester.	<ul style="list-style-type: none"> <li>No age restriction.</li> </ul> <p>Fill out our pregnancy form so we can personalize the ways we help you. Three easy ways to fill out our form:</p> <ul style="list-style-type: none"> <li>Mail in printed form.</li> <li>Call us.</li> <li>Go online. Log in to your Secure Member Portal.</li> </ul>
Postpartum Visits	\$10	<ul style="list-style-type: none"> <li>No age restriction.</li> <li>Member does not have to be enrolled in Start Smart for Your Baby.</li> <li>Postpartum visit must occur between 21 and 56 days after the delivery date.</li> </ul>
Post Behavioral Health Admission Follow-up Visit	\$10	<ul style="list-style-type: none"> <li>No age restriction.</li> <li>Member must have been admitted to a behavioral health inpatient acute care facility.</li> <li>Visit post discharge must be with a behavioral health provider.</li> <li>The post discharge visit must occur within seven calendar days after the date of the discharge.</li> </ul>

Reward	Reward Value	Limitations
Substance Abuse Health Coaching and/or Treatment	Up to \$30	<ul style="list-style-type: none"> <li>• Ages 12 and older.</li> <li>• Reward for up to three coaching sessions with a case manager. The third session must occur within three months of the date of the first session.</li> <li>• Reward for a visit with a substance abuse provider for any of the three types of outpatient visits below: <ul style="list-style-type: none"> <li>○ Medication assisted treatment.</li> <li>○ Intensive outpatient treatment.</li> <li>○ Outpatient substance use provider visit.</li> </ul> </li> <li>• Reward is \$5 after each completed session.</li> </ul>
Tobacco Cessation Health Coaching	Up to \$20	<ul style="list-style-type: none"> <li>• Ages 16 and older.</li> <li>• Member must sign and return the Sunshine Program Consent form.</li> <li>• Member must state that they are willing to stop using tobacco within 30 days.</li> <li>• Complete up to four health coaching sessions for tobacco cessation.</li> <li>• The fourth session must be completed within six months of the date of the first coaching session.</li> <li>• Reward is \$5 after each completed session.</li> </ul>

Reward	Reward Value	Limitations
Weight Loss Health Coaching	Up to \$20	<ul style="list-style-type: none"> <li>• Ages 13 and older.</li> <li>• Member must sign and return the Program Consent form.</li> <li>• Member must state that they are willing to take steps to lose weight within 30 days.</li> <li>• Must complete four health coaching sessions for weight loss.</li> <li>• The fourth session must be completed within six months of the date of the first coaching session.</li> <li>• Reward is \$5 after each completed session.</li> </ul>
Program Consent Form Received for Agreement to Participate in Tobacco Cessation Health Coaching or Weight Loss Health Coaching Programs	\$5	<ul style="list-style-type: none"> <li>• Consent form must be signed and received at Health Plan.</li> <li>• Up to two program consents per calendar year: one for Tobacco Cessation and one for Weight Loss.</li> </ul>
<p>New Member Health Risk Screening</p> <p>Sunshine Health wants to know how we can better serve you. One way we do this is by asking you to fill out a Health Risk Screening. This form gives us information to determine your needs. You can locate the form inside our secure member portal:  <a href="http://www.sunshinehealth.com/login">www.sunshinehealth.com/login</a>.</p>	\$10	<ul style="list-style-type: none"> <li>• A newly enrolled member in Sunshine Health.</li> <li>• Completion of a Health Risk Screening within 60 days of enrollment.</li> <li>• Only one reward.</li> </ul>

**How it works:** Earning rewards is easy! When you make certain healthy choices, reward dollars will automatically be put on your 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.



Please remember that rewards cannot be transferred. If you leave our plan for more than 180 days, you may not receive your reward. If you have questions or want to join any of these programs, please call us at 1-866-796-0530, or visit [SunshineHealth.com](http://SunshineHealth.com).

## Disease Management Programs

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.

If you have one of the conditions below, call Member Services for information:

- Asthma
- Cancer
- Chronic Obstructive Pulmonary Disease (COPD)
- Depression
- Diabetes
- Heart Failure
- HIV/AIDS
- Hypertension
- Substance Abuse Disorder

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 your doctor
- When to go to the Emergency Room



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, and ask to speak with a case manager.

If you are in the LTC program, we also offer programs for Dementia and Alzheimer's issues.

Sunshine Health's Alzheimer's & Dementia program focuses on LTC members diagnosed with these conditions. We will work with you to create a person-centered care plan that includes goals and interventions to address your needs.

This program is based on personal care planning and a cohesive team approach. It provides education and resources to promote member choice and improve your understanding of services and supports available to you.

## **Advance Directives**

Advance Directives are written instructions about the health care 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 with 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:

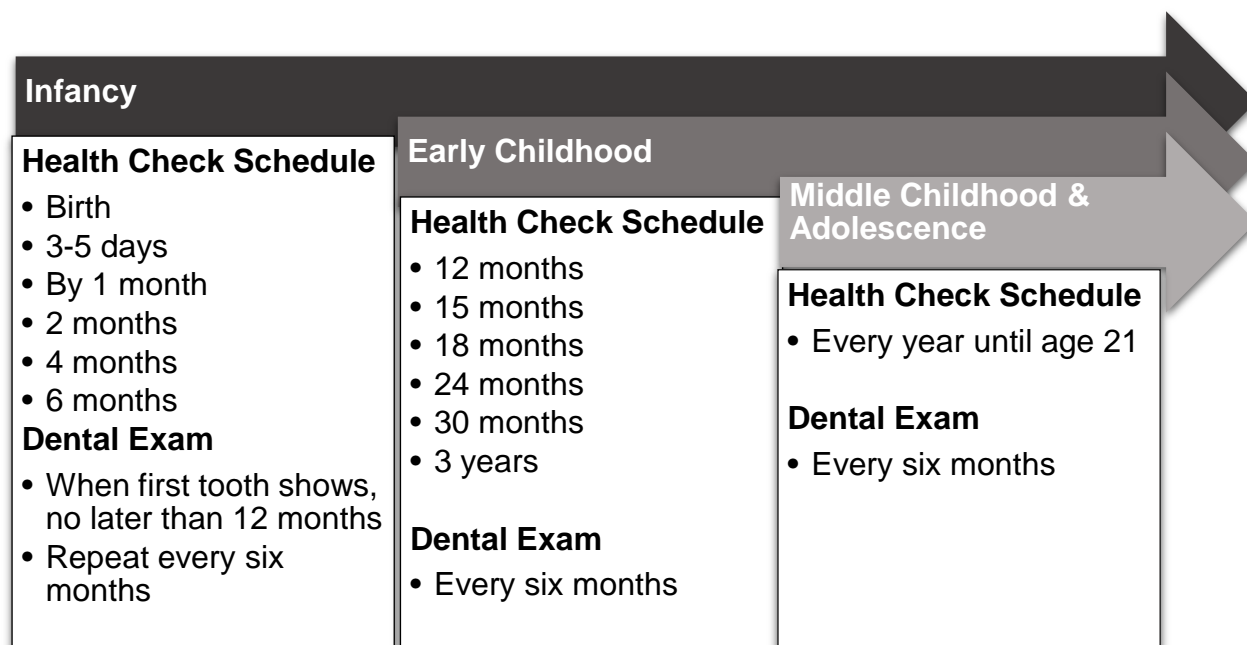
- Living Will
- Health Care Power of Attorney
- "Do Not Resuscitate" Orders

## **Quality Enhancement Programs**

We want you to get quality health care. We offer additional programs that help make the care you receive better. The programs are described on the following pages.

## Well Child Visits

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 preventive 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. To schedule a Well Child Visit, call your doctor. If you have problems getting a visit, please call Member Services at 1-866-796-0530.

## Domestic Violence

If you are facing abuse or suffered abuse in the past, please talk to your doctor or your case manager to find a local program in your community to get help in a safe and private setting.

## Pregnancy Prevention

Sunshine Health's pregnancy prevention program brings together existing community programs to talk to members. Doctors team up with these programs to give more facts around pregnancy, sexual transmitted diseases and contraceptive methods. Some of the organizations Sunshine Health partners with are Duval County Health Department, Catholic Charities, Planned Parenthood, Healthy Start, Oasis Pregnancy Center, Hope for Miami, Project U-Turn and Plan Be Trinity Church Teen Pregnancy Prevention Program. If you want help with pregnancy prevention, your doctor or your case manager can help you find a local program in your community.

## **Pregnancy Related Programs**

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 at [SunshineHealth.com/members/medicaid/benefits-services/pregnancy-and-newborn-services.html](http://SunshineHealth.com/members/medicaid/benefits-services/pregnancy-and-newborn-services.html). 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 staff who are ready to work 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.

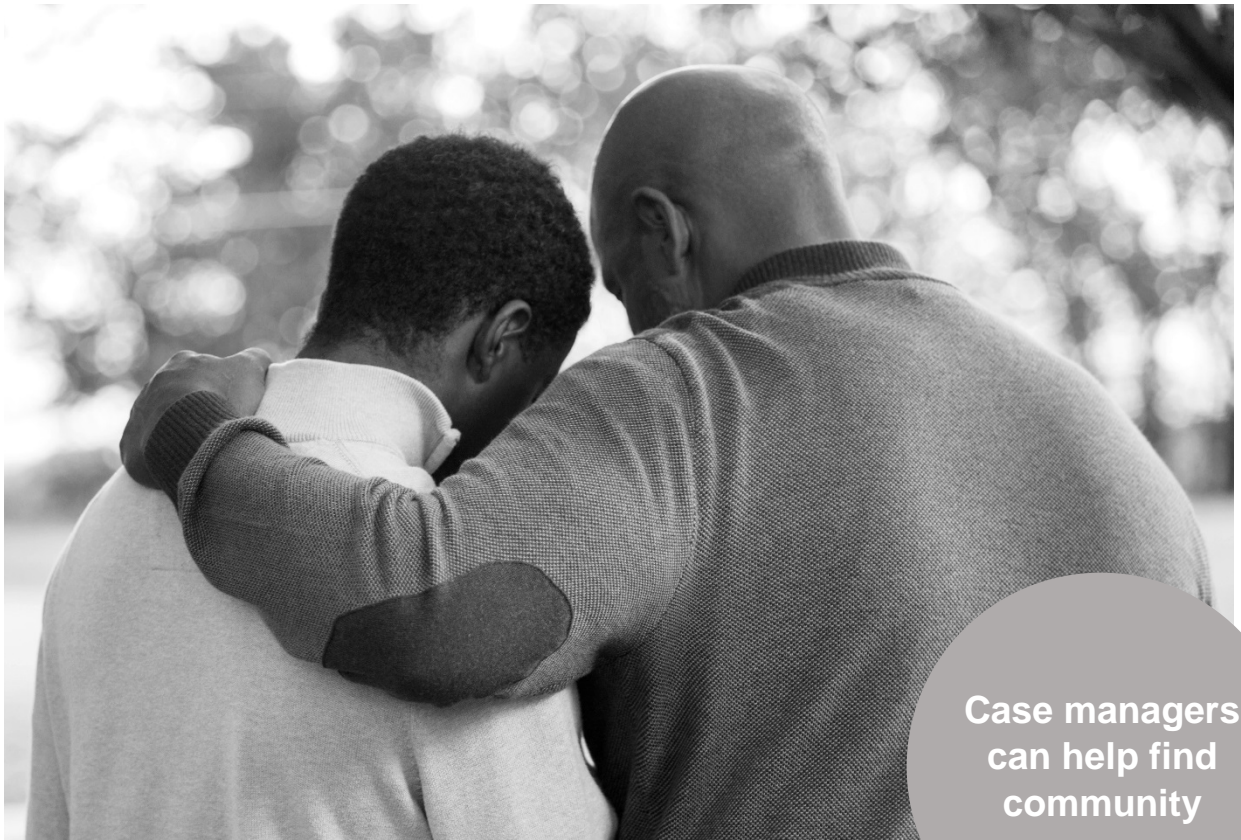
We have many ways to help you have a healthy pregnancy. Before we can help, we need to know you are pregnant. Please call Member Services at 1-866-796-0530 as soon as you learn you are pregnant. We will help you set up the special care that you and your baby need. Sunshine Health does not restrict services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

## **Healthy Start Partnerships**

Sunshine Health has teamed up with Healthy Start Coalitions to help pregnant members set up services. Our Healthy Start partners can speak with you in your community and help with prenatal care. This program educates and supports pregnant members who are at risk to have difficult births. We will explain the role of prenatal visits to the health of your baby, help with making your appointments and link you with agencies, like Healthy Start and WIC, while making more community referrals. Our maternity case managers will work with you at the start of your pregnancy until after you give birth. If you need help with your pregnancy, please let your doctor or case manager know to begin this program.

## **Nutritional Assessment and Counseling**

Sunshine Health wants to help you and your family eat healthy. We can help find local food pantries, markets and food programs near you. If you need help with food, tell your doctor. With your doctor, you will be able to make a plan for a better diet and get help with referrals to local WIC offices, if needed. You will get a copy of the referrals, diet and nutrition plans you make with the Healthy Start nutritionist. Then, a case manager will follow up with you to assist with any issues you have and help you find more local resources to help you get the services needed to follow your plan, even if the services are outside of what Medicaid covers.



Case managers  
can help find  
community  
resources.

## **Behavioral Health**

Sunshine Health case managers can help find local mental health services and community resources to lower your risk of going to the hospital or getting involved with the justice system due to your mental health. By telling your case manager your need for this help, your case manager can explain future risk of you and/or your child's role with the justice system by asking you questions about risky behaviors. Your case manager will also help find shelters, food and other needs that may be adding to your risky behaviors. If needed, the case manager will make referrals and help schedule appointments with local providers to help decrease risky behaviors and get the help needed.

You also have a right to tell us about changes you think we should make.

To get more information about our quality enhancement program or to give us your ideas, call Member Services at 1-866-796-0530.





## **Section 12: Your Plan Benefits: Managed Medical Assistance Services**

The table on the next page lists the medical services that are covered by our Plan. Remember, you may need a referral from your PCP or approval from us before you go to an appointment or use a service. Services must be medically necessary in order for us to pay for them<sup>6</sup>.

There may be some services that we do not cover, but might still be covered by Medicaid. To find out about these benefits, call the Agency Medicaid Help Line at 1-877-254-1055. If you need a ride to any of these services, we can help you. You can call 1-877-659-8420 to schedule a ride.

If there are changes in covered services or other changes that will affect you, we will notify you in writing at least 30 days before the effective date of the change.

If you have questions about any of the covered medical services, please call Member Services.

**NOTE:** Services highlighted are behavioral health in lieu of services. This means they are optional services you can choose over more traditional services based on your individual needs.

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<sup>6</sup> You can find the definition for Medical Necessity at [http://ahca.myflorida.com/medicaid/review/General/59G\\_1010\\_Definitions.pdf](http://ahca.myflorida.com/medicaid/review/General/59G_1010_Definitions.pdf)



**Except for emergency care, Sunshine Health must prior authorize any services provided by an out-of-network provider and any elective inpatient admissions.**

Service	Description	Coverage/ Limitations	Prior Authorization
Allergy Services	Services to treat conditions such as sneezing or rashes that are not caused by an illness.	We cover blood or skin allergy testing and up to 156 doses per calendar year of allergy shots.	No
Ambulance Transportation Services	Ambulance services are for when you need emergency care while being transported to the hospital or special support when being transported between facilities.	Covered as medically necessary.	No
Ambulatory Detoxification Services	Substance abuse treatment of detoxification services provided in an outpatient setting.	For members under age 21: Up to three hours per day and no limit per calendar year.  For members over age 21: Up to three hours per day for up to 30 days per calendar year.	Yes
Ambulatory Surgical Center Services	Surgery and other procedures that are performed in a facility that is not the hospital (outpatient).	Covered as medically necessary.	Yes

Service	Description	Coverage/ Limitations	Prior Authorization
Anesthesia Services	Services to keep you from feeling pain during surgery or other medical procedures.	Covered as medically necessary.	Yes, for dental procedures not done in an office.
Assistive Care Services	Services provided to adults (ages 18 and older) that help with activities of daily living and taking medication.	We cover 365/366 days of services per calendar year.	Yes
Behavioral Health Assessment Services	Services used to detect or diagnose mental illnesses and behavioral health disorders.	We cover: <ul style="list-style-type: none"> <li>- One initial assessment per calendar year.</li> <li>- One reassessment per calendar year.</li> <li>- Up to 150 minutes of brief behavioral health status assessments (no more than 30 minutes in a single day).</li> </ul>	Yes
Behavioral Health Overlay Services	Behavioral health services provided in a group home setting for children ages 0 – 21 who have experienced trauma and are in the child welfare system.	We cover 365/366 days of services per calendar year.	Yes

Service	Description	Coverage/ Limitations	Prior Authorization
Cardiovascular Services	Services that treat the heart and circulatory (blood vessels) system.	We cover the following as prescribed by your doctor: <ul style="list-style-type: none"> <li>- Cardiac testing.</li> <li>- Cardiac surgical procedures.</li> <li>- Cardiac devices.</li> </ul>	Yes, for some services.
Child Health Services Targeted Case Management	Services provided to children (ages 0 - 3) to help them get health care and other services.	Child must be enrolled in the DOH Early Steps program.	No
Chiropractic Services	Diagnosis and manipulative treatment of misalignments of the joints, especially the spinal column, which may cause other disorders by affecting the nerves, muscles and organs.	We cover: <ul style="list-style-type: none"> <li>- 24 established patient visits per calendar year, per member.</li> <li>- X-rays.</li> </ul>	No
Clinic Services	Health care services provided in a county health department, federally qualified health center, or a rural health clinic.	Services must be provided in a county health department, federally qualified health center, or a rural health clinic.	No

Service	Description	Coverage/ Limitations	Prior Authorization
Community-Based Wrap-Around Services	Individualized care planning and care management service to support children with complex needs who are at risk of placement in a mental health treatment facility.	Ages 0 to 21.  One per day with no limits per calendar year.	Yes
Crisis Stabilization Unit Services	Emergency mental health services that are performed in a facility that is not a regular hospital.	All ages.  One per day and no limit per calendar year.	No prior authorization required for the first day.  After the first day, prior authorization required.
Detoxification or Addictions Receiving Facility Services	Emergency substance abuse services that are performed in a facility that is not a regular hospital.	All ages.  Up to a total of 15 days per month.	No prior authorization required for the first day.  After the first day, prior authorization required.
Dialysis Services	Medical care, tests and other treatments for the kidneys. This service also includes dialysis supplies and other supplies that help treat the kidneys.	We cover the following as prescribed by your treating doctor: - Hemodialysis treatments. - Peritoneal dialysis treatments.	No
Drop-In Center Services	A social club offering peer support and a flexible schedule of activities.	18 years of age and older.  Maximum of 20 days per calendar year.	Yes

Service	Description	Coverage/ Limitations	Prior Authorization
Durable Medical Equipment and Medical Supplies Services	Medical equipment is used to manage and treat a condition, illness, or injury. Durable medical equipment is used over and over again, and includes things like wheelchairs, braces, crutches and other items. Medical supplies are items meant for one-time use and then thrown away.	Some service and age limits apply. Call 1-866-796-0530 (TTY: 1-800-955-8770) for more information.	Prior authorization may be required for some equipment or services.
Early Intervention Services	Services to children ages 0 - 3 who have developmental delays and other conditions.	We cover: <ul style="list-style-type: none"> <li>- One initial evaluation per lifetime, completed by a team.</li> <li>- Up to three screenings per calendar year.</li> <li>- Up to three follow-up evaluations per calendar year.</li> <li>- Up to two training or support sessions per week.</li> </ul>	No
Emergency Transportation Services	Transportation provided by ambulances or air ambulances (helicopter or airplane) to get you to a hospital because of an emergency.	Covered as medically necessary.	No

Service	Description	Coverage/ Limitations	Prior Authorization
Evaluation and Management Services	Services for doctor's visits to stay healthy and prevent or treat illness.	We cover: <ul style="list-style-type: none"> <li>- One adult health screening (check-up) per calendar year.</li> <li>- Well Child Visits are provided based on age and developmental needs.</li> <li>- One visit per month for people living in nursing facilities.</li> <li>- Up to two office visits per month for adults to treat illnesses or conditions.</li> </ul>	No
Family Therapy Services	Services for families to have therapy sessions with a mental health professional.	We cover: <ul style="list-style-type: none"> <li>- Up to 26 hours per calendar year.</li> </ul>	Yes, after 12 sessions.
Family Training and Counseling for Child Development	Educational services for family members of children with severe emotional problems focused on child development and other family support.	Ages 0 to 21.  Up to a total of 9 hours per month.	Yes
Gastrointestinal Services	Services to treat conditions, illnesses, or diseases of the stomach or digestion system.	Covered as medically necessary.	Yes, for some services.



Service	Description	Coverage/ Limitations	Prior Authorization
Genitourinary Services	Services to treat conditions, illnesses, or diseases of the genitals or urinary system.	Covered as medically necessary.	Yes, for some services.
Group Therapy Services	Services for a group of people to have therapy sessions with a mental health professional.	We cover: <ul style="list-style-type: none"> <li>- Up to 39 hours per calendar year for adults ages 21 and over.</li> <li>- For children up to age 21 there are no limits if medically necessary.</li> </ul>	Yes
Hearing Services	Hearing tests, treatments and supplies that help diagnose or treat problems with your hearing. This includes hearing aids and repairs.	We cover hearing tests and the following as prescribed by your doctor: <ul style="list-style-type: none"> <li>- Cochlear implants.</li> <li>- One new hearing aid per ear, once every three years.</li> <li>- Repairs.</li> </ul>	Yes, for some services.
Home Health Services	Nursing services and medical assistance provided in your home to help you manage or recover from a medical condition, illness or injury.	We cover: <ul style="list-style-type: none"> <li>- Up to four visits per day for pregnant members and members ages 0-20.</li> <li>- Up to three visits per day for all other members.</li> </ul>	Yes

Service	Description	Coverage/ Limitations	Prior Authorization
Hospice Services	Medical care, treatment and emotional support services for people with terminal illnesses or who are at the end of their lives to help keep them comfortable and pain free. Support services are also available for family members or caregivers.	Covered as medically necessary.	Yes
Individual Therapy Services	Services for people to have one-on-one therapy sessions with a mental health professional.	We cover: <ul style="list-style-type: none"> <li>- Up to 26 hours per calendar year for adults ages 21 and over.</li> <li>- For children up to 21 there are no limits if medically necessary.</li> </ul>	Yes, after 12 sessions.
Infant Mental Health Pre- and Post- Testing Services	Testing services by a mental health professional with special training in infants and young children.	Ages 0-5 years only.  40 units per calendar year (1 unit = 15 minutes).	Yes
Inpatient Hospital Services	Medical care that you get while you are in the hospital. This can include any tests, medicines, therapies and treatments, visits from doctors and equipment that is used to treat you.	We cover the following inpatient hospital services based on age and situation: <ul style="list-style-type: none"> <li>- Up to 365/366 days for members ages 0-20.</li> <li>- Up to 45 days for all other members (extra days are covered for emergencies).</li> </ul>	Yes

Service	Description	Coverage/ Limitations	Prior Authorization
Integumentary Services	Services to diagnose or treat skin conditions, illnesses or diseases.	Covered as medically necessary.	Yes, for some services.
Laboratory Services	Services that test blood, urine, saliva or other items from the body for conditions, illnesses or diseases.	Covered as medically necessary.	Yes, for some services.
Medical Foster Care Services	Services that help children with health problems who live in foster care homes.	Must be in the custody of the Department of Children and Families.	No
Medication Assisted Treatment Services	Services used to help people who are struggling with drug addiction.	Covered as medically necessary.	No
Medication Management Services	Services to help people understand and make the best choices for taking medication.	Covered as medically necessary.	No
Mental Health Targeted Case Management	Services to help get medical and behavioral health care for people with mental illnesses.	Covered as medically necessary.	Yes
Mobile Crisis Assessment and Intervention Services	Emergency mental health services provided in the home, community or school by a team of health care professionals.	<p>All ages.</p> <p>96 units per calendar year.</p> <p>- Maximum of 8 units per day (1 unit = 15 minutes).</p>	No

Service	Description	Coverage/ Limitations	Prior Authorization
Neurology Services	Services to diagnose or treat conditions, illnesses or diseases of the brain, spinal cord or nervous system.	Covered as medically necessary.	Yes, for some services.
Non-Emergency Transportation Services	Transportation to and from all of your medical appointments. This could be on the bus, a van that can transport people with disabilities, a taxi, or other kinds of vehicles.	We cover the following services for members who have no transportation: <ul style="list-style-type: none"> <li>- Out-of-state travel.</li> <li>- Transfers between hospitals or facilities.</li> <li>- Escorts when medically necessary.</li> </ul>	Yes, for any trip over 100 miles.
Nursing Facility Services	Medical care or nursing care that you get while living full-time in a nursing facility. This can be a short-term rehabilitation stay or long-term.	<ul style="list-style-type: none"> <li>- We cover 365/366 days of services in nursing facilities as medically necessary.</li> <li>- See information on Patient Responsibility for room &amp; board.</li> </ul>	Yes

Service	Description	Coverage/ Limitations	Prior Authorization
Occupational Therapy Services	Occupational therapy includes treatments that help you do things in your daily life, like writing, feeding yourself and using items around the house.	<p>We cover for children ages 0-20 and for adults under the \$1,500 outpatient services cap:</p> <ul style="list-style-type: none"> <li>- One initial evaluation per calendar year.</li> <li>- Up to 210 minutes of treatment per week.</li> <li>- One initial wheelchair evaluation per five years.</li> </ul> <p>We cover for people of all ages:</p> <ul style="list-style-type: none"> <li>- Follow-up wheelchair evaluations, one at delivery and one six months later.</li> </ul>	Yes, for some services.
Oral Surgery Services	Services that provide teeth extractions (removals) and to treat other conditions, illnesses or diseases of the mouth and oral cavity.	Covered as medically necessary.	Yes, for some services.
Orthopedic Services	Services to diagnose or treat conditions, illnesses or diseases of the bones or joints.	Covered as medically necessary.	Yes, for some services.

Service	Description	Coverage/ Limitations	Prior Authorization
Outpatient Hospital Services	Medical care that you get while you are in the hospital but are not staying overnight. This can include any tests, medicines, therapies and treatments, visits from doctors and equipment that is used to treat you.	<ul style="list-style-type: none"> <li>- Emergency services are covered as medically necessary.</li> <li>- Non-emergency services cannot cost more than \$1,500 per year for recipients ages 21 and over.</li> </ul>	Yes, for some services.
Pain Management Services	Treatments for long-lasting pain that does not get better after other services have been provided.	Covered as medically necessary. Some service limits may apply.	Yes
Partial Hospitalization Services	Structured mental health treatment services provided in a hospital four-six hours each day for five days per week.	<p>All ages.</p> <p>One per day and no limit per calendar year.</p>	Yes



Service	Description	Coverage/ Limitations	Prior Authorization
Physical Therapy Services	Physical therapy includes exercises, stretching and other treatments to help your body get stronger and feel better after an injury, illness or because of a medical condition.	<p>We cover for children ages 0-20 and for adults under the \$1,500 outpatient services cap:</p> <ul style="list-style-type: none"> <li>- One initial evaluation per year</li> <li>- Up to 210 minutes of treatment per week</li> <li>- One initial wheelchair evaluation per 5 years</li> </ul> <p>We cover for people of all ages:</p> <ul style="list-style-type: none"> <li>- Follow-up wheelchair evaluations, one at delivery and one 6-months later</li> </ul>	Yes, for some services.
Podiatry Services	Medical care and other treatments for the feet.	<p>We cover:</p> <ul style="list-style-type: none"> <li>- Up to 24 office visits per calendar year.</li> <li>- Foot and nail care.</li> <li>- X-rays and other imaging for the foot, ankle and lower leg.</li> <li>- Surgery on the foot, ankle or lower leg.</li> </ul>	Yes, for some services.
Prescribed Drug Services	This service is for drugs that are prescribed to you by a doctor or other health care provider.	<p>We cover:</p> <ul style="list-style-type: none"> <li>- Up to a 34-day supply of drugs, per prescription.</li> <li>- Refills, as prescribed.</li> </ul>	Yes, for some drugs.

Service	Description	Coverage/ Limitations	Prior Authorization
Private Duty Nursing Services	Nursing services provided in the home to members ages 0 to 20 who need constant care.	Up to 24 hours per day.	Yes
Psychological Testing Services	Tests used to detect or diagnose problems with memory, IQ or other areas.	10 hours of psychological testing per calendar year.	Yes
Psychosocial Rehabilitation Services	Services to assist people re-enter everyday life. They include help with basic activities such as cooking, managing money and performing household chores.	Up to 480 hours per calendar year.	Yes
Radiology and Nuclear Medicine Services	Services that include imaging such as x-rays, MRIs or CAT scans. They also include portable x-rays.	Covered as medically necessary.	Yes, for some services.
Regional Perinatal Intensive Care Center Services	Services provided to pregnant women and newborns in hospitals that have special care centers to handle serious conditions.	Covered as medically necessary.	Yes, for some services.

Service	Description	Coverage/ Limitations	Prior Authorization
Reproductive Services	Services for women who are pregnant or want to become pregnant. They also include family planning services that provide birth control drugs and supplies to help you plan the size of your family.	We cover family planning services. You can get these services and supplies from any Medicaid provider; they do not have to be a part of our Plan. You do not need prior approval for these services. These services are free. These services are voluntary and confidential, even if you are under 18 years old.	No
Residential Outpatient Treatment	Short term residential treatment program for pregnant women with substance use disorder	Ages 21 and older  Up to 60 days/calendar year	Yes
Respiratory Services	Services that treat conditions, illnesses or diseases of the lungs or respiratory system.	We cover: <ul style="list-style-type: none"> <li>- Respiratory testing.</li> <li>- Respiratory surgical procedures.</li> <li>- Respiratory device management.</li> </ul>	Yes, for some services.

Service	Description	Coverage/ Limitations	Prior Authorization
Respiratory Therapy Services	Services for members ages 0-20 to help you breathe better while being treated for a respiratory condition, illness or disease.	We cover: <ul style="list-style-type: none"> <li>- One initial evaluation per calendar year.</li> <li>- One therapy re-evaluation per six months.</li> <li>- Up to 210 minutes of therapy treatments per week (maximum of 60 minutes per day).</li> </ul>	No
Self-Help/ Peer Services	Support services for people with mental health or substance use conditions provided by someone with similar experiences but who is in recovery.	All ages.  We cover: Up to 16 units per day (1 unit = 15 minutes)	Yes
Skilled Nursing	Medical care or skilled nursing care that you get while you are in a nursing facility.  This can be a short-term or long-term rehabilitation stay.	All ages.  Up to 60 days per calendar.	Yes
Specialized Therapeutic Services	Services provided to children ages 0-20 with mental illnesses or substance use disorders.	For children under the age of 21, we cover: <ul style="list-style-type: none"> <li>- Comprehensive Behavioral Health Assessments.</li> <li>- Specialized Therapeutic Foster Care Services.</li> <li>- Therapeutic Group Home Services.</li> </ul>	Yes

Service	Description	Coverage/ Limitations	Prior Authorization
Speech- Language Pathology Services	Services that include tests and treatments to help you talk or swallow better.	<p>We cover the following services for children ages 0-20:</p> <ul style="list-style-type: none"> <li>- Communication devices and services.</li> <li>- Up to 210 minutes of treatment per week.</li> <li>- One initial evaluation per calendar year.</li> </ul> <p>We cover the following services for adults:</p> <ul style="list-style-type: none"> <li>- One communication evaluation per five calendar years.</li> </ul>	Yes
Statewide Inpatient Psychiatric Program Services	Services for children with severe mental illnesses that need treatment in a secured facility.	Covered as medically necessary for children ages 0-20.	Yes

Service	Description	Coverage/ Limitations	Prior Authorization
Substance Abuse Short-term Residential Treatment Services/ Residential Outpatient Services	Short-term substance abuse treatment in a residential program for pregnant adults.	Pregnant women ages 21 and over with a substance use disorder.  Up to 60 days per calendar year.	Yes
Therapeutic Behavioral On-Site Services	Therapeutic services provided in the home or community to prevent children ages 0-20 with mental illnesses from being placed in a hospital or other facility.	Up to nine hours per month.	Yes
Transplant Services	Services that include all surgery and pre- and post-surgical care.	Covered as medically necessary.	Yes
Visual Aid Services	Visual aids are items such as glasses, contact lenses and prosthetic (fake) eyes.	We cover the following services when prescribed by your doctor: - Two pairs of eyeglasses for children ages 0-20. - Contact lenses. - Prosthetic eyes.	Yes, for some services.
Visual Care Services	Services that test and treat conditions, illnesses and diseases of the eyes.	Covered as medically necessary.	Yes, for some services.

American Indian members are not asked to pay copayments.



## Your Plan Benefits: Expanded Benefits

Expanded benefits are extra goods or services we provide to you, free of charge. Call Member Services to ask about getting expanded benefits.

Service	Description	Coverage/ Limitations	Prior Authorization
Acupuncture	Insertion of thin needles through skin to treat pain, stress and other conditions.	Members 21 years and older.  Up to 40 units per calendar year (1 unit = 15 minutes).	Yes
Cellular phone service	Additional minutes for Safelink phone or Connections Plus plan.	Members 18 years and older.	No
Chiropractic	Services provided by chiropractors.	Members 21 years and older.  Up to 12 additional visits per calendar year (total of 36 visits).	No
Contact lenses	Contact lens types: spherical, PMMA, toric or prism ballast, gas permeable, extended wear, hydrophilic, spherical, toric or prism ballast; and hydrophilic extended wear, other types.	Members ages 21 and older.  Six-month supply.	No
CVS discount program	20 percent discount on certain over-the-counter items.	No age limit.	No
Doula services	Pregnancy, postpartum and newborn care and assessment provided in your home by a Doula.	Ages 13 and older.  No limits.	Yes

Service	Description	Coverage/ Limitations	Prior Authorization
Durable medical equipment and supplies	Additional coverage for items not covered for members age 21 and older, such as wound supplies, hospital bed and mattresses, insulin pump and infusion pump.	Ages 21 and older.	Yes, for some equipment and supplies.
Breast pump	<ul style="list-style-type: none"> <li>Breast pump, hospital grade rental</li> <li>Breast pump rental</li> </ul>	<p>One per calendar year; ages 10 to 59.</p> <p>One every 2 calendar years; ages 10 to 59.</p>	<p>Yes</p> <p>Yes</p>
Eye exam	Routine eye exam.	<p>Ages 21 and older.</p> <p>One per year based on date of service.</p>	No
Eye glasses	Prescription eyeglasses.	<p>Ages 21 and older.</p> <p>One per year based on date of service.</p>	No
Hearing services	Hearing services include: assessment, hearing evaluation, hearing aid fitting, hearing aid monaural in ear, behind ear hearing aid, hearing aid dispensing fee, in ear binaural hearing aid, behind ear binaural hearing aid, behind ear cors hearing aid and behind ear bicros hearing aid.	<p>Ages 21 and older.</p> <p>All services limited to one every two calendar years, except for hearing aid monaural in ear, which is one per calendar year.</p>	No

Service	Description	Coverage/ Limitations	Prior Authorization
Home delivered meals post inpatient discharge	Meals delivered to your home after a hospitalization.	No age limit.  Up to 10 meals for members in case management.	Yes
Home visit by a social worker	Home visit by a clinical social worker to assess your needs and provide available options and education to address those needs.	Ages 21 and older.  48 visits per calendar year.	Yes
Massage therapy	Massage of soft body tissues to help injuries and reduce pain.	Ages 21 and older.  Up to 40 units per calendar year (1 unit=15 minutes).	Yes
Meals – non-emergency transportation day trips	Meals during non-emergency transportation services.	No age limit.  \$200 per day up to \$1,000 per calendar year for trips over 100 miles.	Yes
Newborn circumcision	Can be provided in a hospital, office or outpatient setting.	Birth to 28 days old.  One per lifetime if medically necessary.	No
Nutritional counseling	Outpatient visits with a dietitian for members.	Ages 21 and older.  Unlimited.	Yes
Occupational therapy	Treatments that help you do things in your daily life, like writing, feeding yourself and using items around the house.	Ages 21 and older.  One evaluation per calendar year.  One re-evaluation per calendar year.  Up to seven therapy visits per week.	Yes, except initial evaluation.

Service	Description	Coverage/ Limitations	Prior Authorization
Outpatient hospital service	Service provided in a hospital setting on an outpatient basis.	Ages 21 and older.  Unlimited.	Yes, for some services.
Over-the-counter benefit	Coverage for cold, cough, allergy, vitamins, supplements, ophthalmic/otic preparations, pain relievers, gastrointestinal products, first aid care, hygiene products, insect repellent, oral hygiene products and skin care.	All ages.  Up to \$25 per household, per month.	No
Physical therapy	Physical therapy in an office setting.	Ages 21 and older.  One evaluation per calendar year.  One re-evaluation per calendar year.  Up to seven treatment units per week.	Yes, except initial evaluation.
Prenatal/ perinatal visits	Prenatal/perinatal office visits.	Ages 10 to 59.  14 visits for low-risk pregnancy.  18 visits for high-risk pregnancy.	No
Primary care visits	Visits to primary care provider.	Ages 21 and older.  Unlimited.	No
Postpartum visits	Doctor visits after delivery of your baby.	Ages 10-59.  Three visits within 90 days of delivery.	No

Service	Description	Coverage/ Limitations	Prior Authorization
Respiratory therapy	Respiratory therapy in an office setting.	One initial evaluation or re-evaluation per calendar year.  One visit per calendar year in office.	No
Speech language therapy	Speech and language therapy services in the office setting.	Ages 21 and older.  One evaluation/re-evaluation per calendar year.  One AAC re-evaluation per calendar year.  One evaluation of oral pharyngeal swallowing per calendar year.  Up to seven therapy treatment units per week.  AAC fitting, adjustment and training; up to four 30-minute sessions per calendar year.	Yes, except initial evaluation.
Vaccines:  TDaP  Influenza  Shingles  Pneumonia	Vaccines to prevent disease.	Ages 21 and older.  One per pregnancy.  One per calendar year.  As medically needed.  As medically needed.	No  No  Yes, for ages 21-65.  Yes, for ages 21-65.
Waived copayments	All services, including behavioral health.	Ages 21 and older.	No

## Your Plan Benefits: Behavioral Health Enhanced Benefits

Service	Description	Coverage/ Limitations	Prior Authorization
Assessment services – limited functional mental health assessment	Standard assessment of mental health needs and progress.	Ages 21 and older.  Two additional assessments per calendar year for a total of three.	Yes
Intensive outpatient treatment	Intensive outpatient treatment for alcohol or drug services and behavioral health treatment or services.	Ages 21 and older.  Unlimited.	Yes
Therapy – Art	Art therapy delivered in an outpatient setting. Must be delivered by a behavioral health clinician with art therapy certification.	Ages 21 and older.  Unlimited.	Yes
Therapy (individual or family)	One-on-one individual mental health therapy.	Ages 21 and older.  56 additional units for a total of 160 units per calendar year (one unit = 15 minutes).	Yes
Therapy (group)	Mental health therapy in a group setting.	Ages 21 and older.  60 additional units for a total of 216 units per calendar year (one unit = 1 minute).	Yes
Targeted case management for members with a substance use disorder	A service to help those with substance use disorders get needed care and coordinate other needed services.	Ages 21 and older.  Must have a substance use disorder.  80 hours per calendar year (this is in addition to the 344 units available for adult mental health targeted case management).	Yes

The Plan will not charge a copayment. Also, there will be no cost sharing for all covered services. This includes enhanced benefits.



## Section 13: Long-Term Care Program Helpful Information

*(Read this section if you are in the LTC program. If you are not in the LTC program, skip to Section 15)*

### Starting Services

It is important that we learn about you so we can make sure you get the care that you need. Your case manager will set up a time to come to your home or nursing facility to meet you.

At this first visit, your case manager will tell you about the LTC program and our Plan. She or he will also ask you questions about your health, how you take care of yourself, how you spend your time, who helps takes care of you and other things. These questions make up your **initial assessment**. The initial assessment helps us learn about what you need to live safely in your home. It also helps us decide what services will help you the most.

### Developing a Plan of Care

Before you can begin to get services under the LTC program, you have to have a **person-centered plan of care (plan of care)**. Your case manager makes your plan of care. Your plan of care is the document that tells you all about the services you get



from our LTC program. Your case manager will talk to you and any family members or caregivers you want to include to decide what LTC services will help. They will use the initial assessment and other information to make a plan that is just for you. Your plan of care will tell you:

- What services you are getting
- Who is providing your service (your service providers)
- How often you get a service
- When a service starts and when it ends (if it has an end date)
- What your services are trying to help you do. For example, if you need help doing small chores around your house, your plan of care will tell you that an adult companion care provider comes two days a week to help with your chores.
- How your LTC services work with other services you get from outside our Plan, such as from Medicare, your church or other federal programs
- Your **personal goals**

We don't just want to make sure that you are living safely. We also want to make sure that you are happy and feel connected to your community and other people. When your case manager is making your plan of care, they will ask you about any **personal goals** you might have. These can be anything, really, but we want to make sure that your LTC services help you accomplish your goals. Some examples of personal goals include:

- Walking for 10 minutes every day
- Calling a loved one once a week
- Going to the senior center once a week
- Moving from a nursing facility to an assisted living facility

You or your **authorized representative** (someone you trust who is allowed to talk with us about your care) must sign your plan of care. This is how you show you agree with the Plan and the services we decided.

Your case manager will send your PCP a copy of your plan of care. They will also share it with your other health care providers.

### **Updating your Plan of Care**

Every month your case manager will call you to see how your services are going and how you are doing. If any changes are made, she or he will update your plan of care and get you a new copy.

Your case manager will come to see you in person to review your plan of care every 90 days (or about three months). This is a good time to talk with them about your services, what is working and isn't working for you, and how your goals are going. They will update your plan of care with any changes. Every time your plan of care changes, you or your authorized representative must sign it.

Remember, you can call your case manager any time to talk about problems you have, changes in your life, or other things. Your case manager is available to you when you need them.

### Your Back-Up Plan

Your case manager will help you make a **back-up plan**. A back-up plan tells you what to do if a service provider does not show up to give a service. For example, your home health aide did not come to give you a bath.

Remember, if you have any problems getting your services, call your case manager.



## Section 14: Your Plan Benefits: Long-Term Care Services

The table below lists the Long-Term Care services covered by our Plan. Remember, services must be medically necessary in order for us to pay for them<sup>7</sup>.

If there are changes in covered services or other changes that will affect you, we will notify you in writing at least 30 days before the effective date of the change.

If you have any questions about any of the covered Long-Term Care services, please call your case manager or Member Services.

**NOTE:** Services highlighted are behavioral health in lieu of services. This means they are optional services you can choose over more traditional services based on your individual needs.

Service	Description	Coverage/ Limitations	Prior Authorization
Adult Day Health Care	Supervision, social programs and activities provided at an adult day care center during the day. If you are there during meal times, you can eat there.	Per assessed need.	Yes
Assistive Care Services	These are 24-hour services if you live in an adult family care home or an assisted living facility.	Limited to members who reside in assisted living facilities and adult family care homes.	Yes

<sup>7</sup> You can find a copy of the Statewide Medicaid Managed Care Long-Term Care Program Coverage Policy at [http://ahca.myflorida.com/medicaid/review/Specific/59G-4.192\\_LTC\\_Program\\_Policy.pdf](http://ahca.myflorida.com/medicaid/review/Specific/59G-4.192_LTC_Program_Policy.pdf)

Service	Description	Coverage/ Limitations	Prior Authorization
Assisted Living	These are services that are usually provided in an assisted living facility (ALF). Services can include housekeeping; help with bathing, dressing and eating; medication assistance; and social programs.	Member is responsible for paying ALF room and board. The Florida Dept. of Children and Families (DCF) will evaluate the member's income to determine if additional payment is required by member. If the member resides in a room other than a standard semi-private room, the facility may charge extra. Family supplementation is allowed to pay the difference in cost between a shared and private room directly to the facility.	Yes
Attendant Nursing Care	Nursing services and medical assistance provided in your home to help you manage or recover from a medical condition, illness or injury.	Per assessed need.	Yes
Behavioral Management	Services for mental health or substance abuse needs.	Per assessed need.	Yes
Caregiver Training	Training and counseling for the people who help take care of you.	Per assessed need.	Yes

Service	Description	Coverage/ Limitations	Prior Authorization
Care Coordination/ Care Management	Services that help you get the services and support you need to live safely and independently. This includes having a case manager and making a plan of care that lists all the services you need and receive.	Available to all members.	No
Companion Care	This service helps you fix meals, do laundry and light housekeeping.	Per assessed need.	Yes
Home Accessibility/ Adaptation Services	This service makes changes to your home to help you live and move in your home safely and more easily. It can include changes like installing grab bars in your bathroom or a special toilet seat. It does not include major changes like new carpeting, roof repairs, plumbing systems, etc.	Excludes those adaptations or improvements to the home that are of general use and are not of direct medical or remedial benefit to the member.	Yes
Home Delivered Meals	This service delivers healthy meals to your home.	Per assessed need.	Yes

Service	Description	Coverage/ Limitations	Prior Authorization
Homemaker Services	This service helps you with general household activities, like meal preparation and routine home chores.	Per assessed need.	Yes
Hospice	Medical care, treatment and emotional support services for people with terminal illnesses or who are at the end of their lives to help keep them comfortable and pain free. Support services are also available for family members or caregivers.	As medically necessary.	No
Intermittent and Skilled Nursing	Extra nursing help if you do not need nursing supervision all the time or need it at a regular time.	Per assessed need.	Yes

Service	Description	Coverage/ Limitations	Prior Authorization
Medical Equipment and Supplies	<p>Medical equipment is used to help manage and treat a condition, illness, or injury. Medical equipment is used over and over again, and includes things like wheelchairs, braces, walkers and other items.</p> <p>Medical supplies are used to treat and manage conditions, illnesses or injury. Medical supplies include things that are used and then thrown away, like bandages, gloves and other items.</p>	Personal toiletries and household items such as detergent, bleach and paper towels are covered as medically necessary.	Yes
Medication Administration	Help taking medications if you can't take medication by yourself.	Per assessed need.	Yes
Medication Management	A review of all of the prescription and over-the-counter medications you are taking.	Per assessed need.	Yes
Nutritional Assessment/ Risk Reduction Services	Education and support for you and your family or caregiver about your diet and the foods you need to eat to stay healthy.	Per assessed need.	Yes

Service	Description	Coverage/ Limitations	Prior Authorization
Nursing Facility Services	Nursing facility services include medical supervision, 24-hour nursing care, help with day-to-day activities, physical therapy, occupational therapy and speech-language pathology.	Per assessed need.	Yes
Personal Care	<p>These are in-home services to help you with:</p> <ul style="list-style-type: none"> <li>• Bathing.</li> <li>• Dressing.</li> <li>• Eating.</li> <li>• Personal Hygiene.</li> </ul>	Per assessed need.	Yes
Personal Emergency Response Systems (PERS)	An electronic device that you can wear or keep near you that lets you call for emergency help anytime.	<p>Limited to members who live alone or who are alone for significant parts of the day who would otherwise require extensive supervision.</p> <p>Coverage is provided when they are essential to the health and welfare of the member.</p>	Yes
Respite Care	This service lets your caregivers take a short break. You can use this service in your home, an Assisted Living Facility or a Nursing Facility.	Per assessed need.	Yes



Service	Description	Coverage/ Limitations	Prior Authorization
Occupational Therapy	Occupational therapy includes treatments that help you do things in your daily life, like writing, feeding yourself and using items around the house.	Determined through multi-disciplinary assessment.	Yes
Physical Therapy	Physical therapy includes exercises, stretching and other treatments to help your body get stronger and feel better after an injury, illness, or because of a medical condition.	Per assessed need.	Yes
Respiratory Therapy	Respiratory therapy includes treatments that help you breathe better.	Per assessed need.	Yes
Speech Therapy	Speech therapy includes tests and treatments that help you talk or swallow.	Determined through multi-disciplinary assessment.	Yes
Transportation	Transportation to and from all of your LTC program services. This could be on the bus, a van that can transport disabled people, a taxi, or other kinds of vehicles.	Per assessed need.	Yes, if over 100 miles.

### Long-Term Care Participant Direction Option

You may be offered the Participant Direction Option (PDO). You can use PDO if you use any of these services and live in your home:

- Attendant care services
- Homemaker services

- Personal care services
- Adult companion care services
- Intermittent and skilled nursing care services

PDO lets you **self-direct** your services. This means you get to choose your service provider and how and when you get your service. You have to hire, train and supervise the people who work for you (your direct service workers).

You can hire family members, neighbors or friends. You will work with a case manager who can help you with PDO.

If you are interested in PDO, ask your case manager for more details. You can also ask for a copy of the PDO Guidelines to read and help you decide if this option is the right choice for you.



## Your Plan Benefits: LTC Expanded Benefits

Expanded benefits are extra services we provide to you at no cost. Talk to your case manager about getting expanded benefits.

Service	Description	Coverage/ Limitations	Prior Authorization
Assisted living facility or adult family care home – bed hold days	Services such as personal care, housekeeping, medication oversight and social programs to assist the member in an assisted living facility.	Ages 18 and older.  Beds can be held for 14 days, if the member has resided in facility for a minimum of 30 days between episodes.	No
Non-emergency transportation – non-medical purposes	Transportation for non-medical trips, such as shopping or social events.	Ages 18 and older.  One round trip per month.	No
Transition Assistance – Nursing facility to community setting	Financial assistance to members residing in a nursing home who can transfer to independent living situations.	Ages 18 and older.  Up to \$5,000 per lifetime to assist member in moving out of a nursing facility.	Yes
Individual therapy sessions for caregivers	Therapeutic counseling for primary caregivers who reside with LTC members in a private home.	Ages 18 and older.  Unlimited.	Yes



## Section 15: Member Satisfaction

### Complaints, Grievances and Plan Appeals

We want you to be happy with us and the care you receive from our providers. Let us know right away if at any time you are not happy with anything about us or our providers. This includes if you do not agree with a decision we have made.

	What You Can Do:	What We Will Do:
If you are not happy with us or our providers, you can file a <b>Complaint</b>	Call us at any time.  1-866-796-0530	Try to solve your issue within one business day.
If you are not happy with us or our providers, you can file a <b>Grievance</b>	Write us or call us at any time. 1-866-796-0530 (phone) or TTY at 1-800-955-8770 Call us to ask for more time to solve your grievance if you think more time will help.  You can contact us at: Sunshine Health P.O. Box 459087 Fort Lauderdale, FL 33345-9087  Fax: 1-866-534-5972  Sunshine_Appeals@centene.com	<ul style="list-style-type: none"><li>• Review your grievance and send you a letter with our decision within 90 days unless clinically urgent and a response will be received within 72 hours.</li><li>• If we need more time to solve your grievance, we will:<ul style="list-style-type: none"><li>○ Send you a letter with our reason and tell you about your rights if you disagree.</li></ul></li></ul>

	What You Can Do:	What We Will Do:
If you do not agree with a decision we made about your services, you can ask for an <b>Appeal</b>	<ul style="list-style-type: none"> <li>• Write us, or call us and follow up in writing, within 60 days of our decision about your services. 1-866-796-0530 (phone) or TTY at 1-800-955-8770</li> <li>• Ask for your services to continue within 10 days of receiving our letter, if needed. Some rules may apply.</li> </ul> <p>You can contact us at:  Sunshine Health  P.O. Box 459087  Fort Lauderdale, FL 33345-9087  1-866-796-0530  Fax: 1-866-534-5972  Sunshine_Appeals@centene.com</p>	<ul style="list-style-type: none"> <li>• Send you a letter within five business days to tell you we received your appeal.</li> <li>• Help you complete any forms.</li> <li>• Review your appeal and send you a letter within 30 days to answer you.</li> </ul>
If you think waiting for 30 days will put your health in danger, you can ask for an <b>Expedited or “Fast” Appeal</b>	<ul style="list-style-type: none"> <li>• Write us or call us within 60 days of our decision about your services.</li> </ul> <p>You can contact us at:  Sunshine Health  P.O. Box 459087  Fort Lauderdale, FL 33345-9087  1-866-796-0530</p>	<ul style="list-style-type: none"> <li>• Give you an answer within 48 hours after we receive your request.</li> <li>• Call you the same day if we do not agree that you need a fast appeal and send you a letter within two days.</li> </ul>
If you do not agree with our appeal decision, you can ask for a <b>Medicaid Fair Hearing</b>	<ul style="list-style-type: none"> <li>• Write to the Agency for Health Care Administration Office of Fair Hearings.</li> <li>• Ask us for a copy of your medical record.</li> <li>• Ask for your services to continue within 10 days of receiving our letter, if needed. Some rules may apply.</li> </ul> <p><i>**You must finish the appeal process before you can have a Medicaid Fair Hearing.</i></p>	<ul style="list-style-type: none"> <li>• Provide you with transportation to the Medicaid Fair Hearing, if needed.</li> <li>• Restart your services if the state agrees with you.</li> </ul> <p>If you continued your services, we may ask you to pay for the services if the final decision is not in your favor.</p>

## **Fast Plan Appeal**

If we deny your request for a fast appeal, we will transfer your appeal into the regular appeal time frame of 30 days. If you disagree with our decision not to give you a fast appeal, you can call us to file a grievance.

## **Medicaid Fair Hearings (for Medicaid Members)**

You may ask for a fair hearing at any time up to 120 days after you get a Notice of Plan Appeal Resolution by calling or writing to:

Agency for Health Care Administration  
Medicaid Fair Hearing Unit  
P.O. Box 60127  
Ft. Meyers, FL 33906  
1-877-254-1055 (toll-free)  
1-239-338-2642 (fax)  
[MedicaidFairHearingUnit@ahca.myflorida.com](mailto:MedicaidFairHearingUnit@ahca.myflorida.com)

If you request a fair hearing in writing, please include the following information:

- Your name
- Your member number
- Your Medicaid ID number
- A phone number where you or your representative can be reached

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

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

After getting your fair hearing request, the Agency will tell you in writing that they got your fair hearing request. A hearing officer who works for the State will review the decision we made.

If you are a Title XXI MediKids member, you are not allowed to have a Medicaid Fair Hearing.

## **Review by the State (for MediKids Members)**

When you ask for a review, a hearing officer who works for the State reviews the decision made during the Plan appeal. You may ask for a review by the State any time up to 30 days after you get the notice. **You must finish your appeal process first.**

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

Agency for Health Care Administration  
P.O. Box 60127  
Ft. Myers, FL 33906  
1-877 254-1055 (toll-free)  
1-239-338-2642 (fax)  
[MedicaidHearingUnit@ahca.myflorida.com](mailto:MedicaidHearingUnit@ahca.myflorida.com)

After getting your request, the Agency will tell you in writing that they got your request.

### **Continuation of Benefits for Medicaid Members**

If you are now getting a service that is going to be reduced, suspended or terminated, you have the right to keep getting those services until a final decision is made for your **Plan appeal or Medicaid fair hearing**. If your services are continued, there will be no change in your services until a final decision is made.

If your services are continued and our decision is not in your favor, 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.

To have your services continue during your appeal or fair hearing, you must file your appeal and ask to continue services within this timeframe, whichever is later:

- 10 days after you receive a Notice of Adverse Benefits Determination (NABD), or
- On or before the first day that your services will be reduced, suspended or terminated



## **Section 16: Your Member Rights**

As a recipient of Medicaid and a member in a Plan, you also have certain rights. You have the right to:

- Be treated with courtesy and respect
- Have your dignity and privacy considered and respected at all times
- Receive a quick and useful response to your questions and requests
- Know who is providing medical services and who is responsible for your care
- Know what member services are available, including whether an interpreter is available if you do not speak English
- Know what rules and laws apply to your conduct
- Be given easy to follow information about your diagnosis, the treatment you need, choices of treatments and alternatives, risks and how these treatments will help you



- Make choices about your health care and say no any treatment, except as otherwise provided by law
- Be given full information about other ways to help pay for your health care
- Know if the provider or facility accepts the Medicare assignment rate
- To be told prior to getting a service how much it may cost you
- Get a copy of a bill and have the charges explained to you
- Get medical treatment or special help for people with disabilities, regardless of race, national origin, religion, handicap, or source of payment
- Receive treatment for any health emergency that will get worse if you do not get treatment
- Know if medical treatment is for experimental research and to say yes or no to participating in such research
- Make a complaint when your rights are not respected
- Ask for another doctor when you do not agree with your doctor (second medical opinion)
- Get a copy of your medical record and ask to have information added or corrected in your record, if needed
- Have your medical records kept private and shared only when required by law or with your approval
- Decide how you want medical decisions made if you can't make them yourself (advanced directive)
- To file a grievance about any matter other than a Plan's decision about your services
- To appeal a Plan's decision about your services
- Receive services from a provider that is not part of our Plan (out-of-network) if we cannot find a provider for you that is part of our Plan
- Speak freely about your health care and concerns without any bad results
- Freely exercise your rights without the Plan or its network providers treating you badly
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation
- Request and receive a copy of your medical records and ask that they be amended or corrected

### **LTC Members have the right to:**

- Receive services in a home-like environment regardless of where you live
- Receive information about being involved in your community, setting personal goals and how you can participate in that process
- Be told where, when and how to get the services you need
- To be able to take part in decisions about your health care
- To talk openly about the treatment options for your conditions, regardless of cost or benefit

- To choose the programs you participate in and the providers that give you care

## **Section 17: Your Member Responsibilities**

As a recipient of Medicaid and a member in a Plan, you also have certain responsibilities. You have the responsibility to:

- Give accurate information about your health to your Plan and providers
- Tell your provider about unexpected changes in your health condition
- Talk to your provider to make sure you understand a course of action and what is expected of you
- Listen to your provider, follow instructions and ask questions
- Keep your appointments or notify your provider if you will not be able to keep an appointment
- Be responsible for your actions if treatment is refused or if you do not follow the health care provider's instructions
- Make sure payment is made for non-covered services you receive
- Follow health care facility conduct rules and regulations
- Treat health care staff with respect
- Tell us if you have problems with any health care staff
- Use the emergency room only for real emergencies
- Notify your case manager if you have a change in information (address, phone number, etc.)
- Have a plan for emergencies and access this plan if necessary for your safety
- Report fraud, abuse and overpayment

### **LTC Members have the responsibility to:**

- Tell your case manager if you want to disenroll from the Long-Term Care program
- Agree to and participate in the annual face-to-face assessment, quarterly face-to-face visits and monthly telephone contact with your case manager



## **Section 18: Other Important Information**

### **Patient Responsibility for Long-Term Care (LTC) or Hospice Services**

If you receive LTC or hospice services, you may have to pay a “share in cost” for your services each month. This share in cost is called “patient responsibility.” The Department of Children and Families (DCF) will mail you a letter when you become eligible (or to tell you about changes) for Medicaid LTC or hospice services. This letter is called a “Notice of Case Action” or “NOCA.” The NOCA letter will tell you your

dates of eligibility and how much you must pay the facility where you live, if you live in a facility, towards your share in the cost of your LTC or hospice services.

To learn more about patient responsibility, you can talk to your LTC case manager, contact the DCF by calling 1-866-762-2237 toll-free, or visit the DCF Web page at <https://www.myflfamilies.com/service-programs/access/medicaid.shtml> (scroll down to the Medicaid for Aged or Disabled section and select the document entitled 'SSI-Related Fact Sheets').

### **Indian Health Care Provider (IHCP) Protection**

Indians are exempt from all cost sharing for services furnished or received by an IHCP or referral under contract health services.

### **Emergency Disaster Plan**

Disasters can happen at any time. To protect yourself and your family, it is important to be prepared. There are three steps to preparing for a disaster: 1) Be informed; 2) Make a Plan; and 3) Get a Kit. For help with your emergency disaster plan, call Member Services or your case manager. The Florida Division of Emergency Management can also help you with your plan. You can call them at 1-850-413-9969 or visit their website at [www.floridadisaster.org](http://www.floridadisaster.org).

### **Tips on How to Prevent Medicaid Fraud and Abuse:**

- DO NOT share personal information, including your Medicaid number, with anyone other than your trusted providers.
- Be cautious of anyone offering you money, free or low-cost medical services, or gifts in exchange for your Medicaid information.
- Be careful with door-to-door visits or calls you did not ask for.
- Be careful with links included in texts or emails you did not ask for, or on social media platforms.

### **Fraud/Abuse/Overpayment in the Medicaid Program**

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/>

You can also report fraud and abuse to us directly by contacting Sunshine Health's anonymous and confidential hotline at 1-866-685-8664, or by contacting the Compliance Officer at 1-866-796-0530. You may also send an email to [Compliancefl@centene.com](mailto:Compliancefl@centene.com)

### **Abuse/Neglect/Exploitation of People**

You should never be treated badly. It is never okay for someone to hit you or make you feel afraid. You can talk to your PCP or case manager about your feelings.

If you feel that you are being mistreated or neglected, you can call the Abuse Hotline at 1-800-96-ABUSE (1-800-962-2873) or for TTY at 1- 800-955-8771.

You can also call the hotline if you know of someone else that is being mistreated.

Domestic violence is also abuse. Here are some safety tips:

- If you are hurt, call your PCP
- If you need emergency care, call 911 or go to the nearest hospital. For more information, see the section called EMERGENCY CARE
- Have a plan to get to a safe place (a friend's or relative's home)
- Pack a small bag, give it to a friend to keep for you

If you have questions or need help, please call the National Domestic Violence Hotline toll free at 1-800-799-7233 (TTY 1-800-787-3224).

### **Advance Directives**

An **advance directive** is a written or spoken statement about how you want medical decisions made if you can't make them yourself. Some people make advance directives when they get very sick or are at the end of their lives. Other people make advance directives when they are healthy. You can change your mind and these documents at any time. We can help you get and understand these documents. They do not change your right to quality health care benefits. The only purpose is to let others know what you want if you can't speak for yourself.

1. A Living Will
2. Health Care Surrogate Designation
3. An Anatomical (organ or tissue) Donation

You can download an advanced directive form from this website:

<http://www.floridahealthfinder.gov/reports-guides/advance-directives.aspx>.

Make sure that someone, like your PCP, lawyer, family member, or case manager knows that you have an advance directive and where it is located.

If there are any changes in the law about advance directives, we will let you know within 90 days. You don't have to have an advance directive if you do not want one.

If your provider is not following your advance directive, you can file a complaint with Member Services at 1-866-796-0530 or the Agency by calling 1-888-419-3456.

### **Getting More Information**

You have a right to ask for information. Call Member Services or talk to your case manager about what kinds of information you can receive for free. Some examples are:

- Your member record
- A description of how we operate
- Community Programs

To take a look at Sunshine Health's HEDIS results, please visit <https://www.sunshinehealth.com/members/medicaid/resources/quality-improvement.html>



## **Section 19: Additional Resources**

### **Floridahealthfinder.gov**

The Agency is committed to its mission of providing “Better Health Care for All Floridians.” The Agency has created a website [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov) where you can view information about Florida home health agencies, nursing facilities, assisted living facilities, ambulatory surgery centers and hospitals. You can find the following types of information on the website:

- Up-to-date licensure information
- Inspection reports
- Legal actions
- Health outcomes
- Pricing
- Performance measures
- Consumer education brochures
- Living wills
- Quality performance ratings, including member satisfaction survey results

The Agency collects information from all Plans on different performance measures about the quality of care provided by the Plans. The measures allow the public to understand how well Plans meet the needs of their members. To see the Plan report cards, please visit <http://www.floridahealthfinder.gov/HealthPlans/search.aspx>. You may choose to view the information by each Plan or all Plans at once.

### **Elder Housing Unit**

The Elder Housing Unit provides information and technical assistance to elders and community leaders about affordable housing and assisted living choices. The Florida Department of Elder Affairs maintains a website for information about assisted living facilities, adult family care homes, adult day care centers and nursing facilities at <http://elderaffairs.state.fl.us/doea/housing.php> as well as links to additional Federal and State resources.

### **MediKids Information**

For information on MediKids coverage please visit: [http://ahca.myflorida.com/medicaid/Policy\\_and\\_Quality/Policy/program\\_policy/FLKid\\_Care/MediKids.shtml](http://ahca.myflorida.com/medicaid/Policy_and_Quality/Policy/program_policy/FLKid_Care/MediKids.shtml)

## **Aging and Disability Resource Center**

You can also find additional information and assistance on State and federal benefits, local programs and services, legal and crime prevention services, income planning or educational opportunities by contacting the Aging and Disability Resource Center (ADRC).

## **Independent Consumer Support Program**

The Florida Department of Elder Affairs also offers an Independent Consumer Support Program (ICSP). The ICSP works with the Statewide Long-Term Care Ombudsman Program, the ADRC and the Agency to ensure that LTC members have many ways to get information and help when needed. For more information, please call the Elder Helpline at 1-800-96-ELDER (1-800-963-5337) or visit <http://elderaffairs.state.fl.us/doea/smmcltc.php>



## **Section 20: Forms**

1. Appointment of a Designated Representative
2. Authorization and Revocation Form
3. Consent for Release of Medical Records
4. Notification of Pregnancy
5. Specialty Pharmacy Change Request Form



## APPOINTMENT OF A DESIGNATED REPRESENTATIVE

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Case Number \_\_\_\_\_

Customer's Name \_\_\_\_\_

### Completed by Customer

Medicaid ID \_\_\_\_\_

I would like for \_\_\_\_\_ to act on my behalf in determining  
Name of Representative  
my eligibility for public assistance from the Department of Children and Families.

Signature of Customer \_\_\_\_\_

\_\_\_\_\_ Date

### Completed by Representative

I understand that by accepting this appointment, I am responsible to provide or assist in providing information needed to establish this person's eligibility for assistance. I understand that I may be prosecuted for perjury and/or fraud if I withhold information or intentionally provide false information.

Signature of Representative \_\_\_\_\_

\_\_\_\_\_ Date

Relationship to Customer \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Phone Number \_\_\_\_\_

---

### Self-Appointment by Representative

I am acting for \_\_\_\_\_ in providing information to establish eligibility for assistance because he/she is unable to act on his/her own behalf. I will provide information to the best of my knowledge. I understand that if I withhold information or if I intentionally provide false information, I may be prosecuted for perjury and/or fraud. I agree to immediately report any change in their situation of which I become aware.

Signature of Representative \_\_\_\_\_

\_\_\_\_\_ Date

Relationship to Customer \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Phone Number \_\_\_\_\_



## 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.

### **Section I.**

Member Name (print): \_\_\_\_\_

Member ID Number: \_\_\_\_\_ Member Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **Section II.**

I give Sunshine Health consent to release my health information to the below listed person(s) or group(s) for the reason(s) below (*add additional names or groups on page 2*):

Name (person or group): \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### **Section III.**

Reason I want my health information released: \_\_\_\_\_

\_\_\_\_\_

**Mail to:** Sunshine Health Attn: Privacy Officer,  
P.O. Box 459089 Fort Lauderdale, FL 33345-9089  
Phone: 1(866) 796-0530 or TTY 1-800-955-8770

## Authorization to Use and Disclose Health Information

### Section IV.

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: \_\_\_\_\_

### Section V.

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

### Section VI.

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 representative, describe this below and send us copies of those forms such as power of attorney or order of guardianship.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Authorization to Use and Disclose Health Information**

Member Name (print): \_\_\_\_\_

Member ID Number: \_\_\_\_\_ Member Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Name (person or group): \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name (person or group): \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name (person or group): \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Revoke Authorization to Use and/or Disclose Health Information**

Member Name (print): \_\_\_\_\_

Member ID Number: \_\_\_\_\_ Member Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

I want to cancel, or revoke, the consent I gave to **Sunshine Health** to release my health information to the following person(s) or group(s).

Name (person or group): \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

Authorization Signed Date (if known): \_\_\_\_/\_\_\_\_/\_\_\_\_

**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.

**Relationship:** \_\_\_\_\_

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.



### Consent for Release of Medical Records

Member ID: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Patient Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

I authorize \_\_\_\_\_ to release copies of my medical records to:

\_\_\_\_\_  
(Provider/Office Name and Address)

A. I authorize release of information for: (refer to  
Sections C and D)

\_\_\_\_ Medical Care (physician, etc.)

\_\_\_\_ Personal Care

\_\_\_\_ Other: ☐ Attorney ☐ Insurance ☐ Employer or describe:

B. I am transferring from Medical Office #: \_\_\_\_\_ To: \_\_\_\_\_

C. I authorize release of

\_\_\_\_ Entire medical record **OR**

\_\_\_\_ Medical Records for the specific treatment dates from \_\_\_\_ to \_\_\_\_\_

D. I authorize release of the following portions of my  
medical record: (Write your initials beside each area to  
be included in the release)

\_\_\_\_ Mental Health

\_\_\_\_ Substance Abuse

\_\_\_\_ HIV/AIDS

\_\_\_\_ Communicable  
Disease

I understand that this authorization shall be in effect for 1 year following the date of signature. However, I understand that this authorization may be revoked at any time by giving oral or written notice to the medical office. A photocopy of this authorization shall constitute a valid authorization. I understand that once my records have been released, the medical office cannot retrieve them and has no control over the use of the already released copies.

**I hereby release Sunshine State Health Plan, its subsidiaries and affiliates, and my medical office from any and all liability that may arise as a result of my authorized release of these records.**

Should my case require review by a government agency or another medical professional actively involved in my care to make a final determination, it is with my consent that a copy of these records will be submitted to the agency or medical professional for this review.

_____	_____
PATIENT SIGNATURE OR LEGAL REPRESENTATIVE	SIGNATURE DATE
_____	_____
RELATIONSHIP TO PATIENT	WITNESS

**NOTICE TO PROVIDER:** The information disclosed to you originates from records whose confidentiality is protected by Federal and State Law. You are prohibited from making further disclosure of such information without the specific and documented approval of the person to whom the released information pertains, or as otherwise permitted under State Law. A general authorization is NOT sufficient for this purpose.

Ver2 (03/2014)

CNC Rev. 01/11/2017



## Member Notification of Pregnancy

Start Smart for Your Baby

This form is confidential. If you have any problems or questions, please call Sunshine Health at 1-866-796-0530 (TTY: 1-800-955-8770). This form is also available online at SunshineHealth.com.

### \*Required Field

**\*Are You Pregnant?** Yes No \* If you are pregnant, please continue to answer all the questions.

Return the form in the envelope provided. When your answers are received, a gift will be mailed to you!  
We may call you if we find that you are at risk for problems with your pregnancy.

**\*Medicaid ID #:** Today's Date MMDDYYYY:

Your First Name:

Your Last Name:

**\*Your Birth Date MMDDYYYY:**

Mailing Address:

City:

State:

Zip Code:

Home Phone:

Cell Phone:

Would you like to receive text messages about pregnancy and newborn care? Yes No

If you do not have an unlimited texting plan, message and data rates may apply. Text STOP to unsubscribe.  
Please note, texting is not secure and may be seen by others.

Email Address:

**\*Your OB Provider's Name:**

**\*Your Due Date MMDDYYYY:**

Primary insurance (for mom or baby) other than Medicaid? Yes No

Race/Ethnicity (select all that apply): White Black/African American Hispanic/Latina

American Indian/Native American Asian Hawaiian/Pacific Islander

Other If other ethnicity, please specify:

Preferred Language (if other than English):

Planning to breastfeed? Yes No If no, what is the reason?

Pediatrician chosen? Yes No Pediatrician Name:

Number of Full Term Deliveries: Number of Miscarriages:

Number of Preterm Deliveries: Number of Stillbirths:

Height (Feet, Inches): Pre-Pregnancy Weight:

**\*Do you have any of the following?** Yes No If yes, mark all that apply.

### Your Medical History

Previous preterm delivery (<37 weeks or a delivery more than three weeks early)? Yes No

Recent delivery within past 12 months? Yes No Was delivery within past 6 months? Yes No

Previous C-Section? Yes No Diabetes (Prior to Pregnancy)? Yes No





**\*Medicaid ID #:**

Name: Last, First:

Sickle Cell?      Yes      No

Asthma?      Yes      No      If yes, are asthma symptoms worse during pregnancy?      Yes      No

High blood pressure (prior to pregnancy)?      Yes      No      Previous neonatal death or stillbirth?      Yes      No

HIV Positive?      Yes      No      HIV Negative?      Yes      No      Testing refused?      Yes      No      AIDS?      Yes      No

Thyroid Problems?      Yes      No      If yes, is this a new thyroid problem?      Yes      No

Seizure Disorder?      Yes      No      Seizure within the last 6 months?      Yes      No

Previous alcohol or drug abuse?      Yes      No

**Current Pregnancy History**

Preterm labor this pregnancy?      Yes      No      Current gestational diabetes?      Yes      No

Current twins?      Yes      No      Current triplets?      Yes      No

Currently having severe morning sickness?      Yes      No

Current mental health concerns?      Yes      No      List:

Current STD?      Yes      No      List:

Current tobacco use?      Yes      No      Amount:

    If yes, are you interested in quitting?      Yes      No

Current alcohol use?      Yes      No      Amount:

Current street drug use?      Yes      No

Taking any prescription drugs (other than prenatal vitamins)?      Yes      No      List:

Any hospital stays this pregnancy?      Yes      No

    If yes, please list hospitalizations during this pregnancy.

**Social Issues**

Do you have enough food?      Yes      No      Are you enrolled in WIC?      Yes      No

Do you have problems getting to your doctor visits?      Yes      No      Do you have reliable phone access?      Yes      No

Are you homeless or living in a shelter?      Yes      No

Are you currently experiencing domestic violence or feel unsafe in your home?      Yes      No

Please list any other social needs you may have:

Please list anything else you would like to tell us about your health:

If your answers indicate you are at an increased risk for complications during this pregnancy, would you consent to participate in our Start Smart Case Management program to help you and your baby?

Yes      No



## Specialty Pharmacy Change Request Form

Pick a choice below. Please check the box next to the number.  
Next, sign the form and mail or fax to:

Sunshine Health  
P.O. Box 459089  
Fort Lauderdale, FL 33345-9089  
Fax: 1-866-351-7388

1. I wish to use the pharmacy listed below. I understand that if this pharmacy does not carry my drug, a Sunshine Health Pharmacy staff member will call me to discuss other choices.

- ☐ CVS Caremark Specialty Pharmacy
- ☐ Accredo Health
- ☐ Avella Specialty Pharmacy
- ☐ Bioscrip Infusion Services
- ☐ BioPlus Specialty Pharmacy
- ☐ Diplomat Specialty Pharmacy
- ☐ CVS Retail Pharmacy

Phone number: \_\_\_\_\_ NPI Number (if available): \_\_\_\_\_

Address: \_\_\_\_\_

2. I wish to use the pharmacy listed above because:

- ☐ They provide education and support not available at AcariaHealth
- ☐ I can't accept home delivery
- ☐ I can't accept doctor's office delivery
- ☐ OTHER \_\_\_\_\_

Reason (for any of above):

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## **Alternative Formats Available**

The information in this booklet is about your Sunshine Health 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 Child Welfare, please call Member Services for help at 1-866-796-0530 or TTY 1-800-955-8770.

## **Formatos alternativos disponibles**

La información de este cuadernillo trata sobre sus beneficios de Sunshine Health. Hay formatos disponibles para usted en forma gratuita.

Sunshine Health ofrece formatos alternativos, como:

- Letra grande
- Audio
- Formatos electrónicos accesibles
- Información escrita en otros idiomas

Si necesita este cuadernillo en formatos alternativos, por favor, llame a Servicios para Miembros para pedir ayuda al 1-866-796-0530 o TTY 1-800-955-8770.

## **Disponible sur medias substituts**

Les informations contenues dans cette brochure portent sur les prestations de santé offertes par Sunshine Health. Les publications vous sont offertes gratuitement en medias substituts.

Sunshine Health offre les medias substituts tels que:

- Grand format
- Audio
- Supports électroniques accessibles
- Information disponibles dans d'autres langues.

Si vous avez besoin de cette brochure dans un format autre que celui qui est offert, bien vouloir demander de l'aide au Service aux membres en appelant le 1-866-796-0530 ou TTY 1-800-955-8770.

## **Fòm a Altènatif Disponib**

Enfòmasyon nan livr sa a konsène benefis ou yo nan Sunshine Health. Gen lòt fòm a altènatif ki disponib pou w gratis tou.

Sunshine Health ofri kèk fòm a altènatif tankou :

- Gwo Karaktè
- Odyo
- Fòm a Elektwonik ki Aksesib
- Enfòmasyon ki ekri nan lòt lang

Si w bezwen livr sa a nan yon lòt fòm a, souple rele Sèvis Manm yo pou èd nan 1-866-796-0530 oswa nan ATS (aparèy telekominikasyon pou moun ki soud) 1-800-955-8770.

## **Formati alternativi disponibili**

Le informazioni contenute in questo opuscolo riguardano i benefici della Sunshine Health.

La Sunshine Health offre formati alternativi come:

- Stampa a caratteri grandi
- Formato audio
- Formatì elettronici accessibili
- Informazioni scritte in altre lingue

In caso si necessiti di questo opuscolo in altri formati, è necessario chiamare l'assistenza clienti al numero 1-866-796-0530 o TTY al 1-800-955-8770.

## **Доступны альтернативные форматы**

Информация в этом буклете касается медицинских льгот, предоставляемых вам компанией Sunshine Health. Вы можете бесплатно получить буклеты в альтернативных форматах.

Sunshine Health предоставляет документы в альтернативных форматах, в частности:

- Написанные крупным шрифтом
- В аудиоформате
- В электронном виде с расширенным доступом
- Содержащие информацию на других языках

Если вам необходимо получить данный буклет в альтернативном формате, просим обратиться за помощью в отдел обслуживания клиентов по телефону 1-866-796-0530 или TTY 1-800-955-8770.

## Statement of 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 Sunshine Health at 1-866-796-0530 or 1-855-955-8770 (Relay FL 1-800- 955-8770).

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: Grievance/Appeals Unit Sunshine Health, P.O. Box 459087, Fort Lauderdale, FL 33345-9087, 1-866-796-0530 (Relay Florida 1-800-955-8770), Fax, 1-866-534-5972. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Sunshine Health 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, 1-800-368-1019, 800-537-7697 (TTY).

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



This information is available for free in other languages. Please contact our customer service number at 1-866-796-0530, TTY 1-800-955-8770 Monday through Friday, 8 a.m. to 8 p.m.

Esta información está disponible en otros idiomas de manera gratuita. Comuníquese con nuestro número de servicio al cliente al 1-866-796-0530, TTY 1-800-955-8770 de lunes a viernes, de 8 a.m. a 8 p.m.



**Notes**