sunshine health™

SUNSHINE HEALTH'S FLORIDA MEDICAID

# MEMBER HANDBOOK

*Sunshine Health Medicaid, Comprehensive Long Term Care and Serious Mental Illness (SMI) Specialty Plan*

**1-866-796-0530**

**TTY 1-800-955-8770**

April 2022

**SunshineHealth.com**

MMA_4172

**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.

Vietnamese: **Nếu bạn không nói được tiếng Anh**, hãy gọi cho chúng tôi theo số **1-866-796-0530**. Chúng tôi có dịch vụ thông dịch viên và có thể giúp trả lời các câu hỏi của quý vị bằng ngôn ngữ của quý vị. Chúng tôi cũng có thể giúp quý vị tìm một nhà cung cấp dịch vụ chăm sóc sức khỏe có thể nói chuyện với quý vị bằng ngôn ngữ của quý vị.

## Important Contact Information

| | | |
|---|---|---|
| **Member Services Help Line** | **1-866-796-0530** | **Available 24 hours** |
| **Member Services Help Line TTY** | **1-800-955-8770** | **Available 24 hours** |
| **Website** | **SunshineHealth.com** | |
| **Address** | **P.O. Box 459089<br>Fort Lauderdale, FL 33345-9089** | |
| **Address<br>(Long-Term Care)** | **P.O. Box 459088<br>Fort Lauderdale, FL 33345-9088** | |

| Service | Contact Information |
|---|---|
| ModivCare<br>(Medicaid and SMI Transportation Services Non-Emergency) | Reservations: 1-877-659-8420<br>(TTY 1-866-288-3133)<br>Ride Assist (Where's My Ride?): 1-877-659-8421 |
| Alivi<br>(Long-Term Care Transportation Services Non-Emergency) | Reservations and Ride Assist (Where's My Ride?): 1-888-863-0248 (TTY 711) |
| HearUSA<br>(Hearing Services) | 1-855-242-4935 |
| <Envolve Pharmacy Solutions><br>(Pharmacy Services) | 1-800-460-8988 |
| Florida Care Management Services Agency<br>(Long-Term Care Case Management Delegate) | 1-877-462-1200 |
| GT Independence<br>(Long-Term Care PDO) | 1-877-659-4500 |
| Disease Management | 1-800-942-4008 |
| Nurse Advice Line | 1-866-796-0530 |
| 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)<br>TTY: 711 or 1-800-955-8771<br>http://www.myflfamilies.com/service-programs/abuse-hotline |
| For Medicaid Eligibility | 1-866-762-2237<br>TTY: 711 or 1-800-955-8771<br>http://www.myflfamilies.com/service-programs/access-florida-food-medical-assistance-cash/medicaid |
| To report Medicaid Fraud and/or Abuse | 1-888-419-3456<br>https://apps.ahca.myflorida.com/mpi-complaintform/ |
| To file a complaint about a health care facility | 1-888-419-3456<br>http://ahca.myflorida.com/MCHQ/Field_Ops/CAU.shtml |
| To request a Medicaid Fair Hearing | 1-877-254-1055<br>1-239-338-2642 (fax)<br>MedicaidHearingUnit@ahca.myflorida.com |
| To file a complaint about Medicaid services | 1-877-254-1055<br>TTY: 1-866-467-4970<br>http://ahca.myflorida.com/Medicaid/complaints/ |
| To find information for elders | 1-800-96-ELDER (1-800-963-5337)<br>http://www.elderaffairs.org/doea/arc.php |
| To find out information about domestic violence | 1-800-799-7233<br>TTY: 1-800-787-3224<br>http://www.thehotline.org/ |
| To find information about health facilities in Florida | http://www.floridahealthfinder.gov/index.html |
| To find information about urgent care | Call 1-866-796-0530 or visit our website at SunshineHealth.com |
| For an emergency | 9-1-1<br>Or go to the nearest emergency room |

# Table of Contents

## 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 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 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)

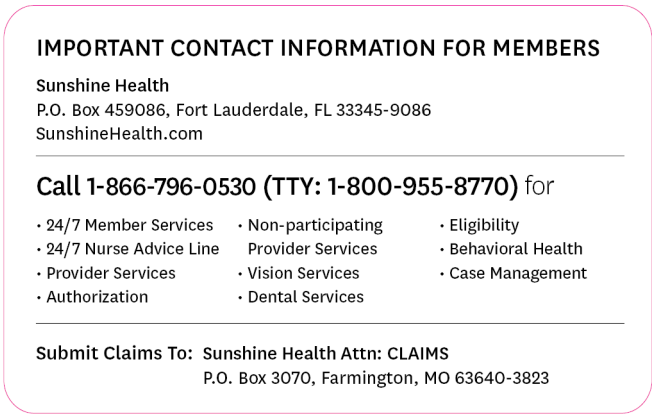
You should have received your ID card in the mail. Call us if you have not received your card or if the information on your card is wrong. Each member of your family in our plan should have their own ID card.

Always carry your ID card and show it each time you go to a health care appointment or the hospital. 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:

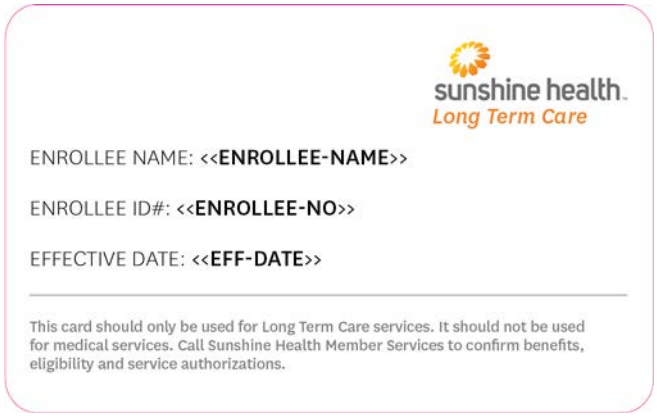
(Front)


(Back)




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

(Front)




(Back)

## 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/.

  **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 cost 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. If you receive Supplemental Security Income (SSI), you must 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

You must be covered by Medicaid and enrolled in our plan for Sunshine Health to pay for your health care services and health care appointments. This is called having **Medicaid eligibility**. If you receive SSI, you qualify for Medicaid. If you do not receive SSI, you must apply for Medicaid with DCF.

Sometimes things in your life might change, and these changes can affect whether you can still have Medicaid. It is very important to make sure you have Medicaid before you go to any appointments. Just because you have a Plan ID card does not mean 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 at 1-866-796-0530 (TTY at 1-800-955-8770). We can help you check on your coverage.

### 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

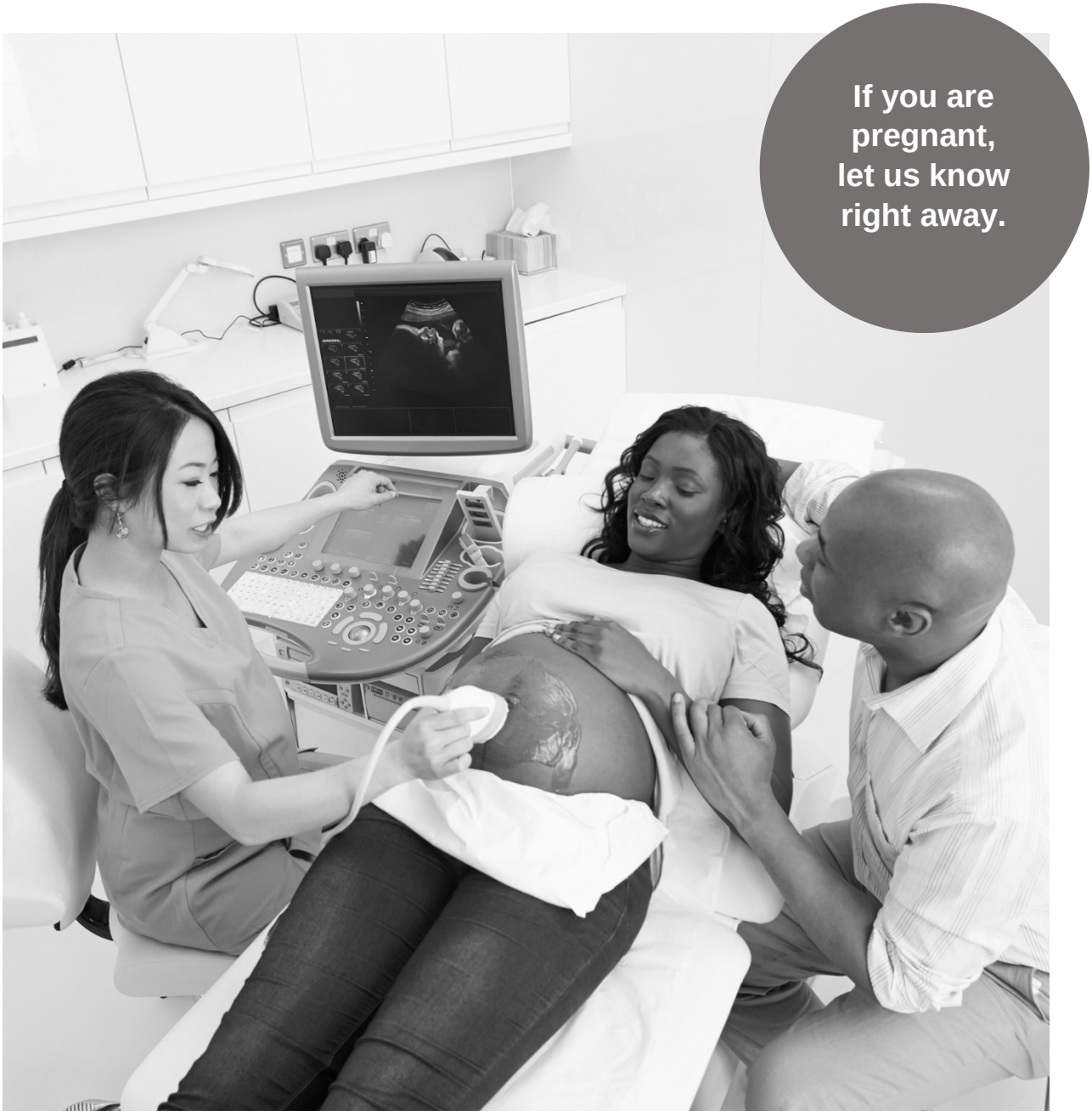
If you have Medicare, continue to use your Medicare ID card when you need medical services (like going to the doctor or the hospital), but also give the provider your Medicaid Plan ID card too.

### 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 you are pregnant **before** your baby is born to make sure your baby has Medicaid and to start prenatal care early. 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

### Initial Enrollment

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 the same 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 Period

Each year, you will have 60 days when you can change your plan if you want. This is called your **open enrollment period**. Your open enrollment period is based upon where you live in Florida. The State's Enrollment Broker will send you a letter to tell you when your open enrollment period is.

| Region | | Open Enrollment Period | Effective Date |
|---|---|---|---|
| **9-11** | (Fort Lauderdale, Miami, Palm Beach) | Oct. 1 – Nov. 30 | Dec. 1 |
| **5-8** | (Orlando, St. Petersburg, Tampa) | Nov. 1 – Dec. 31 | Jan. 1 |
| **1-4** | (Jacksonville, Pensacola, Tallahassee) | Dec. 1– Jan. 31 | Feb. 1 |

You do not have to change plans during your open enrollment period. If you do choose to leave our plan and enroll in a new one, you will start with your new plan at the end of your open enrollment period. Once you are enrolled in the new plan, you are locked-in until your next open enrollment period. 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.

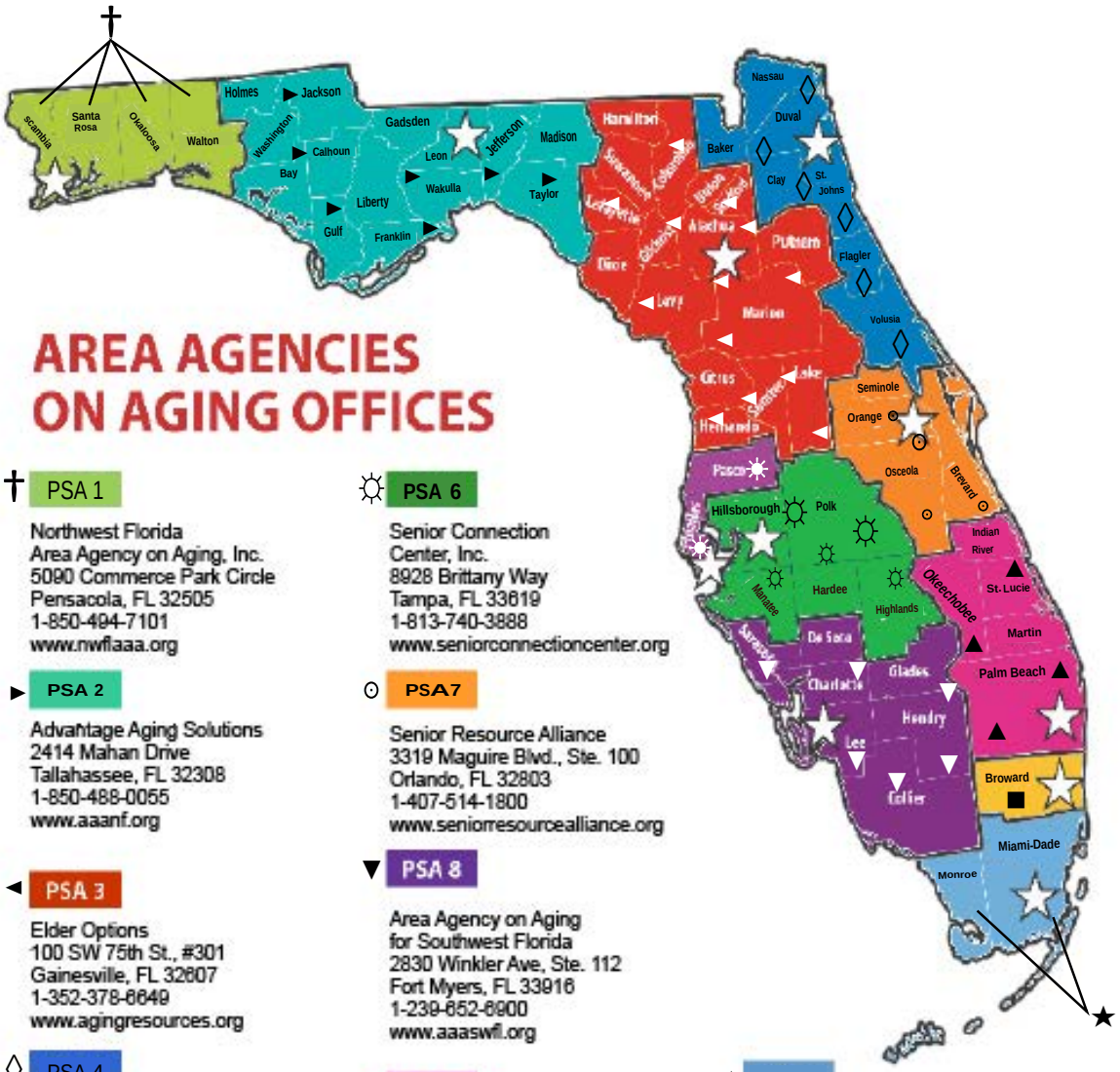
We pay for services that are provided at the nursing facility. If you live in a Medicaid nursing facility full time, you are probably already in the LTC program. If you don't know, or don't think you are enrolled in the LTC program, call Member Services. We can help you.

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, the ADRC will notify you about your wait list placement or provide you with a list of resources if you are not placed on the wait list. If you are placed on the wait list and a space becomes available for you in the LTC program, 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. Some enrollees do not have to complete the screening or wait list process if they meet all other LTC program eligibility requirements. For more information on Screening Exceptions in the LTC Program, visit the Agency's web page at https://ahca.myflorida.com/Medicaid/statewide_mc/ltc_scrn.shtml. For example:

1. Are you 18, 19, or 20 years old?
2. Do you have a chronic debilitating disease or condition of one or more physiological or organ systems?
3. Do you need 24-hour-per-day medical, nursing, or health supervision or intervention?

If you said "yes" to all three questions, you may contact Sunshine Health to request an assessment for 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. Visit https://ahca.myflorida.com/Medicaid/statewide_mc/smmc_ltc.shtml for more information.




# AREA AGENCIES ON AGING OFFICES

**PSA 1**

Northwest Florida
Area Agency on Aging, Inc.
5090 Commerce Park Circle
Pensacola, FL 32505
1-850-494-7101
www.nwflaaa.org

**PSA 2**

Advantage Aging Solutions
2414 Mahan Drive
Tallahassee, FL 32308
1-850-488-0055
www.aaanf.org

**PSA 3**

Elder Options
100 SW 75th St., #301
Gainesville, FL 32607
1-352-378-6649
www.agingresources.org

**PSA 4**

ElderSource,
The Area Agency on Aging of
Northeast Florida
10688 Old St. Augustine Road
Jacksonville, FL 32257
1-904-391-6600
www.myeldersource.org

**PSA 5**

Area Agency on Aging
of Pasco-Pinellas, Inc.
9549 Koger Blvd., Ste. 100
St. Petersburg, FL 33702
1-727-570-9696
www.agingcarefl.org

**PSA 6**

Senior Connection
Center, Inc.
8928 Brittany Way
Tampa, FL 33619
1-813-740-3888
www.seniorconnectioncenter.org

**PSA 7**

Senior Resource Alliance
3319 Maguire Blvd., Ste. 100
Orlando, FL 32803
1-407-514-1800
www.seniorresourcealliance.org

**PSA 8**

Area Agency on Aging
for Southwest Florida
2830 Winkler Ave, Ste. 112
Fort Myers, FL 33916
1-239-652-6900
www.aaaswfl.org

**PSA 9**

Area Agency on Aging of
Palm Beach/Treasure Coast 4400
N. Congress Ave.
West Palm Beach, FL 33407
1-561-684-5885
www.youragingresourcecenter.org

**PSA 10**

Aging and Disability Resource
Center of Broward County, Inc.
5300 Hiatus Road
Sunrise, FL 33351
1-954-745-9567
www.adrcbroward.org

**PSA 11**

Alliance for Aging, Inc.
760 NW 107th Ave.
Ste. 214, 2nd Floor
Miami, FL 33172
1-305-670-6500
www.allianceforaging.org

PSA - Planning and Service Area

https://elderaffairs.org/resource-directory/aging-and-disability-resource-centers-adrcs/

**Enrollment in our Serious Mental Illness (SMI) Specialty Plan**

Our SMI Specialty Plan is designed to help members who have one or a combination of the following conditions:

- Psychotic Disorders
- Bipolar Disorders
- Major Depression
- Schizo-Affective Disorder
- Delusional Disorders
- Obsessive-Compulsive Disorder

In addition to all the benefits and services of our MMA Plan, members in our SMI Specialty Plan also have the following:

- Additional Expanded Benefits just for SMI Specialty Plan members (see Page 66)
- Care Coordination support from SMI Trained Staff
- Increased access to providers who specialize in treating members with SMI, including accredited Behavioral Health Homes and Patient Centered Medical Homes
- Access to a dedicated Sunshine Health at School Specialist
- Access to a dedicated Sunshine Health Housing Specialist

While our SMI Specialty Plan is designed to help members with SMI, a member with SMI may choose not to enroll in a Specialty Plan. They may choose an MMA Plan (and LTC Plan, if eligible) instead.

## Section 8: Leaving Our Plan (Disenrollment)

Leaving a plan is called **disenrolling**. By law, people cannot leave or change plans while they are locked-in except for specific reasons. If you want to leave our plan while you are locked-in, call the State's Enrollment Broker to see if you would be allowed to change plans.

You can leave our plan at any time for the following reasons (also known as **For Cause Disenrollment** reasons[1]):

- We do not cover a service for moral or religious reasons
- 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[2]:

- 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

[1] For the full list of For 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

[2] To learn how to ask for an appeal, please turn to Section 15, Member Satisfaction, on Page 79.

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
- 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[3]

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 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.

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[3] 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.

## SMI Specialty Plan

### Care Coordination Support from SMI Trained Staff

Our Care Managers are trained to understand the unique challenges that our SMI Specialty Plan members face. They offer the highest quality of care.

Our SMI Specialty Plan members also get support through our Care Coordination Outreach Program. At least once per quarter, we check on our members to see if they need help with services like:

- Behavioral, medical, or pharmacy
- Social services like housing, food, etc.

### Access to Dedicated Sunshine Health at School Specialist

SMI Specialty Plan members and their families have access to our "Sunshine Health at School" Specialist. This person knows how to work with the schools to help our members get the services they need to improve school success.

### Access to Dedicated Sunshine Health Housing Specialist

Our SMI Specialty Plan members have access to our Sunshine Health Housing Specialist, who will assist them in working with local agencies to find safe, stable housing.

## 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 and we may give you a call.

### 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 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 Consent for Voluntary Suspension 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 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.

If you are in the LTC program, your case manager is the person who will help you choose a service provider who is in our network 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 may be able to 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 understand 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) for help with arranging these services.

### 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 we must provide in the Medicaid program. All the services listed in this handbook are covered services. Remember, just because a service is covered does not mean 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[4]

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

[4] 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 web page 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_HCBS_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.

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 contact your PCP to make an appointment for services such as 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.[5]

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. Also, there is no charge for well child visits.

### SMI Specialty Plan

Access to Integrated Care through Behavioral Health Homes/Patient Centered Medical Homes

SMI members are more likely to have multiple health issues like hypertension, diabetes, cardiovascular disease, etc., than the general population. They are also less likely to have access to a PCP. To ensure easy access to a PCP for our SMI members, we help facilitate access to one who is part of a Behavioral Health Home or Patient Centered Medical Home to ensure all of your needs are met, including physical and behavioral health.

### 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.

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[5] 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 Periodicity Schedule (aap.org).

## 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.

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 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**

| PCP Appointment Type | Access Standard |
|---|---|
| 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 | Primary Care Providers must have a call receiving service that connects members with a provider. Most primary care providers also offer after hours appointment availability to Medicaid members. |
| **Specialist Appointment Type** | **Access Standard** |
| 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 |

| Behavioral Health Appointment Type | Access Standard |
|---|---|
| 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 **Preferred Drug List**. 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 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 Solutions>, 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

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 |
|---|---|---|
| Comprehensive Diabetes Care | $25 | Age 18-75. Must complete both HbA1c test and retinopathy screening (dilated eye exam) once in the calendar year. |
| Weight Loss Health Coaching Sessions | $20 | Age 10 and up. Must submit a consent form, verbally pledge to lose weight within 30 days and complete six sessions within six months. |
| Tobacco Cessation Health Coaching Sessions | Up to $20 | Age 10 and up. Must submit a consent form, verbally pledge to stop tobacco use and complete all four sessions within six months of the first session. $5 reward after each completed session. |
| Substance Use Health Coaching | $10 | Age 12 and up. Complete three coaching sessions with a Care Manager in three months. Enrollment in Case Management and signed consent form are required. |

| Reward | Reward Value | Limitations |
|---|---|---|
| Post Behavioral Health Admission Follow up Visit | $20 | Earn rewards for attending an outpatient follow up appointment with a behavioral health provider within seven days after discharge from an inpatient facility. |
| Notification of Pregnancy Form (first trimester) | $20 | Complete and sign a Notification of Pregnancy form within first trimester. |
| Notification of Pregnancy Form (second trimester) | $10 | Complete and sign a Notification of Pregnancy within second trimester. |
| Annual Well Child Visit: Age 7-13 | $20 | One visit per calendar year with a PCP. |
| Substance Use Treatment for Pregnant Members Using Drugs | $50 | Complete five Medication Assisted Treatment visits before delivery and provide evidence of completed medication and counseling sessions. |

**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.

## Disease Management Programs

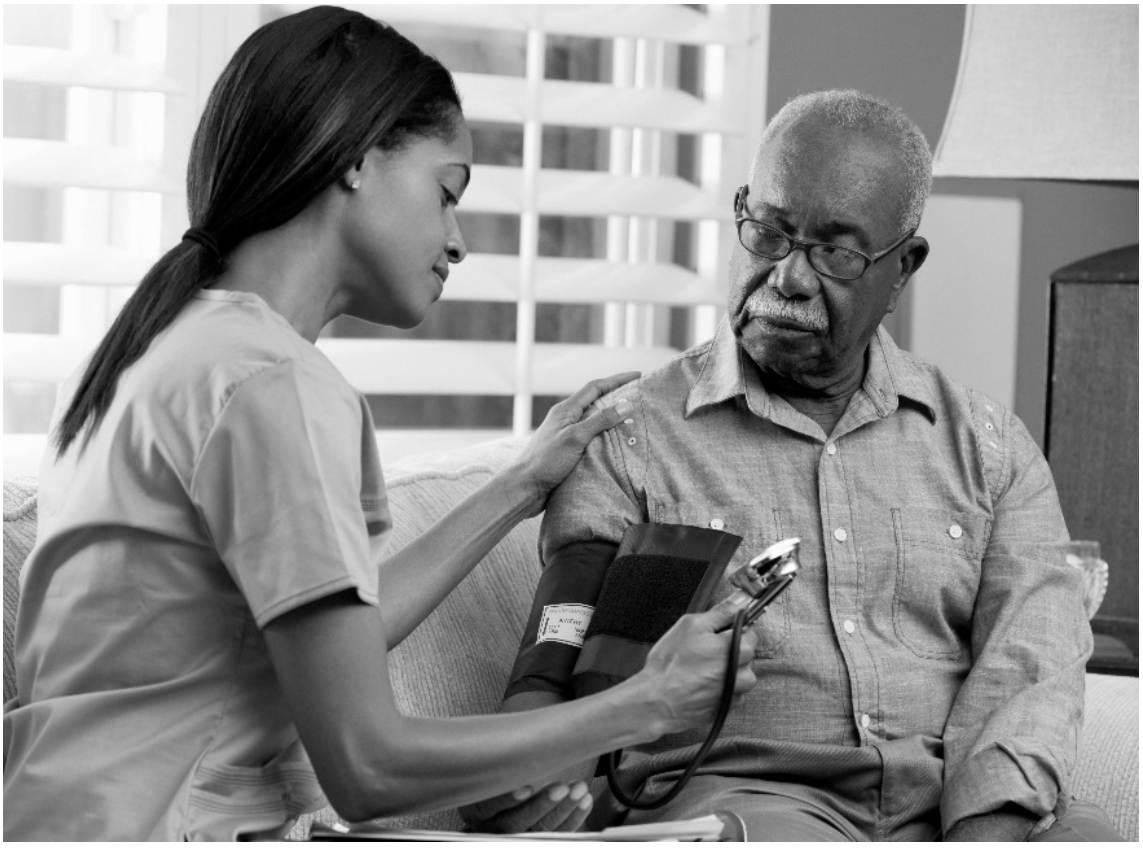
Not all members need case management. Sunshine Health has several programs to improve the health of our members with chronic conditions. We know this means more than just helping you to see a doctor. It means helping you understand and manage your health conditions. We do this through our disease management 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
- 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.

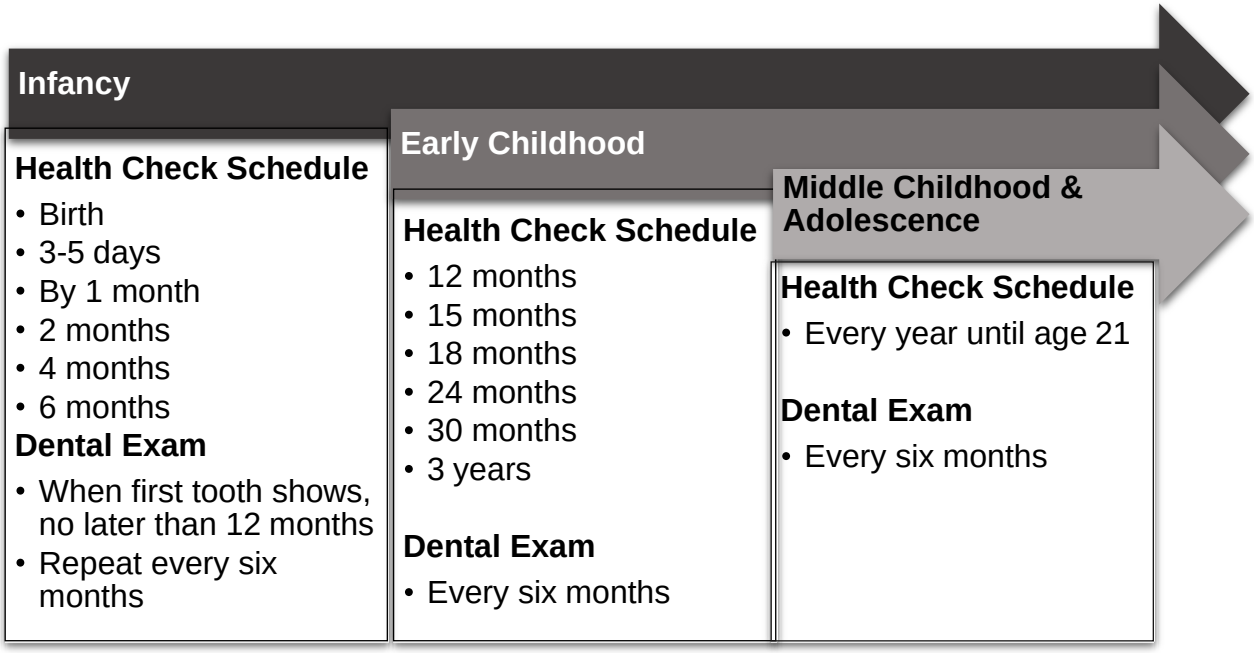
This program is based on personal care planning and a cohesive team approach. It provides education and resources to promote member choice and improve your understanding of services and supports available to you.

### 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. 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.

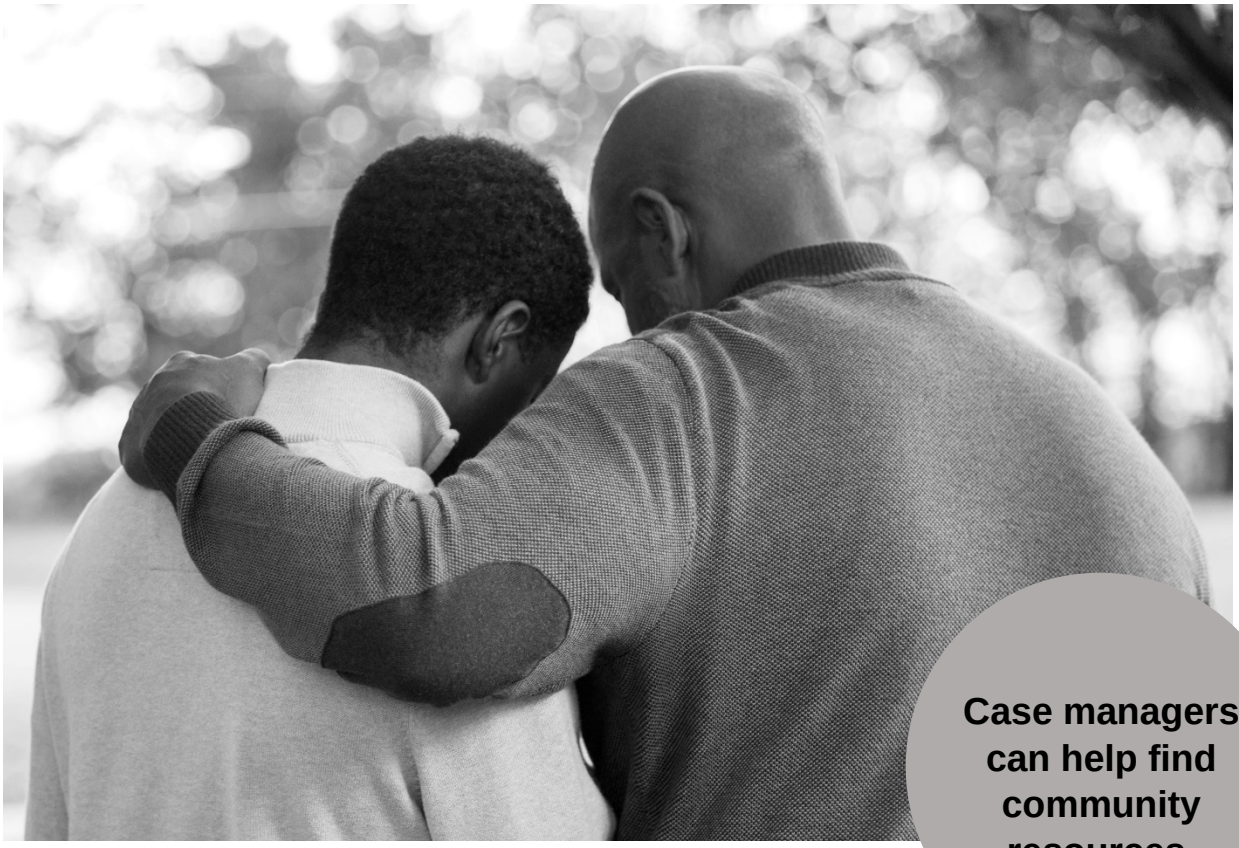
We have many ways to help you have a healthy pregnancy. Before we can help, we need to know you are pregnant. Please call Member Services at 1-866-796-0530 as soon as you learn you are pregnant. We will help you set up the special care that you and your baby need. Sunshine Health does not restrict services 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 for us to pay for them[6].

There may be some services 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 ModivCare at 1-877-659-8420 to schedule a ride. LTC members can call Alivi at 1-888-863-0248.

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 date the change takes place.

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.

[6] You can find the definition for Medical Necessity at 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 medically necessary 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 Surgical Center Services | Surgery and other procedures that are performed in a facility that is not the hospital (outpatient). | Covered as medically necessary. | Yes |
| 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. |

| Service | Description | Coverage/ Limitations | Prior Authorization |
|---|---|---|---|
| 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, as medically necessary. | Yes |
| Behavioral Health Assessment Services | Services used to detect or diagnose mental illnesses and behavioral health disorders. | We cover, as medically necessary:<br>- One initial assessment per calendar year.<br>- One reassessment per calendar year.<br>- Up to 150 minutes of brief behavioral health status assessments (no more than 30 minutes in a single day).<br><br>* Limitations do not apply to SMI Specialty Plan | No |
| 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 medically necessary 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, when medically necessary:<br>- Cardiac testing.<br>- Cardiac surgical procedures.<br>- Cardiac devices. | 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<br>OR<br>Services provided to children (ages 0 – 20) who use medical foster care services. | Your child must be enrolled in the DOH Early Steps program.<br><br>OR<br>Your child must be receiving medical foster care services. | 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, as medically necessary:<br>- 24 patient visits per calendar year, per member.<br>- X-rays. | No |
| Clinic Services | Health care services provided in a county health department, federally qualified health center, or a rural health clinic. | Services must be medically necessary and provided in a county health department, federally qualified health center, or a rural health clinic. | No |

| Service | Description | Coverage/ Limitation | 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.<br><br>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.<br><br>One per day and no limit per calendar year. | No prior authorization required for the first three days of involuntary behavioral health inpatient admission. After the first three days, prior authorization required. Prior authorization is required for voluntary admissions. |
| Detoxification or Addictions Receiving Facility Services | Emergency substance abuse services that are performed in a facility that is not a regular hospital. | All ages.<br><br>Up to a total of 15 days per month. | No prior authorization required for the first three days of involuntary behavioral health inpatient admission. After the first three days, prior authorization required. Prior authorization is required for voluntary admissions. |

| Service | Description | Coverage/ Limitation | Prior Authorization |
|---|---|---|---|
| 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, when medically necessary:<br>- Hemodialysis treatments.<br>- Peritoneal dialysis treatments | No |
| Drop-In Center Services | A social club offering peer support and a flexible schedule of activities. | Covered as medically necessary. | No |
| 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. | As medically necessary, 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. |

| Service | Description | Coverage/ Limitations | Prior Authorization |
|---|---|---|---|
| Early Intervention Services | Services to children ages 0 - 3 who have developmental delays and other conditions. | We cover, as medically necessary:<br>- One initial evaluation per lifetime, completed by a team.<br>- Up to three screenings per calendar year.<br>- Up to three follow-up evaluations per calendar year.<br>- Up to two training or support sessions per week. | 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, as medically necessary:<br>- One adult health screening (check-up) per calendar year.<br>- Well Child Visits are provided based on age and developmental needs.<br>- One visit per month for people living in nursing facilities.<br>- Up to two office visits per month for adults to treat illnesses or conditions. | No |
| Family Therapy Services | Services for families to have therapy sessions with a mental health professional. | We cover, as medically necessary:<br>- Up to 26 hours per calendar year. | No |
| 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.<br><br>Covered as medically necessary. | No |
| 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, as medically necessary:<br>- Unlimited units for group therapy and unlimited units for brief group medical therapy. | No |
| 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, when medically necessary:<br>- Cochlear implants.<br>- One new hearing aid per ear, once every three years.<br>- Repairs. | 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, when medically necessary:<br>- Up to four visits per day for pregnant members and members ages 0-20.<br>- Up to three visits per day for all other members. | 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, as medically necessary:<br>- Up to 26 hours per calendar year for adults ages 21 and over.<br>- For children up to 21 there are no limits if medically necessary. | No |
| Infant Mental Health Pre- and Post- Testing Services | Testing services by a mental health professional with special training in infants and young children. | Covered as medically necessary. | No |
| 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, when medically necessary:<br>- Up to 365/366 days for members ages 0-20.<br>- Up to 45 days for all other members (extra days are covered for emergencies). | 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. |
| Intensive outpatient treatment | Intensive outpatient treatment for alcohol or drug services and behavioral health treatment or services. | Covered as medically necessary. | Yes |
| 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 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. | No |
| Mobile Crisis Assessment and Intervention Services | Emergency mental health services provided in the home, community or school by a team of health care professionals. | Covered as medically necessary. | 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:<br>- Out-of-state travel.<br>- Transfers between hospitals or facilities.<br>- Escorts when medically necessary. | 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. | - We cover 365/366 days of services in nursing facilities as medically necessary.<br>- See information on Patient Responsibility for room & board. | 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. | We cover for children ages 0-20 and for adults under the $1,500 outpatient services cap, as medically necessary:<br>- One initial evaluation per calendar year.<br>- Up to 210 minutes of treatment per week.<br>- One initial wheelchair evaluation per five years.<br><br>We cover for people of all ages, as medically necessary:<br>- Follow-up wheelchair evaluations, one at delivery and one six months later. | 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. | - Emergency services are covered as medically necessary.<br>- Non-emergency services cannot cost more than $1,500 per year for recipients ages 21 and over. | 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. | All ages.<br><br>One per day and no limit per calendar year. | 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. | We cover for children ages 0-20 and for adults under the $1,500 outpatient services cap, as medically necessary:<br>- One initial evaluation per year<br>- Up to 210 minutes of treatment per week<br>- One initial wheelchair evaluation per 5 years<br><br>We cover for people of all ages, as medically necessary:<br>- Follow-up wheelchair evaluations, one at delivery and one 6-months later | Yes, for some services. |
| Podiatry Services | Medical care and other treatments for the feet. | We cover, as medically necessary:<br>- Up to 24 office visits per calendar year.<br>- Foot and nail care.<br>- X-rays and other imaging for the foot, ankle and lower leg.<br>- Surgery on the foot, ankle or lower leg. | 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. | We cover, as medically necessary:<br>- Up to a 34-day supply of drugs, per prescription.<br>- Refills, as prescribed. | 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, as medically necessary. | 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, as medically necessary. | Yes, for some services |
| 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, as medically necessary. | No |
| 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 medically necessary 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<br><br>Up to 60 days/calendar year | Yes |
| Respiratory Services | Services that treat conditions, illnesses or diseases of the lungs or respiratory system. | We cover medically necessary:<br>- Respiratory testing.<br>- Respiratory surgical procedures.<br>- Respiratory device management. | 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 medically necessary:<br>- One initial evaluation per calendar year.<br>- One therapy re-evaluation per six months.<br>- Up to 210 minutes of therapy treatments per week (maximum of 60 minutes per day). | No |
| Self-Help/ Peer Services | Services to help people who are in recovery from an addiction or mental illness. | As medically necessary and recommended by us. | No |
| Skilled Nursing | Medical care or skilled nursing care that you get while you are in a nursing facility.<br><br>This can be a short-term or long-term rehabilitation stay. | All ages.<br><br>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 medically necessary:<br>- Comprehensive Behavioral Health Assessments.<br>- Specialized Therapeutic Foster Care Services.<br>- Therapeutic Group Home Services. | Yes |

| Service | Description | Coverage/ Limitations | Prior Authorization |
|---|---|---|---|
| Speech-Language Pathology Services | Services that include tests and treatments to help you talk or swallow better. | We cover the following medically necessary services for children ages 0-20:<br>- Communication devices and services.<br>- Up to 210 minutes of treatment per week.<br>- One initial evaluation per calendar year.<br><br>We cover the following medically necessary services for adults:<br>- One communication evaluation per five calendar years. | 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 |
| Substance Abuse Intensive Outpatient Program | Substance abuse treatment of detoxification services provided in an outpatient setting. | Covered as medically necessary. | Yes |
| Substance Abuse Short-term Residential Treatment Services/ Residential Outpatient Services | Short-term substance abuse treatment in a residential program. | Covered as medically necessary. Maximum 60 days per calendar year. | Yes |

| Service | Description | Coverage/ Limitations | Prior Authorization |
|---|---|---|---|
| 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 medically necessary services when prescribed by your doctor:<br>- Two pairs of eyeglasses for children ages 0-20.<br>- One frame every two years and two lenses every 365 days for adults ages 21 and older.<br>- Contact lenses.<br>- 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. | Ages 21 years and older.<br><br>Unlimited as deemed medically necessary | Yes |
| Biometric Equipment | Digital blood pressure cuff and weight scale | Ages 21 years and older.<br><br>One (1) digital blood pressure cuff every three (3) years; One (1) weight scale every three (3) years | No |
| Cellular phone service | Additional minutes for SafeLink phone or Connections Plus plan. | Ages 18 years and older. | No |
| Chiropractic | Services provided by chiropractors. | Ages 21 years and older.<br>Unlimited. | 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. | Ages 21 and older.<br><br>Six-month supply. | No |

| Service | Description | Coverage/ Limitations | Prior Authorization |
|---|---|---|---|
| Durable Medical Equipment and Supplies | Additional coverage for items not covered under standard benefits, such as, wound supplies, hospital bed and mattresses, insulin pump and infusion pump. | Ages 21 and older. | Yes, for some equipment and supplies. |
| Durable Medical Equipment/ Asthma Supplies | Unlimited hypoallergenic bedding and one (1) HEPA filter vacuum cleaner for members diagnosed with asthma. | Must have asthma diagnosis. | Contact your care manager to determine eligibility. |
| Doula services | Pregnancy, postpartum and newborn care and assessment provided in your home by a doula. | Ages 13 and older.<br><br>No limits. | Yes |
| Flu/Pandemic Prevention Kit | 1 Flu/Pandemic Prevention kit; 3 ply face masks – 10 piece; oral digital thermometer; hand sanitizer | Ages 18 years and older.<br><br>Eligible for the first 1,000 members who have received their flu vaccine. | No |
| Eye exam | Routine eye exam. | Ages 21 and older.<br><br>One per year based on date of service. | No |
| Eyeglasses | Prescription eyeglasses. | Ages 21 and older.<br><br>One per year based on date of service. | No |

| Service | Description | Coverage/ Limitations | Prior Authorization |
|---|---|---|---|
| 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. | Ages 21 and older.<br><br>All services limited to one every two calendar years, except for hearing aid monaural in ear, which is one per calendar year. | No |
| Homemaker Services (Carpet Cleaning) | Must be diagnosed with asthma to qualify. | Up to two cleanings per year. | Contact your care manager to determine eligibility. |
| Home Delivered Meals (General) | For nutritional support | Up to 10 meals per event | Yes |
| Home delivered meals post inpatient discharge | Meals delivered to your home after discharge from hospital or nursing facility. | No age limit.<br><br>Unlimited as deemed medically necessary | Yes |
| Home Delivered Meals - Disaster Preparedness/ Relief | 1 emergency meal kit annually | | Yes |

| Service | Description | Coverage/ Limitations | Prior Authorization |
|---|---|---|---|
| Home Health Nursing/Aid Services | Services to help with daily living | Ages 21 years and older.<br><br>Unlimited as deemed medically necessary. | 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.<br><br>48 visits per calendar year. | Yes |
| Legal Guardianship | Maximum of five hundred dollars ($500) per eligible enrollee per lifetime | This is available to members who are in a SNF or PDN setting and parent is obtaining guardianship to protect those who are unable to care for their own well-being. Available for members aged 17 through 18.5. | Contact your care manager to determine eligibility. |
| Massage therapy | Massage of soft body tissues to help injuries and reduce pain. | Ages 21 and older.<br><br>Unlimited as deemed medically necessary | Yes |
| Meal Stipend | Available for long distance medical appointment day-trips. | Two hundred dollars ($200) per day up to one thousand dollars ($1,000) per year for trips greater than one hundred (100) miles. | Yes |
| Mental Health Targeted Case Management | Services to help get medical and behavioral health care for people with mental illnesses. | Ages 21 years and older.<br><br>Unlimited. | No |

| Service | Description | Coverage/ Limitations | Prior Authorization |
|---|---|---|---|
| Newborn circumcision | Can be provided in a hospital, office or outpatient setting.<br><br>* SMI Specialty Plan members are not eligible | Birth to 28 days old.<br><br>One per lifetime if medically necessary. | No |
| Nutritional counseling | Outpatient visits with a dietician for members. | Ages 21 and older. | 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.<br><br>One evaluation per calendar year.<br><br>One re-evaluation per calendar year.<br><br>Up to seven therapy visits per week. | Yes, except initial evaluation. |
| Outpatient hospital service | Service provided in a hospital setting on an outpatient basis. | Ages 21 and older.<br><br>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 repellant, oral hygiene products and skin care. | All ages.<br><br>Up to $25 per household, per month.<br><br>SMI Specialty Plan members are eligible to receive $35 per household worth of OTC items each month. | No |

| Service | Description | Coverage/ Limitations | Prior Authorization |
|---|---|---|---|
| Physical therapy | Physical therapy in an office setting. | Ages 21 and older.<br><br>One evaluation per calendar year.<br><br>One re-evaluation per calendar year.<br><br>Up to seven treatment units per week. | Yes, except initial evaluation. |
| Prenatal/ perinatal visits | 14 visits for low-risk pregnancy<br><br>18 visits for high-risk pregnancy<br><br>- Breast pump, hospital grade rental<br><br>- Breast pump rental | Ages 10-59<br><br><br><br><br>One per calendar year; ages 10 to 59.<br><br>One every 2 calendar years; ages 10 to 59. | No<br><br>No<br><br>Yes<br><br>Yes |
| Primary care visits | Visits to primary care provider. | Ages 21 and older.<br><br>Unlimited. | No |
| Postpartum visits | Doctor visits after delivery of your baby. | Ages 10-59.<br><br>Three visits within 90 days of delivery. | No |
| Respiratory therapy | Respiratory therapy in an office setting. | Ages 21 and older.<br><br>One initial evaluation and re-evaluation per calendar year.<br><br>One visit per day in office. | No |

| Service | Description | Coverage/ Limitations | Prior Authorization |
|---|---|---|---|
| Speech language therapy | Speech and language therapy services in the office setting. | Ages 21 and older.<br>One evaluation/re-evaluation per calendar year.<br>One AAC re-evaluation per calendar year.<br>One evaluation of oral pharyngeal swallowing per calendar year.<br>Up to seven therapy treatment units per week.<br>AAC fitting, adjustment and training; up to four 30-minute sessions per calendar year. | Yes, except initial evaluation. |
| Swimming Lessons (Drowning Prevention) | Children under age 21 can receive swimming lessons | Up to $200 per year. | No |
| Vaccines:<br><br>TDaP<br><br>Influenza<br><br>Shingles<br><br>Pneumonia | Vaccines to prevent disease. | Ages 21 and older.<br><br>One per pregnancy.<br><br>Unlimited.<br><br>One per lifetime, 2 doses.<br><br>Unlimited as deemed medically necessary | <br><br>No<br><br>No<br><br>Yes, for ages 21-65.<br><br>Yes, for ages 21-65. |
| Waived copayments | All services, including behavioral health. | Ages 21 and older. | No |

If you are an SMI Specialty Plan member, you receive all of the expanded benefits listed above plus the benefit listed below

| Service | Description | Coverage/ Limitations | Prior Authorization |
|---|---|---|---|
| Home Allowance | SMI Specialty Plan members can receive up to $2,500 per member per lifetime for housing assistance. | Up to $2,500 per member per lifetime. | Contact your care manager to determine eligibility. |

**Your Plan Benefits: Behavioral Health Enhanced Benefits**

| Service | Description | Coverage/ Limitations | Prior Authorization |
|---|---|---|---|
| Assessment services | Standard assessment of mental health needs and progress. | Ages 21 and older.<br><br>Unlimited. | No |
| Behavioral Health Day Services/Day Treatment | Day treatment and adult day care services | Ages 21 years and older.<br><br>Unlimited as deemed medically necessary. | Yes |
| Behavioral Health Screening Services | | Ages 21 and older. | No |
| Behavioral Health Medical Services (Medication Management, Drug Screening) | Services include evaluation of the need for medication; clinical effectiveness and side effects of medication; medication education; and prescribing, dispensing, and administering of psychiatric medications. | Unlimited units for verbal interaction, medication management and drug screening | No |
| Behavioral Health Psychosocial Rehabilitation | Services to help people re-enter everyday life (cooking, managing money and performing household chores) | Ages 21 and older.<br><br>Unlimited. | No |

| Service | Description | Coverage/ Limitations | Prior Authorization |
|---|---|---|---|
| Computerized Cognitive Behavioral Analysis | Including health focused clinical interview, behavioral observations, and health and behavioral interviews for individual, group and family (with or without the patient). | Ages 21 and older.<br><br>Unlimited. | Yes |
| Equine Therapy | Provided to members with behavioral health conditions and involves activities with horses. | Ages 21 and older.<br><br>Up to 10 sessions per year. | Yes |
| Medication Assisted Treatment Services | Services used to help people who are struggling with drug addiction. | Ages 21 years and older.<br><br>Unlimited. | No |
| Therapeutic Behavioral On-Site Services | Therapy services, behavior management, and therapeutic support are coordinated through individualized treatment teams to help members with complex needs from requiring placement in a more intensive, restrictive behavioral health setting. | Ages 21 years and older.<br><br>Unlimited. | No |

| Service | Description | Coverage/ Limitations | Prior Authorization |
|---|---|---|---|
| Therapy – Art | Provided to members with behavioral health conditions in an outpatient setting. Must be delivered by a behavioral health clinician with art therapy certification. | Ages 21 and older.<br><br>Unlimited. | Yes |
| Therapy (individual or family) | One-on-one individual mental health therapy. | Ages 21 and older. | No |
| Therapy (group) | Mental health therapy in a group setting. | Ages 21 and older. | No |
| Pet Therapy | Provided to members with behavioral health conditions and involves activities with trained animals. | Ages 21 and older.<br><br>Sessions as needed per provider recommendation. | 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 (LTC) 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 must have a **person-centered plan of care (plan of care)**. Your case manager makes your plan of care with you. 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 light housekeeping tasks around your house, your plan of care will tell you that an adult companion care provider comes one day a week to help with your light housekeeping tasks.
- 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 services on your plan of care.

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. Some other changes to your health and care plan may also require an in-person visit. 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 or a health plan representative 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[7].

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 Companion Care | This service helps you fix meals, do laundry and light housekeeping. | Per assessed need. | Yes |
| Adult Day Health Care | Supervision, social programs and activities provided at an adult day care center during the day. If you are there during mealtimes, 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. | Limited to members who reside in adult family care homes. | Yes |

[7] 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

| 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. | No |
| 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. | No |
| 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 |
| 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 | 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.<br><br>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. | 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 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 | These are in-home services to help you with:<br>- Bathing.<br>- Dressing.<br>- Eating.<br>- Personal Hygiene. | 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. | Limited to members who live alone or who are alone for significant parts of the day who would otherwise require extensive supervision.<br><br>Coverage is provided when they are essential to the health and welfare of the member. | 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 (PDO)

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 |
|---|---|---|---|
| ALF Move-in Basket | Members can select one basket with up to $50 worth of items | Ages 21 and older.<br><br>For LTC members currently living in an Assisted Living Facility (ALF) and new members moving into an ALF (1 lifetime benefit). | No |
| 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.<br><br>Beds can be held for 14 days if the member has resided in facility for a minimum of 30 days between episodes. | No |
| Caregiver Transportation | Four (4) one way trips monthly to visit a member who is residing at an ALF | Ages 18 years and older.<br><br>For LTC caregivers who need transportation to see loved ones in an ALF. | No |

| Service | Description | Coverage/ Limitations | Prior Authorization |
|---|---|---|---|
| Healthy Living Benefit | Healthy Lifestyle aids for LTC members - includes a wide variety of assistive devices and adaptive aids to help members maintain independence in their homes | Ages 21 years and older.<br><br>Members can select two (2) from the following items to achieve better health: digital scale, home blood pressure cuff, peak flow meter, reachers/grabbers, lumbar pillow, personal fan, clip on lamp, walker bag, a pair (2) face mask<br>(1 lifetime benefit) choose two (2) items | No |
| Home Allowance | Get up to $250 per year to help with living costs like utilities and more | Funds are paid directly to the utility company or place assistance is needed. | Contact your care manager to determine eligibility. |
| Non-emergency transportation – non-medical purposes | Transportation for non-medical trips, such as shopping or social events. | Ages 18 and older.<br><br>Three round trips 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. | Contact your care manager to determine eligibility. |
| Individual therapy sessions for caregivers | Therapeutic counseling for primary caregivers who reside with LTC members in a private home. | Ages 18 and older.<br><br>Unlimited. | No |

## 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 **Complaint** | Call us at any time.<br><br>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 **Grievance** | Write us or call us at any time. 1-866-796-0530 (phone) or TTY at 1-800-955-8770<br>Call us to ask for more time to solve your grievance if you think more time will help.<br><br>You can contact us at:<br>Sunshine Health<br>P.O. Box 459087<br>Fort Lauderdale, FL 33345-9087<br><br>Fax: 1-866-534-5972<br><br>Sunshine_Appeals @centene.com | • Review your grievance and send you a letter with our decision within 90 days unless clinically urgent.<br><br>• If we need more time to solve your grievance, we will:<br>  • Send you a letter with our reason and tell you about your rights if you disagree. |

| | 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 **Appeal** | • 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<br>• Ask for your services to continue within 10 days of receiving our letter, if needed. Some rules may apply.<br><br>You can contact us at:<br>Sunshine Health<br>P.O. Box 459087<br>Fort Lauderdale, FL 33345-9087<br><br>1-866-796-0530<br>Fax: 1-866-534-5972<br>Sunshine_Appeals @centene.com | • Send you a letter within five business days to tell you we received your appeal.<br>• Help you complete any forms.<br>• Review your appeal and send you a letter within 30 days to answer you.<br><br>If we need more time to solve your appeal, we will:<br>• Send you a letter with our reason and tell you about your rights if you disagree |
| If you think waiting for 30 days will put your health in danger, you can ask for an **Expedited or "Fast" Appeal** | • Write us or call us within 60 days of our decision about your services.<br><br>You can contact us at:<br>Sunshine Health<br>P.O. Box 459087<br>Fort Lauderdale, FL 33345-9087<br><br>1-866-796-0530 | • Give you an answer within 48 hours after we receive your request.<br>• Call you the same day if we do not agree that you need a fast appeal and send you a letter within two days. |
| If you do not agree with our appeal decision, you can ask for a **Medicaid Fair Hearing** | • Write to the Agency for Health Care Administration Office of Fair Hearings.<br>• Ask us for a copy of your medical record.<br>• Ask for your services to continue within 10 days of receiving our letter, if needed. Some rules may apply.<br>***You must finish the appeal process before you can have a Medicaid Fair Hearing.* | • Provide you with transportation to the Medicaid Fair Hearing, if needed.<br>• Restart your services if the state agrees with you.<br><br>If you continued your services, we may ask you to pay for the services if the final decision is not in your favor. |

**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
Fort. Myers, FL 33906
1-877-254-1055 (toll-free)
1-239-338-2642 (fax)
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
- The service(s) you think you need
- 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
Fort. Myers, FL 33906
1-877 254-1055 (toll-free)
1-239-338-2642 (fax)
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 you to 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
- Always have your dignity and privacy considered and respected
- 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, and openly discuss the treatment you need, choices of treatments and alternatives, risks and how these treatments will help you

- Participate in making choices with your provider about your health care, including the right to say no to 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
- Get care without fear of any form of restraint or seclusion being 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:**

- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation
- 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 for care and ask questions
- Keep your appointments and 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 and case manager 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.

For LTC members, your case manager will assist you in creating a disaster plan.

**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

**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
- How to enroll in Case Management program
- Information about our providers, services and your rights and responsibilities
- How new technology is evaluated to be included as a covered benefit
- Information about our providers, services and your rights and responsibilities

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

**Connecting Your Healthcare: New Access to Your Digital Health Records**

On July 1, 2021, the new federal Interoperability and Patient Access Rule (CMS 9115 F) made it easier for members to get their health records. You now have full access to your health records on your mobile device. That helps you manage your health and get services.

Imagine:

- You go to a new doctor because you don't feel well. They can pull up your health history from the past five years.
- You use a current provider list to find a doctor or specialist.
- That doctor or specialist can use your health history to find out what is wrong.
- You go to your computer to see if a claim is paid, denied or still being processed.
- If you want, you take your health history with you as you switch health plans.

The new rule applies to information for dates of service on or after Jan. 1, 2016. It makes it easy to find information on your claims, pharmacy drug coverage, health information and providers. For more info, visit your Secure Member Portal account at **SunshineHealth.com/login**.

## 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 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 https://elderaffairs.org/programs-services/housing-options/ 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/FLKidCare/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 to Use and Disclose Health Information
3. Revocation of Authorization to Use and/or Disclose Health Information
4. Consent for Release of Medical Records
5. Notification of Pregnancy
6. Specialty Pharmacy Change Request Form

# APPOINTMENT OF A DESIGNATED REPRESENTATIVE

_____ _____
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 DiscloseHealth 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 thisform.
- You do not have to give permission to use or share your health information. Your services and benefits withSunshine Health will not change if you do not submit this form.
- If you want to cancel this authorization form, send us a written request to revoke it at the address on the bottom of this page. A revocation form can be provided to you by calling Member Services at the phone number on the back of your member ID card.
- 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.
- If you need help, contact Member Services at the phone number on the back of your member ID card.
- Fill in all the information on this form. When finished, mail the form and any supporting documentation to:
  **Sunshine Health**
  Attn: Compliance Department
  P.O. Box 459089
  Fort Lauderdale, FL 33345-9089

---

**Aviso al (la) afiliado(a):**

- Al llenar este formulario, usted autoriza a Sunshine Health a (i) que use su información de salud para un fin en particular, y/o (ii) que la dé a conocer a la persona o entidad que usted identifique en este formulario.
- Usted no tiene que firmar este formulario ni dar permiso a usar o dar a conocer su información de salud. Susservicios y beneficios de Sunshine Health no cambiarán si usted no firma este formulario.
- Si desea cancelar este formulario de autorización, envíenos por escrito una solicitud para revocarlo a la dirección que aparece al final de esta página. Servicios para los afiliados puede proporcionarle un formulario de revocación si les llama al número telefónico que se encuentra en la parte trasera de su tarjeta de identificación de afiliación.
- Sunshine Health no puede prometer que la persona o el grupo al que nos permita dar a conocer su informaciónde salud no la dará a conocer a alguien más.
- Conserve una copia de todos los formularios llenos que nos envíe. Si las necesita, podemos enviarle copias.
- Si necesita ayuda, comuníquese con Servicios para los afiliados al número telefónico que aparece en la parte trasera de su tarjeta de identificación de afiliación.
- Llene toda la información en este formulario. Al terminar, envíe el formulario y todos los documentos de apoyo a
  **Sunshine Health**
  Attn: Compliance Department
  P.O. Box 459089
  Fort Lauderdale, FL 33345-9089

**PLEASE READ THE INSTRUCTIONS CAREFULLY AND COMPLETE THE FORM BELOW. INCOMPLETE FORMS CANNOT BE ACCEPTED.**

**1** **MEMBER INFORMATION:**

Member Name *(print)*: _____

Member Date of Birth:_____ Member ID Number: _____

**2** **I GIVE SUNSHINE HEALTH PERMISSION TO USE MY HEALTH INFORMATION FOR THE PURPOSEIDENTIFIED OR TO SHARE MY HEALTH INFORMATION WITH THE PERSON OR GROUP NAMED BELOW. THE PURPOSE OF THE AUTHORIZATION IS** *(check one option below)***:**

☐ to allow Sunshine Health to help me with my benefits and services, **OR**

☐ to permit Sunshine Health to use or share my health information for _____

**3** **PERSON OR GROUP TO RECEIVE INFORMATION** *(add more Persons or Groups on next page)***:**

Name (person or group): _____

Address: _____

City: _____ State: ____ Zip:_ Phone: _____

**4** **I AUTHORIZE SUNSHINE HEALTH TO USE OR SHARE THE FOLLOWING HEALTH INFORMATION**
*(NOTE: Select the first statement to release ALL health information or select the below statement to releaseonly SOME health information. **Both CANNOT be selected.**)*

☐ **All of my health information INCLUDING:**
Genetic information, services or test results; HIV/AIDS data and records; mental health data and records (but not psychotherapy notes); prescription drug/medication data and records; and drug and alcohol data and records (please specify any substance use disorder information that may be disclosed);

**OR**

☐ **All of my health information EXCEPT** *(check only the boxes below that apply)***:**

☐ Genetic information, services or tests
☐ AIDS or HIV data and records
☐ Prescription drug/medication data and records
☐ Drug and alcohol data and records
☐ Mental health data and records (but not psychotherapy notes)
☐ Other: _____

**5** **THIS AUTHORIZATION ENDS ON THIS DATE/EVENT:** _____
*Date this authorization ends unless cancelled. If this field is blank, the authorization expires one year fromthe date of the signature below.*

---

**6** **MEMBER OR LEGAL REPRESENTATIVE SIGNATURE:** _____

**DATE:** _____

**IF LEGAL REPRESENTATIVE - Relationship to Member**: _____
*If you are the Member's legal or personal representative, **you must send us copies of relevant forms,** suchas power of attorney or order of guardianship.*

MAIL COMPLETED AUTHORIZATION FORM AND ANY SUPPORTING DOCUMENTATION TO
Sunshine Health, Attn: Compliance Department,
P.O. Box 459089 Fort Lauderdale, FL 33345-9089

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

**ADDITIONAL INDIVIDUAL PERSON(S) OR GROUP(S) TO RECEIVE INFORMATION:**

NOTE: If you are consenting to disclose any substance use disorder records to a recipient that is neither a third party payor nor a health care provider, facility, or program where you receive services from a treating provider, such as a health insurance exchange or a research institution (hereafter, "recipient entity"), you must specify the name of an individual with whom or the entity at which you receive services from a treating provider at that recipient entity, or simply state that your substance use disorder records may be disclosed to your current and future treating providers at that recipient entity.

Name (individual or entity):

Address:

City: State: Zip: Phone:

Name (individual or entity):

Address:

City: State: Zip: Phone:

Name (individual or entity):

Address:

City: State: Zip: Phone:

Name (individual or entity):

Address:

City: State: Zip: Phone:

Name (individual or entity):

Address:

City: State: Zip: Phone:

Name (individual or entity):

Address:

City: State: Zip: Phone:

Name (individual or entity):

Address:

City: State: Zip: Phone:

# Revocation of Authorization to Use and/or Disclose Health Information

I want to cancel, or revoke, the permission I gave to Sunshine Health to use my health information for a particular purpose or to share my health information with a person or group:

**PERSON OR GROUP THAT RECEIVED THE INFORMATION:**

Name (person or group): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Authorization Signed Date (if known): _____

**MEMBER INFORMATION:**

Member Name (print): _____

Member Date of Birth: _____ Member ID Number: _____

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

**Member Signature:** _____ **Date:** _____

*(Member or Legal Representative Sign Here)*

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

---

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

Sunshine Health
Attn: Compliance Department
P.O. Box 459089
Fort Lauderdale, FL 33345-9089
Phone: 1-866-796-0530 or TTY 1-800-955-8770

## 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

B. I am transferring from Medical Office #: _____ To: _____

C. I authorize release of

____ Entire medical record

____ 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 hasno control over the use of the already released copies.

**I hereby release Sunshine State Health Plan, its subsidiaries and affiliates, and my medical office fromany 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 recordswill 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 isprotected by Federal and State Law. You are prohibited from making further disclosure of such informationwithout the specific and documented approval of the person to whom the released information pertains, oras otherwise permitted under State Law. A general authorization is NOT sufficient for this purpose.

Ver2 (03/2014)

CNC Rev. 01/11/2017

MAIL COMPLETED FORM TO

**Sunshine Health, Attn: Compliance Department,**
**P.O. Box 459089, Fort Lauderdale, FL 33345-9089**

# 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



Rev. 04 24 2018
FL-MNOP-2008-2

sunshine health

# Specialty Pharmacy Change Request Form

Member Name: _____ Date of Birth: _____

Address: _____ ID#: _____

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

**Sunshine Health - Attn: Pharmacy**
**P.O. Box 459089**
**Fort Lauderdale, FL 33345-9089**
**Fax: 1-866-753-7452**

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

   [ ] CVS Caremark Specialty Pharmacy

   [ ] Accredo Health

2. I wish to use the pharmacy listed above for my child 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):

   _____

   _____

   _____

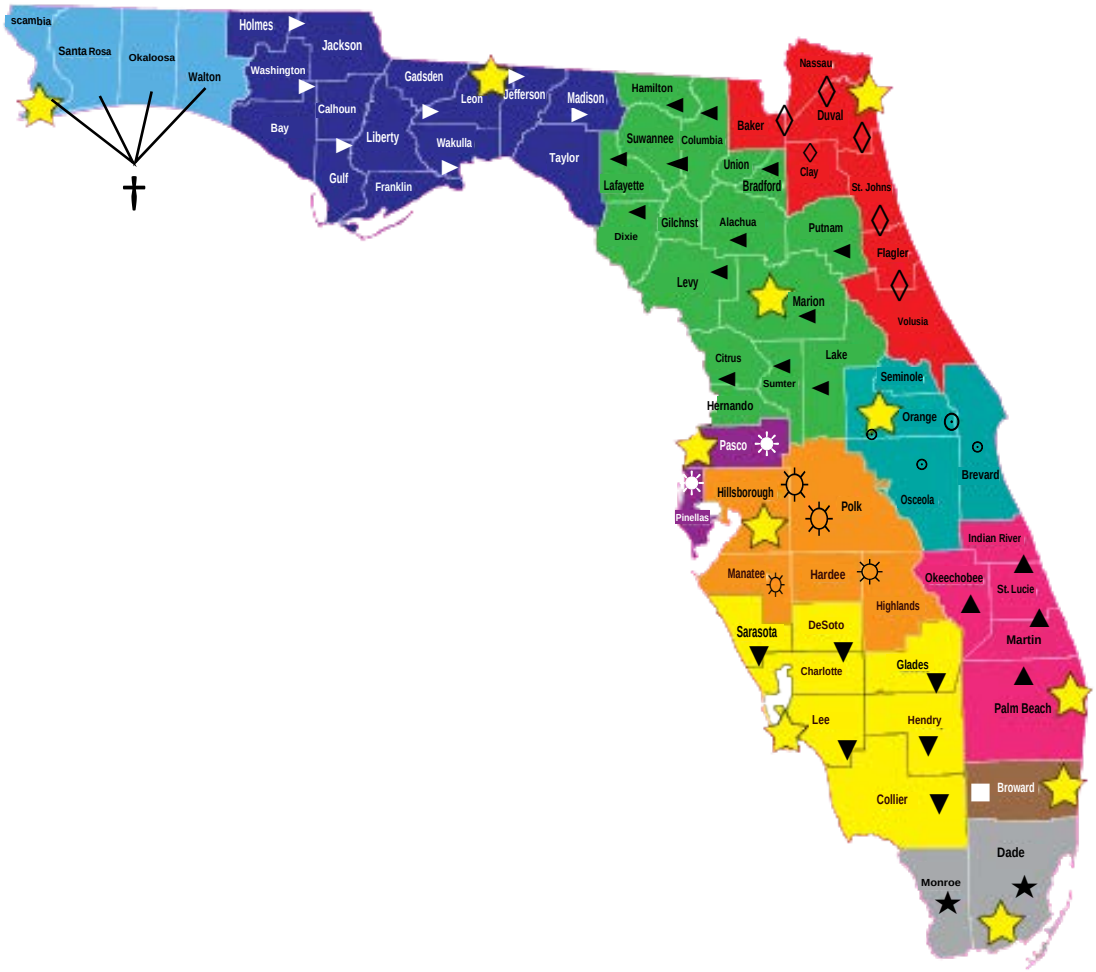
**Signature**_____ **Date:** _____

## Section 21: Welcome Rooms

Sunshine Health members can visit our Welcome Rooms in Florida. Members, caregivers and families can get help and support at our Welcome Rooms. You can also go to health and education events there. These are ways you can use our Welcome Rooms:

- Talk to us about your health plan.
- Meet with a Care Manager about your Plan of Care
- Go to events like:
  - Children and adult reading classes.
  - Baby showers.
  - Special needs resources.
- Get information about things like:
  - Transportation.
  - Food.
  - Housing.
  - Financial help.

★ Here is a list of the Welcome Rooms across Florida



## † REGION 1

Pensacola - Escambia County
2620 Creighton Road
Suite 401
Pensacola, FL 32504
1-850-473-2801

## ► REGION 2

Tallahassee - Leon County
2525 S. Monroe St.
Unit 1
Tallahassee, FL 32301
1-850-523-4301

## ◄ REGION 3

Ocala - Marion County
2724 NE 14th St.
Ocala, FL 34470
1-352-840-1102

## ◊ REGION 4

Jacksonville - Duval County
5115 Normandy Blvd., Unit 1
Jacksonville, FL 32205
1-904-348-5267

## ☀ REGION 5

New Port Richey - Pasco County
5035 US Hwy. 19
New Port Richey, FL 34652
1-727- 834-2301

## ☼ REGION 6

Tampa - Hillsborough County
200 West Waters Ave.
Tampa, FL 33604
1-813-470-5651

## ⊙ REGION 7

Orlando - Orange County
6801 - W. Colonial Drive Suite E
Orlando, FL 32818
1-407-253-7602

## ▼ REGION 8

Ft Myers - Lee County
4901 Palm Beach Blvd.
Suite 80
Ft Myers, FL 33905
1-239-690-5722

## ▲ REGION 9

West Palm Beach - Palm Beach County
4278 Okeechobee Blvd.
West Palm Beach, FL 33409
1-561-337-3564

## ■ REGION 10

Lauderhill - Broward County
1299C NW 40th Ave. #12C
Lauderhill, FL 33313
1-954-400-6451

## ★ REGION 11

Palmetto Bay - Dade County
9552 SW 160th St.
Miami, FL 33157
1-786-573-7801

Sunshine Health provides free aids and services to people with disabilities, such as qualified sign language interpreters, written information in other formats (large print, audio, accessible electronic and formats), and free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

This information is available for free in other languages. Please contact Member Services 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.

Si oumenm, oubyen yon moun w ap ede, gen kesyon nou ta renmen poze sou Sunshine Health, ou gen tout dwa pou w jwenn èd ak enfòmasyon nan lang manman w san sa pa koute w anyen. Pou w pale avèk yon entèprèt, sonnen nimewo 1-866-796-0530 (TTY 1-800-955-8770).

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Sunshine Health, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-866-796-0530 (TTY 1-800-955-8770).

## Notes