

Child Welfare Specialty Plan Member Handbook

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Welcome

Thank you for choosing Sunshine Health's Child Welfare Specialty Plan as your new Medicaid health plan in Florida. We are proud to have you as a member of our health plan. We will work hard to help you with your health care needs. You are able to be a member of Sunshine Health because you live in our service area, because you are eligible for the Florida Medicaid program, and you are eligible for the Child Welfare Specialty Plan. Sunshine Health's Child Welfare Specialty Plan is a plan that gives you choices. You can choose a primary care provider (PCP) from our list of doctors in your area. You can also choose to join special programs that help you and your children enrolled with our plan stay healthy.

Please check the Sunshine Health Member ID card that you get with this handbook. Make sure it is correct. If you find a mistake, please call our dedicated Child Welfare Member Services Department at 1-855-463-4100 (TDD/TTY 1-800-955-8770), and we will change it for you. Be sure to bring your Sunshine Health Member ID cards with you when you see your doctor. Also, bring them with you when you go to the hospital or pharmacy. Please be sure to keep these cards in a safe place.

If you have not chosen a PCP for yourself and your family, please call our friendly Child Welfare Member Services Department at 1-855-463-4100 and choose a PCP over the phone. You can also find a PCP by visiting our website at www.sunshinehealth.com.

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

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

Please read this Member Handbook. Keep it handy. It tells you about the benefits and service we give to you. It also tells you whom to call when you have questions. This booklet may be changed from time to time. You can always see the most updated changes on the website at www.sunshinehealth.com. This information is available for free in other languages. Please contact our customer service number at 1-855-463-4100 (TDD/TTY 1-800-955-8770), Monday through Friday, from 8:00 a.m. to 8:00 p.m., Eastern Time.

Wishing you good health!

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What do I do in an emergency?

Call 911 or go to the nearest hospital/emergency room if you think your child needs emergency care. You can call 911 for help in getting to the hospital emergency room. If your child receives emergency services, call your doctor to schedule a follow up visit as soon as possible.

Remember to call Sunshine Health Member Services at 1-855-463-4100 and let us know of the emergency care your child received.

Sunshine Health defines an emergency as a condition in which you think your child has a serious medical condition, or not getting medical attention right away will be a threat to your child's life, limb, or sight.

You do not need a referral from your child's doctor to get emergency care. If you have a real emergency, go to the nearest emergency room or call 911 right away! After your child has received emergency care, call Sunshine Health at 1-855-463-4100.

WHAT DO I DO IN A BEHAVIORAL HEALTH EMERGENCY?

If your child is in crisis and you need immediate assistance, please call 911 or bring your child to the nearest emergency room or Mental Health Crisis Center.

SUNSHINE HEALTH UNDERSTANDS THAT YOU MAY BE CARING FOR A RELATIVE OR NON-RELATIVE CHILD. WHATEVER YOUR ROLE, WE REFER TO THE CHILD IN YOUR CARE AS 'YOUR CHILD.'

Important facts to remember:

- If you have questions about who can provide consent for medical services, please contact your assigned Community Based Care (CBC) Lead Agency. If you need help getting in touch with them, call us at 1-855-463-4100 or call the CBC listed for your county in Appendix A on Page 59.
- Carry your child's Sunshine Health member ID card with you at all times.
- Call your child's primary care provider first if your child has a medical problem that is NOT life threatening.
- If you cannot reach the primary care provider, call Sunshine Health at 1-855-463-4100. We are here to help 24 hours a day, 7 days a week.

Sunshine Health, by law, will keep your child's health records private. Your discussions with doctors or other healthcare providers are also private. If you are the Medical Consenter or Legal Guardian, you have the right to say yes or no to requests for your child's records by someone other than those handling your child's health care, unless a court orders release of those records.

Medical Consenter

A Medical Consenter is the person whom a court has said can consent to medical care for a child in the custody of the State. The Medical Consenter may be the child's foster parent, a CBC staff member, or a relative of the child. The child's parent may also be a Medical Consenter if their rights have not been terminated.

ROLE OF MEDICAL CONSENTER

The Medical Consenter agrees to a child's medical care. They also take part in the child's medical appointments. Medical care means "health care and related services." This may include medical, behavioral, dental, or eye care. This does not apply to emergency services. Contact 911 or go to the nearest hospital or emergency facility if you think your child needs emergency care.

Other Formats Available

The information in this booklet is about your child's Sunshine Health Child Welfare benefits. If you need information in a different language, please call Member Services for help. The number is 1-855-463-4100.

Spanish: La información incluida en este folleto es acerca de sus beneficios del Plan de Salud Sunshine Health Child Welfare. Si necesita obtener la información en un idioma diferente, llame al Departamento de Servicios para Miembros al 1-855-463-4100 para que podamos ayudarle.

Interpreter Services

For members who do not speak English or do not feel comfortable speaking it, Sunshine Health has a free service to help. This service is very important because you and your child's doctor must be able to talk about your child's medical or behavioral health concerns in a way that you both can understand. Our interpreter services are provided at no cost to you. They can help with many different languages. This includes sign language. We also have Spanish-speaking representatives available who can help you as needed. Sunshine Health members or caregivers who are blind or visually impaired can call Member Services for an oral interpretation. For interpretation services, call Member Services. The number is 1-855-463-4100 (TDD/TTY 1-800-955-8770).

Non-discrimination Statement

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

Sunshine Health:

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

If you need these services, contact Ilanova De Jesus.

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

Ilanova De Jesus, Complaints Supervisor
1301 International Parkway, Ste. 400
Sunrise, FL 33323
Toll-free: 1-866-796-0530 ext. 41754
Fax: 1-844-439-0708
Email: shcivilrightscoordinator@centene.com

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

U.S. Department of Health and Human Services
200 Independence Avenue SW. Room 509F
HHH Building, Washington, DC 20201
1-800-868-1019
1-800-537-7697(TDD)

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

Resources

Member Handbook

The Member Handbook is a guide to Sunshine Health and your child’s health care benefits. The Member Handbook explains your child’s rights, benefits, and responsibilities as a member of Sunshine Health’s Child Welfare Specialty Plan. Please read this booklet carefully. This booklet also gives you information on your benefits and services such as:

- What is covered by Sunshine Health’s Child Welfare Specialty Plan
- What is not covered by Sunshine Health’s Child Welfare Specialty Plan
- How to get the medical and behavioral health care your child needs
- How to get your prescriptions filled
- What you will have to pay for your prescriptions
- What to do if you are unhappy about this health plan or coverage
- Eligibility requirements
- Materials you will receive from Sunshine Health

You can call Member Services and speak to one of our agents who can assist you at 1-855-463-4100 to get an additional copy of the Sunshine Health Child Welfare Specialty Plan Member Handbook. There is no charge. You may also visit our website at www.sunshinehealth.com to view the Sunshine Health Child Welfare Specialty Plan Member Handbook.

How to Contact Us

Sunshine Health
1301 International Parkway, 4th Floor
Sunrise, FL 33323

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

Member Services.....	1-855-463-4100
Dental/Vision/Pharmacy Services.....	1-855-463-4100
TDD/TTY line.....	1-800-955-8770
Member Services Fax.....	1-866-796-0523
Florida Relay Services (voice and TTY).....	1-800-955-8770
Behavioral Health.....	1-855-463-4100

OTHER IMPORTANT PHONE NUMBERS

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

Provider Directory

Sunshine Health has a Child Welfare Specialty Plan Provider Directory that lists all of the providers and facilities in our network. The Provider Directory has information about our providers:

- Type or Specialty (such as PCPs).
 - Address and Telephone number.
 - Office Hours.
 - Handicap-Accessibility of Sites/Facilities.
 - Languages Spoken (other than English).
 - If they are accepting new patients.
 - Whether the provider has been trained in “trauma informed care.”
1. **Call our Child Welfare Specialty Plan Member Services** at 1-855-463-4100 to get a free copy of our Provider Directory. Member Services can also help you find a provider in your area.
 2. View our Provider Directory online on our website at www.sunshinehealth.com.

Sunshine Health Website

www.sunshinehealth.com

Sunshine Health’s website helps you get the answers. Our website has resources and features that make it easy for you to get quality care. It also gives you information on your child’s Sunshine Health Child Welfare benefits and services such as:

- Member Handbook
- Current news and events
- Provider Directories
- Sunshine Health programs and services

Child Welfare Advisory Committee (CWAC)

We want to give our members the best health care services. We have a Child Welfare Advisory Committee that gives members, foster parents, adoptive parents, guardians of children who are members, and member advocates a chance to talk about their thoughts and ideas with Sunshine Health’s Child Welfare Specialty Plan. At these meetings, members, caregivers, and other advocates have a chance to talk about the way services are delivered.

The group meets four times a year. We may ask members, providers, member advocates, and Sunshine Health staff to join in the meeting. This gives members a chance to talk about ideas or concerns as a recipient of the plan. CWAC members also have a chance to tell us how we are doing. They may ask questions. They may share any concerns about the delivery of services.

Quality Improvement (QI)

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

- Conducting a thorough check on providers when they become part of the Sunshine Health provider network.
- Checking the access that Sunshine Health Child Welfare members have to all types of health care services.
- Providing programs and educational items about general health care and specific diseases.
- Sending reminders to your child to get annual tests or services. Examples are a child health check-up, lead level screening, and immunizations.
- Looking into your concerns regarding the health care your child has received. If you have a concern about the care your child got from their doctor or any service provided by Sunshine Health, please contact us. The number is 1-855-463-4100.

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

Member ID Card

When children/youth are enrolled in Sunshine Health Child Welfare a member ID card will be issued. This card will be mailed to you; the parent, relative, or caregiver, or to the CBC overseeing your child's case. You will receive a Sunshine Health member ID card within five-calendar days of enrollment. This card is proof that your child is enrolled with Sunshine Health Child Welfare. You need to keep this card with you at all times. Please show this card every time you take your child for any service under the Sunshine Health Child Welfare program. The Sunshine Health member ID card will show your child's name, Medicaid ID#, PCP name, and number. If you do not get your child's Sunshine Health member ID card within a few weeks after you join our plan, please call Member Services at 1-855-463-4100. We will send you another card.

Here is an example of your Sunshine Health member ID card:

FRONT

1. Member Name
2. Effective Date
3. ID#



BACK

4. Important Phone #'s
5. Claims Address
6. Health Plan Address



How Your Plan Works

Member Services

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

- Find a PCP
- Obtain a new ID card
- Obtain information about covered and non-covered benefits
- File Grievances and Appeals
- Access Interpretation Services
- Obtain a list of health plan providers
- Report a potential fraud issue
- Request new member materials
- Get you connected with the child welfare case management department
- Access provider information
- Receive materials in alternative formats

Please call 1-855-463-4100 (TDD/TTY 1-800-955-8770). We are open Monday through Friday from 8:00 a.m. to 8:00 p.m. EST. Calls received after business hours are sent directly to NurseWise/Envolve PeopleCare, Inc. NurseWise/Envolve PeopleCare, Inc. nurses are available 24 hours a day, seven days a week, including holidays.

NurseWise/Envolve PeopleCare, Inc.

NurseWise/Envolve PeopleCare, Inc. is a free health information phone line. NurseWise/Envolve PeopleCare, Inc. is ready to answer your health questions 24 hours a day—every day of the year. NurseWise/Envolve PeopleCare, Inc. is staffed with registered nurses. These nurses have spent lots of time caring for people. They are ready and eager to help you.

The services listed below are available by calling NurseWise/Envolve PeopleCare, Inc. – Sunshine Health’s 24-hour nurse hotline at 1-855-463-4100 (TDD/TTY 1-800-955-8770).

- Medical advice
- Health information library
- Answers to questions about your health
- Advice about a sick child
- Advice about whether you need to go to a doctor, urgent care, or emergency room (ER)

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

Membership and Eligibility Information

ELIGIBILITY

Sunshine Health does not determine eligibility. The Department of Children and Families (DCF) will work with the Agency for Health Care Administration (AHCA) to enroll children/youth eligible for Sunshine Health’s Child Welfare Specialty Plan. Sunshine Health’s Child Welfare Specialty Plan is designed specifically for children/youth in the Florida Child Welfare System. It also now includes children who have been adopted through Florida’s Child Welfare System. To see if your child is eligible, you can contact your local Medicaid Office, CBC, or DCF.

To locate your local Florida Medicaid Office, please visit: <http://www.myflfamilies.com/contact-us>. To locate your local CBC please visit: <http://myflfamilies.com/service-programs/community-based-care>.

You may also call DCF at 1-866-762-2237.

The Florida Medicaid Regional Office numbers are listed below:

REGION 1

Escambia, Okaloosa, Santa Rosa, and Walton counties.....1-(800) 303-2422

REGION 2

Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty,

Madison, Taylor, Wakulla and Washington counties.....1-(800) 226-7690

REGION 3

Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette,

Lake, Levy, Marion, Putnam, Sumter, Suwannee, and Union counties.....1-(800) 803-3245

REGION 4

Baker, Clay, Duval, Flagler, Nassau, St. Johns

and Volusia counties.....1-(800) 273-5880

REGION 5

Pasco and Pinellas counties.....1-(800) 299-4844

REGION 6

Hardee, Highlands, Hillsborough, Manatee and Polk counties.....1-(800) 226-2316

REGION 7

Brevard, Orange, Osceola, and Seminole counties.....1-(877) 254-1055

REGION 8

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

REGION 9

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

REGION 10

Broward County.....1-(866) 875-9131

REGION 11

Miami-Dade and Monroe counties.....1-(800) 953-0555

Major Life Changes

Life changes might affect your child’s eligibility with Sunshine Health Child Welfare. If you have a major change in your child’s life, please contact your eligibility DCF case manager, or DCF. Contact them within 10 days after the change happens (or within 10 days after you realize the change has taken place). You should also contact our Member Services Department to update your child’s information at 1-855-463-4100.

Some examples of major life changes include:

- A change in your child’s name
- Move to a different address
- Reunification
- A change in blindness or disability
- Pregnancy
- Moving to a new county or out of state

Quality and Member Satisfaction Information

You may ask for information about Sunshine Health Child Welfare quality performance indicators. This includes how well our members are getting routine services to keep them healthy. You can also get member satisfaction survey results. Please call Member Services to request information. The number is 1-855-463-4100 (TDD/TTY 1-800-955-8770).

If you want additional information on the structure and operation of Sunshine Health or information on physician incentive plans, call Member Services. The number is 1-855-463-4100 (TDD/TTY 1-800-955-8770).

Open Enrollment

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

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

Disenrollment

You may ask to disenroll from Sunshine Health with or without cause by calling Choice Counseling at 1-877-711-3662 (Phone), 1-866-467-4970 (TDD). Sunshine Health cannot directly disenroll any member. AHCA’s program procedures must be followed for all disenrollment requests. Member requests for disenrollment must be given to AHCA either orally or in writing.

You may request disenrollment:

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

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

- (1) The enrollee does not live in a region where the Managed Care Plan is authorized to provide services, as indicated in FMMIS.
- (2) The provider is no longer with the Managed Care Plan.
- (3) The enrollee is excluded from enrollment.

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

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

NEWBORN ENROLLMENT

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

You/your child must pick a doctor for the baby a day after birth. If the baby does not have a doctor, we will pick one for you. When you/your child have the baby, call us at 1-855-463-4100 (TDD/TTY 1-800-955-8770). Your/your child's baby's Medicaid ID number will work once the hospital or provider tells the State of the delivery.

REINSTATEMENT

Sunshine Health's Member Services Department will let you know in writing if you will be reinstated, the effective date of the reinstatement, and your/your child's assigned PCP. We automatically send a new ID card when a member is reinstated, and include a letter providing instructions on how to obtain a new member handbook or provider directory, if needed. Sunshine Health will provide notice of the

reinstatement to you by the first calendar day of the month following our receipt of the notice from the state or within five calendar days from receiving the enrollment file, whichever is later.

Benefits

Covered Services

This section describes your child's covered benefits and benefit limits with Sunshine Health. With Sunshine Health Child Welfare, your child can get the medical services and benefits listed below.

Please Note:

Sunshine Health will not limit or deny services because of a condition your child already has.

For services that are medically necessary and covered by Sunshine Health's Child Welfare Specialty Plan, your child will not have any co-payments (co-pays), deductibles, or other cost sharing that requires you to pay a portion of the fee.

If you are in need of services not covered by Sunshine Health that are covered by Medicaid, contact the Agency for Health Care Administration or your local Medicaid office for assistance.

If your child gets health care services which are not medically necessary or if your child gets care from providers who are out of the Sunshine Health network, you will need to coordinate first with the CBC or Dependency Case Manager in charge of your child's case to discuss payment. If you have questions about medical necessity or which doctors are in our network, call Member Services. The number is 1-855-463-4100.

Benefits

This list does not show all covered and non-covered benefits. All services are subject to benefit coverage, limitations, and exclusions as mentioned in the plan guidelines. Some services require prior authorizations (PAs).

If you have questions about any of these services or any services limits, call us at 1-855-463-4100 (TDD/TTY 1-800-955-8770). A Member Services Representative will help you understand your child's benefits.

Services Covered by Sunshine Health

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

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

<p>Home Health Care Services and Private Duty Nursing Care</p>	<p>Sunshine Health covers Home Health Care Services that are medically necessary. Home Health Care services include home health visits (nurse and home health aide), private duty nursing and personal care services for children, therapy services medical supplies, and durable medical equipment. Home Health Care does not include homemaker services, Meals on Wheels, or a companion, sitter or other social services. Sunshine Health follows the state Medicaid Home Health Services Coverage and Limitations Handbook.</p>
<p>Hospice Services</p>	<p>Hospice Services are forms of palliative medical care and services designed to meet the physical, social, psychological, emotional, and spiritual needs of terminally ill recipients and their families.</p>
<p>Hospital Ancillary Services</p>	<p>Radiology, pathology, neurology, neonatology and anesthesiology services provided by a hospital</p>
<p>Immunizations</p>	<p>Immunizations according to childhood immunization schedule as approved by the appropriate Recommended Childhood Immunization Schedule for the United States.</p>
<p>Independent Laboratory and Portable X-Ray Services</p>	<p>Laboratory and x-ray services.</p>
<p>Inpatient Hospital Services</p>	<p>Includes all items and services needed to give appropriate care during a stay at a hospital, including room and board, nursing care, medical supplies, and all diagnostic and therapeutic services.</p>
<p>Mental Health and Substance Abuse Services</p>	<p>Mental health counseling and referral services or substance abuse services</p>
<p>Nursing Facility Services</p>	<p>Nursing facility services for members under the age of eighteen (18) years</p>

Outpatient Services	<p>Outpatient services, including physical therapy, occupational therapy, speech therapy, and respiratory services, provided in an outpatient hospital setting. Also included are services in an ambulatory surgical treatment center.</p> <p>Outpatient therapy services and outpatient laboratory and other diagnostic services are limited to \$1,500 per year when provided in an outpatient hospital setting – mammograms and obstetric ultrasounds do not count towards the Medicaid limit (see Enhanced Benefits for more information if you live in Region 3).</p>
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Therapy Services:	Physical, Respiratory, Occupational, and Speech therapies are covered for recipients under 21 years of age as medically necessary, including Early Intervention Services (EIS) and Early Steps Services.
Physician Services	Physician Services includes all services and procedures rendered by a participating provider when needed for preventive, diagnostic, therapeutic purposes, or to treat a particular injury, illness, or disease. Excludes experimental procedures and cosmetic surgery. These physicians include: Advanced Registered Nurse Practitioner (ARNPs), Physician Assistant (PAs), podiatry, ambulatory surgical centers, community health departments, rural health clinic services, Federally Qualified Health Centers (FQHCs), birthing centers, certified nurse midwives, chiropractors, psychiatrists, and nursing care (see Enhanced Benefits for more information).
Prescribed Drugs	Includes prescribed drugs currently covered by the Medicaid Program, when supplied by a licensed participating pharmacy.
Vision Services/ Optometric Services	<p>Routine eye exam (all recipients): Once every 12 consecutive months (service date to service date); additional examinations when medically indicated, and authorized by the Managed Care Plan.</p> <p>Prescription hardware (all recipients): One pair of glasses; additional pairs when medically indicated, and authorized by the Managed Care Plan (see Enhanced Benefits for more information).</p>
Chiropractor	Services provided by Chiropractors.
Podiatrist	Services provided by Podiatrists.

Transportation	<p>Non-emergency transportation to and from your covered medical and dental appointments, and urgent care transportation as needed.</p> <p>Medicaid eligible non-emergency transportation services are provided through LogistiCare. Call LogistiCare at 1-877-659-8420 to make your appointment. Make your appointment 24 hours before you need to be picked up. If the transportation service is late to pick you up, call 1-877-659-8421 to find out why it is late. Call 1-877-659-8421 if you need to cancel your transportation.</p>
Transportation	<p>One time reservations can also be scheduled on the LogistiCare website at http://member.logisticare.com. If you have an emergency and need to be taken to the hospital, you must call 911.</p>

ENHANCED BENEFITS	AS A SUNSHINE HEALTH CHILD WELFARE MEMBER YOU ARE ELIGIBLE FOR THE ENHANCED BENEFITS LISTED BELOW:
Enhanced Dental	Adult members (21 and older) are allowed one cleaning plus one oral exam every six months, or one comprehensive oral exam every year. Includes routine and diagnostic x-rays every two years.
Enhanced Vision	Includes an additional \$150 allowance for frames, lenses or contacts, per year. This may be used to upgrade lenses or frames.
Enhanced Hearing	Adult members (21 and older) can receive one annual hearing exam and one hearing aid every two years. Hearing aid purchase price limited to a maximum of \$500; subject to medical necessity and prior authorization.
Over the Counter (OTC)/Mail Order Benefit	Includes \$25 per member, per month benefit to purchase over the counter products such as vitamins, aspirin, birth control products, and Band-Aids. Enrollees must call 1-866-577-9010 to request covered items to be mailed. Remaining balances do not transfer to the following month.
Unlimited Primary Care Visits	Unlimited office visits for general services, such as family practice or pediatric, when medically necessary.
Home Visits	Unlimited home visits per month by a physician or physician extender for the supervision of chronic conditions, when medically necessary.
Home Health	One visit per day for non-pregnant adults age 21 and older. The visits can be any combination of licensed nurse and home health aide visits when medically necessary.
Enhanced Perinatal visits	Unlimited office visits with participating maternity providers for prenatal and postpartum care.
Enhanced outpatient hospital services	Adult enrollees age 21 and older living in Region 3 receive an additional \$300 per year for outpatient hospital services, when authorized by Sunshine Health. This includes outpatient surgery, radiologic imaging services, physical therapy, speech, therapy, occupational therapy, and respiratory therapy.
Pneumonia Vaccine	For adult members age 21 and older. Must be prior authorized for those age 21 to 65.
Influenza Vaccine	Once per year for adult members age 21 and older.

Shingles Vaccine	For adult members age 21 and older. Must be prior authorized for those age 21 to 65.
Post-discharge meals	Up to 10 home delivered meals per calendar year for enrollees who are discharged from a physical health hospital stay and participate in Sunshine Health's transitional care program. Must be prior authorized by Sunshine Health.
Medically related lodging and food	Up to \$100 per day for lodging and food for up to 21 days. Lodging and up to two meals per day for family members when an enrollee's Sunshine Health approved specialized hospital stay is 150 miles or more from the enrollee's home. Must be prior authorized by Sunshine Health.
Nutritional counseling	Six visits per year with a participating dietician.
Art therapy	Unlimited outpatient visits. The art therapy must be delivered by a behavioral health clinician with art therapy certification. This must be prior authorized by Sunshine Health.
Circumcision	Covered for newborn males during the initial hospitalization or up to 12 weeks old.

Over the Counter (OTC)/ Mail Order Benefit

Each child enrolled in the Sunshine Health Child Welfare Specialty Plan will receive a \$25 monthly OTC allowance. You can choose from approved products that can help your child stay healthy. These include the following, and more:

- Cough, cold and allergy medications
- Topical antibiotics and skin condition medications
- First aid supplies
- Vitamins and minerals

This OTC benefit is in addition to the pharmacy benefit your child will have as a Sunshine Health Child Welfare Specialty Plan member. For a complete list of OTC approved products and supplies, visit www.sunshinehealth.com or call Member Services at 1-855-463-4100 (TDD/TTY: 1-800-955-8770).

Ordering is easy! To place your order, call our toll-free OTC mail order pharmacy at 1-866-577-9010 (TDD/TTY: 1-800-955-8770). Always follow the directions on the label. If you have any questions about using a product, call your PCP.

What is an Integrated Care Team?

Many children in the child welfare system have chronic and complex conditions. It takes a team of medical and behavioral health professionals to meet their needs. An Integrated Care Team is a group of professionals that work together to coordinate care for your child. They can provide access to your child's health record and care plan. The Integrated Care Team may help you get information such as your child's:

- Medical and behavioral health visit history.
- Pharmacy claim history.
- Allergies.
- Lab Results.

Your child's health record and/or care plan is available to the person authorized to consent to medical care for a child in conservatorship. It is also available to the providers of medical care, DCF, or CBC workers and authorized Sunshine Health staff. To get access to medical records, please contact your assigned Dependency Case Manager at your local CBC. The list of CBCs and phone numbers is in Appendix A on Page 58.

Patient Liability

WHEN YOU HAVE TO PAY AND WHEN YOU DON'T:

Sunshine Health Child Welfare will cover most of your child's medical bills. There are times when services are not covered or are limited. You, or the appropriate CBC overseeing your child's case, may be responsible for non-covered services. You may also be responsible for services your child gets if you do not follow the Sunshine Health Child Welfare rules. Some important things for you to remember include:

- **Always** ask if the service is covered before you get it.
- If you want to know if a specific procedure code or pharmacy item is covered, call Member Services at 1-855-463-4100.
- If you/your child get(s) a non-covered service, your provider may ask you to sign a statement that you will pay for the services.
- You must use a provider who accepts the Sunshine Health member ID card. If you are in Sunshine Health Child Welfare, you must use a provider in the Sunshine Health Managed Care network. If your child doesn't, you may have to pay the bill.
- Show your Sunshine Health member ID card and other cards at the time your child gets the service or item. If you don't, you may be responsible for the bill.
- If your provider recommends your child gets a service that is not covered, you must pay for that service if you choose to get it.
- If you request a service that is not covered, you must pay for that service. For more information, please contact Member Services at 1-855-463-4100.

For more information, please contact Member Services at 1-855-463-4100.

How to Obtain Healthcare

Three Easy Steps to Establish a PCP Relationship

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

Primary Care Provider (PCP)

WHAT IS A PCP

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

If your child has never seen their PCP, as soon as your child joins Sunshine Health you should call their PCP. Introduce yourself/your child as a new member. If your child has not already completed the required assessments, please do so as soon as possible. It is best not to wait until your child is sick to meet your child's PCP for the first time. Member Services, your Dependency Case Manager, and your CBC can assist you with this process.

PCP RESPONSIBILITIES

Your PCP will:

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

CHOOSING YOUR PCP

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

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

Specialists can be your child's PCP for special needs upon request. Sunshine Health is always working to have the best provider network for its members. Please check the Sunshine Health website at www.sunshinehealth.com to see if new providers have been added. If you want to know more about the PCP before you choose, please call Member Services. The number is 1-855-463-4100. You can also view a list of network providers, contact information, provider specialties, and hospital affiliations at www.sunshinehealth.com.

CHANGING YOUR PCP

You may change your/your child's PCP at any time. For example:

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

You must tell us when you change your child's PCP. You can do this by calling Member Services at 1-855-463-4100. All potential enrollees should be aware that an enrolled family/foster family may choose to have all family members use the same PCP. They may also choose different PCPs based on each family member's needs.

MAKING AN APPOINTMENT WITH YOUR PCP

Once you have picked a PCP, make an appointment to meet with the PCP within 30 days. This is if you have not seen them since your child came into the Sunshine Health Child Welfare Program. This will give you and your child's PCP a chance to get to know each other. Your PCP can give you medical care, advice, and information about your child's health.

Call your child's PCP's office to make an appointment. Remember to take your child's member ID card with you every time your child goes to the doctor's office. **If you have trouble getting an appointment with or seeing your child's doctor, please call Member Services. The number is 1-855-463-4100.**

AFTER HOURS APPOINTMENTS WITH YOUR PCP

You can call your child's PCP's office for information on getting care after hours. If your child has a medical problem or question and you cannot reach their PCP during normal office hours, you can call NurseWise/Envolve PeopleCare, Inc. The number is 1-855-463-4100. NurseWise/Envolve PeopleCare, Inc. is Sunshine Health's 24-hour medical nurse line. You will speak to a nurse. If you/your child have an emergency, call 911 or go to the nearest ER.

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

IMPORTANT: If your child cannot keep an appointment, please call the doctor's office to cancel at least 24 hours in advance. If you need to change an appointment, call the doctor's office as soon as possible. They can make a new appointment for you/your child. If you need help getting an appointment, call Member Services. The number is 1-855-463-4100.

What to Do if Your Provider Leaves the Sunshine Health Network

If your child's PCP is planning to leave the Sunshine Health provider network, we will send you a notice before the date this occurs. We will automatically give your child another PCP. We will send your child a new Sunshine Health member ID card showing their new PCP. You can also change your child's PCP by calling our Member Services Department and speaking to one of our agents who will be happy to help you find the right PCP for your child. The number is 1-855-463-4100.

Sunshine Health may approve visits with your child's PCP for up to 90 days after he/she leaves the network. We can do this if your child is in active treatment with their PCP. During this time, we will help your child find a new PCP. Your child will receive the same covered services. The PCP must agree to:

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

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

Continuing Services with Out of Network Providers

New members getting care from a doctor who is not in Sunshine Health's provider network can see that doctor for up to 90 days. After 90 days, any services other than emergency and self-referral services with an out of network Sunshine Health provider (see page 31) must be prior authorized by Sunshine Health. If you have questions, call Member Services. The number is 1-855-463-4100.

New members in any trimester of pregnancy can keep the same doctor until they have had their baby. Your child can also keep their doctor until they completed their first post-partum visit. If your child is a member who is terminally ill, they may continue to see their doctor. To have their previous doctor's services continue, they must be prior authorized by Sunshine Health. If you have questions, call Member Services. The number is 1-855-463-4100.

Medical Services

Medically Necessary Services

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

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

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

Your provider may need to ask Sunshine Health for approval before giving your child the service. Call 1-855-463-4100 if you want to know how to ask for these services.

Prior Authorization for Services

When your child needs care, call their PCP first. Some covered services may need prior approval from Sunshine Health. This includes services or visits to an out of network provider. Hospital admissions, transplants, home health services, some surgeries, and medical equipment also need to be reviewed. Your doctor can tell you if a service needs review. The list is on Sunshine Health's website at www.sunshinehealth.com. You can also call Member Services if you have questions. The number is 1-855-463-4100.

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

Your doctor will give Sunshine Health information about why your child needs the service. Sunshine Health will look to see if the service is covered and that it is necessary. Sunshine Health will make the decision as soon as possible based on your child's medical condition. Standard decisions are made within 14 days. If the service is urgent, the decision will be made within three days. We will let you and your doctor know if the service is approved or denied. If you or your doctor are not happy with the decision you can ask for a second review. This is called an appeal. See the "Member Satisfaction" section in your Member Handbook. This will give you more

information about appeals.

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

Second Medical Opinion

You or your child's legal guardian or Medical Consenter has the right to a second opinion about your child's treatment. This means talking to a different doctor for advice. The second doctor will give you their point of view. This may help you decide if certain services or methods are best for your child. If you want a second opinion, tell your PCP. There is no cost to you/your child.

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

Any tests required for a second opinion should be given by a doctor in the Sunshine Health network. Tests requested by that doctor must be prior approved by Sunshine Health. Your child's PCP will look at the second opinion. They will help you decide on the best treatment plan.

How to Get Medical Care When You Are Out of State

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

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

The two situations where your child is covered for services out of state are as follows:

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

Out of Network Care

Out of network emergency services do not need approval from Sunshine Health. All other covered services from an out of network provider need prior authorization by Sunshine Health except for family planning services, women's preventive health services, treatment of women's acute health conditions (i.e. treatment

of sexually transmitted diseases), and maternity care. We will first check to see if there is a network provider that can treat your child's medical condition. If there is not, we will help you/your child find an out of network provider. You will have to pay for the out of network service(s) if Sunshine Health did not approve. If you have questions, call Member Services. The number is 1-855-463-4100. Sunshine Health will tell you when the referral is approved.

Referrals to Specialty Care

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

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

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

NOTE: If the specialist refers your child to another specialist, your child's specialist may need to obtain authorization by Sunshine Health and your PCP.

Self-Referrals

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

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

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

For more information on women's services, see pages 38-40 of this manual.

Urgent Care

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

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

- **Call your PCP.** The name and phone number are on your child's Sunshine Health member ID card. Your PCP may give you care and directions over the phone.
- If it is after hours and you **cannot reach your PCP, call NurseWise/Envolve PeopleCare, Inc.** The number is 1-855-463-4100 (TDD/TTY 1-800-955-8770). You will be connected to a nurse. Have your child's Sunshine Health member ID card number handy. The nurse may help you over the phone or direct your child to other care. You may have to give the nurse your phone number. During normal office hours, the nurse will assist you in contacting your PCP.

If you are told to see another doctor or go to the nearest hospital ER, be sure to **bring your child's Sunshine Health member ID card**. Ask the doctor to call your PCP or Sunshine Health. If you need to go to an Urgent Care Center, please check the Sunshine Health Provider Directory. You can also check our website at www.sunshinehealth.com.

Emergency Care

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

When to go to the ER:

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

ERs are for emergencies. If you can, call your doctor first. If your child's condition is severe, call 911 or go to the nearest hospital. You do not need a doctor's approval. If you are not sure if it is an emergency, call your child's PCP. Your PCP will tell you what to do. If your PCP is not available, a doctor taking calls can help. There may be a message telling you what to do. You can also call NurseWise/Envolve PeopleCare, Inc., our 24-hour medical advice line. The number is 1-855-463-4100 (TDD/TTY 1-800-955-8770).

It is okay if the hospital does not belong to the Sunshine Health network. You can use any hospital if it is an emergency. You or someone acting on your behalf **MUST** call your PCP and Sunshine Health within 48 hours of admission. This helps your PCP to provide or arrange for any follow-up care that your child may need. We will help your child get follow-up care. Call us at 1-855-463-4100 (TDD/TTY 1-800-955-8770).

Post-Stabilization Services

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

Transportation Services

Transportation is an important factor for access to health care services. Below is information that you should be familiar with regarding transportation services. If you have any questions regarding transportation services, Member Services will be happy to assist you.

EMERGENCY TRANSPORTATION SERVICES

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

NON-EMERGENCY TRANSPORTATION (NEMT) SERVICES

NEMT can be used when you do not have a way to get your child to a healthcare appointment. We may use public transportation or bus tokens, vans, taxi, or even an ambulance, if necessary to get you to your healthcare appointment. Sunshine Health will give you a ride that meets your needs. You do not get to choose what kind of car or van or company you will use. You may be able to get help with gas costs if you have a friend or a neighbor who can take you. This must be approved before your appointment.

What are the NEMT guidelines for services?

- Your child must be enrolled with Sunshine Health on the day of the appointment.
- No other free transportation is available to you such as volunteer, community, or other.
- Children who are under age 18 must have an adult ride with them.
- We will only pay for one child and one parent/guardian and/or an attendant if your child is under age 21 and needs to be away from home overnight or needs someone to be with him/her. We will not pay for other children or adults.

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

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

How do I use the NEMT program?

Call LogistiCare at 1-877-659-8420 and their customer service agents will assist you. You must call at least 24 hours before the day of the appointment or you may not get NEMT. You may be able to get a ride sooner if your healthcare provider gives you an urgent care appointment. If you have any difficulty arranging your transportation with LogistiCare, you can call Sunshine Health Member Services at 1-855-463-4100 and someone will assist you with your transportation needs. If you have an emergency, dial 911, or the local emergency phone number.

Pharmacy

Pharmacy Program

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

Prior Authorization

Some drugs have limits or require prior approval before your child's prescription can be filled. If prior approval is needed, the pharmacy will tell your child's doctor. If your doctor feels your child has a medical reason to get the drug, they can ask Sunshine Health for approval. If Sunshine Health does not give the approval, you and your child's doctor will be told the decision. You will also be told how to file an appeal.

For psychotropic medications to be covered for children less than 13, informed consent from the parent or legal guardian or a court order is needed. Documentation will need to be provided to the pharmacy with the prescription.

Emergency Drug Supply

If your child's doctor cannot be reached to approve a prescription, you may be able to get a 72 hour (three day) emergency supply. Pharmacies that are contracted with our pharmacy benefit manager (US Script, Inc. / Envolve Pharmacy Solutions, Inc.) are authorized to provide a 72-hour supply.

Over-the-Counter (OTC) Medications

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

Excluded Drugs

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

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

Filling a Prescription

Sunshine Health Child Welfare covers most of the drugs your doctor says your child needs. Your child's doctor will write a prescription so you can take it to the pharmacy. Your child's doctor may be able to send the prescription for you. Sunshine Health provides prescriptions for its members through pharmacies that are contracted with US Script, Inc. / Envolve Pharmacy Solutions, Inc. You can get your prescriptions filled at most pharmacies. It is important that you show your Sunshine Health member ID card at the pharmacy. If you need help finding a pharmacy or have trouble getting your child's drugs, call Sunshine Health at 1-855-463-4100.

Specialty Pharmacy Products

Some drugs are not available at a local pharmacy. These drugs are supplied by a specialty pharmacy provider. These drugs need prior approval before your child's prescription can be filled. The pharmacy will tell your child's doctor if the drugs have to be supplied by a specialty pharmacy and if your child needs a prior approval.

Sunshine Health partners with Acaria Health/Envolve Pharmacy Solutions, Inc. to provide specialty drugs. These are drugs that are high cost and treat complex conditions. They require extra support to make sure they are used correctly. If you want a different specialty pharmacy, tell us. We will review your request. If you have questions, call Member Services at 1-855-463-4100.

New Technology

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

Health Management

Health Risk Screening (HRS)

Sunshine Health wants to know how we can better serve your child. Your local CBC will coordinate gathering this information by talking to you, or gathering information from other sources. If you have questions about the form, please call us at 1-855-463-4100.

Case Management

We understand some members have special needs. Most children in the Child Welfare System do have special needs as a result of the trauma they have experienced. Sunshine Health's Child Welfare Specialty Plan offers our members case management services to help members with special health care needs. Your child may have a Dependency Case Manager at your local CBC. If your child has complex special needs, significant behavioral health needs, or a disability, Sunshine Health's Child Welfare case managers can help support you and the Dependency Case Manager working with your child. Our case managers are registered nurses or social workers. They can help you understand your child's major health problems. They can also arrange care with your child's doctors. A case manager will work with your Dependency Case Manager, you, and your child's doctor. They can help you get the care you need. Case managers can talk to your doctors, help with scheduling appointments, and coordinate your child's care.

This service is for members, parents, foster parents, adoptive parents, or other caregivers who may need more help in taking care of their child's health. These members often see several doctors. They may also need medical supplies or help at home.

Conditions may include:

- Sickle Cell
- Multiple Sclerosis
- Kidney or Renal Disease
- Cancer
- Severe Mental Illness
- Organ Transplants
- HIV/AIDS
- Asthma

Our case managers can help parents, foster or adoptive parents, and other caregivers better understand their child's health problems.

A nurse works with the member and their caregiver or Medical Consenter and the member's doctors to help them get the care they need. The nurse can help with your child's home health or other needed services. If your child has special health-care needs, case management may be able to help you. Member Services or your CBC Dependency Case Manager can give you more information about Sunshine Health case management services. Call 1-855-463-4100 for more information. You can ask to speak to a case manager.

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

Behavioral Health Services

Sunshine Health's Child Welfare Specialty Plan will cover your child's behavioral health needs. A PCP referral or prior authorization is not needed for behavioral health care. Your child may only go to any behavioral health provider on Sunshine Health's list of providers.

Behavioral health care includes care for children and adolescents who are depressed, have a mental illness, abuse drugs or alcohol, or need other behavioral health services. Call 1-855-463-4100 to get behavioral health services.

MENTAL HEALTH AND SUBSTANCE USE SERVICES

Sunshine Health can help you in many ways. Together, we can help your child get treatment.

Children in the child welfare system have a history of being abused, abandoned, neglected, and have often been exposed to trauma. There may be a need for the child to receive therapy or other supports to deal with the trauma they experienced. Sunshine Health contracts with multiple providers across the state who are trained to work with children who have been traumatized, as well as those who have been adopted.

This is how we can help:

- We can help you make referrals to behavioral health providers in your community, including various community support groups.
- Sunshine Health Care Managers and Coordinators are available to help with accessing services and finding the right provider to address the behavioral health needs of your child.
- If you aren't sure what to do, Sunshine Health has a 24 hour help line where you can discuss your current

concerns and get immediate guidance on how to manage current situation. Sunshine Health is available 24 hours a day, is free and has bilingual help.

- Sunshine Health works closely with the Child Welfare Community Based Care lead agencies, Managing Entities, and Adoption Specialists/Support agencies throughout the state. We can also connect you to those resources for needs that are not a Medicaid covered benefit.
- Most Mental Health and Substance Abuse services do not need a referral from your PCP. Providers in the community know how to request prior authorization once they have completed an assessment and determined what services would best meet the needs of your child and family.
- For Statewide In-patient Psychiatric Program (SIPP) services and Specialized Therapeutic Group care, a Multidisciplinary Treatment Team (MDT) or a Child Specific Staffing (CSS) must occur. For children in the foster care system, a suitability assessment must occur, and for children who have been adopted a psychiatric evaluation must be completed. Sunshine Health staff can help you understand the requirements and connect you to the correct community stakeholders to assist.
- You can call Sunshine Health at 1-855-463-4100.

“In Lieu Of” Services

Sunshine Health Child Welfare Specialty Plan members can benefit from the following “in lieu of” services:

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

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

Help might be needed if you or your child:

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

When your child has a mental health or substance abuse problem, it is important for you to work with

someone with whom you are comfortable. We can help you find a provider who will be a good match for your child and your family. The most important thing is for you or your child to have someone you can talk to. They can work on solving your problems.

What to Do In a Behavioral Health Emergency

You should call 911 if you or your child is having a life-threatening behavioral health emergency. You can also go to a crisis center or the nearest emergency room in our service area or out of our area. You do not have to wait for an emergency to get help. Call Sunshine Health at 1-855-463-4100. They can help you or your child with depression, behavioral health issues, substance abuse or emotional questions.

What to Do If Your Child Is Already In Treatment

If your child is already getting care, ask their provider if they are in the Sunshine Health network. If the answer is yes, you do not need to do anything. If the answer is no, call Sunshine Health. The number is 1-855-463-4100. We will ask your child's provider to join our network. We want you or your child to keep getting the care they need. If the provider does not want to join the Sunshine Health network, we will work with the provider to keep caring for your child until medical care can be transferred to a Sunshine Health network healthcare provider. If you are not comfortable or pleased with your current mental health case manager or direct service provider, you may select an alternative provider if one is available. Sunshine Health can help you find an in-network provider.

Disease Management

Sunshine Health has several programs to improve the health of our members with chronic conditions. We know this means more than just helping your child to see a doctor. It also means helping you find your way through the healthcare system so your child gets the treatments and the social services they need. It also means helping you understand and manage your child's 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 child's care and help to improve their health. Sunshine Health works with Nurtur/Envolve PeopleCare, Inc. to give disease management services to our members. If your child has one of the conditions below, call Member Services for information.

- Asthma
- Diabetes
- Weight Management

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

- How to manage your child's medications.
- Know what screening tests to get.
- When to call the doctor.

We will help you get the things your child needs. We will provide tools to help you learn about your child's condition. For more information, call Member Services at 1-855-463-4100. You can ask to speak to a

Health Coach.

Sunshine Health can also help your child with the following problems or services.

- Well visits, including dental care
- Quit Smoking
- Substance Abuse
- Pregnancy Prevention

If you or your child would like more information on these programs, call Member Services. The number is 1-855-463-4100.

The Child Health Check-Up Program

The Child Health Check-Up Program (CHCUP) is a preventive healthcare program for ages birth to 21 years old. This program was formerly known as EPSDT- Early and Periodic Screening, Diagnosis and Treatment. Children and young people need to see their doctor regularly even when they are not sick. This chart shows when babies, children and young adults need to see their doctor for a health check. We don't want your child to miss any key steps toward good health as they grow.

Doctors and nurses will examine your child or teenager. They will give shots 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.

AGE	HEALTH CHECK SCHEDULE	DENTAL EXAM
Infancy	<ul style="list-style-type: none"> • Birth • 3 to 5 days • By 1 month • 2 months • 4 months • 6 months • 9 months 	<ul style="list-style-type: none"> • Within 6 months of when first tooth shows, no later than 12 months. • Repeat every 6 months.
Early Childhood	<ul style="list-style-type: none"> • 12 months • 15 months • 18 months • 24 months • 30 months • 3 years • 4 years 	<ul style="list-style-type: none"> • Every six months
Middle Childhood & Adolescence	<ul style="list-style-type: none"> • Once a year for members ages 3-20 	<ul style="list-style-type: none"> • Every six months

To schedule a Health Check visit, call your child's doctor. If you have problems scheduling your child's visit, please call Member Services at 1-855-463-4100.

Family Planning Services

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

Some examples of family planning services are:

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

WHAT TO DO IF YOU, YOUR CHILD, OR A CHILD IN YOUR CARE IS PREGNANT

Keep these points in mind if you or your child is pregnant now or may become pregnant:

- **Go to the doctor as soon as you/your child think you are pregnant.** It is important for your health and your baby's health to see a doctor as early as possible. This will help the baby get off to a good start. It's even better to see a doctor before getting pregnant.
- **When you know your child is pregnant, call Sunshine Health Child Welfare to ask for a Pregnancy Case Manager.**
- **Make an appointment with your dentist** for a cleaning and checkup.
- **Set a goal to live a healthier lifestyle.** Healthy lifestyle habits include exercising, eating balanced healthy meals, and resting for 8-10 hours at night.

PREGNANCY AND MATERNITY SERVICES

There are things you/your child can do to have a *safe and healthy pregnancy*. See your doctor about any medical problems you/your child have such as diabetes and high blood pressure. Do not use tobacco, alcohol, or non-prescribed drugs either now or while pregnant.

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

- Orange juice.
- Green vegetables.
- Beans.

- Peas.
- Fortified breakfast cereals.
- Enriched rice.
- Whole wheat bread.

It is difficult to get enough Folic acid from food alone. Ask your doctor about taking prenatal vitamins. See your doctor as soon as you think you/your child are pregnant. If you have questions about how to get Folic acid or services for pregnancy, call Member Services. You can also call to get information about our pregnancy program, Start Smart for Your Baby®. The number is 1-855-463-4100.

PREGNANCY PROGRAM - START SMART FOR YOUR BABY®

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

If you are pregnant and smoke cigarettes, Sunshine Health can help you stop smoking. We have a special smoking cessation program for pregnant women. There is no cost to you. The program has trained healthcare clinicians who are ready to build one-to-one contacts with you. They will provide education, counseling, and the support you need to help you quit smoking. Working as a team over the telephone, you and your health coach can make a plan to make changes in your behavior and lifestyle. These coaches will encourage and motivate 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 1-855-463-4100 as soon as you learn you are pregnant. We will help you set up the special care that you and your baby need.

Don't forget, you can also earn Cent Account™ **rewards** for attending pregnancy visits. You have to enroll in the Start Smart program to earn rewards.

Child or Adult Abuse, Neglect, or Exploitation

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

***CentAccount*[®] Healthy Rewards**

Sunshine Health wants to help you/your child stay as healthy as possible. Taking care of your health can help you avoid more serious health concerns. As a Sunshine Health Child Welfare Specialty Plan member, we'll give you an additional reward for completing certain healthy activities...dollar rewards!

Earning rewards is easy! When you/your child make certain healthy choices, reward dollars will automatically be put on your CentAccount rewards card that will be mailed to you. As you earn more rewards, they will be added to your card, so be careful you don't lose it! The rewards card can be used at a variety of stores, including Walmart. You can use your rewards dollars for buying hundreds of items, including baby care items, healthy groceries, over the counter medicine and personal care items. Earn rewards by completing the following healthy activities:

Reward Value	Reward Information
\$10	Follow up visit after being discharged from an inpatient behavioral health facility. (Must attend an outpatient follow up appointment with a behavioral health provider within 7 days of being discharged)
\$10	Annual well care visit with the child's primary care doctor. (Age 2-21)
\$10	Every 3 rd prenatal doctor visit.* (Females - \$30 maximum)
\$10	Postpartum doctor visit.* (Females)
\$20	For one dental well care visit per calendar year. (Age 2-21)
\$20	For completing 6 health coaching sessions for weight loss. Must submit a form before beginning program and complete all 6 sessions within 9 months of the first session. (Age 16 and up)
\$20	For completing 6 health coaching sessions for smoking cessation. Must submit a form before beginning program and complete all 6 sessions within 9 months of the first session. (Age 16 and up)
\$20	For completing 3 health coaching sessions for substance abuse. All 3 sessions must be completed within 6 months of the first session. (Age 16 and up)
\$40	For annual comprehensive diabetes care. Must complete all of the following once in the calendar year: HbA1c test, LDL-cholesterol screening, Kidney screening, Retinopathy screening (dilated eye exam)
\$50	For 6 infant well care visits with a primary care doctor before 15 months old. (These visits are recommended at 3-5 days old, before 30 days old, and at 2, 4, 6, 9, 12, and 15 months old)

*To be eligible for these rewards, you must notify us you are pregnant prior to having your baby by calling us or submitting a completed Notification of Pregnancy (NOP) form. Prenatal visit count begins after we are notified you are pregnant.

These rewards are non-transferrable, and all rewards expire one year from the date the reward is added to your card. If you do not use or earn more rewards for 12 months, your card will close

Please call Member Services at 1-855-463-4100 (TDD/TTY 1-800-955-8770) if you have questions.

Member Satisfaction

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

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

Complaint

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

Internal Grievance Process

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

HOW TO FILE A GRIEVANCE

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

A grievance may be filed orally or in writing at any time. We can be reached Monday through Friday, 8:00 a.m. to 8:00 p.m. by calling Member Services at 855-463-4100. TDD/TTY at 800-955-8770.

We will need the following information:

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

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

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

Sunshine Health
Grievance and Appeal Coordinator
1301 International Parkway, Suite 400
Sunrise, FL 33323
Phone: 866-796-0530
Fax: 866-534-5972
TTY/TDD: 800-955-8770
Sunshine_Appeals@centene.com

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

You may ask for copies of any information that Sunshine Health used to make the decision about your child's care (as long as you have been given that right by DCF and/or the CBC).

You can expect a resolution and a written answer from Sunshine Health within 90 days of your grievance.

Internal Appeal Process

FILING AN APPEAL

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

An adverse decision can be when Sunshine Health:

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

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

EXPEDITED APPEALS

You or your child's doctor may want us to make a fast decision. You can ask for an expedited review if you or your child's doctor feel that your child's health is at risk. Your child's doctor must send information in writing telling us why your child needs a faster review. Expedited appeal reviews are available for members in situations deemed urgent. If Sunshine Health agrees that the request is urgent, your appeal will be resolved within 72 hours.

WHO MAY FILE AN APPEAL?

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

You must give written permission if someone else files an appeal for you. Sunshine Health will include a form in the Notice of Adverse Benefit Determination. Contact Member Services at 1-855-463-4100 if you need help. We can assist you with filing an appeal.

WHEN DOES AN APPEAL HAVE TO BE FILED?

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

You, or someone authorized to do so, can act for you or help you with the appeal. You can tell us the name of the person legally authorized to help you by completing a Request for an Appeal or Grievance Form. We can help you fill out this form. Call us at 855-463-4100-0530 or TTY/TDD at 800-955-8770 to ask for help, including if you need an interpreter.

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

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

Sunshine Health
Grievance and Appeal Coordinator
1301 International Parkway, Suite 400
Sunrise, FL 33323
Fax: 866-534-5972

If the Notice of Adverse Benefit Determination that you were sent said that we were terminating, suspending, or reducing a service that you were getting as a Sunshine Health member, you have the right to keep getting the service. If you let us know that you want to continue the service within ten (10) days of the Notice of Adverse Benefit Determination letter, we will approve you to continue this service until the plan appeal decision is made. To do this, Sunshine Health must have been approving you to get the

service before, the services were ordered by an authorized provider, and the time of the approval for that service has not ended. If after the review of your plan appeal Sunshine Health decides that the decision to terminate, suspend, or reduce the service was right and you kept getting the service, you may have to pay for the service.

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

You may request these documents by contacting:

Sunshine Health
Grievance and Appeal Coordinator
1301 International Parkway, Suite 400
Sunrise, FL 33323
Phone: 866-796-0530
Fax: 866-534-5972
TTY/TDD: 800-955-8770
Sunshine_Appeals@centene.com

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

Right to Request a State Medicaid Fair Hearing

If you do not agree with this decision, you have the right to request a Medicaid fair hearing from the state. When you ask for a fair hearing, a hearing officer who works for the state reviews the decision made during the plan appeal. **MediKids members only have an option for a review through the Subscriber Assistance Program (SAP).**

How to Ask for a Fair Hearing:

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

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

Agency for Health Care Administration
Medicaid Hearing Unit
P.O. Box 60127
Ft. Myers, FL 33906
Phone: (877) 254-1055 (*toll-free*)
Fax: 239-338-2642
MedicaidHearingUnit@ahca.myflorida.com

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

- Your name
- Your member number that is on your Sunshine Health member identification card **OR** your Medicaid ID number

- A phone number where we can reach you or your authorized representative

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

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

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

How to Ask for Your Services to Continue During a Fair Hearing:

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

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

Right to Request a Review from the Subscriber Assistance Program:

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

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

Agency for Health Care Administration
Subscriber Assistance Program
2727 Mahan Drive, Mail Stop #45
Tallahassee, FL 32308
(850) 412-4502
(888) 419-3456 (*toll-free*)

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

If you have questions, call us at 855-463-4100 or TDD/TTY at 800-955-8779.

AHCA Resources

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

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

- Press “Option 1” to file a complaint about a health care facility, such as a hospital, nursing home, assisted living facility, home health agency, or other type of health care facility. Your patient care complaint may also be filed at any time, by completing the [Health Care Facility Complaint Form](#). Please search the FloridaHealthFinder.gov site to see if the facility you have concerns about is one that is regulated by the Agency.
- Press “Option 3” to file a complaint against a health maintenance organization (HMO), if you are having problems with the HMO's internal grievance process, if you have completed the internal grievance process and wish to appeal, or if you need referral numbers to member services or the grievance coordinators.

Waste, Abuse, and Fraud (WAF) Program

AUTHORITY AND RESPONSIBILITY

Sunshine Health is serious about finding and reporting fraud and abuse. Our staff is available to talk to you about this. **Here is the address and phone numbers:**

Sunshine Health Compliance Department
1301 International Parkway, 4th Floor
Sunrise, FL 33323

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/InspectorGeneral/fraud_complaintform.aspx;

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

Waste, Abuse, and Fraud applies to any member, provider, or another person who is misusing Medicaid (the AHCA program) or Sunshine Health resources. This could include things like:

- Loaning, selling or giving your child's Sunshine Health member ID card or Medicaid ID card to someone.
- Misusing Sunshine Health or Medicaid benefits.

- Billing Sunshine Health for “free” services.
- Wrongful billing to Sunshine Health by a provider.
- Billing Sunshine Health for services not provided.
- Any action to defraud Sunshine Health, Medicaid, or AHCA.

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

Florida Attorney General’s Office

Attn: Medicaid Fraud Division

107 West Gaines Street

Tallahassee, FL 32301

Tel # (850) 414-3300

Your child’s health care benefits are given to them based on their eligibility for both Medicaid and the Child Welfare program. You must not share your child’s benefits with anyone. Sunshine Health’s network providers must also report any misuse of benefits to Sunshine Health. Sunshine Health must also report any misuse or wrongful use of benefits to Medicaid. Medicaid may take legal action against you if you misuse your child’s benefits.

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

What to do if you get a Bill

Talk with your doctor about services that are covered and services that are not covered. You should not be billed for services that are covered. This is if you follow plan rules. If you get a bill for a service that should be covered by Sunshine Health Child Welfare, call your child’s provider right away. Make sure your provider has all of your child’s insurance information. Make sure they know to bill Sunshine Health. If you still get bills from the provider after you give your child’s insurance information, call Member Services for help. The number is 1-855-463-4100. Do not pay the bill yourself.

If you ask for a service that is not covered by Sunshine Health Child Welfare, your doctor will ask you to sign a statement that says you will pay for the service yourself. If you sign a statement saying you will pay for the non-covered service, then you must pay for the bill. If you have any questions about a bill, you can call Member Services. The number is 1-855-463-4100.

Other Insurance

You must let Sunshine Health and Medicaid know if your child has other insurance with another company. Sunshine Health can help you coordinate your child's other benefits from any other insurance company.

Accidental Injury or Illness

Sunshine Health Child Welfare members who need to see a doctor for an injury or illness that was caused by another person or business must tell us as soon as possible. Please call our Member Services to let us know. The number is 1-855-463-4100. When you call, we will need the name of the party at fault. We will need their insurance company, and the names of any attorneys involved. Some examples of accidents or injuries that need to be reported to Sunshine Health are:

- Your child is hurt in a car accident.
- Your child falls and/or gets hurt in a store.
- Your child has a Personal Injury or Medical Malpractice lawsuit.

Member Rights and Responsibilities

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

Sunshine Health Child Welfare Specialty Plan members have the following rights:

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

Sunshine Health Child Welfare Specialty Plan members have the following responsibilities:

- To inform Sunshine Health of the loss or theft of a Sunshine Health member ID card.
- Present the Sunshine Health member ID card when using healthcare services.
- Be familiar with Sunshine Health procedures to the best of the member's abilities.
- To call or contact Sunshine Health to obtain information and have questions clarified.
- To provide participating network providers with accurate and complete medical information.
- Following the prescribed treatment of care recommended by the provider or letting the provider know the reasons the treatment cannot be followed, as soon as possible.
- To make every effort to keep any agreed upon appointments, follow-up appointments, and preventive care services.
- To live healthy lifestyles and avoid behaviors known to be detrimental. To provide accurate and complete information to all healthcare providers.
- To become knowledgeable about Sunshine Health coverage provisions, rules, and restrictions.
- To ask questions of providers to determine the potential risks, benefits, and costs of treatment alternatives. To make care decisions after carefully weighing all pertinent factors.
- To follow the grievance process established by Sunshine Health (as outlined in the Member Handbook) if there is a disagreement with a provider.

Advance Directives (for members 18+)

Advance Directives are written instructions about the healthcare you want to receive if you are unable to speak for yourself. Any Sunshine Health member 18 years or older can make an advance directive to accept or refuse medical or surgical treatment or withhold or remove life-giving care in the event of a terminal condition. This also includes planning treatment before you need it.

You can call Member Services. The number is 1-855-463-4100. You can also talk to your PCP if you have questions or need help in finding the form. Once completed, ask your PCP to put the form in your file. You can make changes to your directive when you want to. If the law changes, we will let you know within 90 days of any change.

To learn more about creating your Advance Directive, please visit the [Florida Health Care Association](#) website. If your directive is not being followed, you can call the state's complaint hotline at 1-888-419-3456.

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

Examples of advance directives include:

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

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Protecting Your Privacy

Notice of Privacy Practices

Privacy Notice

Effective: January 1, 2017

For help to translate or understand this, please call 1-855-463-4100. If you are hearing impaired, call our TDD/TTY line at 1-800-955-8770.

Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono. 1-855-463-4100. TDD/TTY 1-800-955-8770. Interpreter services are provided free of charge to you.

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

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

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

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

How We Use or Share Your Health Records

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

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

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

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

What Are Your Rights?

The following are your rights with regards to your health records. If you would like to exercise any of the following rights, please contact us. We can be reached at 1-855-463-4100

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

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

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

You have the right to ask us to make changes to wrong or incomplete health records we keep about you. These changes are known as amendments. Any request for an amendment must be in writing.

You need to give a reason for your change(s). We will get back to you in writing no later than 60 days after we receive your request. If we need additional time, we may take up to another 30 days. We will inform you of any delays and the date when we will get back to you.

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

- Health records given or used for treatment, payment, and healthcare operations purposes.
- Health records given to you or others with your written approval.
- Information that is incidental to a use or disclosure otherwise permitted.

- Health records given to persons involved in your care or for other notification purposes.
- Health records used for national security or intelligence purposes.
- Health records given to prisons, police, FBI, and others who enforce laws or health oversight agencies.
- Health records given or used as part of a limited data set for research, public health, or healthcare operations purposes.

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

Using Your Rights

- **You have a right to receive a copy of this notice at any time. We reserve the right to change the terms of this notice.** Any changes in our privacy practices will apply to all the health records that we keep. If we make changes, we will send a new notice to you.
- **If you have any questions about this notice or how we use or share your health records, please call.** We can be reached at 1-855-463-4100. Our office is open Monday through Friday from 8:00 a.m. to 8:00 p.m.

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

Privacy Official- Sunshine Health
1301 International Parkway, 4th Floor
Sunrise, FL 33323

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

Office for Civil Rights – Region IV
U.S. Department of Health & Human Services
61 Forsyth Street, S.W. Atlanta, GA 30303-8909
Voice Phone 1-(800) 368-1019
TDD 1-(800) 537-7697
Fax (404) 562-7881

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

Appendix A:

Community Based Care Lead Agency (CBC) - Contact Information

NAME OF LEAD AGENCIES	PHONE NUMBERS	COUNTIES SERVED
Families First Network of Lakeview (1), Pensacola	850-453-7745	Escambia, Santa Rosa, Okaloosa, and Walton
Big Bend Community Based Care Inc. (2, 14), Tallahassee	850-410-1020	Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Wakulla, and Washington
Partnership for Strong Families (3, 8), Gainesville	352-244-1502	Alachua, Baker, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Suwannee, and Union
Family Support Services of North Florida (4), Jacksonville	904-421-5800	Duval and Nassau
Kids First of Florida, Inc. (4), Orange Park	904-278-5644 Ext. 2005	Clay
St. John's County/Family Integrity Program (7), St. Augustine	904-209-6088	St. John
Community Partnership for Children, Inc. (7), Daytona Beach	386-238-4900	Flagler, Volusia, and Putnam
Kids Central, Inc. (5), Ocala	352-387-3413	Citrus, Hernando, Lake, Marion, and Sumter

Sunshine Health Child Welfare Member Services Department:
1-855-463-4100 (TDD/TTY 1-800-955-8770)

Community Based Care of Central FL (9,18), Orlando	321-441-2060	Brevard, Orange, Osceola, and Seminole
Heartland for Children (10), Bartow	863-519-8900 Ext. 201	Hardee, Highlands, and Polk
Brevard Family Partnership (18), Melbourne	321-441-2060	Brevard
United for Families, Inc. (19), Port St. Lucie	772-249-3194	Indian River, Martin, Okeechobee, and St. Lucie
Sarasota Family YMCA, Safe Children Coalition (12), Sarasota	941-371-4799 Ext. 164	Sarasota, Manatee, and Desoto
Eckerd Community Alternatives (13), Tampa	813-225-1105	Hillsborough
Children's Network of SW Florida (20), Ft. Meyers	239-226-1524	Charlotte, Collier, Glades, Hendry, and Lee
Eckerd Community Alternatives (6), Largo	727-456-0600 727-461-1236 Ext. 234	Pasco and Pinellas
ChildNet Palm Beach County (15), W. Palm Beach	954-414-6000	Palm Beach
ChildNet Broward County (17), Plantation	954-414-6000	Broward
Our Kids of Miami-Dade/Monroe (11, 16), Miami	305-455-6000	Dade and Monroe

Appendix B:

Commonly Used Terms

Agency for Health Care Administration.....	(AHCA)
Child Health Check-Up.....	(CHCUP)
Community Based Care.....	(CBC)
Department of Children and Families.....	(DCF)
Drug Efficacy Study Implementation.....	(DESI)
Emergency Room.....	(ER)
Florida Medicaid Management Information System.....	(FMMIS)
Grievance and Appeal Coordinator.....	(GAC)
Institute of Medicine.....	(IOM)
National Committee on Quality Assurance.....	(NCQA)
Non-Emergency Medical Transportation.....	(NEMT)
Over-the-Counter.....	(OTC)
Primary Care Provider.....	(PCP)
Quality Improvement.....	(QI)
Subscriber Assistance Program.....	(SAP)
Waste, Abuse, and Fraud Program.....	(WAF)

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

NOTICE TO MEMBERS:

- Completing this form will allow Sunshine Health to share your health information with the person or group that you identify below.
- You do not have to sign this form or give permission to share your health information. Your services and benefits with Sunshine Health will not change if you do not sign this form.
- Right to cancel (revoke): If you want to cancel this Authorization Form, fill out the Revocation Form on the next page and mail it to us at the address at the bottom of the page.
- Sunshine Health cannot promise that the person or group you allow the Plan 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. Sunshine Health can send you copies if you need them.
- Fill in all the information on this form. When finished, mail it to the address at the bottom of the page.

Member Information

Member Name (print): _____

Member Medicaid ID Number / Member ID#: _____

I give Sunshine Health permission to share my health information with the person or group named below. The purpose of the authorization is to help me with my Sunshine Health benefits and services.

Recipient Information

Name (person or group): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____

Sunshine Health can share this Health Information: (check all boxes that apply)

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

Authorization End Date: ____ / ____ / ____ (date the authorization unless cancelled)

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

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—Member Services
1301 International Parkway, 4th Floor
Sunrise, FL 33323
Member Services: 1-855-463-4100
TDD/TTY: 1-800-955-8770
Fax: 1-866-796-0523

REVOCATION OF AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

I want to cancel, or revoke, the permission I gave to Sunshine Health to share my health information with this person or group:

Recipient Information

Person/Group Name (print): _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: () _____

Authorization Signed Date (if known): / / _____

Member Information

Member Name (print): _____

Member Medicaid ID Number / Member ID#: _____

I understand that my health information may have already been shared because of the permission I gave before. I also understand that this cancellation only applies to the permission I gave to share my health information with this person or group. It does not cancel any other authorization forms I signed for health information to be shared with another person or group.

Member Signature: _____ / / /
(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 sharing your health information when we get this form. Use the mailing address below. You can also call for help at the number below.

Sunshine Health – Member Services
1301 International Parkway, 4th Floor
Sunrise, FL 33323
Member Services: 1-855-463-4100
TDD/TTY: 1-800-955-8770
Fax: 1-866-796-0523

AUTHORIZED REPRESENTATIVE FORM

You have the right to choose someone to represent you during your Appeal with Sunshine Health. To designate a representative, please complete this form and return it to Sunshine Health. You may revoke this designation at any time by submitting a request to us in writing. Please note, if we do not receive a signed Authorized Representative Form in the timeframe for resolving your Appeal, your appeal may be dismissed. If any such action is taken, you will be notified in writing.

I hereby give permission to _____ to act as my Authorized
(Name of designated representative)

Representative to Sunshine Health and to share information listed below in Section 2 regarding my Appeal or Grievance with Sunshine Health or its delegate.

1. Sunshine Health may share the following information (*check all that apply*):

- Eligibility notices and information about eligibility for and access to my Sunshine Health benefits.
- Information about my medical treatment (including medical and psychiatric records). By giving my representative permission to share my information, I am specifically giving permission to share any information about drug and alcohol treatment that is included in such information.
- Other: (*specify*) _____

2. Sunshine Health may share information listed in Section 2 above with the person or organization who is serving as my Authorized Representative.

3. Sunshine Health may share the information listed in Section II for the timely resolution of my Appeal.

4. This permission is good until: ____ / ____ / ____ Date

5. I understand that I may cancel this permission at any time by sending a letter to:

Sunshine Health – Grievance and Appeal Coordinator
1301 International Parkway, 4th Floor
Sunrise, FL 33323
Fax: 1-866-534-5972

I have had the opportunity to read and consider this Authorization and agree to its terms.

Date: ____ / ____ / ____

Printed Name: _____

Signature: _____



sunshine health™

1301 International Parkway

Suite 400

Sunrise, Florida 33323

1-855-463-4100

TDD/TTY 1-800-955-8770

SunshineHealth.com