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Member Handbook

SunshineHealth.com

Welcome

We are happy that you selected Sunshine Health's Long Term Care Plan. As an enrollee of Long Term Care, you could get many different services. This handbook explains how to get support, services and medical care.

Sunshine Health Long Term Care is a Health Maintenance Organization (HMO). Sunshine Health's Long Term Care operates only in the State of Florida. Sunshine Health's Long Term Care Plan is funded through Medicaid to provide a wide range of services. The purpose of the Long Term Care program is to provide you with an array of services that meet your needs and allow you to live in the setting of your choice. This includes allowing you to live in the community for as long as you choose. Some of the services are: personal care aides, home delivered meals, respite, and assisted living.

Our goal is to have you continue to live in your home and community. Our approach, is to work with you, your caregiver, doctors, and others. We want you to have access to the services you need. You will have a Long Term Case Manager working with you to create a care plan and put services in place.

With Long Term Care, We are here to serve YOU! If you have any questions, or need more information, please call our Enrollee Services Department, Monday through Friday, 8:00 a.m. to 8:00 p.m. (ET) at 1-877-211-1999. Hearing and speech impaired enrollees, please dial (TDD/TTY 1-800-955-8770).

Wishing you a healthy year,

Sunshine Health

**Please check our website at www.sunshinehealth.com for a current map of our service area. You can also contact Enrollee Services at 1-877-211-1999 (TDD/TTY 1-800-955-8770).*

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Important Resources

Notice

Do you need this book translated? Do you need help understanding this book? If you do, call Sunshine Health's Enrollee Service line at 1-877-211-1999. If you are hearing impaired, call our TDD/TTY at 1-800-955-8770. To get this information in large font or audio CD, call Enrollee Services.

Statement of Understanding

This is your Sunshine Health Enrollee Handbook. This is also your Certificate of Coverage. The information in this booklet will explain how Sunshine Health works. Please review the information. Keep it handy for future reference.

This handbook was designed to help guide you through the Sunshine Health system. Please take time to review it carefully. Make sure both you and your family understand your benefits before a time comes when you may need to use them. Keep this handbook in an easily accessed place, along with your Provider Directory.

Please make sure that you have the most current version of these documents. They can assist you in making your healthcare decisions. Please take time to review and understand these important benefit documents.

Structure, Operations and Performance Measures

If you would like information on the structure, operations and performance measures of Sunshine Health or any doctor incentive plans, please contact Enrollee Services. The number is 1-877-211-1999 (TDD/TTY 1-800-955-8770).

Quality and Enrollee Satisfaction Information

You may ask for information about Sunshine Health's quality performance indicators and quality enhancements. This includes enrollee information and enrollee satisfaction survey results. Please call Enrollee Services at 1-877-211-1999 (TDD/TTY 1-800-955-8770) for information. Quality Enhancements include:

- Identify Safety concerns in the home and fall prevention
- Health risk assessments and referrals to disease management program
- End of Life issues and assistance with advanced directives
- Screening for domestic violence and referral to community programs for assistance.

Interpreter and Translation Services

Interpreter services are provided free of charge to you. This includes sign language. Sunshine Health has a telephone language line available 24 hours a day, seven days a week. Here is what to do when you call Sunshine Health:

- Call Enrollee Services at 1-877-211-1999(TDD/TTY 1-800-955-8770)
- Tell them the language you speak. We will make sure an interpreter is on the phone with you.

If You Are Hearing, Speech or Sight Impaired

Are you hearing, speech or sight impaired? If so, we can help you. Call us at these special numbers:

- 1-877-211-1999 (TDD/TTY 1-800-955-8770) for Sunshine Health telecommunications device calls
- TDD/TTY 1-800-955-8770 (Voice) for Florida Voice Relay Services
- 1-877-955-8773 (Spanish) or 1-877-955-8707 (French Creole) 8 a.m. - 2 a.m. daily for Florida Voice Relay Services

Sunshine Health also has audio CDs for enrollees who can't see well. If you need help in person, we can visit you at your home or at our office. Let us know.

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Enrollment Information

Eligibility

You must have Medicaid or in the process of obtaining Medicaid as a Medicaid Pending Enrollee in order to be a part of this health plan. Only recipients 18 years or older who have been determined by CARES to meet eligibility criteria are eligible for the Medicaid long- term care component. Sunshine Health does not determine Medicaid eligibility. Medicaid eligibility is determined by the Department of Children and Families (DCF). For more information, call the toll-free telephone number: 1-866-76ACCESS (1-866-762-2237).

Enrollment

If you are a mandatory enrollee required to enroll in a plan, once you are enrolled in Sunshine Health Long Term Care 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.”

Open Enrollment

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 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 can change health plans during your 60-day open enrollment period, without cause.

State Assignment

All Long Term Care enrollees must belong to a health plan. The State only gives you a certain amount of time to pick a health plan. If you do not pick a health plan, the state will pick one for you.

Newborn Enrollment

You must sign up your unborn child with the Florida Department of Children and Family Services (DCF) before they are born. Your caseworker at DCF will help you through this process.

When you have the baby, call us at 1-877-211-1999 (TDD/TTY 1-800-955-8770). Your baby’s Medicaid ID number will activate once the hospital or provider notifies the State of the delivery.

Getting Started

Case Management

The Long Term Case Management Department is here to help you. The Case Manager will work with you and people chosen by you, including your family, natural supports and your doctor, to create a person centered plan of care. A person centered plan of care is developed with you and is based on your health needs, home setting, and the amount of support that can be provided from your family and friends. Your Case Manager will review and update your plan of care during visits and at your request due to a change in your service needs.

Your Case Manager will work with you to create goals that are unique to you and your needs. Your goals will be built on your strengths and preferences, which are determined in part by an assessment completed with you to determine what you can do for yourself and what assistance you need from others. Your goals will also include steps you will take to meet your set goals. You and your Case Manager will review your goals during visits to monitor your progress. Your Case Manager will assist you in exploring community support services that are available to you and that will assist you in meeting your goals.

Your Case Manager will setup Long Term Care services for you. Most of the services listed in Services Covered by Sunshine Health section are set up by the Case Manager. Translation services are also available free of charge. You can call Enrollee Services to request information about these services.

Your Case Manager will also help in making a disaster/emergency plan. This plan will include personal/family plans and shelters. This plan will also deal with special medical needs and other information you and your caregivers may need. You may also visit www.floridadisaster.org to learn important information on how to prepare for an emergency, where local shelters are located and how to register for a special needs shelter.

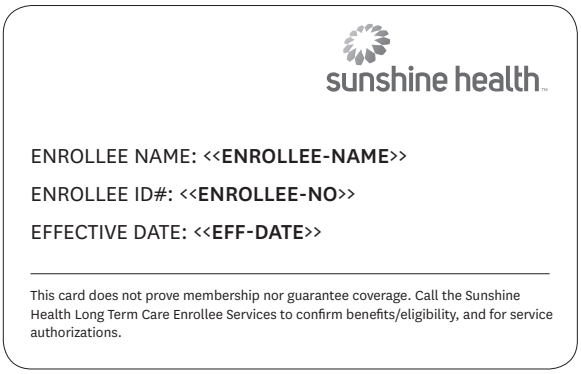
To make sure that you receive proper services at all times, a contingency plan will be developed. The contingency plan will report any gaps in service. The plan will also list what information will be at hand within 3 hours, in case of provider illness, transportation failure, etc.

Your Case Manager will meet with you in your home, residential facility or a location that is convenient to you. Your Case Manager will also discuss your concerns & request for assistance on the phone. Please call your Case Manager whenever your needs change so a reassessment can be scheduled for possible changes to your plan of care. You should contact the Case Management Department when you are admitted to a hospital, you move, or your needs change.

You can contact a Case Manager at 1-877-211-1999, Monday through Friday, 8:00 a.m. – 5:00 p.m. (ET).

ID Card

The ID cards can only be used by the enrollee whose name is on the card. Do not let anyone else use your card. If you do, you may be responsible for their costs. You could also lose your eligibility for Medicaid.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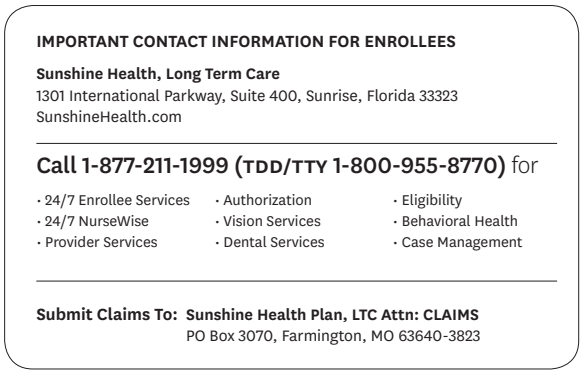
ENROLLEE NAME: <<**ENROLLEE-NAME**>>

ENROLLEE ID#: <<**ENROLLEE-NO**>>

EFFECTIVE DATE: <<**EFF-DATE**>>

This card does not prove membership nor guarantee coverage. Call the Sunshine Health Long Term Care Enrollee Services to confirm benefits/eligibility, and for service authorizations.


IMPORTANT CONTACT INFORMATION FOR ENROLLEES

Sunshine Health, Long Term Care
1301 International Parkway, Suite 400, Sunrise, Florida 33323
SunshineHealth.com

Call 1-877-211-1999 (TDD/TTY 1-800-955-8770) for

- 24/7 Enrollee Services
- 24/7 NurseWise
- Provider Services
- Authorization
- Vision Services
- Dental Services
- Eligibility
- Behavioral Health
- Case Management

Submit Claims To: **Sunshine Health Plan, LTC Attn: CLAIMS**
PO Box 3070, Farmington, MO 63640-3823

Major Life Changes

If you have a major change in your life, your DCF caseworker and/or the Social Security Administration needs to know. Please call your local caseworker at your county office. To find your county caseworker, please call 1-866-76ACCESS or 1-866-762-2237. You may also find your county office by visiting the website at http://www.dcf.state.fl.us/ess/dist04.shtml.

This could be a change in the following:

- Your address
- Family size
- Job status

Enrollee Services

Our Enrollee Services staff is ready to help you get the most from Sunshine Health, Long Term Care. The Enrollee Services department will tell you how Sunshine Health works. They will also tell you how to get the care you need. Calls received after business hours are routed directly to Envolve PeopleCare™. We are here to help you 24 hours a day.

Enrollee Services can help you with the following:

- Lost ID cards
- Change of address
- Benefit questions
- Using services correctly
- How to access services
- Access to out-of-plan care
- Emergency care (in or out-of-area/network)
- Process for prior authorization of services
- Explanation of medical information release authorizations (page 46 Consent Form)

CONTACT ENROLLEE SERVICES

Sunshine Health Long Term Care
1301 International Pkwy
Suite 400
Sunrise, FL 33323

1-877-211-1999 (TTY 1-800-955-8770)
8:00 a.m. to 8:00 p.m. (EST)

Monday - Friday
Closed on state holidays

Website

Sunshine Health's website helps you get the answers. The website has resources and features that make it easy to get quality care.

Special Resources:

- Enrollee Handbook
- Provider Directory
- Facts about Sunshine Health programs

Special Features:

- Forms to submit a grievance

Envolve PeopleCare™

Envolve PeopleCare™ is a health information line. Envolve PeopleCare™ is ready to answer your health questions 24 hours a day – every day of the year. Envolve PeopleCare™ 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 contacting Envolve PeopleCare™, Sunshine Health's 24-hour nurse hotline at 1-877-211-1999.

- Medical advice line
- Health information library
- Help in determining where to go for care
- Answers to questions about your health
- Information about pregnancy

NOT SURE IF YOU NEED TO GO TO THE EMERGENCY ROOM?

Sometimes you may not be sure if you need to go to the emergency room. Call Envolve PeopleCare™. They can help you decide where to go for care. Emergency services are services for a medical problem that you think is so serious that it must be treated right away by a doctor.

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Services Covered by Sunshine Health Long Term Care

The services below are available to you in the Long Term Care program. You work with your case manager to include them in your plan of care. In order for services to be covered, Sunshine Health Long Term Care must approve them. Services by out of network providers may not be paid. Talk to your Case Manager about out of network providers.

You will always have the freedom to choose. You may choose providers from our network of providers. Sunshine Health Long Term Care will not restrict your right to services based on moral or religious grounds.

You can learn more about these services and the Long Term Care Program in the Florida Medicaid Statewide Medicaid Managed Care Long-term Care Coverage Policy at http://ahca.myflorida.com/medicaid/review/Specific/59G-4.192_LTC_Program_Policy.pdf or by requesting a copy from Enrollee Services at 1-877-211-1999.

BENEFITS	COVERAGE	EXCLUSIONS AND LIMITATIONS
Alternative Medicine	Non-medical care, supervision and socialization.	Per assessed need and Case Management authorization.
Adult Day Health Center	Social and health activities in an organized day program at a center. Meal included when enrollee is at the center during mealtime.	Per assessed need and Case Management authorization.
Assisted Living Services	Services such as personal care, housekeeping, medication oversight and social programs to assist the enrollee in an assisted living facility.	The enrollee is responsible for paying the assisted living facility room and board amount. The Florida Department of Children and Families (DCF) will evaluate the enrollee's income to determine if additional money needs to be paid to the assisted living facility by the enrollee. If the enrollee resides in a room other than a standard semi-private room, the facility may possibly charge an additional amount. Family supplementation is allowed to pay the difference in cost between a shared and private room as long as the payment is made directly to the facility.
Assistive Care Services	Integrated set of 24-hour services.	Limited to enrollees who resided in assisted living facilities and adult family care homes.
Attendant Nursing Care	Hands-on care, of both a supportive and health-related nature, specific to the needs of a medically stable, physically handicapped individual.	Per assessed need and Case Management authorization.

If you have questions about any of these services or any services limits, call us. We can be reached at 1-877-211-1999 (TDD/TTY 1-800-955 8770). An Enrollee Services Representative will help you understand your benefits.

BENEFITS	COVERAGE	EXCLUSIONS AND LIMITATIONS
Behavioral Management	Provides behavioral health care services to address mental health or substance abuse needs.	Per assessed need and Case Management authorization.
Care Management	Help enrollee to obtain, coordinate and integrate services. Develop personal care plan. Visit enrollee to discuss needs.	No limit.
Caregiver Training	Training and counseling services for the caregivers of the enrollee.	Per assessed need and Case Management authorization.
Home Adaptation Services	Adaptations to the enrollee's home which are necessary to ensure health, welfare and safety, or which help the enrollee to function with greater independence in the home and without which the enrollee would require institutionalization.	Excludes those adaptations or improvements to the home that are of general use and are not of direct medical or remedial benefit to the enrollee.
Homemaker	General household activities, such as meal preparations and routine home chores.	Per assessed need and Case Management authorization.
Hospice	Medical care and services designed to meet the physical, social, psychological and spiritual needs of the terminally ill and their families.	Per assessed need and Case Management authorization.

If you have questions about any of these services or any services limits, call us. We can be reached at 1-877-211-1999 (TDD/TTY 1-800-955 8770). An Enrollee Services Representative will help you understand your benefits.

BENEFITS	COVERAGE	EXCLUSIONS AND LIMITATIONS
Intermittent and Skilled Nursing	Skilled nursing services provided on an intermittent basis to enrollees who do not require continuous nursing supervision or who's need is predictable.	Per assessed need and Case Management authorization.
Home Delivered Meals	Home delivered meals for enrollees who have difficulty preparing food without assistance. Nutritional supplements for enrollees who have a medical need.	Per assessed need and Case Management authorization.
Medical Equipment and Supplies	Disposable diapers, gloves and other consumable medical supplies. Devices, controls or appliances that enable the enrollee to increase independence, control or communicate in their environment and items necessary for life support or to address physical conditions.	Not included are personal toiletries, and household items such as detergent, bleach, and paper towels.
Medication Assistance	Assistance with self-administration of medications, whether in the home or a facility.	Per assessed need and Case Management authorization.
Medication Management	Medication reviews by licensed nurses of all over-the-counter and prescription medications.	Per assessed need and Case Management authorization.

If you have questions about any of these services or any services limits, call us. We can be reached at 1-877-211-1999 (TDD/TTY 1-800-955 8770). An Enrollee Services Representative will help you understand your benefits.

BENEFITS	COVERAGE	EXCLUSIONS AND LIMITATIONS
Nutritional Assessment/ Risk Reduction	Assessment and guidance about nutrition.	Per assessed need and Case Management authorization.
Occupational Therapy	Treatment to restore, improve or maintain impaired functions aimed at increasing or maintaining the enrollee's ability to perform tasks required for independent functioning.	Determined through multi-disciplinary assessment.
Personal Care	Assistance in the home with bathing, dressing, eating, personal hygiene and other activities.	Per assessed need and Case Management authorization.
Personal Emergency Response	Electronic device that helps a enrollee at high risk to get help in an emergency. See extended benefits for information about wireless Personal Emergency Response.	Limited to enrollees who live alone or who are alone for significant parts of the day. Who would otherwise require extensive supervision. Coverage is provided when they are essential to the health and welfare of the enrollee.
Physical Therapy	Treatment to restore, improve or maintain impaired functions by use of physical, chemical and other properties of heat, light, electricity or sound and by massage and active, resistive or passive exercise.	Per assessed need and Case Management authorization.
Respiratory Therapy	Treatment of conditions that interfere with respiratory functions or other deficiencies of the cardiopulmonary system.	Per assessed need and Case Management authorization.

If you have questions about any of these services or any services limits, call us. We can be reached at 1-877-211-1999 (TDD/TTY 1-800-955 8770). An Enrollee Services Representative will help you understand your benefits.

BENEFITS	COVERAGE	EXCLUSIONS AND LIMITATIONS
Respite	Personal care or supervision provided to a enrollee on a short-term basis due to the absence or need for relief of the person normally providing the care.	Per assessed need and Case Management authorization.
Speech Therapy	Identification and treatment of neurological deficiencies related to feeding problems, congenital or trauma-related maxillofacial anomalies, autism or neurological conditions that effect oral motor functions.	Determined through multi-disciplinary assessment.
Sunshine Health Nurse Care Line	A nurse is available 24 hours a day, 7 days a week to help answer medical questions you may have. The number for the 24 hour Sunshine Health Envolve PeopleCare™ Line is 1-877-211-1999 option 7.	No limit.
Transportation	Non-emergency transportation. See extended benefits for additional transportation services.	Per assessed need and Case Management authorization.

If you have questions about any of these services or any services limits, call us. We can be reached at 1-877-211-1999 (TDD/TTY 1-800-955 8770). An Enrollee Services Representative will help you understand your benefits.

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Participant Direction Option (PDO)

Participant Direction Option (PDO) allows you to self-direct your services. PDO is available to you if you have at least one of the following services on your care plan: adult companion care, attendant nursing care, homemaker services, intermittent and skilled nursing and personal care. By electing the participant direction option you get to choose who will provide your services and how and when your services are provided. You are also responsible for hiring, training, and supervising your direct service workers.

In Lieu of Services

It is possible to provide other service options in lieu of services when your unique needs require it. Your case manager will be happy to talk to you about these options when you are ready.

Behavioral Management Services

WHAT TO DO IF YOU ARE HAVING A PROBLEM

If you are having any of the following feelings or problems, you should contact your Primary Care Doctor and Case Manager:

- Constantly feeling sad
- Feeling hopeless and/or helpless
- Feelings of guilt
- Worthlessness
- Difficulty sleeping
- Poor appetite
- Weight loss

What to do in a Behavioral Health Emergency

First, decide if you are having a true behavioral health emergency. Do you think that you are a danger to yourself or others? Call "911" or go the nearest emergency room for attention if you think you are.

Examples of emergency mental health problems include:

- Likely danger to self or others.
- The person is not able to carry out actions of daily life.
- Harm that will likely cause death or serious harm to the body.

Member Costs

Patient Responsibility

Enrollees living in residential facilities, including nursing facilities, assisted living facilities, and adult family care homes, will have patient responsibility decided by the Department of Children and Families (DCF). Enrollees must pay their patient responsibility to the residential facility. Some enrollees have no patient responsibility. This is due to their limited income or the methods used to determine patient responsibility.

Cost Sharing

The plan will not charge a copayment. Also, there will be no cost sharing for all covered services. This includes enhanced benefits. The plan will not make you pay for missed appointments.

Services NOT Covered by Sunshine Health

If you are in need of services that are not covered by Sunshine Health Long Term Care, please contact your Medicaid/Medicare Office for information. See the Important Contacts section for the number to call.

Prior Authorization Services

Prior authorization is for services that must be approved by Sunshine Health. Sunshine Health has policies and procedures to follow when they make decisions regarding services. In order for services to be covered, Sunshine Health Long term Care must approve them.

If Sunshine Health makes a decision to deny, terminate, suspend or reduce a service a letter will be sent to you. This is called an Adverse Benefit Determination. The Adverse Benefit Determination will give you information on how to file an appeal with Sunshine Health and how to file a Medicaid Fair Hearing.

Utilization Management

Utilization Management (UM) is a part of Sunshine Health that makes decisions about your healthcare benefits. First, UM checks to see if a service is covered. Then UM makes sure it is medically necessary. This may be a review of medical notes and a talk with your doctor by a Sunshine Health doctor. UM also makes sure it will be at the right place and the right time. UM approves referrals when they are needed.

Second Medical Opinion

You have a right to a second medical opinion if you do not agree with your doctor about your care. Your Case Manager can help in getting a second medical opinion at no cost to you.

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Enhanced Benefits

Sunshine Health has created Enhanced Benefits for Long Term Care enrollees. These services will add to enrollee benefits. Enhanced Benefits are benefits in addition to the Long Term Care Covered Services. These benefits improve the enrollee's well-being. Also, they support the best use of Long Term Care benefits.

BENEFITS	COVERAGE	EXCLUSIONS AND LIMITATIONS
Dental	Routine exams & cleanings per year, routine & diagnostic x-rays, fillings, crowns, denture fittings, denture cleaning, full or partial dentures.	Routine dental exam 1/year, routine dental cleaning 2 times/year, x-rays 1/year, amalgam fillings 3/year for 1-2 surfaces and 1/year for 3 surfaces, resin-based composite fillings 3/year for 1-2 surfaces and 1/year for 3 surfaces, base metal crown 1/two years, and denture fittings and cleanings 1 and 2 times/year, full or partial dentures 1/lifetime.
Fan Club	Box fan and education materials to those without air conditioning.	1 fan per household without air-conditioning.
Hearing	Hearing tests.	Hearing test 1/year for enrollees who are residing in a nursing facility or an assisted living facility.
Over-the-Counter (OTC)	Sunshine Health provides each enrollee up to $15 a month for over-the-counter and first aid items each month.	$15 benefit per enrollee, per month.
SafeLink & Connections Plus	Safe-link provides a free cell phone. Connections Plus offers pre-programmed cell phones to high-risk enrollee's and no reliable phone access.	350 free minutes per month. Free calls to the Plan. 1 cell phone per enrollee as Based on care plan need.

BENEFITS	COVERAGE	EXCLUSIONS AND LIMITATIONS
Thanks to you	Provides information and products that support caregivers. Will include items such as magnet with Health Plan phone numbers, waterproof keepsake bag, caregiver educational materials, information regarding support groups and other items.	1 per enrollee living or moving into a caregiver's home.
Transition Support	Financial assistance to enrollees residing in a nursing home who can transfer to independent living situations.	Up to $2,000 lifetime max.
Transportation	Additional transportation services to allow enrollees greater access to their community.	1 round-trip service, per month within enrollee's home county
Vision	Routine eye exam & Eyeglasses.	Routine eye exam 1 per benefit year, 1 pair of glasses per benefit year up to the maximum Medicaid allowable plus an additional $100 benefit/year towards upgraded lenses or frames.
Waterproof Bag	Waterproof document/ keepsake bag provided to Assisted Living and Nursing Facility resident enrollees.	Assisted Living Facility/Nursing Facility residents. 1 per year.
Wireless Personal Emergency Response	Provides W-PERS to enrollees with higher levels of mobility and ADL's.	1 per enrollee, determined by case manager.

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Additional Information

Community Programs

Sometimes it is helpful for you to work with some other agencies in your community. They might be able to help with services that are not covered on our plan. Your Case Manager can help you get in touch with some of these services. They can help you with care that will keep you healthy.

Disease Management

Sunshine Health has disease management programs for enrollees who have serious conditions.

Such as:

- Dementia and Alzheimer's issues;
- Cancer
- Diabetes; and
- Chronic Obstructive Pulmonary Disease (COPD)

These programs give educational support. Contact your Case Manager for information.

What to do in an Emergency

An emergency is when you have severe pain, illness or injury. It could result in danger to you or your unborn child.

- Call 911 right away if you have an emergency or go to the nearest emergency room.
- Emergency rooms are for emergencies. Call your doctor before going unless your emergency is severe.

To get emergency services, you should follow the instructions provided by your primary Medicaid/Medicare insurance.

Enrollees have the right to use any hospital or other setting for emergency care.

Urgent Care

Urgent Care is needed when you have an injury or illness that must be treated within 24 hours. It is usually not life threatening, yet you cannot wait for a routine doctor's office visit. **Urgent Care is not emergency care.**

When you need urgent care, you should follow the instructions provided by your primary Medicaid/Medicare insurance.

How to Get Medical Care When You Are Out of the Service Region

If you are out of the area and have an emergency, go to the nearest **emergency room or call 911**. Show your primary Medicaid/Medicare insurance ID Card.

If you are away and have an **urgent problem**, go to an urgent care clinic. Be sure to show your primary Medicare/Medicaid insurance ID Card.

Out of Network Care

Sunshine Health Long Term Care requires you to get a referral before services are obtained. Services by out of network providers may not be payable unless prior authorization is obtained by your Case Manager.

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Disenrollment

How do I disenroll?

If you think there is a problem, tell us right away. Call us at 1-877-211-1999 (TDD/TTY 1-800-955-8770).

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

If you are living in an assisted living facility or adult family care home that does not, and will not, conform to HCB settings requirement to include providing a home-like environment, and you choose not to relocate, you may be disenrolled from the Long-term Care program.

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

The following are state-approved good cause reasons for disenrollment from the Plan:

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 (6) 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)(3).
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, defined as sixty (60) days or less for LTC enrollees and one-hundred and eighty (280) days for MMA enrollees.
13. Other reasons per 42 CRF 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.

Voluntary Disenrollment

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 1-888-367-6554/ TDD/TTY 1-800-653-9803.

Sunshine Health may ask that an enrollee be disenrolled from the plan. Some of the reasons why Sunshine Health requests disenrollment at any time:

1. Fraudulent use of the enrollee ID card. If this happens, the Plan shall report the event to Medicaid Program Integrity (MPI).
2. The enrollee's behavior is disruptive, unruly, abusive or uncooperative. This behavior would result in the Plan's inability to give services to the member or other members.

This section does not apply to enrollees with medical or mental health diagnoses if the enrollee's behavior is attributable to the diagnoses.

Reinstatement

If you are disenrolled due to loss of Medicaid eligibility and regain your eligibility within 60 days, the State will automatically reinstate you as an enrollee of Long Term Care.

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Enrollee Appeals and Grievances

Complaints

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

Internal Grievance Process

Sunshine Health wants to fully solve your problems or concerns. **A Grievance is an expression of dissatisfaction about any matter other than an "action."** An appeal is a request to review a notice of adverse benefit determination.

HOW TO FILE A GRIEVANCE

Filing a grievance will **not** affect your healthcare services. We will not treat you 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 877-211-1999. TDD/TTY at 800-955-8770.

We will need the following information:

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

If you file a grievance, the Grievance and Appeal Coordinator (GAC) will send you a letter within 5 business days of receipt. This letter lets you know that we have received your grievance. If you have any more information to help with your grievance, you may send it to us. We will add it to your case. You may send us the information at:

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

Phone: 877-211-1999
Fax: 866-534-5972
TTY/TDD: 800-955-8770
Sunshine_Appeals@centene.com

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

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

Internal Appeal Process

FILING AN APPEAL

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

An adverse decision can be when Sunshine Health:

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

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

EXPEDITED APPEALS

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

WHO MAY FILE AN APPEAL?

- You
- 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 1-877-211-1999 if you need help. We can assist you with filing an appeal.

WHEN DOES AN APPEAL HAVE TO BE FILED?

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

You, or someone authorized to do so, can act for you or help you with the appeal. You can tell us the name of the person authorized to help you by completing a Request for an Appeal or Grievance Form. We can help you fill out this form. Call us at 877-211-1999 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: 877-211-1999
Fax: 866-534-5972
TTY/TDD: 800-955-8770
Sunshine_Appeals@centene.com

If you have questions, call us at 877-211-1999 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.

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.

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How to Ask for you 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, w*hichever 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
Building 3, Mail Stop #45
2727 Mahan Drive, 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 877-211-1999 or TDD/TTY at 800-955-8770.

Fraud and Abuse

Waste Abuse and Fraud (WAF) Program

Sunshine Health wants you to call us if you think or see a provider is charging you for care that was not given to you. It is a crime and we will take necessary actions. Call us at 1-877-211-1999 (TDD/TTY 1-800-955-8770). When you call us, we will not ask for your name. We have a program that follows the law. Sunshine Health will take your call about waste, abuse and fraud seriously. When you call us, we will really listen to what you have to say.

Authority and Responsibility

Sunshine Health is serious about finding and reporting fraud and abuse. One example of fraud is when Sunshine Health gets billed for a service that is more than the service you received. If you have been a victim of fraud, please contact Sunshine Health. Our staff is available to talk to you about this.

Sunshine Health
Long Term Care Office of Compliance
1301 International Pkwy
Suite 400
Sunrise, FL 33323

1-877-211-1999 (TDD/TTY 1-800-955-8770)

The Bureau of Medicaid Program Integrity at the Agency for Health Care Administration audits and investigates providers suspected of overbilling or defrauding Florida's Medicaid program, recovers overpayments, issues administrative sanctions, and refers cases of suspected fraud for criminal investigation.

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 available online at: https://apps.ahca.myflorida.com/InspectorGeneral/fraud_complaintform.aspx.

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 25 percent of the amount recovered, or a maximum of $500,000 per case)Florida statutes Chapter 409.9203). You can talk to the Attorney General's Office about keeping your identity confidential and protected.

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Non-discrimination

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

Sunshine Health:

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

If you need these services, contact Enrollee Services at 1-877-211-1999.

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
(TDD/TTY 1-800–537–7697)

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

Your Rights

Advance Directives

Many people worry about the medical care they would get if they were not able to make their own choices. The Patient Self-determination Act, under Florida Law, lets you make choices about your medical care. Some of your rights are to accept or refuse medical or surgical treatment and the right to have an advanced directive. You can ask your Case Manager or call Enrollee Services if you have questions, or talk to your doctor. Call them if you need help in finding the form. Once finished, provide a copy to your Case Manager and ask your doctor to put the form in your file. You can make changes to your directive when you want to. If the law changes, we will let you know within 90 days of any change. If your directive is not being followed, you can call the state's complaint hotline at 1-888-419-3456.

YOUR RIGHT TO DECIDE

There may be times when you cannot make choices about your medical treatment. You can then have somebody make these choices for you. You can do this using an advanced directive.

WHAT IS AN ADVANCED DIRECTIVE?

An advanced directive is a written or oral statement made by you. They are made in case of illness or injury. They tell your health care providers and family what care and life- support measures to take if you cannot. You may also pick a person to make health care choices for you if you become mentally or physically unable to make your own decisions. Sunshine Health does not limit the implementation of advance directives as a matter of conscience. An advanced directive may be in the form of a Living Will, a Health Care Surrogate Designation, or both.

Living Will

A Living Will tells the kind of medical care you want or do not want. These are in case you become unable to make your own choices. It is called a Living Will because it takes effect while you are still living. Florida law provides a suggested form for a living will. We have included a copy of this form in this booklet. You may use it or use some other form. You may also wish to speak to a lawyer or doctor to make sure that you have completed the Living Will correctly so that your wishes will be understood.

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Health Care Surrogate Designation

A Health Care Surrogate Designation is a signed, dated and witnessed paper. It says another person can make medical choices for you. This is in case you cannot make them for yourself. You may also name a second person if your first choice is not available. You can include instructions about any treatment you want or do not want. Florida law also provides a suggested form you can use for designation of a health care surrogate. We have included a copy of this form in this book. You may use it or some other form. You may also wish to speak to a lawyer or doctor. This is to make sure that you have completed the Health Care Surrogate Designation right. You want to make sure that your wishes will be clear.

WHICH FORM IS BETTER?

A Living Will and Health Care Surrogate Designation are two different, yet similar documents. You can have two documents. Also, you can combine them into one document. Which form of advanced directive you use is your choice. You can change your mind or cancel it at any time. The only time an advanced directive may be used is when you cannot make health care decisions for yourself. Once you are able to make these choices on your own again, the advanced directive will not be in effect. Your advanced directive will remain on 'stand-by'. If you ever become disabled again and cannot make health care choices for yourself, your advanced directive will come into effect.

IS AN ADVANCED DIRECTIVE REQUIRED UNDER FLORIDA LAW?

No. You are not required to have an advanced directive and you cannot be denied care if you do not have one.

WHAT SHOULD I DO WITH MY ADVANCED DIRECTIVE IF I CHOOSE TO HAVE ONE?

Make sure that someone knows that you have an advanced directive and where it is located. You may also want to consider the following:

- If you have a health care surrogate. Give a copy of form or the original to the person(s) you have named.
- Give a copy of your advanced directive to your doctor for your medical file.
- Keep a copy of your advanced directive in a place where it can be found.
- Keep a card or note in your purse or wallet. It should state that you have an advanced directive and where it can be found.
- If you change your advance directive, make sure your doctor, lawyer and/or family member has the latest copy.

ADDITIONAL INFORMATION

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

Your primary care doctor is required to provide you with education on advanced directives. They should document this in your medical record. You can also download additional information regarding advance directives by visiting the Agency for Health Care Administration web site, www.fdhc.state.fl.us.

Enrollee Rights and Responsibilities

As an enrollee of Sunshine Health it is important that you know your rights and responsibilities. These rights and responsibilities are provided to you in accordance with the Florida Patient's Bill of Rights and Responsibilities.

Rights

As a patient, you have the right to:

- Be treated with courtesy and respect.
- Have your dignity and privacy respected at all times.
- Receive a prompt response to a question about your medical services.
- Know what patient support services are available, including whether an interpreter is available if you do not speak English.
- Know what rules and regulations apply to your conduct.
- To get information about each health care provider who is providing medical services.
- Be given information about diagnoses, planned course of treatment, alternatives, risks, and prognosis.
- Refuse any treatment, except as otherwise provided by law.
- Be given, full information about other financial sources available to pay for your health care.
- Receive prior to treatment, an estimate of charges for medical care.
- If you are eligible for Medicare/Medicaid, you can ask if the provider or facility accepts the Medicare/Medicaid assignment rate.
- Upon request to get a copy of an itemized bill.
- Have the charges explained.
- To get medical treatment or housing, regardless of race, national origin, religion, physical handicap, or type of payment.
- Receive treatment for any emergency medical condition that will get worse from failure to receive medical treatment.
- Know if medical treatment is for purposes of experimental research.
- To give consent or refusal to participate in such research.
- Express Grievances regarding any violation of your rights, as stated in Florida law, through the Grievances procedure of the health care provider or health care plan.
- To obtain from Sunshine Health a description of various services, processes and information available to enrollees.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- Request a copy of medical records, and request that they be corrected.

Continued →

RIGHTS (CONT.)

- Receive health care services in accordance with federal and state regulations.
- Exercise their rights, without affecting the way the enrollee is treated.
- You have the guaranteed right to receive home and community based services in a home-like environment. You may receive these in your community wherever you live and to participate in your community regardless of your living arrangement.

Responsibilities

As a patient, you have a responsibility to:

- Provide the health care provider, to the best of your knowledge complete information about all matters relating to your health.
- Report unexpected changes in your condition to the health care provider.
- Report to the health care provider whether you understand the course of action and what is expected of you.
- Follow the treatment plan recommended by the health care provider.
- Keep appointments.
- When you are unable to do so for any reason, notify the health care provider or facility.
- Understand that you are responsible for your actions if you refuse treatment or do not follow the health care provider's instructions.
- Assure that the financial obligations of your health care are fulfilled as promptly as possible.
- Follow health care facility rules and laws about patient care and conduct.
- Notify Sunshine Health as soon as there is a change in your address.

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

Protecting Your Privacy

Privacy Notice

For help to translate or understand this, call 1-877-211-1999(TDD/TTY 1-800-955-8770).

Hearing impaired 1-877-211-1999 (TDD/TTY 1-800-955-8770)

Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono: 1-877-211-1999 (TDD/TTY 1-800-955-8770)

French Creole translation 1-877-211-1999

Interpreter services are provided free of charge to you.

At Sunshine Health, your privacy is important. We will do all we can to protect your health records. 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 use those rights and who can see your health records. This notice does not apply to records that do not identify you.

When we talk about your health records in this notice, it means any record of your health services while you are an enrollee of Sunshine Health Long Term Care. This includes providing healthcare to you. It also includes payment for your care while you are our enrollee.

Please note: *You will also receive a Privacy Notice from the State of Florida with its rules for your health records. Other health plans and providers may have other rules when using or sharing your health records. We ask that you get a copy of their Privacy Notices and read them.*

How We Use or Share Your Health Records

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

- To help us pay the bills your providers send us.
- To help your providers give you proper care. If you are in the hospital, we may give the hospitalthe records your doctor sends us.

Continued →

HOW WE USE OR SHARE YOUR HEALTH RECORDS (CONT.)

- To help manage your health. We might talk to your doctor about a disease or wellness program that could improve your health.
- To help resolve any appeals or grievances filed by you or a 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 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.
- To tell you about other treatments and programs. This could be on how to stop smoking or lose weight.
- To design special health programs and services.
- State and federal laws may call for us to give your health records to others. This could be for these reasons:
    - For public health actions. For example, the Food and Drug Administration may need to check or track medicines. Or it may need to track medical device problems.
    - To public health groups. This may be done if we think a serious public health or safety threat exists.
    - To a health agency for certain activities. These activities may be audits and inspections. Sometimes they are licensure and disciplinary actions.
    - To a court or administrative agency.
    - To law enforcement. For example, we may give your records to a law enforcement officer to find someone. This person could be a suspect or fugitive. Or someone who is missing or a material witness.
    - To a government person. This could be about child abuse. Or it could be about neglect or violence in your home.
    - To a coroner or medical examiner to name a dead person. Or to find the cause of death. Or to funeral directors to help with their duties.
    - For organ transplant purposes.
    - For special government roles. This could be military and veteran events. Or national security and intelligence actions. Or it could be to protect the President and others.
- About injuries on the job due to worker compensation laws.

If one of the above reasons does not apply, we must get your written approval. This approval asks if you will let us use or share your records with others. If you change your mind, let us know. We will stop it.

If sharing your health information is not allowed by or limited by a state law, we will obey the law that better protects your health information.

What Are Your Rights?

The following are your rights about your health records. If you would like to use any of these rights, please contact us. We can be reached at 1-877-211-1999 (TDD/TTY 1-800-955-8770).

- You have the right to ask us to give your records only to certain people or groups. And you have the right to say for what reasons. You also have the right to ask us to stop your records from being given to family enrollees. You have the right to ask us to stop your records from being given to others involved in your care. While we try to honor your wishes, the law does not make us.
- You have the right to ask for a private exchange of your records. If you believe that you would be harmed if we mailed your records to your home address, you can ask us to send them by other means. Other means might be fax or mailed to another address.
- You have the right to view and get a copy of all the records we keep about you. This is anything we use to make decisions about your health. It includes enrollment and payment. It also includes claims and medical management records.
- You do not have the right to get certain types of health records. We may decide not to give you these:
    - Records that have psychotherapy notes.
    - Records collected for use in a court case or other legal action.
    - Records subject to federal laws about biological products and clinical laboratories.

In some cases, we may not let you get a copy of your records. You will be informed in writing. You may have the right to have our action reviewed.

To receive a copy of your records, you can contact us at 1-877-211-1999 or send your request in writing to:

Sunshine Health
Long Term Care Privacy Official
1301 International Pkwy
Suite 400
Sunrise, FL 33323

You have the right to ask us to make changes to wrong or incomplete records. These changes are known as amendments. You must ask for the change 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 letter.

- If we need more time, we may take up to another 30 days. We will inform you of any delays and tell you 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 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 send us 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 records.

You have the right to receive a list of when we have given your records to others during the past six years. By law, we do not have to give you a list of the following:

- Records that are incidental to a use or disclosure otherwise permitted.
- Records given to persons involved in your care or for other notification purposes.
- Records used for national security or intelligence purposes.
- Records given to prisons or police. Or to FBI and others who enforce laws.
- Records given to health oversight agencies.
- Records given or used as part of a data set for research. Or for public health or healthcare operations purposes.

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. 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 first and give you a chance to take back your request.

Using Your Rights?

- You have a right to get a copy of this notice at any time. We have the right to change the terms of this notice. Any changes in our privacy practices will apply to all the health records we keep. If we make changes, we will send you a new notice.
- If you have any questions about this notice or how we use or share your health records, please call. We can be reached at 1-866-211-1999.

  Sunshine Health
  Long Term Care Privacy Official
  1301 International Pkwy
  Suite 400
  Sunrise, FL 33323
- You may also contact the Secretary of the United States, Department of Health and Human Services:

  Office for Civil Rights
  U.S. Department of Health & Human Services
  61 Forsyth Street, SW. - Suite 3B70 Atlanta, GA 30323
  404-562-7886; (TDD/TTY 404-331-2867)
  404-562-7881 FAX
  www.hhs.gov/ocr

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

If you would like to file a complaint with AHCA, you can do so at this link for electronic submissions https://apps.ahca.myflorida.com/smmc_cirts/; Or if you need help completing the electronic form or prefer to speak to a Medicaid representative, you can call Medicaid Agency's Help Line toll free 1-877-254-1055/ Telecommunications device for the deaf (TDD) 1-866-467-4970. If you want to file a complaint about a facility, you can do so at this link for electronic submissions http://www.ahca.myflorida.com/Contact/call_center.shtml ; Or you can call the Agency's Health Care Facility Complaint Call Center toll free at 1-888-419-3456.

Important Phone Numbers

If you have any questions, Enrollee Services will help you. Our staff is here 24 hours a day, every day of the year.

Enrollee Services.....1-877-211-1999

TDD/TTY line.....1-800-955-8770

Envolve PeopleCare™.....1-877-211-1999

Dental & Vision Questions/Problems.....1-877-211-1999

Pharmacy Questions/Problems.....1-877-211-1999

Language Assistance.....1-877-211-1999

For Emergency.....911

Non-Emergency Transportation Services.....1-877-659-8414

Medicare.....1-800-633-4227

Medicaid Options.....1-888-367-6554

Long Term Care Educational and Consumer Resources

Affordable Assisted living consumer website: http://elderaffairs.state.fl.us/faal

Agency for Health Care Administration Consumer Call Center: 1-888-419-3456

Agency for Health Care Administration Health Finder: www.FloridaHealthFinder.gov

Florida Long Term Care Ombudsman Program: http://ombudsman.myflorida.com, 1-888-831-0404

Florida Department of Elder Affairs: 1-800-96-ELDER (1-800-963-5337)

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Abuse, Neglect and Exploitation

HOW TO REPORT

Telephone: 1-800-96-ABUSE (1-800-962-2873)

TDD (Telephone Device for the Deaf): 1-800-453-5145

This toll free number is available 24/7; counselors are waiting to assist you.

BY TELEPHONE

You should give details about what is causing the risk or harm. This will include who was involved, what happened, when and where it happened, why it happened, any injuries, what the victim(s) said happened, and any other details.

BY FAX

To make a report, via fax, please send a written report with your name and contact telephone or FAX contact information using the Florida Abuse Hotline's fax reporting form to: 1-800-914-0004.

Medicaid Area Offices/Medicaid Help Line

AREA	LOCATIONS	PHONE NUMBER
Area 1	Escambia, Okaloosa, Santa Rosa, Walton	800-303-2422
Area 2a	Bay, Franklin, Gulf, Holmes, Jackson, and Washington Counties	800-226-7690
Area 2b	Calhoun, Gadsden, Jefferson, Leon, Liberty, Madison, Taylor, & Wakulla Counties	800-248-2243
Area 3a	Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee and Union	800-803-3245
Area 3b	Citrus, Hernando, Lake, Marion and Sumter	877-724-2358
Area 4	Baker, Clay, Duval, Flagler, Nassau, St. Johns and Volusia	800-273-5880
Area 5	Pasco, Pinellas	800-299-4844
Area 6	Hardee, Highlands, Hillsborough, Manatee, Polk	800-226-2316
Area 7	Orange, Osceola, Seminole, and Brevard	877-254-1055

AREA	LOCATIONS	PHONE NUMBER
Area 8	Charlotte, Collier, DeSoto, Glades, Hendry, Lee	800-226-6735
Area 9	Indian River, Martin, Okeechobee, Palm Beach, St. Lucie	800-226-5082
Area 10	Broward	866-875-9131
Area 11	Dade, Monroe	800-953-0555

Independent Consumer Support Program

The Independent Consumer Support Program (ICSP), is a coordinated effort by the Florida Department of Elder Affairs' Bureau of Long-Term Care & Support (LTCS), working in collaboration with the statewide Long-Term Care Ombudsman Program (LTCOP), the local Aging and Disability Resource Centers (ADRCs), and AHCA. Florida's ICSP operates to ensure that SMMC LTC consumers have multiple access points for information, complaints, grievances, appeals, or questions. Additionally, this three-pronged approach allows consumers a "no wrong door" access to the ICSP complaint resolution process, in addition to targeting the specific group who can best address a specific complaint, grievance, or question. You can access this program at any of the ADRCs below.

Aging and Disability Resource Centers

ADRCs function as a single, coordinated system for information and access to services for all Floridians seeking long-term care resources. The ADRCs provide information and assistance about state and federal benefits, as well as available local programs and services.

By sharing a common information and referral system, the ADRCs are able to provide elders with uniform assistance no matter where they live. This system also offers the public access to a statewide database of local community resources, available on the internet or by calling the Elder Helpline toll-free at 1-800-96 ELDER (1-800-963-5337).

PSA	ADRC	ADDRESS & WEBSITE	PHONE NUMBER
PSA 1	Northwest Florida Area Agency on Aging, Inc.	5090 Commerce Park Circle Pensacola, FL 32505 Website: www.nwflaaa.org	850-494-7101
PSA 2	Area Agency on Aging for North Florida, Inc.	2414 Mahan Drive Tallahassee, FL 32308 Website: www.aaanf.org	850-488-0055

PSA	ADRC	ADDRESS & WEBSITE	PHONE NUMBER
PSA 3	Elder Options	100 SW 75th Street, #301 Gainesville, FL 32607 Website: www.agingresources.org	352-378-6649
PSA 4	ElderSource, The Area Agency on Aging of Northeast Florida	10688 Old St. Augustine Road Jacksonville, FL 32257 Website: www.myeldersource.org	904-391-6600
PSA 5	Area Agency on Aging of Pasco-Pinellas, Inc.	9549 Koger Blvd. Gadsden Bldg. Ste. 100 St. Petersburg, FL 33702 Website:www.agingcarefl.org	727-570-9696
PSA 6	Senior Connection Center, Inc.	8928 Brittany Way Tampa, FL 33619 Website:www.seniorconnectioncenter.org	813-740-3888
PSA 7	Senior Resource Alliance	988 Woodcock Rd., Ste. 200 Orlando, FL 32803 Website: www.seniorresourcealliance.org	407-514-1800
PSA 8	Area Agency on Aging for Southwest Florida	15201 North Cleveland Ave., Ste. 1100 North Fort Myers, FL 33903 Website: www.aaaswfl.org	239-652-6900
PSA 9	Area Agency on Aging of Palm Beach/Treasure Coast	4400 N. Congress Ave. West Palm Beach, FL 33407 Website: www.youragingresoucecenter.org	561-684-5885
PSA 10	Aging and Disability Resource Center of Broward County, Inc.	5300 Hiatus Rd. Sunrise, FL 33351 Website: www.adrcbroward.org	954-745-9567
PSA 11	Alliance for Aging, Inc.	760 NW 107th Ave. Ste. 214, 2nd Floor Miami, FL 33172 Website: www.allianceforaging.org	305-670-6500

CARES Area Offices

PSA	LOCATIONS	PHONE NUMBER
PSA 1	Escambia, Okaloosa, Walton, Santa Rosa	850-916-6700
PSA 3a	Alachua	352-955-6560
PSA 3b	Citrus, Hernando, Lake, Marion	352-620-3457
PSA 4a	Duval	904-391-3920
PSA 4b	Volusia	386-238-4946
PSA 5a	Pinellas	727-588-6882
PSA 5b	Pasco	727-943-4958
PSA 6a	Hillsborough, Manatee	813-631-5300
PSA 6b	Hardee, Highlands, Polk	863-680-5584
PSA 7a	Orange, Osceola, Seminole	407-228-7700
PSA 7b	Brevard	321-690-6445
PSA 8	Sarasota	239-278-7210
PSA 9a	Palm Beach	561-540-1181
PSA 9b	Indian River, Martin, St. Lucie	772-460-3692
PSA 10	Broward	954-746-1773
PSA 11a	North and Central Miami Dade	786-336-1400
PSA 11b	South Miami-Dade, Monroe	305-671-7200

CONSENT FOR RELEASE OF MEDICAL RECORDS

Patient Name:_____ Social Security #:_____

Patient Address: _____

Patient City: _____ State:_____ Zip:_____

Date of Birth: _____ /_____ /_____ Telephone Number:_____

◯ I authorize _____ to release copies
PROVIDER/OFFICE NAME AND ADDRESS

of my medical records to: _____
PROVIDER/OFFICE NAME AND ADDRESS

A. I authorize release of information for: (refer to Sections C and D)
- ◯ Medical Care (physician, etc.)
- ◯ Personal Care
- ◯ Other: ____ Attorney ____ Insurance ____ Employer or describe _____

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

C. I authorize release of my:
- ◯ Entire Medical Record **OR**
- ◯ Medical records for the specific treatment dates from: _____To: _____

D. I authorize release of the following portions of my medical record:
(*Write your initials beside each area to be included in the release*)
- ◯ Mental Health
- ◯ HIV/AIDS
- ◯ Substance Abuse
- ◯ Communicable Disease

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

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

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

_____ _____ ____/____/____
PRINT PERSONAL / LEGAL REPRESENTATIVE NAME | PERSONAL / LEGAL REPRESENTATIVE SIGNATURE | DATE

_____ _____ ____/____/____
RELATIONSHIP TO PATIENT | WITNESS | DATE

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

HEALTH CARE ADVANCE DIRECTIVES LIVING WILL

Declaration made this _____ day of _____, 20____, I, _____, willfully and voluntarily make known my desire that my dying not be artificially prolonged under the circumstances set forth below, and I do hereby declare that, if at any time I am mentally or physically incapacitated and

_____ I have a terminal condition, or
INITIAL

_____ I have an end-stage condition, or
INITIAL

_____ I am in a persistent vegetative state,
INITIAL

and if my attending or treating doctor and another consulting doctor have determined that there is no reasonable medical probability of my recovery from such condition, I direct that life-prolonging procedures be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care or to alleviate pain.

I **do / do not** *(circle one)* desire that nutrition and hydration (food and water) be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying.

It is my intention that this declaration be honored by my family and doctor as the final expression of my legal right to refuse medical or surgical treatment and to accept the consequences for such refusal.

In the event I have been determined to be unable to provide express and informed consent regarding the withholding, withdrawal, or continuation of life-prolonging procedures, I wish to designate, as my surrogate to carry out the provisions of this declaration:

Name:_____ Phone:_____

Street Address: _____

City: _____ State:_____ Zip:_____

I understand the full import of this declaration, and I am emotionally and mentally competent to make this declaration. Additional Instructions (optional): _____

_____
SIGNATURE

Witness: _____ Witness: _____

Street Address: _____ Street Address: _____

City: _____ State: _____ City: _____ State: _____

Phone: _____ Phone: _____

At least one witness must not be a husband or wife or a blood relative of the principal

Notes

1301 International Parkway
Suite 400
Sunrise, Florida 33323

1-877-211-1999
SunshineHealth.com