



South Florida Community Care Network

Enrollee Services for Enrollee in Miami Dade County - PHT
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Hours of Operation: Monday-Friday 8:00 am to 7:00 pm

Rele nimewo telefon sa 1-877-838-7526 gratis si ou vle resevwa enfòmasyon sa a en Kreyol.

Please call the Enrollee Services Department if you need information in large print, video, audio, or Braille. For TTY/TDD Service, call Florida Relay at 711



SOUTH FLORIDA *Community Care Network*

Memorial Healthcare System • North Broward Hospital District • Public Health Trust

This handbook tells you about the South Florida Community Care Network (SFCCN). It answers most of your questions. You can get SFCCN information in other languages or formats. SFCCN can help you. There is no cost to you. If you would like this handbook in your language, call Enrollee Services at 1-877-838-7526.

TABLE OF CONTENTS	PAGE
ENROLLMENT	1
OPEN ENROLLMENT	1
NEWBORN ENROLLMENT & NOTIFYING THE SFCCN	1
SFCCN I.D. CARD	1
YOUR PERSONAL DOCTOR	2
AFTER HOURS CARE	2
CHANGING YOUR PERSONAL DOCTOR	2
USE OF SFCCN PROVIDERS	2
SCHEDULING APPOINTMENTS	3
SPECIALIST APPOINTMENTS	3
REQUESTING A SECOND OPINION	3
PAYMENTS	3
GETTING CARE WHEN YOU ARE OUT OF THE AREA	4
MANAGEMENT OF COMPLICATED & CHRONIC DISEASES	4
CHANGE IN STATUS	4
DISENROLLMENT	4
RE-ENROLLMENT (REINSTATEMENT)	6
PROGRAM BENEFITS	6
CHECK-UP	6
PHYSICAL EXAMS	6
WELL CHILD CARE AND IMMUNIZATIONS	6
MATERNITY CARE	6
OPEN ACCESS	7
EMERGENCY CARE	7
POST STABILIZATION CARE	7
INPATIENT HOSPITAL CARE	7
OUTPATIENT CARE	8
VISION CARE	8
HEARING SERVICES	8
BEHAVIORAL HEALTH SERVICES	8
LAB & X-RAY SERVICES	9
PRESCRIPTION DRUGS	9
FAMILY PLANNING	9
TRANSPORTATION	10
HOME HEALTH	10
DURABLE MEDICAL EQUIPMENT	10
THERAPY SERVICES	10
DENTAL CARE	10
ADVANCE DIRECTIVES AND LIVING WILLS	11
COMMUNICATION ASSISTANCE	11
RELEASE OF INFORMATION FORMS	11
PROTECTED HEALTH INFORMATION	11
GRIEVANCES	11
APPEALS	12
MEDICAID FAIR HEARING	13
BENEFICIARY ASSISTANCE PROGRAM	14
FRAUD AND ABUSE	14
QUALITY ENHANCEMENTS	14
ENROLLEE RIGHTS AND RESPONSIBILITIES	14
CONTACT INFORMATION	15

SFCCN ENROLLEE HANDBOOK

ENROLLMENT

To be in the SFCCN you must be able to get Medicaid. It is your choice to be in the SFCCN. You must also live in Miami-Dade County.

If you are a mandatory enrollee required to enroll in a plan, once you are enrolled in SFCCN or the state enrolls you in a plan, you will have 90 days from the date of your first enrollment to try the health plan. During the first 90 days you can change health plans for any reason. After the 90 days, if you are still eligible for Medicaid, you will be enrolled in the plan for the next nine months. This is called “lock-in.”

OPEN ENROLLMENT

Open Enrollment is when you can choose your Medicaid health plan. This occurs each year. It is based on when you first signed up. Most people on Medicaid will enroll in a Managed Care Plan during their Open Enrollment period. If you do not choose a plan, the Medicaid program will make a choice for you. You will stay in that health plan for the next year. If you live in Dade, you can enroll in the SFCCN by calling the Medicaid Options at 1-888-367-6554.

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 health 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.

NEWBORN ENROLLMENT AND NOTIFYING THE SFCCN

You need to let us know if you are pregnant or give birth. You must also tell your Department of Children and Families (DCF) Case Worker. When we hear about the birth, we will put your newborn into the SFCCN. If you don't want your baby in the SFCCN you need to tell us in a letter.

You need to select a personal doctor for your baby. A SFCCN representative will help you choose. If you want to disenroll your baby from the SFCCN, call Medicaid Options at 1-888-367-6554.

SFCCN I.D. CARD

Bring your SFCCN ID card and your Medicaid identification card (gold card) with you to get medical care. If you lose your Medicaid card, call your Department of Children and Families (DCF) Case Worker.

You will also get a SFCCN identification card (ID card). This card gives other information about the SFCCN. It will have your doctor's name and phone number. You should carry it with you all the time. If you change doctors you will get a new SFCCN ID card. It will have your new doctor's or clinic's name on it. Do not allow anyone to use your ID card. Call the SFCCN Enrollee Services Department if you need a replacement card.

YOUR PERSONAL DOCTOR

In the SFCCN, you have a choice of a personal doctor. This doctor is called a primary care provider (PCP). You and your family may choose one or different doctors for each family member. Enrollee Services can help you choose a doctor who is part of the SFCCN “network.”

Your PCP will help you with most of your medical needs. This includes helping to get you appointments with other doctors. It also includes arranging hospital care. Your PCP manages your care with the specialists that care for you. You can get your entire well and sick care from your PCP. This includes non-emergency care, too.

AFTER HOURS CARE

You should call your PCP’s office anytime you need non-emergent care. You may need care when the doctor’s office is closed. This includes when it is not your doctor’s normal working hours and holiday. You should be able to reach your doctor through the same phone number you call when the office is open. You can discuss after hours care with your doctor

CHANGING YOUR PERSONAL DOCTOR (PCP)

You may change the PCP any time. You can do this by calling Enrollee Services. They will help you with the change. They will also give you the name and address of other doctors. The date you can go to your new doctor will depend on when you ask for the change.

USE OF SFCCN PROVIDERS

You must get your health care from SFCCN providers. This includes doctors, hospitals, and other providers. We can give you a list of our providers. You can get this list from Enrollee Services. The list has office hours, addresses and other information. You can self-refer to some providers or places. This means you don’t need an okay from us. They include Federally Qualified Health Centers, school based clinics, and Community Health Department.

You must use a SFCCN provider except for emergency care or those providers listed above. Some services need an okay from the SFCCN before you can have them. Your doctor has a list of these services. You will need to pay for services that are not allowed by Medicaid or the SFCCN. The doctor or

facility can tell you what is covered by Medicaid. They must tell you if you need to pay before you get services. You can call Enrollee Services if you have questions.

SCHEDULING APPOINTMENTS

After you enroll, you must see your SFCCN doctor right away. This helps your doctor know about you, your history, and your health care needs. Even when you feel well, there are things your doctor can do to keep you healthy. It is very important that immunizations (“baby shots”) be on time. When you call your personal doctor for an appointment, they will schedule your visit as soon as they can. Your appointment will depend on the current patient schedule. It will also depend on your health care needs. The following guidelines are used when appointments are needed:

For Urgent Care (when you need to see a doctor right away) — within (1) day

For Sick Care (non-urgent care) — within one (1) week

For Routine Care (regular check-ups) — within one (1) month

If you can't keep your appointment, please call your doctor right away. This will help you get another appointment soon. It is also a courtesy to other patients who need to see the doctor. Your doctor will need a copy of your old medical records. Your doctor can get them from your old doctor with your okay. This will help your new doctor get to know your past health.

SPECIALIST APPOINTMENTS

Your personal doctor must give an okay for you to see a specialist. There is no cost to see one of our specialists. But you must get a referral from your personal doctor before you see them.

REQUESTING A SECOND OPINION

You have the right to have a second opinion for care or treatment. Medicaid does cover it. You will need to call your PCP. They will assist you in getting the referral. You can choose the provider within the SFCCN “network”. You can choose providers outside of the network in Dade County, too. If you choose an outside provider, you may be required to pay up to 40 percent of the doctor’s charges. You will also need to get an okay if it is for behavioral health. You can ask for this from the behavioral health providers. The SFCCN could deny your request if you have more than three referrals in a year. You could file a grievance if you are not happy with the decision.

PAYMENTS

The only cost to you for approved services is the Medicaid co-payment and/or coinsurance. A coinsurance is a part of the cost of the services. You will need to pay for services the SFCCN doesn't cover. The doctor or facility must tell

you if you will need to pay. If you do receive a bill by mistake, do not ignore it. Please call the SFCCN Enrollee Services Department for help.

GETTING CARE WHEN YOU ARE OUT OF THE AREA

When you are not in Miami-Dade, Florida you must get an okay before you get care. You need to also do this for behavioral health services. You must ask the SFCCN for the okay. This is only for non-emergencies. To get the okay, call Enrollee Services. This is a toll free number. You will need to pay for your care if you did not get the okay. After you get care, call your SFCCN doctor. This will help your doctor know your medical and follow-up needs. For emergencies, call 911 or go to the nearest emergency room. You can do this without an okay.

MANAGEMENT OF COMPLICATED AND CHRONIC DISEASES

Some people have an illness that can get worse if not watched closely by nurses and doctors. The SFCCN has special, free programs for some illnesses. They are called Disease Management or Health and Wellness Programs. These programs help enrollees manage their care. It helps enrollees stay well and not get worse. We have programs for Diabetes, HIV/AIDS, Asthma, Congestive Heart Failure, or Hypertension (high blood pressure). There is information on this in your welcome package. You can also ask your PCP for information. Or call the phone number on the blue flyer in this package.

CHANGE IN STATUS

If you lose Medicaid, you will not be able to stay with SFCCN. Call DCF at 1-866-762-2237 if the following applies to you:

- ◆ Any time your address or telephone number changes.

Please call the SFCCN if:

- ◆ You plan to move out of Miami Dade or you are living outside of Miami Dade now;
- ◆ You or one of your family members goes to a nursing home or hospice;
- ◆ One of your children goes to Children's Medical Services (CMS).

DISENROLLMENT

If you are a voluntary enrollee, you can disenroll at any time. Call Medicaid Options at 1-888-367-6554 to disenroll. You will need your Medicaid ID number when you call.

If you are a mandatory enrollee and you want to change plans after the initial 90 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 health plans:

1. The enrollee moves out of the county, or the enrollee's address is incorrect and the enrollee does not live in a county where the plan is authorized to provide services.
2. The provider is no longer with the health plan.
3. The enrollee is excluded from enrollment.
4. A substantiated marketing or community outreach violation has occurred.
5. The enrollee is prevented from participating in the development of his/her treatment plan.
6. The enrollee has an active relationship with a provider who is not on the health plan's panel, but is on the panel of another health plan.
7. The enrollee is in the wrong health plan as determined by the Agency.
8. The health plan no longer participates in the county.
9. The state has imposed intermediate sanctions upon the health 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 health plan network, or the enrollee's PCP has determined that receiving the services separately would subject the enrollee to unnecessary risk.
11. The health 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 60 days or less for Non-Reform populations.
13. Other reason per 42 CFR 438.56(d)(2), 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; lack of access to providers experienced in dealing with the enrollee's health care needs; or fraudulent enrollment.

Some Medicaid recipients can change health plans whenever they choose, for any reason. For example, people who are eligible for both Medicaid and Medicare benefits and children who receive SSI benefits can change plans at any time for any reason. To find out if you can change plans, call Medicaid Option at 1-888-367-6554.

The SFCCN must disenroll you if you:

- ◆ Move out of Miami-Dade;
- ◆ Lose your Medicaid Benefits;
- ◆ Are admitted to a nursing home, enroll in Hospice, or go to prison;
- ◆ Enroll in a Medicare health maintenance organization (HMO) or other major medical plan;

The SFCCN may disenroll you without your permission if you continue to do any of the following even after you have been warned:

- ◆ Fraudulent use of your enrollee ID card (you will also be reported to Medicaid)
- ◆ Do not follow the doctor's plan of care;
- ◆ Behave in a disruptive or abusive manner;
- ◆ Miss three (3) appointments in a row within a six month period.

RE-ENROLLMENT (REINSTATEMENT)

You will be re-enrolled in the SFCCN if you lose Medicaid and get it back within 60 days. When you are re-enrolled you will get back the PCP you had. You can also choose a different doctor.

PROGRAM BENEFITS

Below are some of the services that we give you if you need them. We can only give you services that the Florida Medicaid Program allows.

Check-Up

As a new enrollee, it is important that you get a check up with your doctor (PCP). This should be done as soon as possible.

Physical Exams

You can get your regular and sick check-ups from your PCP.

Well Child Care and Immunizations

Services to enrollees under 21 years of age include:

- Hearing, vision, and dental screening;
- Health and developmental history;
- Updating of routine immunizations;
- Referrals for more diagnosis and treatment as needed;
- Therapy services when needed and arranged by his/her doctor.

Maternity Care

The SFCCN cares about our pregnant enrollees. The SFCCN has special programs for them. Call Enrollee Services for more information. Pregnant enrollees can pick one of our OB doctors or nurse midwives.

The doctor or midwife will help with care while you are pregnant. He/she will also be there to deliver your baby. He/she will also look for things in the blood that may make you or your unborn child sick. All pregnant women will be given help to keep them and their unborn baby well. They will get the Florida's Healthy Start Prenatal Risk Screening. They may also be able to get the local Women,

Infant, and Children (WIC) program. Ask your doctor or call the SFCCN for information.

Open Access

Enrollees can go to the doctors below without calling the PCP for an okay. But they must be SFCCN network providers.

Chiropractor – for the first ten (10) visits each Medicaid program year

Podiatrist – for the first four (4) visits each Medicaid program year

Dermatologist – for the first five (5) visits each Medicaid program year

Obstetrician & Gynecologist – for an annual well-woman exam each Medicaid program year

Ophthalmologist & Optometrist – for eye exam and medical treatment

You will need to call your PCP if you need more visits than allowed. Your PCP will give you the okay if they feel you need to go. You can get Family Planning Services without the okay from the SFCCN. But you must go to a SFCCN or Medicaid provider.

Emergency Care

Emergencies are problems that need care right away. This includes emergency behavioral health services. If you think you have an emergency call 911 or go to the nearest emergency room. You can get emergency care without an okay. The emergency room doctor may think you don't need help right away. If the doctor thinks that, he/she will tell you before helping you. If it is not an emergency, you will need to pay for your care. The exam to see if you need care right away will be covered.

Post Stabilization Care

These services are to keep you from getting worse after an emergency. You can get these services within or outside of the SFCCN "network".

You can have these services without an okay from SFCCN when:

- 1) The services were pre-approved by us;
- 2) The provider requested approval but did not get a response from us within an hour; or
- 3) The provider treating you could not contact us for pre-approval.

Inpatient Hospital Care

The SFCCN must give the okay for you to go to the hospital. You don't need an okay for an emergency. This is for both medical and

behavioral health services. The okay includes the room, nurses, and supplies. Medicaid limits the number of inpatient days each year. They allow 45 days per year if you are 21 years of age and older. There is no limit if you are under the age of 21.

Outpatient Care

This would be at one of our hospitals or outpatient facilities. It can include tests and/ or procedures. It also includes behavioral health services. This would be done by one of our specialists. These services can not be more than \$1500 per year if you are age 21 and older. There is no limit if you are under age 21.

Vision Care

Adults and children can get help from eye care providers. You can get eyeglasses. You can also get your eyeglasses fixed if they break. The help you can get is based on what Medicaid allows.

Hearing Services

Adults and children can get help for hearing problems. This may include testing, hearing aids and other treatment. The help you can get is based on what Medicaid allows.

Behavioral Health Services

This help is for a mental health problem. Children and adults can get help. You must get this help from one of our providers. This could be a doctor, nurse, psychologist or social worker. Help for drug problems will be given to pregnant women. You can get other services based on what the health plan benefits allows.

The network for services is University of Miami Behavioral Health (UMBH). You can call them with questions about behavioral health services. You can ask them about which providers you can go to. Call them if you think you have a behavioral health problem. Their number is 1-800-294-8642. Some things you feel may be behavioral health symptoms. It is possible this may include feeling helpless, hopeless or worthless, always sad, can't sleep and loss of interest. It may include trouble concentrating, wanting to hurt yourself or others, or feeling angry or guilty. It is also possible that not being hungry or losing weight could be this type of problem.

There are many services you can get. This includes service in a hospital, out of a hospital, and services from a doctor or other special provider. You can get community mental health services. This includes:

- Treatment Plan Development and Modification
- Assessment and Evaluation Services

- Medical and Psychiatric Services
- Behavioral Health Therapy Services
- Community Support and Rehabilitation Services
- Therapeutic Behavioral On-Site Services for Children and Adolescents (TBOS)
- Services for Children Ages 0- 5 Years (Behavioral Health Day Services and TBOS)
- Crisis Intervention Mental Health Services and Post-Stabilization Care Services
- Substance Abuse Services by Referral (available through fee-for-service only for Day treatment services (Adults))

You do not need to call your PCP for a referral. You can get inpatient and/or outpatient care if you need it. You can also get help from other doctors. You need to call UMBH first to get an okay to see our providers. You do not need our okay if it is an emergency or for a Community Mental Health Center. These centers are listed in your Provider Directory.

You will get case management services if you need it. This is called "intensive" or "mental health targeted" case management. You will have a case manager or someone else who will help you get the services you need. Call UMBH if you want to choose a different case manager or direct service provider. They will help you get another one if it is possible.

If you need emergency behavioral health services, call 911 or go to the nearest emergency room. This is for when you are in Miami-Dade County or anywhere else. If it is not an emergency, the health plan is not required to cover the services. The exam to see if you need care right away will be covered.

Lab and X-Ray Services

All covered lab and x-rays must be ordered by your PCP. They must be done at participating facilities.

Prescription Drugs

You can get drugs your doctor wants you to take from any Medicaid pharmacy. They must be covered by Medicaid.

Family Planning

You can get these services without an okay from the SFCCN. But they need to be from a SFCCN or Medicaid provider.

Services for family planning include:

- getting information;
- education and counseling;
 - testing;
 - birth control;
 - help with spacing births;
 - sterilization if you need it for your health.

Enrollees less than 21 years old must get an okay from their parent or legal guardian. They do not need an okay when the enrollee is married, a parent, pregnant, or if their doctor thinks they need it for their health.

Services for sterilization will not be given to enrollees:

- less than 21 years old;
- who are not mentally competent;
- who are institutionalized in a correctional, penal, rehabilitative, or mental facility

Transportation

You can get a ride to the doctor or other provider. This is for when it is not an emergency. To ask for this you can call the toll-free number 1-866-726-1457. If it is an emergency, you should call 911.

Home Health

You can get help at home from nurses and others for medical and/or personal care. This would be from a home health care provider. You can get it when your doctor says you need it. Your doctor must also arrange it. The services you get are based on what Medicaid allows. This includes supplies your doctor says you need.

Durable Medical Equipment

This is medical supplies you need to help you get well or help you with daily living. Your doctor must arrange it. The supplies or equipment you get are based on what Medicaid allows.

Therapy Services

This includes physical, speech, occupational and respiratory services. Your doctor must give an okay for them. It is also based on what Medicaid allows.

Dental Care

This is not a covered benefit under SFCCN-PHT. Call the local Medicaid office at 1-800-953-0555 if you need a dentist.

ADVANCE DIRECTIVES AND LIVING WILLS

You can decide now what medical and mental health care you do and do not want if you get very sick. You can ask not to have certain help. You can also ask not to be kept alive with special care. If you are 18 years of age or older you can write your wishes. This is called a living will. You can tell your doctor what kind of care you want or don't want. You can also name someone to make health care choices for you. You should speak to your doctor for help on this. You can also call Enrollee Services if you have questions. Complaints on this can be filed with the State's Complaint Hotline at 1-888-419-3456.

COMMUNICATION ASSISTANCE

You can call Enrollee Services if you need written information in other languages. We can also help if you don't speak English. You can also call us if you need help with the information we send you. This service is free to you.

RELEASE OF INFORMATION FORMS

In your new enrollee packet is a medical release form. Please fill out the form and return it to the SFCCN. We gave you an envelope to us that already has postage on it. It will be used to help Medicaid and your doctor provide you with good care and service.

PROTECTED HEALTH INFORMATION (PHI)

The state passed an act in 1996 to protect your health information. The act is called the Health Insurance Portability and Accountability Act (HIPPA). HIPPA is intended to help people keep their information private. We want to make sure that your Personal Health Information (PHI) is protected. We only use information when we need to in order to provide you with care. If you want to know more about how we protect your information, please read the information in your new enrollment package.

GRIEVANCES

If you are not happy with our services, you should call Enrollee Services for help. You can also file a grievance. It must be filed within 1 year of what made you unhappy. Your doctor can file it for you if you give your okay in writing. You can get the grievance form from your doctor. You can also ask us to send it to you. Call Enrollee Services if you need help. You can file your grievance by fax, email, or mail. Call Enrollee Services if you want to fax or email your grievance. Enrollee Services is open between 8:00am and 7:00pm.

You can mail it to:

South Florida Community Care Network
1801 NW 9th Ave, Suite 700
Miami, FL 33136
Attention: Grievance Coordinator

Five days after we get your grievance, we will send you a letter. If we resolved your grievance, we will also tell you the result. After we review your grievance, we will send you a letter with what we found. We will send you this within 90 days.

If you are not happy with what we told you, you can ask for a review by the Grievance Committee. The Committee will meet at a place near to you. If it is urgent, it will be within 72 hours.

You can also ask for a Medicaid fair hearing while you are grieving. You can ask by writing to the DCF Office of Public Assistance Appeals Hearings, 1317 Winewood Boulevard, Building 5, Room 203, Tallahassee, Florida 32399-0700.

You can have a family member or doctor speak for you at the hearing. If you want your doctor to speak for you, you will need to give your doctor your okay in writing.

APPEALS

If you receive a notice of action, you can appeal. An action is:

- The denial or limited authorization of a requested service;
- The reduction, suspension, or termination of a previously authorized service;
- The denial, in whole or in part, of payment for a service;
- The failure to provide services in a timely manner;
- The failure of the SFCCN to act within (90) ninety days of a grievance;
- The failure of the SFCCN to act within (45) forty-five days of an appeal.

You can appeal by phone, but you must then send it to us in writing. Your doctor can help you, but he/she must have your okay in writing. You must send your letter within 30 days.

You can mail it to:

South Florida Community Care Network
1801 NW 9th Ave, Suite 700
Miami, FL 33136
Attention: Appeals Coordinator

We will look at your appeal and tell you what we found by 45 days after we receive it. If you appealed in writing only, the 45 days starts from the day we receive your letter. If you appealed by phone and then by letter, the 45 days

start the day you called. We will tell you if we need 14 more days to get information to help you.

You can request an expedited appeal if you need a faster review because of your health. You can ask for a faster review by phone or by letter. We will tell you and your provider our answer within 72 hours. We will try to call and let you know our decision. We will also send you a letter within 2 working days of our decision.

During our review, you can give us information to help your case. You can give it to us in person or by letter. You can also look at your file while we make a decision. Your file may have medical or other documents that we will use.

You can ask to continue your care while we review your appeal. To continue the care you must:

1. Send us a letter within 10 days after the notice of the denial letter.
2. We already gave approval for service and then it was stopped, interrupted, or reduced.
3. The authorization period has not ended.
4. The services were ordered by a SFCCN provider.

If you do not win the appeal, you may have to pay for your care.

If the SFCCN decides to continue your services while you appeal, the services will continue until:

1. You ask us to stop looking at your case.
2. It is ten (10) days from our action and you have not asked for continuation of services.
3. The Medicaid fair hearing decision is in favor of SFCCN.
4. The authorization ends or you have had all the services you are allowed.

You will not have to pay for the care if you do not win the appeal.

MEDICAID FAIR HEARING

You can ask for a Medicaid Fair Hearing without completing the SFCCN's grievance/appeal process. You must ask for the hearing within (90) ninety days of our notice of action. If you choose to complete the SFCCN process first, you still can file within (90) ninety days of our final decision letter. You can ask for a hearing by writing to the Office of Public Assistance Appeals Hearings, 1317 Winewood Boulevard, Building 5, Room 203, Tallahassee, Florida, 32399-0700.

BENEFICIARY ASSISTANCE PROGRAM

After completing the SFCCN's grievance/appeals process, you can ask for a review by the Beneficiary Assistance Program (BAP). You must ask for the review within one year of our final decision letter. BAP will not accept a case that has been taken to Medicaid fair hearing. You can ask for a review by writing to the Agency for Health Care Administration, Beneficiary Assistance Program, Building #1, MS #26, 2727 Mahan Drive, Tallahassee, Florida 32308. You can also ask for a review by calling toll-free 1-888-419-3456.

FRAUD AND ABUSE

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.

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.

QUALITY ENHANCEMENTS

The SFCCN can assist you in getting help with more than just medical care. This includes help to stay healthy. This includes programs to help you quit smoking or lose weight. It includes child care classes and support groups. We also can tell you how to get help if you are being abused or have a substance abuse problem. **Call our Enrollee Services staff if you need help.**

ENROLLEE RIGHTS AND RESPONSIBILITIES

We want you to get the best medical care. We want to help you get the care you need. For that, you have rights and responsibilities. Certain rights are provided for you by law (42 CFR 438.100; 42 CFR 438.102; 45 CFR 164.524 and 45 CFR 164.526).

Your rights:

- To be treated with respect, courtesy, and dignity.
- To protect your privacy.
- To ask questions and get answers you can understand.
- To get the care and services covered by Medicaid.
- To get good medical care regardless of race, origin, religion, age, disability, or illness.

- To know about your treatment. To know what your options are. To decide about your care. You can refuse treatment.
- To ask for and get a copy of your medical records. To request your medical records be changed or amended. Changes can only occur as allowed by law.
- To get a second opinion from another doctor.
- To change providers at any time. You can ask for another primary care doctor (PCP) or specialist.
- To file a complaint or grievance.
- To not be restrained or secluded to make you act a certain way or to get back at you.
- To get information about Advanced Directives, if you are over 18.
- To exercise your rights and not have it affect the way you are treated.
- To get information from SFCCN in the format or language that you need. Information like:
 - ❖ How we approve services (authorization/referral process, medical necessity);
 - ❖ How we make sure we keep getting better at what we do (Quality Improvement Program);
 - ❖ How we measure the quality of our services (Performance Measures);
 - ❖ The prescription drugs covered by Medicaid;
 - ❖ How we keep your information confidential;
 - ❖ How we run the program. How we operate. Our policies; and
 - ❖ If we have any provider incentive plans.

You can get this information at www.sfccn.org or call Enrollee Services

Your responsibilities:

- To call your PCP before getting care unless it is an emergency. To call your PCP when you get sick and need care.
- To listen and work with your providers.
- To give them the information they need for your care.
- To talk to your doctor if you have questions or concerns
- To carry your ID card at all times.
- To call your doctor when you cannot make it to an appointment.
- To call DCF if your address or telephone number changes.
- To tell us or Medicaid if you suspect fraud.

CONTACT INFORMATION

We hope this handbook helps you. Again, welcome to the South Florida Community Care Network! Please call Enrollee Services at 1-877-838-7526 for any questions. You can also call your local Medicaid office at 1-800-953-0555.



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