

AMERIHEALTH CARITAS FLORIDA'S
FLORIDA MEDICAID MEMBER HANDBOOK



Member Handbook

January 1, 2023



www.amerihealthcaritasfl.com

If you do not speak English, call us at **1-855-355-9800 (TTY 1-855-358-5856)**. We have access to interpreter services and can help answer your questions in your language. We can also help you find a health care provider who can talk with you in your language.

Spanish: **Si usted no habla inglés**, llámenos al **1-855-355-9800 (TTY 1-855-358-5856)**. Ofrecemos servicios de interpretación y podemos ayudarle a responder preguntas en su idioma. También podemos ayudarle a encontrar un proveedor de salud que pueda comunicarse con usted en su idioma.

Haitian Creole: **Si ou pa pale lang Anglè**, rele nou nan **1-855-355-9800 (TTY 1-855-358-5856)**. Nou ka jwenn sèvis entèprèt pou ou, epitou nou kapab ede reponn kesyon ou yo nan lang ou pale a. Nou kapab ede ou jwenn yon pwofesyonèl swen sante ki kapab kominike avèk ou nan lang ou pale a.

Vietnamese: **Thông tin này có sẵn miễn phí ở các ngôn ngữ khác**. Vui lòng liên lạc bộ phận dịch vụ khách hàng của chúng tôi theo số **1-855-355-9800 (TTY 1-855-358-5856)**, 24 giờ một ngày, bảy ngày trong tuần. Nếu ngôn ngữ chính của quý vị không phải là tiếng Anh, hoặc để yêu cầu các thiết bị trợ giúp bổ sung, thì quý vị có thể sử dụng miễn phí các dịch vụ hỗ trợ.

Important Contact Information

Member Services Help Line	1-855-355-9800	Available 24 hours
Member Services Help Line TTY	1-855-358-5856	Available 24 hours
Website	www.amerihealthcaritasfl.com	
Address	11631 Kew Gardens Avenue, Suite 200 Palm Beach Gardens, FL 33410	

Transportation Services Non-Emergency.	MTM (Medical Transportation Management Inc.) 1-855-371-3968
Audiology and hearing aids	HearUSA 1-800-731-3277
Behavioral health	1-855-371-3967
Dental	Contact your Care Manager directly, or contact our Rapid Response and Outreach Team at 1-855-371-8072 (TTY 1-855-358-5856) for help with arranging these services.
Home health, home infusion, and durable medical equipment (DME)	Coastal Care Services 1-855-481-0505
Pharmacy	PerformRx SM 1-855-371-3963
Vision	Premier Eye Care of Florida LLC 1-855-371-3961
To report suspected cases of abuse, neglect, abandonment, or exploitation of children or vulnerable adults	1-800-96-ABUSE (1-800-962-2873) TTY: 711 or 1-800-955-8771 http://www.myflfamilies.com/service-programs/abuse-hotline
For Medicaid eligibility	1-866-762-2237 TTY: 711 or 1-800-955-8771 http://www.myflfamilies.com/service-programs/access-florida-food-medical-assistance-cash/medicaid
To report Medicaid fraud and/or abuse	1-888-419-3456 https://apps.ahca.myflorida.com/mpi-complaintform/
To file a complaint about a health care facility	1-888-419-3450 http://ahca.myflorida.com/MCHQ/Field_Ops/CAU.shtml

To request a Medicaid Fair Hearing	1-877-254-1055 1-239-338-2642 (fax) MedicaidHearingUnit@ahca.myflorida.com
To file a complaint about Medicaid services	1-877-254-1055 TTY: 1-866-467-4970 https://ahca.myflorida.com/smmc_cirts/
To find information for elders	1-800-96-ELDER (1-800-963-5337) http://www.elderaffairs.org/doea/arc.php
To find out information about domestic violence	1-800-799-7233 TTY: 1-800-787-3224 https://www.thehotline.org/
To find information about health facilities in Florida	https://www.floridahealthfinder.gov/index.html
To find information about urgent care	Urgent care is a medical condition that requires care within 48 hours. If you don't get treatment for the condition in two days or less, it could become an emergency. If you are not sure that you need urgent care, please call our 24/7 Nurse Call Line at 1-855-398-5615 .
For an emergency	911 or go to the nearest emergency room

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Welcome to AmeriHealth Caritas Florida's Statewide Medicaid Managed Care Plan

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

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

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


This handbook will be your guide for all health care services available to you. You can ask us any questions, or get help making appointments. If you need to speak with us, just call us at **1-855-355-9800 (TTY 1-855-358-5856)**.

Section 1: Your Plan Identification Card (ID card)

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

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

Your ID card will look like this:

 AmeriHealth Caritas Florida	BIN number 019595 PCN number PRX00755
	DOE, JOHN ID 1234567890 DOB 01/01/01 EFFECTIVE 00/00/00
www.amerihhealthcaritasfl.com	
Emergency room (ER): Call 911 or go to the nearest ER and contact your primary care provider (PCP) the next business day. Hospitals: All non-emergency admissions must have prior authorization. Call 1-855-371-8074. Nonparticipating providers: Non-ER visits require prior authorization. Call 1-855-371-8074.	
Member Services 1-855-355-9800 Member Services TTY 1-855-358-5856 24-hour Nurse Call Line 1-855-398-5615 DME/Home Health/Home Infusion 1-855-481-0505 Vision 1-855-371-3961 Pharmacy 1-855-371-3963 Behavioral health 1-855-371-3967 Transportation services 1-855-371-3968 Provider Services 1-800-617-5727	Submit electronic claims to: Change Healthcare Payer ID 77003
Submit paper claims to: AmeriHealth Caritas Florida, P.O. Box 7367, London, KY 40742 Main office: AmeriHealth Caritas Florida, 11631 Kew Gardens Ave., Suite 200, Palm Beach Gardens, FL 33410	

Section 2: Your Privacy

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

If you have any questions, call Member Services. Our privacy policies and protections are:

The privacy and security of your health information is a top priority for AmeriHealth Caritas Florida. That is why we take great care to protect and use your health information correctly. Health information that comes from you and your physicians, hospitals, and other health care providers is called protected health information. This information can be verbal, written, or electronic. AmeriHealth Caritas Florida has policies and security safeguards to protect this information and the ways it is used. In general, we may use it to:

- Provide treatment.
- Provide benefits.
- Help your health team treat you and receive payment.
- Coordinate payment to other insurance companies.
- Evaluate and improve our services.

We may also use and share your health information based on the law or AmeriHealth Caritas

Florida's policies. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy, Security, and Breach Notification Rules are the main federal laws that protect your health information. The Privacy Rule gives you rights with respect to your health information. The Privacy Rule also sets limits on how your health information can be used and shared with others. The Security Rule sets rules for how your health information must be kept secure with administrative, technical, and physical safeguards. If you have questions about how we keep your information safe, refer to the Notice of Privacy Practices included in the welcome kit. You can also call Member Services at **1-855-355-9800 (TTY 1-855-358-5856)**.

Section 3: Getting Help from Our Member Services

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

Contacting Member Services

You may call us at **1-855-355-9800**, or **TTY 1-855-358-5856**, Monday to Friday, 8 a.m. to 7 p.m., but not on state-approved holidays (like Christmas Day and Thanksgiving Day). When you call, make sure you have your identification card (ID card) with you so we can help you. (If you lose your ID card, or if it is stolen, call Member Services.)

Contacting Member Services After Hours

If you call when we are closed, please leave a message. We will call you back the next business day. If you have an urgent question, you may call our Member Services department at **1-855-355-9800 (TTY 1-855-358-5856)**. Our nurses are available to help you 24 hours a day, seven days a week.

Section 4: Do You Need Help Communicating?

If you do not speak English, we can help. We have people who help us talk to you in your language. We provide this help for free.

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

- Telecommunications Relay Service. This helps people who have trouble hearing or talking to make phone calls. Call **711** and give them our Member Services phone number. It is **1-855-355-9800 (TTY 1-855-358-5856)**. They will connect you to us.
- Information and materials in large print, audio (sound); and Braille.
- Help in making or getting to appointments.
- Names and addresses of providers who specialize in your disability.

All of these services are provided free to you.

Questions? Call Member Services at **1-855-355-9800** or **TTY 1-855-358-5856**.

Section 5: When Your Information Changes

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

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

Section 6: Your Medicaid Eligibility

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

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

If you Lose your Medicaid Eligibility

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

If you have Medicare

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

If you are having a baby

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

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

Section 7: Enrollment in Our Plan

Initial Enrollment

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

Open Enrollment Period

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

You do not have to change plans during your open enrollment period. If you do choose to leave our plan and enroll in a new one, you will start with your new plan at the end of your open enrollment period. Once you are enrolled in the new plan, you are locked-in until your next open enrollment period. You can call the Enrollment Broker at **1-877-711-3662 (TTY 1-866-467-4970)**.

Enrollment in the SMMC Long-Term Care Program

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

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

The LTC program also provides help for people living in their home. But space is limited for these in-home services, so before you can receive these services, you have to speak to someone who will ask you questions about your health. This is called a screening. The Department of Elder Affairs' Aging and Disability Resource Centers (ADRCs) complete these screenings. Once the screening is complete, the ADRC will notify you about your wait list placement or provide you with a list of resources if you are not placed on the wait list. If you are placed on the wait list and a space becomes available for you in the LTC program, the Department of Elder Affairs Comprehensive Assessment and Review for Long-Term Care Services (CARES) program will ask you to provide more information about yourself to make sure you meet other medical criteria to receive services from the LTC program. Some enrollees do not have to complete the screening or wait list process if they meet all other LTC program eligibility requirements. For more information on Screening Exceptions in the LTC Program, visit the Agency's web page at https://ahca.myflorida.com/Medicaid/statewide_mc/ltc_scrn.shtml. For example:

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

If you said “yes” to all three questions, you may contact AmeriHealth Caritas Florida to request an assessment for the LTC program. Once you are enrolled in the LTC program, we will make sure you continue to meet requirements for the program each year.

You can find the phone number for your local ADRC using the following map. They can also help answer any other questions that you have about the LTC program. Visit https://ahca.myflorida.com/Medicaid/statewide_mc/smmc_ltc.shtml for more information.

AGING AND DISABILITY RESOURCE CENTERS (ADRC)

<p>PSA 1</p> <p>Northwest Florida Area Agency on Aging, Inc. 5090 Commerce Park Cir. Pensacola, FL 32505 (850) 494-7101 www.nwflaaa.org</p>	<p>PSA 6</p> <p>Senior Connection Center, Inc 8928 Brittany Way Tampa, FL 33619 (813) 740-3888 www.seniorconnectioncenter.org</p>
<p>PSA 2</p> <p>Advantage Aging Solutions 2414 Mahan Dr. Tallahassee, FL 32308 (850) 488-0055 www.aaanf.org</p>	<p>PSA 7</p> <p>Senior Resource Alliance 3319 Maguire Blvd., Ste. 100 Orlando, FL 32803 (407) 514-1832 www.seniorresourcealliance.org</p>
<p>PSA 3</p> <p>Elder Options 100 S.W. 75th St., Ste. 301 Gainesville, FL 32607 (352) 378-6649 www.agingresources.org</p>	<p>PSA 8</p> <p>Area Agency on Aging for Southwest Florida, Inc. 2830 Winkler Ave., Ste. 112 Fort Myers, FL 33916 (239) 652-6900 www.aaaswfl.org</p>
<p>PSA 4</p> <p>Elder Source, The Area Agency on Aging of Northeast Florida 10688 Old St. Augustine Rd. Jacksonville, FL 32257 (904) 391-8600 www.myeldersource.org</p>	<p>PSA 9</p> <p>Area Agency on Aging of Palm Beach/Treasure Coast, Inc. 4400 N. Congress Ave. West Palm Beach, FL 33407 (561) 684-5885 www.youragingresourcecenter.org</p>
<p>PSA 5</p> <p>Area Agency on Aging of Pasco-Pinellas, Inc. 9549 Koger Blvd., Gadsden Bldg., Ste. 100 St. Petersburg, FL 33702 (727) 570-9698 www.agingcarefl.org</p>	<p>PSA 10</p> <p>Aging and Disability Resource Center of Broward County, Inc. 5300 Hiatus Rd. Sunrise, FL 33351 (954) 745-9567 www.adrcbroward.org</p>
	<p>PSA 11</p> <p>Alliance for Aging, Inc. 760 N.W. 107th Ave., Ste. 214, 2nd Floor Miami, FL 33172 (305) 670-6500 www.allianceforaging.org</p>

Section 8: Leaving Our Plan (Disenrollment)

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

You can leave our plan at any time for the following reasons (also known as **For Cause Disenrollment** reasons¹):

- We do not cover a service for moral or religious reasons.
- You live in and get your Long-Term Care services from an assisted living facility, adult family care home, or nursing facility provider that was in our network but is no longer in our network.

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

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

If you have any questions about whether you can change plans, call Member Services at **1-855-355-9800 (TTY 1-855-358-5856)** or the State's Enrollment Broker at **1-877-711-3662 (TTY 1-866-467-4970)**.

Removal from Our Plan (Involuntary Disenrollment)

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

- You lose your Medicaid.
- You move outside of where we operate, or outside the State of Florida.
- You knowingly use your Plan ID card incorrectly or let someone else use your Plan ID card.
- You fake or forge prescriptions.
- You or your caregivers behave in a way that makes it hard for us to provide you with care.

¹ For the full list of For Cause Disenrollment reasons, please see Florida Administrative Rule 59G-8.600: https://www.flrules.org/gateway/RuleNo.asp?title=MANAGED_CARE&ID=59G-8.600.

² To learn how to ask for an appeal, please turn to **Section 13: Member Satisfaction**, on page 44.

- You are in the LTC program and live in an assisted living facility or adult family care home that is not home-like and you will not move into a facility that is home-like.³

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

³ This is for LTC program enrollees only. If you have questions about your facility's compliance with this federal requirement, please call Member Services or your case manager.

Section 9: Managing Your Care

If you have a medical condition or illness that requires extra support and coordination, we may assign a case manager to work with you. Your case manager will help you get the services you need. The case manager will work with your other providers to manage your health care. If we provide you with a case manager and you do not want one, call the Rapid Response and Outreach Team at **1-855-371-8072 (TTY 1-855-358-5856)** to let us know.

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

Changing Case Managers

If you want to choose a different case manager, call the Rapid Response and Outreach Team at **1-855-371-8072 (TTY 1-855-358-5856)**. There may be times when we will have to change your case manager. If we need to do this, we will send a letter to let you know and we may give you a call.

Important Things to Tell Your Case Manager

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

- You don't like a service.
- You have concerns about a service provider.
- Your services aren't right.
- You get new health insurance.
- You go to the hospital or emergency room.
- Your caregiver can't help you anymore.
- Your living situation changes.
- Your name, telephone number, address, or county changes.

Request to Put Your Services on Hold

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

Section 10: Accessing Services

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

Providers in Our Plan

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

You will find a list of providers that are in our network in our provider directory. If you want a copy of the provider directory, call **1-855-355-9800 (TTY 1-855-358-5856)** to get a copy or visit our website at **www.amerihealthcaritasfl.com**.

Providers Not in Our Plan

There are some services that you may be able to get from providers who are not in our provider network. These services are:

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

If we cannot find a provider in our provider network for these services, we will help you find another provider that is not in our network. Remember to check with us first before you use a provider that is not in our provider network. If you have questions, call Member Services.

When We Pay for Your Dental Services

Your dental plan will cover most of your dental services, but some dental services may be covered by AmeriHealth Caritas Florida. The table below will help you understand which plan pays for a service.

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

Contact Member Services at **1-855-355-9800 (TTY 1-855-358-5856)** for help with arranging these services.

What Do I Have To Pay For?

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

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

Services for Children⁴

We must provide all medically necessary services for our members who are ages 0 – 20 years old. This is the law. This is true even if we do not cover a service or the service has a limit. As long as your child’s services are medically necessary, services have:

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

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

⁴ Also known as “Early and Periodic Screening, Diagnosis, and Treatment” or “EPSDT” requirements.

Services Covered by the Medicaid Fee-for-service Delivery System, Not Covered Through AmeriHealth Caritas Florida

The Medicaid fee-for-service program is responsible for covering the following services, instead of AmeriHealth Caritas Florida covering these services:

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

This Agency webpage provides details about each of the services listed above and how to access these services: http://ahca.myflorida.com/Medicaid/Policy_and_Quality/Policy/Covered_Services_HCBS_Waivers.shtml.

Moral or Religious Objections

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

Section 11: Helpful Information About Your Benefits

Choosing a Primary Care Provider (PCP)

If you have Medicare, please contact the number on your Medicare ID card for information about your PCP.

One of the first things you will need to do when you enroll in our plan is choose a PCP. This can be a doctor, nurse practitioner, or a physician assistant. You will contact your PCP to make an appointment for services such as regular check-ups, shots (immunizations), or when you are sick. Your PCP will also help you get care from other providers or specialists. This is called a **referral**. You can choose your PCP by calling Member Services.

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

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

Choosing a PCP for Your Child

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

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

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

You do not need a referral for well-child visits. Also, there is no charge for well-child visits.

Specialist Care and Referrals

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

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

Second Opinions

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

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

⁵ For more information about the screenings and assessments that are recommended for children, please refer to the "Recommendations for Preventative Pediatric Health Care – Periodicity Schedule" at **Periodicity Schedule (aap.org)**.

Urgent Care

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

If you need Urgent Care after office hours and you cannot reach your PCP, please call our Nurse Call Line at **1-855-398-5615**, 24 hours a day, seven days a week.

You may also find the closest Urgent Care center to you by visiting our website at **www.amerihealthcaritasfl.com**. Telehealth (connecting with a provider outside of the office by video or phone) may also be an option for you. Visit our website or call Member Services at **1-855-355-9800 (TTY 1-855-358-5856)** to learn more.

Hospital Care

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

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

Emergency Care

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

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

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

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

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

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

Filling Prescriptions

We cover a full range of prescription medications. We have a list of drugs that we cover. This list is called our **Preferred Drug List**. You can find this list on our website at https://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/pdf/PDL.pdf or by calling Member Services.

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

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

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

Specialty Pharmacy Information

AmeriHealth Caritas Florida has chosen PerformSpecialty® to provide specialty pharmacy services for members. Prescriptions for specialty medications will be filled by PerformSpecialty. Specialty medications are high-cost drugs that treat complex conditions. Using them correctly requires extra support.

If you are getting a specialty medication from another pharmacy in our network, we will send your prescription to PerformSpecialty for future refills if you need them.

If you agree with this choice, you do not need to take any other steps.

If you want to choose another pharmacy, or if you have questions, please call Pharmacy Member Services at **1-855-371-3963**. They are available 24 hours a day, seven days a week.

Behavioral Health Services

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

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

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

- Calling Behavioral Health Member Services at **1-855-371-3967 (TTY 1-888-877-5378)**
- Looking at our provider directory.
- Going to our website to search for a behavioral health provider at **www.amerihhealthcaritasfl.com/member/eng/find-provider/index.aspx**.

Someone is there to help you 24 hours a day, seven days a week. You do not need a referral from your PCP for behavioral health services.

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

Member Reward Programs

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

Healthy Behaviors programs

- **Smoking Cessation:** Quitting smoking is not easy. We can help you quit. When you sign up and complete an initial risk assessment you will get a \$10 gift card. You can also get over-the-counter nicotine patches, lozenges, and gum at no cost. These may help you with your cravings. You can earn a \$10 gift card for going to group sessions and seminars on quitting. When you finish the program and mail your certificate of completion to AmeriHealth Caritas Florida, you will earn a \$30 gift card.
- **Weight Loss:** You may be able to earn rewards in our weight loss program. You can earn a \$10 gift card for visiting your primary care provider (PCP) to discuss weight loss if you have a body mass index (BMI) of 35 or more. You can earn more gift cards by seeing a dietitian or nutritionist or by following up with your PCP. If you stay in the program for three months and lower your BMI, you can earn a \$20 gift card. This program requires that your PCP sign your completion form before returning it to AmeriHealth Caritas Florida.
- **Alcohol and Substance Use Recovery:** Alcohol or substance use can take a toll on your physical and mental health. We can help you overcome it. We will mail you a \$10 gift card for signing up to a recovery program. A Care Manager will help you join a local support group. You can receive \$10 gift cards for being sober. You can earn the first after 30 days and the second after 90 days. You can then earn a \$20 gift card after being sober for 180 days.

- **Limited-time Healthy Behaviors programs:** We also offer additional Healthy Behaviors programs for a limited time each year. You would need to fill out a completion form which has certain deadlines in order to enroll in these programs. This completion form can be found on our website. Please be aware of these important deadlines for returning forms to AmeriHealth Caritas Florida for program consideration. You (or your child) may enroll in more than one Healthy Behaviors program (if you qualify), and can receive a reward of up to \$50 per program, per year. You (or your child) may only join each Healthy Behaviors program once per year.

Please remember that rewards cannot be transferred. If you leave our Plan for more than 180 days, you may not receive your reward. If you have questions or want to join any of these programs, please call us **1-855-355-9800 (TTY 1-855-358-5856)** or visit our website at **www.amerihealthcaritasfl.com**.

Disease Management Programs

We have special programs available that will help you if you have one of these conditions.

- **Cancer:** Our cancer self-management program can help enrollees affected by cancer reduce stress, manage pain, and work to maintain an optimal lifestyle.
- **Diabetes:** Our diabetes program teaches participants how to manage their diabetes and related conditions. This includes learning how to eat healthy meals, be active, monitor blood sugar levels, take medication, and reduce the risk of developing complications or other health conditions.
- **Asthma:** Our asthma program is designed for enrollees who want to learn how to take control of their asthma and feel better. This includes learning how to build an asthma support team, take asthma medications correctly, and follow good health habits.
- **Cardiovascular disease (CVD) and high blood pressure (hypertension):** Our CVD/high blood pressure program teaches participants how to adopt a heart-healthy lifestyle. This includes learning how to reduce high blood pressure and lower the risk of heart attack, stroke, heart failure, and other complications.
- **Behavioral health:** If you are struggling with opioid use, AmeriHealth Caritas Florida offers access to substance use services, including specialized opioid treatment for members. We will help you figure out what services you may need (for example, hospital or in-home detoxification, medication-assisted treatment with medications to help lessen the symptoms of withdrawal, counseling, and/or peer support services). Next, we will help you find the right provider and/or facility to help you meet your goals. We will continue to assess your progress, review your care plan, and connect you with resources to help you with what you need. You can call Behavioral Health Member Services at **1-855-371-3967**. You can also find this number on the back of your member ID card under “Behavioral Health.” You can find Behavioral Health providers on our website at **www.amerihealthcaritasfl.com/member/eng/find-provider/index.aspx**.

- Chronic obstructive pulmonary disease (COPD): Our COPD program teaches participants how to manage their condition and helps them make lifestyle changes that will allow better management of their COPD and enhance their quality of life.
- End-of-life issues, including information on advance directives: The best way to make sure your advance directive is followed is to write it down. You can download a form from www.floridahealthfinder.gov/reports-guides/advance-directives.aspx.

Quality Enhancement Programs

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

1. Children's programs

General wellness programs and information that can help you keep your child healthy from birth to 5 years old. These community services include information about proper eating, vaccines, breastfeeding, and important child health checkups.

2. Domestic violence

Services and programs from community agencies that can assist you if you need help or information about domestic violence.

3. Pregnancy prevention

Services and information that can help you with questions or assistance to prevent an unplanned pregnancy.

4. Pregnancy and family planning care

Information and community resources to help you when you are pregnant or need information about family planning.

5. Healthy start services

Information about services available to help pregnant women and infants, and services that help promote early prenatal care so that you have a healthy baby.

6. Nutritional assessment and counseling for perinatal women and children

Information and services that help you stay healthy by providing nutritional information and counseling to women for themselves and their babies during and after pregnancy.

7. Behavioral health programs

Outreach and services to those who may need assessment and treatment for behavioral health needs.

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

To get more information about our quality enhancement program or to give us your ideas, call Member Services.

Section 12: Your Plan Benefits: Managed Medical Assistance Services

The tables below list the medical services that are covered by our Plan. Remember, you may need a referral from your PCP or approval from us before you go to an appointment or use a service. Services must be medically necessary for us to pay for them.⁶

There may be some services we do not cover, but might still be covered by Medicaid. To find out about these benefits, call the Agency Medicaid Help Line at **1-877-254-1055**. If you need a ride to any of these services, we can help you. You can call **1-855-371-3968** to schedule a ride.

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

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

Service	Description	Coverage/Limitations (You may have to pay for these services if you see a provider who is not in the AmeriHealth Caritas Florida network)	Prior Authorization
Addictions Receiving Facility Services	These services are used to help people who are struggling with drug or alcohol addiction and need hospitalization	As medically necessary and recommended by us	Yes
Allergy Services	Services to treat conditions such as sneezing or rashes that are not caused by an illness	We cover medically necessary blood or skin allergy testing and up to 156 doses per year of allergy shots.	No
Ambulance Transportation Services	Ambulance services are for when you need emergency care while being transported to the hospital or special support when being transported between facilities	Covered as medically necessary.	No — Emergency ground transportation while being transported to the hospital or special support when being transported between facilities

⁶ You can find the definition for Medical Necessity at https://ahca.myflorida.com/medicaid/review/General/59G_1010_Definitions.pdf.

Service	Description	Coverage/Limitations (You may have to pay for these services if you see a provider who is not in the AmeriHealth Caritas Florida network)	Prior Authorization
Ambulatory Detoxification Services	Services provided to people who are withdrawing from drugs or alcohol without going into the hospital	As medically necessary and recommended by us	Yes
Ambulatory Surgical Center Services	Surgery and other procedures that are performed in a facility that is not the hospital (outpatient)	Covered as medically necessary.	Yes — Cosmetic procedures only
Anesthesia Services	Services to keep you from feeling pain during surgery or other medical procedures	Covered as medically necessary.	No
Assistive Care Services	Services provided to adults (ages 18 and older) help with activities of daily living and taking medication	We cover 365/366 days of services per year, as medically necessary.	Yes
Behavioral Health Assessment Services	Services used to identify mental health or substance abuse issues	We cover, as medically necessary: <ul style="list-style-type: none"> • One initial assessment per year • One reassessment per year • Up to 150 minutes of brief behavioral health status assessments (no more than 30 minutes in a single day) 	No
Behavioral Health Overlay Services	Behavioral health services provided to children (ages 0 – 18) enrolled in a DCF program	We cover 365/366 days of medically necessary services per year, including therapy, support services and aftercare planning	No

Service	Description	Coverage/Limitations (You may have to pay for these services if you see a provider who is not in the AmeriHealth Caritas Florida network)	Prior Authorization
Cardiovascular Services	Services that treat the heart and circulatory (blood vessels) system	We cover the following as prescribed by your doctor, when medically necessary <ul style="list-style-type: none"> • Cardiac testing • Cardiac surgical procedures • Cardiac devices 	Yes — Radiology/ nuclear cardiac imaging only
Child Health Services Targeted Case Management	Services provided to children (ages 0 – 3) to help them get health care and other services OR Services provided to children (ages 0 – 20) who use medical foster care services	Your child must be enrolled in the Department of Health (DOH) Early Steps program OR Your child must be receiving medical foster care services	No
Chiropractic Services	Diagnosis and manipulative treatment of misalignments of the joints, especially the spinal column, which may cause other disorders by affecting the nerves, muscles, and organs	We cover, as medically necessary: <ul style="list-style-type: none"> • 24 patient visits per year, per member • X-rays 	Yes — under age 21
Clinic Services	Health care services provided in a county health department, federally qualified health center, or a rural health clinic	Covered as medically necessary	No
Crisis Stabilization Unit Services	Emergency mental health services are performed in a facility that is not a regular hospital	As medically necessary and recommended by us	No — for emergency services only. Yes — for all other non-emergency services

Service	Description	Coverage/Limitations (You may have to pay for these services if you see a provider who is not in the AmeriHealth Caritas Florida network)	Prior Authorization
Dialysis Services	Medical care, tests, and other treatments for the kidneys. This service also includes dialysis supplies, and other supplies that help treat the kidneys	We cover the following as prescribed by your treating doctor, when medically necessary: <ul style="list-style-type: none"> • Hemodialysis treatments • Peritoneal dialysis treatments 	No
Durable Medical Equipment and Medical Supplies Services	Medical equipment is used to manage and treat a condition, illness, or injury. Durable medical equipment is used over and over again, and includes things like wheelchairs, braces, crutches, and other items. Medical supplies are items meant for one-time use and then thrown away	As medically necessary, some service and age limits apply. Call Member Services at 1-855-355-9800 (TTY 1-855-358-5856) for more information.	Yes. Please contact 1-855-481-0505 (TTY 711) for medical equipment such as wheelchairs, braces, crutches, hospital-grade breast pumps, and other items.
Early Intervention Services	Services to children ages 0 - 3 who have developmental delays and other conditions	We cover medically necessary: <ul style="list-style-type: none"> • One initial evaluation per lifetime, completed by a team • Up to 3 screenings per year • Up to 3 follow-up evaluations per year • Up to 2 training or support sessions per week 	No

Service	Description	Coverage/Limitations (You may have to pay for these services if you see a provider who is not in the AmeriHealth Caritas Florida network)	Prior Authorization
Emergency Transportation Services	Transportation provided by ambulances or air ambulances (helicopter or airplane) to get you to a hospital because of an emergency	Covered as medically necessary.	Yes — For airplane and helicopter emergency transportation No — For ground emergency transportation and 911 transportation calls
Evaluation and Management Services	Services for doctor's visits to stay healthy and prevent or treat illness	We cover medically necessary: <ul style="list-style-type: none"> • One adult health screening (checkup) per year • Well-child visits are provided based on age and developmental needs • One visit per month for people living in nursing facilities • Up to two office visits per month for adults to treat illnesses or conditions 	No
Family Therapy Services	Services for families to have therapy sessions with a mental health professional	Covered as medically necessary	No
Gastrointestinal Services	Services to treat conditions, illnesses, or diseases of the stomach or digestion system	Covered as medically necessary	No
Genitourinary Services	Services to treat conditions, illnesses, or diseases of the genitals or urinary system	Covered as medically necessary	No

Service	Description	Coverage/Limitations (You may have to pay for these services if you see a provider who is not in the AmeriHealth Caritas Florida network)	Prior Authorization
Group Therapy Services	Services for a group of people to have therapy sessions with a mental health professional	Covered as medically necessary	No
Hearing Services	Hearing tests, treatments and supplies that help diagnose or treat problems with your hearing. This includes hearing aids and repairs	We cover hearing tests and the following as prescribed by your doctor, when medically necessary: <ul style="list-style-type: none"> • Cochlear implants • One new hearing aid per ear, once every 3 years • Repairs 	No
Home Health Services	Nursing services and medical assistance provided in your home to help you manage or recover from a medical condition, illness or injury	We cover, when medically necessary: <ul style="list-style-type: none"> • Up to 4 visits per day for pregnant recipients and recipients ages 0 – 20 • Up to 3 visits per day for all other recipients 	Yes
Hospice Services	Medical care, treatment, and emotional support services for people with terminal illnesses or who are at the end of their lives to help keep them comfortable and pain free. Support services are also available for family members or caregivers.	Covered as medically necessary You may have Patient Responsibility for hospice services whether living at home, in a facility, or in a nursing facility.	Yes
Individual Therapy Services	Services for people to have one-to-one therapy sessions with a mental health professional	Covered as medically necessary	No

Service	Description	Coverage/Limitations (You may have to pay for these services if you see a provider who is not in the AmeriHealth Caritas Florida network)	Prior Authorization
Inpatient Hospital Services	Medical care that you get while you are in the hospital. This can include any tests, medicines, therapies and treatments, visits from doctors and equipment that is used to treat you	We cover the following inpatient hospital services based on age and situation when medically necessary: <ul style="list-style-type: none"> • Up to 365/366 days for recipients ages 0 – 20 • Up to 45 days for all other recipients (extra days are covered for emergencies) 	Yes
Integumentary Services	Services to diagnose or treat skin conditions, illnesses or diseases	Covered as medically necessary	Yes — Cosmetic procedures only
Laboratory Services	Services that test blood, urine, saliva or other items from the body for conditions, illnesses or diseases	Covered as medically necessary	No
Medical Foster Care Services	Services that help children with health problems who live in foster care homes	Must be in the custody of the Department of Children and Families	No
Medication Assisted Treatment Services	Services used to help people who are struggling with drug addiction	Covered as medically necessary	No
Medication Management Services	Services to help people understand and make the best choices for taking medication	Covered as medically necessary	No
Mental Health Partial Hospitalization Program Services	Treatment provided for 4 or more hours per day, several days per week, for people who are recovering from mental illness	As medically necessary and recommended by us	No
Mental Health Targeted Case Management	Services to help get medical and behavioral health care for people with mental illnesses	Covered as medically necessary	No

Service	Description	Coverage/Limitations (You may have to pay for these services if you see a provider who is not in the AmeriHealth Caritas Florida network)	Prior Authorization
Mobile Crisis Assessment and Intervention Services	A team of health care professionals who provide emergency mental health services, usually in people's homes	As medically necessary and recommended by us	No
Neurology Services	Services to diagnose or treat conditions, illnesses or diseases of the brain, spinal cord or nervous system	Covered as medically necessary	No
Non-emergency Transportation Services	Transportation to and from all of your medical appointments. This could be on the bus, a van that can transport disabled people, a taxi, or other kinds of vehicles	We cover the following services for recipients who have no transportation: <ul style="list-style-type: none"> • Out-of-state travel • Transfers between hospitals or facilities • Escorts when medically necessary 	No — Please call 1-855-371-3968 (TTY 711) to schedule nonemergency transportation services
Nursing Facility Services	Medical care or nursing care that you get while living full-time in a nursing facility. This can be a short-term rehabilitation stay or long-term	We cover 365/366 days of services in nursing facilities as medically necessary See information on Patient Responsibility for room and board copayment information.	Yes

Service	Description	Coverage/Limitations (You may have to pay for these services if you see a provider who is not in the AmeriHealth Caritas Florida network)	Prior Authorization
Occupational Therapy Services	Occupational therapy includes treatments that help you do things in your daily life, like writing, feeding yourself, and using items around the house	<p>We cover for children ages 0 – 20 and for adults, as medically necessary:</p> <ul style="list-style-type: none"> • One initial evaluation per year • Up to 210 minutes of treatment per week • One initial wheelchair evaluation per 5 years <p>We cover for people of all ages, as medically necessary:</p> <ul style="list-style-type: none"> • Follow-up wheelchair evaluations, one at delivery and one 6 months later 	Yes
Oral Surgery Services	Services that provide teeth extractions (removals) and to treat other conditions, illnesses or diseases of the mouth and oral cavity	Covered as medically necessary	Yes — Cosmetic procedures only
Orthopedic Services	Services to diagnose or treat conditions, illnesses or diseases of the bones or joints	Covered as medically necessary	No
Outpatient Hospital Services	Medical care that you get while you are in the hospital but are not staying overnight. This can include any tests, medicines, therapies and treatments, visits from doctors and equipment that is used to treat you	Emergency services are covered as medically necessary	Yes — Depending on procedure

Service	Description	Coverage/Limitations (You may have to pay for these services if you see a provider who is not in the AmeriHealth Caritas Florida network)	Prior Authorization
Pain Management Services	Treatments for long-lasting pain that does not get better after other services have been provided	Covered as medically necessary. Some service limits may apply	Yes
Physical Therapy Services	Physical therapy includes exercises, stretching, and other treatments to help your body get stronger and feel better after an injury, illness, or because of a medical condition	<p>We cover for children ages 0 – 20 and for adults, as medically necessary:</p> <ul style="list-style-type: none"> • One initial evaluation per year • Up to 210 minutes of treatment per week • One initial wheelchair evaluation per 5 years <p>We cover for people of all ages, as medically necessary:</p> <ul style="list-style-type: none"> • Follow-up wheelchair evaluations, one at delivery and one 6 months later 	Yes
Podiatry Services	Medical care and other treatments for the feet	<p>We cover, as medically necessary:</p> <ul style="list-style-type: none"> • Up to 24 office visits per year • Foot and nail care • X-rays and other imaging for the foot, ankle and lower leg • Surgery on the foot, ankle or lower leg 	No
Prescribed Drug Services	This service is for drugs that are prescribed to you by a doctor or other health care provider	<p>We cover, as medically necessary:</p> <ul style="list-style-type: none"> • Up to a 34-day supply of drugs, per prescription • Refills, as prescribed 	Refer to online Preferred Drug Listing www.amihealthcaritasfl.com

Service	Description	Coverage/Limitations (You may have to pay for these services if you see a provider who is not in the AmeriHealth Caritas Florida network)	Prior Authorization
Private Duty Nursing Services	Nursing services provided in the home to people ages 0 – 20 who need constant care	We cover, as medically necessary: • Up to 24 hours per day	Yes
Psychiatric Specialty Hospital Services	Emergency mental health services that are performed in a facility that is not a regular hospital	As medically necessary and recommended by us	No for emergency services only. Yes for all other non-emergency services
Psychological Testing Services	Tests used to identify behavioral health problems	Covered as medically necessary	Yes
Psychosocial Rehabilitation Services	Services to assist people re-enter everyday life. They include help with basic activities such as cooking, managing money and performing household chores.	We cover, as medically necessary: • Up to 480 hours per year	No
Radiology and Nuclear Medicine Services	Services that include imaging such as X-rays, MRIs or CAT scans. They also include portable X-rays.	Covered as medically necessary	Yes – For CT, MRI, MRA, PET scans and nuclear cardiac imaging No – For X-rays and portable X-rays when done by a participating provider
Regional Perinatal Intensive Care Center Services	Services provided to pregnant women and newborns in hospitals that have special care centers to handle serious conditions.	Covered as medically necessary	Yes

Service	Description	Coverage/Limitations (You may have to pay for these services if you see a provider who is not in the AmeriHealth Caritas Florida network)	Prior Authorization
Reproductive Services	Services for women who are pregnant or want to become pregnant. They also include family planning services that provide birth control drugs and supplies to help you plan the size of your family.	We cover medically necessary family planning services. You can get these services and supplies from any Medicaid provider; they do not have to be a part of our Plan. You do not need prior approval for these services. These services are free. These services are voluntary and confidential, even if you are younger than 18 years old.	No
Respiratory Services	Services that treat conditions, illnesses or diseases of the lungs or respiratory system	We cover medically necessary: <ul style="list-style-type: none"> • Respiratory testing • Respiratory surgical procedures • Respiratory device management 	Yes
Respiratory Therapy Services	Services for recipients ages 0 – 20 to help you breathe better while being treated for a respiratory condition, illness or disease	We cover medically necessary: <ul style="list-style-type: none"> • One initial evaluation per year • One therapy re-evaluation per 6 months • Up to 210 minutes of therapy treatments per week (maximum of 60 minutes per day) 	Yes
Self-Help/Peer Services	Services to help people who are in recovery from an addiction or mental illness	As medically necessary and recommended by us	No

Service	Description	Coverage/Limitations (You may have to pay for these services if you see a provider who is not in the AmeriHealth Caritas Florida network)	Prior Authorization
Specialized Therapeutic Services	Services provided to children ages 0 – 20 with mental illnesses or substance use disorders	We cover the following medically necessary: <ul style="list-style-type: none"> • Assessments • Foster care services • Group home services 	No
Speech-Language Pathology Services	Services that include tests and treatments help you talk or swallow better	We cover the following medically necessary services for children ages 0 – 20: <ul style="list-style-type: none"> • Communication devices and services • Up to 210 minutes of treatment per week • One initial evaluation per year We cover the following medically necessary services for adults: <ul style="list-style-type: none"> • One communication evaluation per 5 years 	Yes
Statewide Inpatient Psychiatric Program Services	Services for children with severe mental illnesses who need treatment in a facility	Covered as medically necessary for children ages 0 – 20	Yes
Therapeutic Behavioral On-Site Services	Services provided by a team to prevent children ages 0 – 20 with behavioral health issues from being placed in a hospital or other facility	Covered as medically necessary	No
Transplant Services	Services that include all surgery and pre and post-surgical care	Covered as medically necessary	Yes

Service	Description	Coverage/Limitations (You may have to pay for these services if you see a provider who is not in the AmeriHealth Caritas Florida network)	Prior Authorization
Visual Aid Services	Visual aids are items such as glasses, contact lenses and prosthetic (fake) eyes	We cover the following medically necessary services when prescribed by your doctor: <ul style="list-style-type: none"> • Two pairs of eyeglasses for children ages 0 – 20 • One frame every two years and two lenses every 365 days for adults ages 21 and older • Contact lenses • Prosthetic eyes 	No
Visual Care Services	Services that test and treat conditions, illnesses, and diseases of the eyes	Covered as medically necessary	No
Waived Copayments	You will not have any copayments on any of your health plan services	All services that have a copayment requirement in accordance with Rule 59G-1.056, FAC	No

Your Plan Benefits: Expanded Benefits

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

Service	Description	Coverage/Limitations (You may have to pay for these services if you see a provider who is not in the AmeriHealth Caritas Florida network)	Prior Authorization
Acupuncture	A treatment that is used to treat your pain	Annual maximum of 12 visits for members with acute and chronic pain	No
Adult Hearing Services	Adult hearing services, including hearing aids	One hearing aid and evaluation every two years	Yes
Adult Vision Services	Adult vision services, including eye glasses and contact lenses	One eye exam per year; six-month supply of contact lenses with prescription; one set of eyeglasses per year	Yes
Assessment Services	In-depth assessment for substance use issues	Unlimited, covered as medically necessary	No
	Psychological testing to identify behavioral health problems	Unlimited, covered as medically necessary	Yes
Behavioral Health Day Services/Day Treatment	Daytime treatment for behavioral health needs about everyday living	Unlimited, covered as medically necessary. Must be active in case management; for adults age 21 and over.	No
	Adult day care services	Unlimited, covered as medically necessary. Must be active in case management; for adults age 21 and over.	No
Behavioral Health Screening Services	Assessments and screening services for mental health and substance use issues	Unlimited, covered as medically necessary	No
Behavioral Health Medical Services (Verbal Interaction)	Talking with a medical professional about your mental health and/or substance use needs	Unlimited, covered as medically necessary	No

Service	Description	Coverage/Limitations (You may have to pay for these services if you see a provider who is not in the AmeriHealth Caritas Florida network)	Prior Authorization
Behavioral Health Medical Services (Medication Management)	Services with a medical professional who can treat mental health and substance use issues with medication	Unlimited, covered as medically necessary	No
Behavioral Health Medical Services (Drug Screening)	Alcohol and other drug screening with urine samples	Unlimited, covered as medically necessary	No
Biometric Equipment	You can request biomedical equipment to help support your health: <ul style="list-style-type: none"> • Blood pressure monitor/cuff • Weight scale 	One digital blood pressure cuff every three years. One weight scale every three years. For members in a care management program.	No
Cellular Phone Service	This benefit can help you stay in touch with AmeriHealth Caritas Florida or your medical providers so that you can stay healthy	One smartphone; monthly call minutes and data; unlimited text messages; unlimited calls to AmeriHealth Caritas Florida Member Services. (One per household for members 18 and over. Certain limitations may apply based on FCC guidelines.)	No
Chiropractic	Services and treatment provided by a chiropractic provider	24 additional visits for a total of 48 visits per year	No
Computerized Cognitive Behavioral Analysis	Health and behavior services, including assessments and therapy with a group or your family, or one-on-one sessions with a mental health professional while you have a physical illness	Unlimited, covered as medically necessary	No
	Family health and behavior intervention (without the patient present)	Unlimited, covered as medically necessary	No

Service	Description	Coverage/Limitations (You may have to pay for these services if you see a provider who is not in the AmeriHealth Caritas Florida network)	Prior Authorization
Doula Services	Pregnancy services given by providers who are trained in childbirth and give support and education to pregnant members	Unlimited visits for pregnant members	No, but requires a referral from the Bright Start® maternity program
Flu/Pandemic Prevention Kit	You can request flu/pandemic kits with helpful care items.	One flu/pandemic prevention kit includes face masks, an oral digital thermometer, and hand sanitizer. Annual limit of six kits; care manager referral needed.	No
Home Delivered Meals - General	If you are part of an eligible care management program, you may be able to have meals delivered to you at home.	For members who meet program guidelines for medical necessity. Up to two meals per day for 30 days. Extension of services may be granted with medical director approval.	Yes
Home-Delivered Meals for High-Risk Pregnant Members	You can have meals delivered to you at home if your provider believes you are a high-risk pregnant mom	Up to two meals per day for 30 days; limited to high-risk pregnant members who meet plan guidelines for medical necessity	Yes
Home-Delivered Meals — Post-Discharge	You can have meals delivered to your home after leaving a medical facility	Up to two meals per day for up to seven days for enrollees who have been recently discharged from the hospital with specific medical conditions; extension of services may be granted with Medical Director approval.	Yes

Service	Description	Coverage/Limitations (You may have to pay for these services if you see a provider who is not in the AmeriHealth Caritas Florida network)	Prior Authorization
Home Health Nursing/Aide Services	Services that can help you with activities of daily living, like bathing, getting dressed, and eating	Up to 48 visits per pregnancy for a home health aide; limited to high-risk pregnant members who meet plan guidelines for medical necessity and requires a physician order	Yes
Home Visit by a Clinical Social Worker	Services to provide support and education that will help to improve the quality of life for high-risk pregnant moms	Limited to 24 visits per year for high risk pregnant members; requires physician order	Yes
Housing Assistance	Help for high-risk pregnant members in finding community resources to help with housing	Assistance with locating community resources that support housing options and alternatives for all members; provides up to \$500 per lifetime maximum for transitional housing alternatives, and financial assistance is limited to high-risk pregnant members who are homeless	Yes
Intensive Outpatient Treatment	Outpatient treatment services in a program for substance use that meets three days per week for three hours each day	Covered as medically necessary • 25 sessions per year for adults age 21 and over	Yes
Massage Therapy	Therapy to treat pain; massage is commonly applied with a therapist's hands and fingers	Annual maximum of 12 visits for medical massage provided by a participating physical therapy or chiropractic provider.	Prior authorization required for physical therapist. No prior authorization needed for chiropractor.

Service	Description	Coverage/Limitations (You may have to pay for these services if you see a provider who is not in the AmeriHealth Caritas Florida network)	Prior Authorization
Meals During Non-emergency Transportation Day Trips	Reimbursement for the cost of meals you eat when you have to travel away from home for a medical appointment	Limited to \$50 per day with annual maximum of \$250	Yes
Medical Supplies	Medical supplies are items meant for one-time use and then thrown away	Some service limits apply	Yes
	Incontinence products	200 per month; any combination of these codes can be billed, but only up to 200 units	Yes — needs case management referral
Medically Related Home Care Services	Carpet cleaning service that will help adults control their asthma.	Two carpet cleanings for members age 21 and over with an annual maximum of \$200. Must be active in care management. Service must be from the approved vendor list.	Yes
Medication-Assisted Treatment	A licensed program that gives medication to lessen withdrawal symptoms from drugs or alcohol, along with supportive counseling	Unlimited, covered as medically necessary	No
Newborn Circumcision	An elective surgery for baby boys	Available during initial hospital stay and in provider's office for 90 days after birth	Yes, only if older than 90 days
Nutritional Counseling	Provides you with information about what foods are good for you and your health condition; these services can also help you with food shopping and ways to prepare these foods at home	Unlimited, covered as medically necessary	No

Service	Description	Coverage/Limitations (You may have to pay for these services if you see a provider who is not in the AmeriHealth Caritas Florida network)	Prior Authorization
Occupational Therapy	Adult occupational therapy services	One initial evaluation and re-evaluation per year; up to seven therapy treatment units per week	Yes
Over-the-Counter (OTC) Medication/Supplies	Provides you with a benefit to get health supplies and items such as aspirin, vitamins, first aid items, and cough medicine	\$25 per household per month; purchases limited to approved products	No
Physical Therapy	Adult physical therapy services	One evaluation and re-evaluation visit per year; up to seven therapy treatments per week	Yes
Prenatal/Perinatal Visits	Pregnancy visits before and after giving birth	Unlimited, covered as medically necessary	Yes
Primary Care Visits (Non-Pregnant Adults)	Visits with your PCP	Unlimited, covered as medically necessary	No
Respiratory Therapy	Adult respiratory therapy services	One evaluation and re-evaluation per year; one respiratory therapy visit per day	No
Speech Therapy	Adult speech therapy services	One evaluation visit per year	No, for evaluation
Swimming Lessons (Drowning Prevention)	Provides swimming and water safety lessons for children to keep them safe around water	Each April, there will be an open enrollment for up to 1,000 children. The open enrollment period will be documented in the Member Handbook, on the plan website, and in a promotional mailing. Up to \$200 per child will be paid at a plan-approved agency or to a certified instructor.	Yes

Service	Description	Coverage/Limitations (You may have to pay for these services if you see a provider who is not in the AmeriHealth Caritas Florida network)	Prior Authorization
Therapy (Art)	Creative activities, such as drawing and painting, as part of your treatment	Up to seven outpatient sessions per year, age 21 years and over.	Yes
Therapy (Equine)	Horseback riding with a behavioral health professional as part of your treatment	Up to three outpatient sessions per year for enrollees with a substance use disorder or chronic condition under care management, age 21 years and over.	Yes
Therapy (Group)	Therapy for a group of people with a mental health professional	Unlimited, covered as medically necessary	No
Therapy (Individual/Family)	Training and educational services about how to care for a member's disabling mental health problems	Unlimited, covered as medically necessary	No
Therapy (Pet)	Certified handlers and their pets help you with your treatment or therapy	Unlimited visits for adults age 21 and older, under care management. Limited to rehabilitative purposes. Services must be provided by a certified pet handler or licensed by the Art Therapies Credentials board.	Yes
Therapeutic Behavioral On-Site Services	Services provided by a team to support behavioral health issues and keep you from being placed in a hospital or other facility	Covered as medically necessary: 2 visits per provider per year for adults age 21 and over	No
Targeted Case Management	Help with getting health care and behavioral health services	Unlimited, covered as medically necessary - adults age 21 and over	No

Service	Description	Coverage/Limitations (You may have to pay for these services if you see a provider who is not in the AmeriHealth Caritas Florida network)	Prior Authorization
Tutoring K-12/ GED Support Program	You can get coaching and testing support to obtain a GED	Mission GED program provides resources and coaching support to obtain a General Equivalency Diploma (GED). The program includes class sign-up, test site location, registration, and goal identification. The program covers the cost of the exam(s) for all subjects. Available to members between the ages of 16-50. Health plan staff referral needed.	No
Vaccine (TDaP)	A vaccine to help keep pregnant moms healthy during their pregnancy	One vaccine per pregnancy	No
Vaccine (Influenza)	A vaccine to help reduce your chance of getting the flu	One vaccine per year, per member	No
Vaccine (Shingles [Varicella Zoster])	A vaccine to help reduce your chance of getting shingles	Adult members who have had chickenpox and as medically advised	No
Vaccine (Pneumonia [Pneumococcal])	A vaccine the help reduce the chance of you getting pneumonia	Two vaccines for all adults age 65 and older and enrollees ages 21 – 64 with specific medical conditions in accordance with current Centers for Disease Control and Prevention (CDC) immunization schedule; vaccines must be given at least one year apart	No
Waived Copayments	You will not have any copayments on any of your health plan services	All services that have a copayment requirement in accordance with Rule 59G-1.056, FAC	No

Section 13: Member Satisfaction

Complaints, Grievances, and Plan Appeals

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

	What You Can Do:	What We Will Do:
If you are not happy with us or our providers, you can file a Complaint	<p>You can:</p> <ul style="list-style-type: none"> • Call us at any time. <p>1-855-355-9800 (TTY 1-855-358-5856)</p>	<p>We will:</p> <ul style="list-style-type: none"> • Try to solve your issue within 1 business day.
If you are not happy with us or our providers, you can file a Grievance	<p>You can:</p> <ul style="list-style-type: none"> • Write us or call us at any time. • Call us to ask for more time to solve your grievance if you think more time will help. <p>AmeriHealth Caritas Florida P.O. Box 7368 London, KY 40742</p> <p>1-855-355-9800 (TTY 1-855-358-5856)</p>	<p>We will:</p> <ul style="list-style-type: none"> • Review your grievance and send you a letter with our decision within 90 days. <p>If we need more time to solve your grievance, we will:</p> <ul style="list-style-type: none"> • Send you a letter with our reason and tell you about your rights if you disagree.
If you do not agree with a decision we made about your services, you can ask for an Appeal	<p>You can:</p> <ul style="list-style-type: none"> • Write us, or call us and follow up in writing, within 60 days of our decision about your services. • Ask for your services to continue within 10 days of receiving our letter, if needed. Some rules may apply. <p>AmeriHealth Caritas Florida P.O. Box 7368 London, KY 40742</p> <p>1-855-355-9800 (TTY 1-855-358-5856)</p>	<p>We will:</p> <ul style="list-style-type: none"> • Send you a letter within 5 business days to tell you we received your appeal. • Help you complete any forms. • Review your appeal and send you a letter within 30 days to answer you.

	What You Can Do:	What We Will Do:
If you think waiting for 30 days will put your health in danger, you can ask for an Expedited or “Fast” Appeal	<p>You can:</p> <ul style="list-style-type: none"> • Write us or call us within 60 days of our decision about your services. <p>AmeriHealth Caritas Florida P.O. Box 7368 London, KY 40742</p> <p>1-855-355-9800 (TTY 1-855-358-5856)</p>	<p>We will:</p> <ul style="list-style-type: none"> • Give you an answer within 48 hours after we receive your request. • Call you the same day if we do not agree that you need a fast appeal, and send you a letter within 2 days.
If you do not agree with our appeal decision, you can ask for a Medicaid Fair Hearing	<p>You can:</p> <ul style="list-style-type: none"> • Write to the Agency for Health Care Administration Office of Fair Hearings. • Ask us for a copy of your medical record. • Ask for your services to continue within 10 days of receiving our letter, if needed. Some rules may apply. <p><i>**You must finish the appeal process before you can have a Medicaid Fair Hearing.</i></p>	<p>We will:</p> <ul style="list-style-type: none"> • Provide you with transportation to the Medicaid Fair Hearing, if needed. • Restart your services if the State agrees with you. <p>If you continued your services, we may ask you to pay for the services if the final decision is not in your favor.</p>

Fast Plan Appeal

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

Medicaid Fair Hearings (for Medicaid Members)

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

Agency for Health Care Administration
Medicaid Fair Hearing Unit
P.O. Box 60127
Fort Myers, FL 33906

1-877-254-1055 (toll-free)

1-239-338-2642 (fax)

MedicaidFairHearingUnit@ahca.myflorida.com

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

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

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

- Why you think the decision should be changed.
- The service(s) you think you need.
- Any medical information to support the request.
- Who you would like to help with your fair hearing.

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

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

Review by the State (for MediKids Members)

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

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

Agency for Health Care Administration

P.O. Box 60127

Fort Myers, FL 33906

1-877-254-1055 (toll-free)

1-239-338-2642 (fax)

MedicaidHearingUnit@ahca.myflorida.com

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

Continuation of Benefits for Medicaid Members

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

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

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

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

Section 14: Your Member Rights

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

- Be treated with courtesy and respect.
- Always have your dignity and privacy considered and respected.
- Receive a quick and useful response to your questions and requests.
- Know who is providing medical services and who is responsible for your care.
- Know what member services are available, including whether an interpreter is available if you do not speak English.
- Know what rules and laws apply to your conduct.
- Be given easy-to-follow information about your diagnosis and openly discuss the treatment you need, choices of treatments and alternatives, risks, and how these treatments will help you.
- Participate in making choices with your provider about your health care, including the right to say no to any treatment, except as otherwise provided by law.
- Be given full information about other ways to help pay for your health care.
- Know if the provider or facility accepts the Medicare assignment rate.
- To be told prior to getting a service how much it may cost you.
- Get a copy of a bill and have the charges explained to you.
- Get medical treatment or special help for people with disabilities, regardless of race, national origin, religion, handicap, or source of payment.
- Receive treatment for any health emergency that will get worse if you do not get treatment.
- Know if medical treatment is for experimental research and to say yes or no to participating in such research.

- Make a complaint when your rights are not respected.
- Ask for another doctor when you do not agree with your doctor (second medical opinion).
- Get a copy of your medical record and ask to have information added or corrected in your record, if needed.
- Have your medical records kept private and shared only when required by law or with your approval.
- Decide how you want medical decisions made if you can't make them yourself (advanced directive).
- To file a grievance about any matter other than a Plan's decision about your services.
- To appeal a Plan's decision about your services.
- Receive services from a provider that is not part of our Plan (out-of-network) if we cannot find a provider for you that is part of our Plan.
- Speak freely about your health care and concerns without any bad results.
- Freely exercise your rights without the Plan or its network providers treating you badly.
- Get care without fear of any form of restraint or seclusion being used as a means of coercion, discipline, convenience, or retaliation.
- Request and receive a copy of your medical records and ask that they be amended or corrected.

Section 15: Your Member Responsibilities

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

- Give accurate information about your health to your Plan and providers.
- Tell your provider about unexpected changes in your health condition.
- Talk to your provider to make sure you understand a course of action and what is expected of you.
- Listen to your provider, follow instructions for care and ask questions.
- Keep your appointments, and notify your provider if you will not be able to keep an appointment.
- Be responsible for your actions if treatment is refused or if you do not follow the health care provider's instructions.
- Make sure payment is made for non-covered services you receive.
- Follow health care facility conduct rules and regulations.

- Treat health care staff and case manager with respect.
- Tell us if you have problems with any health care staff.
- Use the emergency room only for real emergencies.
- Notify your case manager if you have a change in information (address, phone number, etc.).
- Have a plan for emergencies and access this plan if necessary for your safety.
- Report fraud, abuse and overpayment.

Section 16: Other Important Information

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

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

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

Indian Health Care Provider (IHCP) Protection

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

Emergency Disaster Plan

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

Tips on How to Prevent Medicaid Fraud and Abuse:

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

Fraud/Abuse/Overpayment in the Medicaid Program

To report suspected fraud and/or abuse in Florida Medicaid, call the Consumer Complaint Hotline toll-free at **1-888-419-3456** or complete a Medicaid Fraud and Abuse Complaint Form, which is available online at <https://apps.ahca.myflorida.com/mpi-complaintform>.

You can also report fraud and abuse to us directly by contacting the AmeriHealth Caritas Florida Fraud Hotline toll-free at **1-866-833-9718**.

Abuse/Neglect/Exploitation of People

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

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

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

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

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

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

Advance Directives

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

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

You can download an advanced directive form from this website or call **1-855-355-9800 (TTY 1-855-358-5856)**: <https://www.floridahealthfinder.gov/reports-guides/advance-directives.aspx>.

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

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

If your provider is not following your advance directive, you can file a complaint with Member Services at **1-855-355-9800 (TTY 1-855-358-5856)** or the Agency by calling **1-888-419-3456**.

Getting More Information

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

- Your member record.
- A description of how we operate.
- To compare our Healthcare Effectiveness Data and Information Set (HEDIS®) results to other Statewide Medicaid Managed Care plans, visit https://ahca.myflorida.com/Medicaid/quality_mc/submission.shtml.

Section 17: Additional Resources

Floridahealthfinder.gov

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

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

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

Elder Housing Unit

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

MediKids Information

For information on MediKids coverage please visit: https://ahca.myflorida.com/medicaid/Policy_and_Quality/Policy/program_policy/FLKidCare/MediKids.shtml.

Aging and Disability Resource Center

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

Independent Consumer Support Program

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

Section 18: Forms

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 incapacitated and:

_____ (initial) I have a terminal condition, or

_____ (initial) I have an end stage condition, or

_____ (initial) I am in a persistent vegetative state, and if my primary physician and another consulting physician have determined that there is no reasonable medical probability of my recovery from such a 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.

It is my intention that this declaration be honored by my family and physician 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 that 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: _____

Address: _____

Phone: _____

I understand the full import of this declaration, and I am emotionally and mentally competent to make this declaration.

Additional Instructions (optional):

Witness Signatures:

Signature _____

Printed Name _____

Address _____

Phone _____

Signature _____

Printed Name _____

Address _____

Phone _____

DESIGNATION OF HEALTH CARE SURROGATE

I _____, designate as my health care surrogate under S. 765.202, Florida Statutes:

Name: _____

Address: _____

Phone: _____

If my health care surrogate is not willing, able, or reasonably available to perform his or her duties, I designate as my alternate health care surrogate:

Name: _____

Address: _____

Phone: _____

INSTRUCTIONS FOR HEALTH CARE

I authorize my health care surrogate to: (Initials required in blank spaces below.)

_____ Receive any of my health information, whether oral or recorded in any form or medium, that:

1. Is created or received by a health care provider, health care facility, health plan, public health, employer, life insurer, school or university, or health care clearinghouse; and
2. Relates to my past, present, or future physical or mental health or condition; the provision of health care to me; or the past, present, or future payment for the provision of health care to me.

I further authorize my health care surrogate to:

_____ Make all health care decisions for me, which means he or she has the authority to:

3. Provide informed consent, refusal of consent, or withdrawal of consent to any and all of my health care, including life-prolonging procedures.
4. Apply on my behalf for private, public, government, or veteran's benefits to defray the cost of health care.
5. Access my health information reasonably necessary for the health care surrogate to make decisions involving my health care and to apply for benefits for me.

6. Decide to make an anatomical gift pursuant to part V of chapter 765, Florida Statutes.

Specific instructions and restrictions:

While I have decision making capacity, my wishes are controlling and my physician and health care providers must clearly communicate to me the treatment plan or any change to the treatment plan prior to its implementation.

To the extent that I am capable of understanding, my health care surrogate shall keep me reasonably informed of all decisions that he or she has made on my behalf and matters concerning me.

This health care surrogate designation is not affected by my subsequent incapacity except as provided in Chapter 765, Florida Statutes.

Pursuant to section 765.104, Florida Statutes, I understand that I may, at any time while I retain my capacity, revoke or amend this designation by:

1. Signing a written and dated instrument which expresses my intent to amend or revoke this designation;
2. Physically destroying this designation through my own action or by that of another person in my presence and under my direction;
3. Verbally expressing my intention to amend or revoke this designation; or
4. Signing a new designation that is materially different from this designation.

My health care surrogate's authority becomes effective when my primary physician determines that I am unable to make my own health care decisions unless I initial either or both of the following boxes:

If I initial this box [] my health care surrogate's authority to receive my health information takes effect immediately.

If I initial this box [] my health care surrogate's authority to make health care decisions for me takes effect immediately. Pursuant to section 765.204(3), Florida States, any instructions of health care decisions I make, either verbally or in writing, while I possess capacity shall supercede any instructions or health care decisions made by my surrogate that are in material conflict with those made by me.

Signatures: Sign and date the form here:

Date _____

Sign your name _____

Print your name _____

Address _____

City, State _____

Signatures of Witnesses:

First Witness

Date _____

Sign your name _____

Print your name _____

Address _____

City, State _____

Second Witness

Date _____

Sign your name _____

Print your name _____

Address _____

City, State _____

UNIFORM DONOR FORM

The undersigned hereby makes this anatomical gift, if medically acceptable, to take effect on death. The words and marks below indicate my desires:

I give:

_____ (a) any needed organs or parts

_____ (b) only the following organs or parts for the purpose of transplantation, therapy, medical research, or education:

_____ (c) my body for anatomical study if needed. Limitations or special wishes, if any:

Signed by the donor and the following witnesses in the presence of each other:

Donor's Signature _____

Donor's Date of Birth _____

Date Signed _____

City and State _____

Witness _____

Street Address _____

City _____ State _____

Witness _____

Street Address _____

City _____ State _____

You can use this form to indicate your choice to be an organ donor. Or you can designate it on your driver's license or state identification card (at your nearest driver's license office).

WALLET CARD ABOUT YOUR ADVANCE DIRECTIVE

Health Care Advance Directives

I, _____
have created the following Advance Directives:

_____ Living Will
_____ Health Care Surrogate Designation
_____ Anatomical Donation
_____ Other (specify) _____

----- FOLD -----

Contact:
Name _____
Address _____

Phone _____
Signature _____
Date _____



AmeriHealth Caritas[™]

Florida

Discrimination is against the law

AmeriHealth Caritas Florida complies with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently based on race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender identity or expression, or sexual orientation.

AmeriHealth Caritas Florida:

- Provides free (no-cost) 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 (no-cost) 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 AmeriHealth Caritas Florida at **1-855-355-9800 (TTY 1-855-358-5856)**. We are available 24 hours a day, seven days a week.

If you believe that AmeriHealth Caritas Florida has failed to provide these services or has discriminated against you in another way, you or your authorized representative (if we have your written authorization on file) can file a grievance with:

- Grievances and Appeals, P.O. Box 7368, London, KY 40742. Phone: **1-855-371-8078 (TTY 1-855-371-8079)**, or Fax: **1-855-358-5847**.
- You can file a grievance by mail, fax, or phone. If you need help filing a grievance, AmeriHealth Caritas Florida Member Services 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, D.C. 20201
1-800-368-1019 (TTY 1-800-537-7697)

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

English: This information is available for free in other languages. Please contact our customer service number at **1-855-355-9800 (TTY 1-855-358-5856)**, 24 hours a day, seven days a week. If your primary language is not English, or to request auxiliary aids, assistance services are available to you, free of charge.

Spanish: Esta información está disponible en otros idiomas de forma gratuita. Póngase en contacto con nuestro número de servicios al cliente al **1-855-355-9800 (TTY 1-855-358-5856)**, las 24 horas del día, los siete días de la semana. Si su idioma principal no es el inglés, o necesita solicitar ayudas auxiliares, hay servicios de asistencia a su disposición de forma gratuita.

Haitian Creole: Enfòmasyon sa yo disponib gratis nan lòt lang. Tanpri kontakte ekip sèvis kliyan nou an nan **1-855-355-9800 (TTY 1-855-358-5856)**, 24 è sou 24, sèt jou sou sèt. Si anglè pa lang manman w oswa si w ta renmen mande yon èd konplemantè, ou ka resevwa sèvis ki gratis pou ede w.

Vietnamese: Thông tin này có sẵn miễn phí ở các ngôn ngữ khác. Vui lòng liên lạc bộ phận dịch vụ khách hàng của chúng tôi theo số **1-855-355-9800 (TTY 1-855-358-5856)**, 24 giờ một ngày, bảy ngày trong tuần. Nếu ngôn ngữ chính của quý vị không phải là tiếng Anh, hoặc để yêu cầu các thiết bị trợ giúp bổ sung, thì quý vị có thể sử dụng miễn phí các dịch vụ hỗ trợ.

