



SIMPLY HEALTHCARE PLANS

MEDICAID MEMBER HANDBOOK

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SIMPLY HEALTHCARE PLANS, INC. WELCOMES YOU!

We are pleased to welcome you as a new member to our SIMPLY HEALTHCARE PLANS family and thank you for choosing us. SIMPLY HEALTHCARE PLANS is a Health Maintenance Organization (HMO) contracted with the State of Florida's Agency for Health Care Administration. We provide health care services to Florida residents enrolled in the Medicaid Program. Our doctor network and our benefits will help us to give you quality health care.

This Handbook was made to help answer your questions. If you are sick, it is good to know help is near. Don't wait until you are sick to develop that important patient/doctor relationship. In fact, it is important to learn about SIMPLY HEALTHCARE PLANS and your benefits *before* you get sick!

So, follow these simple steps and you will receive all the medical care you need:

- # 1 Set up an office visit with your doctor right now! This will help us get to know your medical needs. This is important in keeping you healthy.
- # 2 Remember all your health care is provided **or** coordinated by your doctor **except** for emergencies.
- # 3 Always keep your SIMPLY HEALTHCARE PLANS ID card with you to show when you need health care.
- # 4 If you have a medical or mental health emergency:
 - ⇒ Call 9-1-1 and go to the nearest Emergency Room
 - OR**
 - ⇒ Call your doctor for help if there is time,

In addition, SIMPLY HEALTHCARE PLANS helps members with disabilities, such as a hearing problem, and members with little understanding of English, free of charge. For help call:

LANGUAGE NEEDS:	1-800-213-1133 or 305-408-5823
(in Miami Dade county)	
TDD/TTY:	1-800-955-8771

Read this Handbook. At SIMPLY HEALTHCARE PLANS, we want to get to know you so we can give you the health care benefits to which you are entitled. If you have any questions, call SIMPLY HEALTHCARE PLANS's Member Services Department at 305-408-5823 (in Miami Dade county) or toll-free at (800) 213-1133, 8:00 am - 7:00 p.m. , Monday to Friday. For speech and hearing impaired call TDD/TTY: 1-800-955-8771.

Sincerely,

SIMPLY HEALTHCARE PLANS, INC.

AS A NEW MEMBER

1. Please review your SIMPLY HEALTHCARE PLANS ID card to make sure the name; birth date, and sex are correct.
2. You should read all member information.
3. You should call your doctor to make an appointment for a physical exam. You should have your SIMPLY HEALTHCARE PLANS ID card in front of you when you call.
4. Keep your Member Handbook in a safe, handy place.
5. IMPORTANT - The doctor you have chosen will coordinate all health care needs for you!
6. Keep in mind, some doctors may not perform certain medical services based on religious or moral beliefs
7. If you did not pick a doctor, the Plan will pick one for you. If you would like to change your doctor, call Member Services at 1-800-213-1133 or 305-408-5823 (in Miami Dade county); Monday to Friday; 8:00 a.m. to 7:00 p.m. For hearing or speech impaired call TDD/TTY:1-800-955-8771.
8. You can have all your family members seen by the same primary care doctor or you can pick a different primary care doctor based on each family member's needs.

ENROLLMENT

How to become a SIMPLY HEALTHCARE PLANS Medicaid member:

- You are an eligible Medicaid recipient and pick SIMPLY HEALTHCARE PLANS as your Managed Care choice. This is called a voluntary enrollment.
- You are an eligible Medicaid recipient but do not choose a Medicaid HMO or Medipass provider within the time that the State gives you to pick an HMO. At that time, the State may assign you to SIMPLY HEALTHCARE PLANS as a member. Each month the State will assign a number of Medicaid recipients who have not chosen a Medicaid HMO to SIMPLY HEALTHCARE PLANS. This is called a mandatory enrollment.

Enrollment, Disenrollment, Lock-in, Open enrollment and “Good Cause”:

Enrollment:

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

Open Enrollment:

If you are a mandatory enrollee, the state will send you a letter 60 days before the end of your enrollment year telling you that you can change plans if you want to. This is called “open enrollment.” You do not have to change plans. If you choose to change plans during open enrollment, you will begin in the new plan at the end of your current enrollment year. Whether you pick a new plan or stay in the same plan, you will be locked into that plan for the next 12 months. Every year you can change health plans during your 60-day open enrollment period.

Disenrollment:

If you are a mandatory enrollee and you want to change plans after the initial 90-day period ends or after your open enrollment period ends, you must have a state-approved good cause reason to change plans. The following are state-approved good cause reasons to change health plans:

A mandatory enrollee may request disenrollment from the Health Plan for cause at any time. Such request shall be submitted to the Agency or its agent. The following reasons constitute cause for disenrollment from the Health Plan:

- (1) The enrollee moves out of the county, or the enrollee's address is incorrect and the enrollee does not live in a county where the plan is authorized to provide services.
- (2) The provider is no longer with the Health Plan.
- (3) The enrollee is excluded from enrollment.
- (4) A substantiated marketing or community outreach violation has occurred.
- (5) The enrollee is prevented from participating in the development of his/her treatment plan.
- (6) The enrollee has an active relationship with a provider who is not on the Health Plan's panel, but is on the panel of another health plan.
- (7) The enrollee is in the wrong health plan as determined by the Agency.
- (8) The Health Plan no longer participates in the county.
- (9) The state has imposed intermediate sanctions upon the Health Plan, as specified in 42 CFR 438.702(a)(3).
- (10) The enrollee needs related services to be performed concurrently, but not all related services are available within the Health Plan network. or the enrollee's PCP has determined that receiving the services separately would subject the enrollee to unnecessary risk.
- (11) The Health Plan does not, because of moral or religious objections, cover the service the enrollee seeks.
- (12) The enrollee missed open enrollment due to a temporary loss of eligibility, defined as 60 days or less for non-Reform populations and 180 days or less for Reform populations.
- (13) Other reasons per 42 CFR 438.56(d)(2), including, but not limited to, poor quality of care; lack of access to services covered under the Contract; inordinate or inappropriate changes of PCPs; service access impairments due to significant changes in the geographic location of services; lack of access to providers experienced in dealing with the enrollee's health care needs; or fraudulent enrollment.

Voluntary enrollees may disenroll from the Health Plan at any time.

All changes must be made with Medicaid Options at 1-888-367-6554. They are the only ones that can make the change for you if there is a “Good Cause” reason. SIMPLY HEALTHCARE PLANS cannot make the changes for you.

SIMPLY HEALTHCARE PLANS can ask that you be disenrolled from the Plan for the following reasons:

- You lose your Medicaid eligibility
- You move out of the service area (Miami-Dade or Broward counties)
- You are enrolled in a Medicare Health Maintenance Organization (HMO)
- You let someone else use your SIMPLY HEALTHCARE PLANS Medicaid member ID card
- You are admitted into a long term care facility, hospice program, prison or correctional facility.
- You don't follow your doctor's recommended plan of care
- You miss 3 doctor appointments in a row over a six-month period. (The Plan will give warnings.)
- Your behavior is disruptive or abusive. (The Plan will give warnings.)

Loss of Medicaid Eligibility and Reinstatement Process

If you are no longer eligible for Medicaid, the State will automatically disenroll you and you will lose your SIMPLY HEALTHCARE PLANS benefits. It is important that you recertify with your caseworker as needed. If you regain your Medicaid eligibility within 60 days, the State will place you back with SIMPLY HEALTHCARE PLANS. SIMPLY HEALTHCARE PLANS will send you a letter telling you about your reinstatement and will try to place you back with the same primary care doctor that you were seeing before. If you would like to change your primary care doctor or need a new ID card or Member Handbook you can call the Member Services Department at 1-800-213-1133 or 305-408-5823 (in Miami Dade county). For Hearing and Speech impaired call TDD/TTY: 1-800-955-8771.

Newborn Enrollment:

SIMPLY HEALTHCARE PLANS wants to make sure you get medical care as soon as you think you are pregnant. If you think you are pregnant see your primary care doctor. Once you are pregnant your primary care doctor will refer you to an OB/GYN. You should then call SIMPLY HEALTHCARE PLANS's Member Services Department so we can help you arrange for your prenatal care. You can pick a doctor for your baby as soon as you know you are pregnant.

You must also let your Department of Children and Families (DCF) caseworker know that you are pregnant. As soon as you have your baby and you are able, call the SIMPLY HEALTHCARE PLANS Member Services Department to let us know you had your baby. If you have not picked a doctor for your baby we will help you pick one.

You must also let your Department of Children and Families (DCF) caseworker know that you had your baby. The Department of Children and Families will review the baby's Medicaid benefits and assign the baby a Medicaid ID number. They will also tell SIMPLY HEALTHCARE PLANS of the approval and Medicaid ID number. Once your baby is enrolled, the enrollment will continue until your baby loses eligibility or you disenroll the child.

If your baby does not have a Medicaid ID number at the time of birth, SIMPLY HEALTHCARE PLANS may not be responsible for the care of your newborn baby.

EMERGENCIES

An emergency is a medical or mental health condition that may cause extreme harm to the body or cause death. Some examples of emergencies are:

- ◇ A serious accident
- ◇ Gun shot wound
- ◇ Poisoning
- ◇ Bleeding you can't stop
- ◇ Pregnancy with vaginal bleeding
- ◇ Loss of consciousness
- ◇ Heart attack
- ◇ Severe shortness of breath
- ◇ Serious burns
- ◇ Drug overdose
- ◇ Head trauma
- ◇ Stab wounds

If you have an emergency, go to the nearest hospital emergency room right away **OR call 9-1-1 right away**. It is important to call and tell your primary doctor about your emergency as soon as medically possible.

If you are not certain what to do, call your doctor and ask for help.

OUT OF AREA EMERGENCIES

If you need treatment for emergency care while you are outside the service area (outside of Miami Dade and Broward counties) call 911 or go to the nearest emergency room. SIMPLY HEALTHCARE PLANS will pay for the emergency service. You must call and tell your primary doctor or SIMPLY HEALTHCARE PLANS about your out of area emergency as soon as medically possible. If you are hospitalized, show the hospital staff your SIMPLY HEALTHCARE PLANS ID card so they can call for authorization. They need to call SIMPLY HEALTHCARE PLANS or your primary doctor within 48 hours or as soon as possible so we can help coordinate care. All services, except emergencies, must be authorized to ensure payment.

If the facility does not take your SIMPLY HEALTHCARE PLANS card, you may receive a bill. If you do, send your bill to:

SIMPLY HEALTHCARE PLANS, Inc.
8701 S.W. 137 Ave.
Miami, Florida 33183

Urgent Care Facilities

Sometimes you may have a medical problem that is not really serious and your doctor's office is closed. At those times, you can use SIMPLY HEALTHCARE PLANS's **URGENT CARE SERVICES (After Hours Services)**.

Here are some examples of After Hours Services:

- ◇ Sore throat
- ◇ Back pain
- ◇ Headache
- ◇ Cold
- ◇ Minor injury
- ◇ Flu
- ◇ Ear ache
- ◇ Cuts & minor wounds
- ◇ Frequent urination

Call your primary care doctor who will help you get these urgent care services.

SERVICES

SIMPLY HEALTHCARE PLANS's health plan provides a lot of services. Please read this Handbook to help learn about your covered benefits. The following gives you a listing of your benefits. As a member of SIMPLY HEALTHCARE PLANS, you get the same services and benefits of regular Medicaid (Medipass). SIMPLY HEALTHCARE PLANS is contracted with the Florida Medicaid Program. All services **must** be medically necessary to be covered and provided through the SIMPLY HEALTHCARE PLANS Provider Network. SIMPLY HEALTHCARE PLANS provides a complete network of providers to its members. If a member chooses to go to a doctor outside of the network, the member must receive prior authorization from SIMPLY HEALTHCARE PLANS or the member will be responsible for all financial charges from that provider.

SERVICES (continued)

Your primary care doctor can help you arrange for these services:

- ◇ Office visits to your doctor
- ◇ Vision & eye care
- ◇ Inpatient or outpatient hospital care
- ◇ X-Rays & other imaging services
- ◇ Durable medical equipment & supplies
- ◇ Other medical supplies
- ◇ Annual physicals
- ◇ Well-child care
- ◇ Immunizations
- ◇ Paid prescriptions for medications
- ◇ Podiatric services
- ◇ Transplant services
- ◇ Prosthetics & orthotics
- ◇ Health education
- ◇ End Stage Renal Disease services
- ◇ Physical therapy
- ◇ Outreach for Covered Services including pregnancy services
- ◇ Specialist visits
- ◇ Laboratory tests (blood work)
- ◇ Ambulance (emergencies)
- ◇ Pre-natal care
- ◇ Family planning(see page 13)
- ◇ Counseling services
- ◇ Home health services
- ◇ Chiropractor services
- ◇ Well-woman exam annually
- ◇ Midwife services
- ◇ Maternal & Infant Support Services
- ◇ Blood lead services
- ◇ Hearing Services

For help getting any of these services, call your primary care doctor or SIMPLY HEALTHCARE PLANS's Member Services Department at 1-800-213-1133 or 305-408-5823 (in Miami Dade county)

For Hearing or speech impaired call: TDD/TTY: 1-800-955-8771.

Limitations

SIMPLY HEALTHCARE PLANS's limitations of services will never be more than those of the Medicaid fee for service program. The limitations are:

- Elective abortions
- Experimental or investigational drugs, procedures or equipment
- Elective cosmetic surgery

Primary Care Doctor

Remember to set up an appointment with your primary care doctor right now! This will help us get to know your health status. This is important in keeping you healthy. Your doctor's number is listed on your ID card.

Specialist

Your primary care doctor (pcp) will decide what treatment is needed. If you need a specialist, your primary care doctor will give you a referral. Remember your primary care doctor will arrange for this care.

There are some specialty services that do not need a referral from your primary care doctor. These services are called Direct Access. The services are chiropractic, podiatry, routine well woman exams (one visit per year), dermatology (up to 5 visits per year), and Family Planning.

Second Opinion

As a SIMPLY HEALTHCARE PLANS member, you have the right to a second opinion. There may be a time that you will want a second opinion from another doctor. You need to talk to your primary care doctor so he can authorize and coordinate your appointment. You can choose a doctor to give you this second medical opinion from the SIMPLY HEALTHCARE PLANS Provider Directory or a non-plan doctor. A non-plan doctor is a doctor that does not belong to the SIMPLY HEALTHCARE PLANS provider network. If you pick the non-plan doctor, you will be asked to pay up to 40% of the cost for the second opinion.

Other Services

There are times when other services are needed. Your primary care doctor or SIMPLY HEALTHCARE PLANS can arrange for these services.

Physician Services:

SIMPLY HEALTHCARE PLANS will cover physician services. Your primary care doctor will help you with your health care needs.

Other Services (continued)

Inpatient Hospital Services (includes both medical and Behavioral Health):

These are services you get when you are admitted into a hospital. SIMPLY HEALTHCARE PLANS covers up to 45 inpatient days for all members from July 1 (or the initial day of enrollment - whichever comes last) to June 30. There is no limit on the number of days that Medicaid can reimburse for recipients 20 years of age or younger.

Outpatient Hospital Services:

These are services you can get at a hospital without having to be admitted. Your primary care doctor will arrange for these services.

Prescription Services:

Prescription services are prescription drugs. SIMPLY HEALTHCARE PLANS will cover Medicaid prescription drugs written or approved by SIMPLY HEALTHCARE PLANS providers. You can get your prescription drugs at any SIMPLY HEALTHCARE PLANS contracted pharmacy. SHP also offers a benefit of up to \$25 per month per household for approved over-the-counter (OTC) medications and other items. You present your SHP ID card and the Over-The-Counter benefit form (found in the back of this book) at any contracted pharmacy.

If you have any questions or need assistance getting your OTC items, please call our Member Services Department. Talk to your PCP if you have any questions on any of the OTC items.

Circumcisions:

SIMPLY HEALTHCARE PLANS will cover circumcisions from 0-3 months of age

Dental Services:

SIMPLY HEALTHCARE PLANS will cover 2 Adult dental cleanings each year.

Vision Services:

SIMPLY HEALTHCARE PLANS will cover Adult vision benefits for routine eye care, including routine eye exams and eyeglasses, if medically necessary.

Durable Medical Equipment and Home Health Care Services:

Sometimes you need special medical equipment called durable medical equipment. Either your primary care doctor or SIMPLY HEALTHCARE PLANS can arrange this for you. If you think you need special equipment either call SIMPLY HEALTHCARE PLANS's Member Services Department at 1-800-213-1133 or 305-408-5823(in Miami-Dade county), for hearing or speech impaired call TDD/TTY: 1-

800-955-8771 or your primary care doctor for help. This equipment must be medically necessary to be a covered benefit.

Other Services (continued)

SIMPLY HEALTHCARE PLANS will also cover nursing care or medical equipment at your home if it is medically necessary and prescribed by your primary care doctor.

Laboratory and X-ray Service:

SIMPLY HEALTHCARE PLANS will cover these services, as medically necessary. Your primary care doctor will arrange for these services.

Family Planning:

Family planning is an important part of health care. Services included in family planning are prescriptions and devices to prevent pregnancy, education in family planning, and diagnosis and treatment of sexually transmitted diseases (STDs).

SIMPLY HEALTHCARE PLANS and your primary care doctor can help you with family planning services or you can choose a family planning agency. This can include another doctor, nurse practitioner, a family planning clinic, or your local health department.

You do not need a referral from your primary care doctor for these family planning services. SIMPLY HEALTHCARE PLANS will pay for these services. If you need help, call the Member Services Department at 1-800-213-1133 or 305-408-5832 (in Miami Dade County); for speech and hearing impaired call TDD/TTY (800) 955-8771.

Transportation:

Medicaid members who need transportation can call Community Transportation Coordinators (CTC). You will need to call 3 days in advance. In Miami Dade County call 1-866-726-1457. In Broward Non reform call 1-866-867-0729. SIMPLY HEALTHCARE PLANS covers emergency services.

For emergencies please call 9-1-1.

Other Medicaid Services

You can call your local area Medicaid Office at 305-377-5055 for other Medicaid services not covered by the Plan that may be available to you.

Quality Benefit Enhancements:

SIMPLY HEALTHCARE PLANS wants to keep you healthy. SIMPLY HEALTHCARE PLANS has Quality Benefit Enhancement services that you might need. The enhancements include:

- Smoking Cessation
- Substance Abuse
- Domestic Violence
- Pregnancy Prevention
- Postnatal/Postpartum Pregnancy Programs
- Children's Programs

Call your SIMPLY HEALTHCARE PLANS primary care doctor or our Member Services Department for more information on the education schedule.

Childhood Immunizations (Shots) & Childhood Check Ups:

It is important to get all required immunizations (shots) for your child to help keep him/her healthy. It is also important that your primary care doctor sees your child as he/she grows. Your primary care doctor will give all immunizations (shots) and well-child care check-ups for children and young adults under the age of 21. Call your primary care doctor to make an office visit today or visit your local health department.

BEHAVIORAL HEALTH SERVICES

Good mental health is important! Counseling services and treatment for psychiatric and emotional disorders are available through PsychCare at 1-800-221-5487. They will work with your primary care doctor. PsychCare will help you make an appointment with a mental health care provider in our Behavioral Health network.

You can pick or change your behavioral health care person. To change your behavioral health care person call 1-800-221-5487.

Some Behavioral Health Services include:

- Individual and Group Outpatient Psychotherapy
- Inpatient Behavioral Health Services
- Outpatient Behavioral Health Services
- Community Mental Health Services

- Mental Health Targeted Case Management

For help getting any of these services, call PsychCare at 1-800-221-5487.

BEHAVIORAL HEALTH EMERGENCIES

A behavioral health emergency is a mental health condition that may cause extreme harm to the body or cause death. Some examples of behavioral health emergencies are:

- Attempted suicide
- Danger to self or others
- So much functional harm that the person is not able to carry out actions of daily life
- Functional harm that will likely cause death or serious harm to the body.

If you have an emergency, go to the nearest hospital emergency room right away **OR call 9-1-1 right away**. It is important to call PsychCare at 1-800-221-5487 and tell them about your emergency as soon as medically possible.

If you are not certain what to do, call PsychCare at 1-800-221-5487 and ask for help.

OUT OF AREA BEHAVIORAL HEALTH EMERGENCIES

If you need treatment for behavioral health emergency care while you are outside the service area (outside of Miami Dade and Broward counties) call 911 or go to the nearest emergency room. SIMPLY HEALTHCARE PLANS will pay for the emergency service. You must call and tell PsychCare or SIMPLY HEALTHCARE PLANS about your out of area emergency as soon as medically possible. If you are hospitalized, show the hospital staff your SIMPLY HEALTHCARE PLANS ID card so they can call for authorization. They need to call SIMPLY HEALTHCARE PLANS or your primary doctor within 48 hours or as soon as possible so we can help coordinate care.

If the facility does not take your SIMPLY HEALTHCARE PLANS card, you may receive a bill. If you do, send your bill to:

SIMPLY HEALTHCARE PLANS, Inc.
8701 S.W. 137 Ave.
Miami, Florida 33183

All services, except emergencies, must be authorized to ensure payment. If you go to a mental health care person outside of the SIMPLY HEALTHCARE PLANS network, we may not pay for the visit. You must call PsychCare for all non emergency behavioral health services first and get approval for the visit.

RECOGNIZING A POSSIBLE BEHAVIORAL HEALTH ISSUE

If you or a covered family member is experiencing any of the following feelings or concerns, you need to contact a PsychCare behavioral health care provider:

- Always feeling sad
- Feelings of hopelessness and/or helplessness
- Feelings of guilt, or worthlessness
- Can't sleep
- Poor appetite and weight loss
- Loss of interest in the things you enjoyed
- Difficulty concentrating and irritability
- Thinking about hurting yourself or others

How to file a Complaint, Grievance or Appeal

As a member of SIMPLY HEALTHCARE PLANS, you have the right to file a complaint, grievance or appeal. This might be when you are not happy with SIMPLY HEALTHCARE PLANS, your doctors, or services.

COMPLAINT:

- Any oral or written expression of dissatisfaction by a member sent to the Plan or to a state agency and resolved by close of business the following business day. Some examples could be that you are not happy with the type of care you are getting or doctor rudeness. A complaint is an informal piece of the grievance system.
- You can call SIMPLY HEALTHCARE PLANS's Member Services Department to tell us about your complaint at 1-800-213-1133 or 305-408-5823 (in Miami-Dade county), for hearing or speech impaired call TDD/TTY: 1-800-955-8771.

GRIEVANCE :

- A grievance is an expression of dissatisfaction. Some examples could be rudeness of a doctor or that you are not happy with the type of care given.
- You have one year from the day the event happened to file a grievance.
- You can call or write the SIMPLY HEALTHCARE PLANS's Member Services Department to file a grievance at 800-213-1133 or 305-408-5823 (in Miami-Dade county), for hearing or speech impaired call TDD/TTY: 1-800-955-8771.
- The Member Services representative will try to help you with your concern during the phone call. If you are not happy with their response, you can call the Grievance Coordinator directly at 305-408-5709, or toll-free at (800) 887-6888 ext. 5709; Monday to Friday, 8:00a.m. to 5:00 p.m.. The Grievance Coordinator can help you with a grievance and appeal form and can help you complete the form. You, or another person, for example your doctor, friend or relative, can send your grievance and act on your behalf as long as you say it's okay in writing. If your doctor files a grievance on your behalf no action will be taken against him/her.

You can mail or fax the form to the following address:

SIMPLY HEALTHCARE PLANS, Inc.
8701 S.W. 137 Ave.
Miami, Fl. 33183
Fax # 305-408-5880

- When the Grievance Coordinator gets your grievance they will send you a letter in 5 business days to let you know they received your letter. The Grievance Coordinator may need to get more information and get medical records. Your grievance will be looked at and a decision will be made. You will get an answer from us in 90 days from the day SIMPLY HEALTHCARE PLANS received your grievance. An extra 14 days may be needed by the

Plan or you may ask for the extra 14 days in order to get more information about your grievance. The extra time must be in your best interest. We will send you a letter to let you know we need the extra 14 days.

- At any time during our process, you have the right to a Medicaid Fair Hearing. You must ask for a Medicaid Fair Hearing within 90 days of the date of the notice of action. You, or another person, for example your doctor, friend or relative, can send your appeal and act on your behalf as long as you say it's okay in writing.
- You can ask the Office of Public Assistance Appeals Hearings, 1317 Winewood Blvd., Building 5, Room 203, Tallahassee, Florida 32399-0700 to re look at our decision.
- You can ask that your benefits continue while you are waiting for your hearing. If SIMPLY HEALTHCARE PLANS is found not to be responsible for giving you the benefits you have asked for, you may have to pay for any benefits you continued to get.
- During the appeal, your member benefits will continue if one of the following happens:
 - The appeal is filed timely, which means on or before the later of the following:
 - Within 10 days of the date on the notice of action (Add 5 days if the notice is sent via U.S. mail);
 - The intended effective date of the Plan's proposed action;
 - The appeal involves the termination, suspension, or reduction of a previously authorized course of treatment;
 - The services were ordered by an authorized doctor;
 - The member requests the benefits to continue.
 - The authorization period has not ended;

APPEAL:

- An appeal is when you are not happy with a decision or action that the Plan made and you can ask the Plan to look at the decision.
- You have to file 30 days from the date the Plan made the decision.
- You can call or write the SIMPLY HEALTHCARE PLANS's Member Services Department to file an appeal at 800-213-1133 or 305-408-5823 (in Miami-Dade

county), for hearing or speech impaired call TDD/TTY: 1-800-955-8771. If you call in your appeal you will have to follow up with a letter.

- The Member Services representative will try to help you resolve your concern during the phone call. If you are not happy with their answer, you can also call the Grievance Coordinator directly at 305-408-5709 or toll-free at (800) 887-6888, ext. 5709. The Grievance Coordinator can help you with a grievance and appeal form and can help you complete the form. You, or another person, for example your doctor, friend or relative, can send your appeal and act on your behalf as long as you say it's okay in writing.

You can mail or fax the form to the following address:

SIMPLY HEALTHCARE PLANS, Inc.
8701 S.W. 137 Ave.
Miami, Fl.33183
Fax # 305-408-5880

- Keep in mind; at any time during our process, you have the right to a Medicaid Fair Hearings. You can ask the Office of Public Assistance Appeals Hearings, 1317 Winewood Blvd., Building 5, Room 203, Tallahassee, Florida 32399-0700 to re look at our decision.
- You must ask for a Medicaid Fair Hearing within 90 days of the day of the notice of action. You, or another person, for example your doctor, friend or relative, can send your appeal and act on your behalf as long as you say it is okay in writing. If your doctor files an appeal on your behalf no action will be taken against him/her.
- When the Grievance Coordinator gets your appeal they will send you a letter within 5 business days to let you know they received your letter.
- The Grievance Coordinator may need to get more information and get medical records. Your appeal will be reviewed and a decision will be made. You will get an answer from us within 45 days from the day SIMPLY HEALTHCARE PLANS received your appeal. An extra 14 days may be needed by the Plan or you may ask for the extra 14 days in order to get more information about your appeal. The extra time must be in your best interest. We will send you a letter to let you know we need the extra 14 days.
- If you are not happy with the Plan's decision, you have the right to ask for a hearing by our Grievance and Appeals Committee within 30 days of the decision. During the hearing, you or someone you chose can speak to the committee about your appeal. The Grievance and Appeal Committee will re look at your appeal and make a decision.

- If you are not happy with the committee decision you have the right to ask for a Medicaid Fair Hearing to re-look at it. You can ask the Office of Public Assistance Appeals Hearings, 1317 Winewood Blvd., Building 5, Room 203, Tallahassee, Florida 32399-0700 to re look at our decision.
- You can also ask the Subscriber Assistance Program to re-look at our decision. You need to ask the Subscriber Assistance Program in writing within one year after our decision is made. Send in your written request to : Agency for Health Care Administration, Subscriber Assistance Program/Beneficiary Assistance Program, Building 1, MS#26, 2727 Mahan Drive, Tallahassee, Florida 32308. Their telephone number is 850-412-4502 or toll free 1-888-419-3456. If you took your grievance to the Medicaid Fair Hearing Panel at the same time you were going through our grievance process, you do not have the right to the Subscriber Assistance Program.
- You can ask that your benefits continue while you are waiting for your hearing. Total will give you information on how to ask to continue your benefits. If SIMPLY HEALTHCARE PLANS is found not to be responsible for giving the benefits you have asked for, you may have to pay for any benefits you continued to get.
- If SIMPLY HEALTHCARE PLANS continues or reinstates your benefits while the appeal is pending, the benefits must be continued until one of the following happens:
 - You cancel your appeal
 - 10 days pass from the day SIMPLY HEALTHCARE PLANS made its decision and you did not request a Medicaid Fair Hearing with continuation of benefits until a Medicaid Fair Hearing decision is made.(Add 5 days if the notice is sent by U.S. mail)
 - A Medicaid Fair Hearing decision is not in your favor.
 - The authorization ends or the authorized service limits are met.
 - If the final decision is not in your favor, SIMPLY HEALTHCARE PLANS may recover the cost of the service you got while the appeal was pending.
 - If the services were not provided to you during the appeal process and the decision requires SIMPLY HEALTHCARE PLANS to give you the services, SIMPLY HEALTHCARE PLANS will provide or authorize the services quickly as your health condition requires.
 - If the services were provided to you during the appeal process and the decision requires SIMPLY HEALTHCARE PLANS to pay for the

services, SIMPLY HEALTHCARE PLANS will pay for the services as required by State policy and rules.

- SIMPLY HEALTHCARE PLANS will give the Agency For Health Care Administration a copy of the Plan's written decision upon request.

Expedited (QUICK) Appeal:

- You also have the right to an expedited (quick) review of your appeal. This would happen if waiting made a great health problem for you. This expedited (quick) review will be completed within 72 hours of your request.
- You can call or write the SIMPLY HEALTHCARE PLANS's Member Services Department to file an expedited appeal at 800-213-1133 or 305-408-5823 (in Miami-Dade county), for hearing or speech impaired call TDD/TTY: 1-800-955-8771. The Member Services representative will try to help you resolve your concern during the phone call. If you are not happy with their answer, you can also call the Grievance Coordinator directly at 305-408-5709 or toll-free at (800) 887-6888, ext. 5709.
- The Grievance Coordinator can help you with a grievance and appeal form and can help you complete the form. You, or another person, for example your doctor, friend or relative, can send or call in your expedited appeal and act on your behalf. You will have to let us know in writing that another person can act on your behalf. If your doctor files an appeal on your behalf no action will be taken against him/her.

You can fax the form to:

SIMPLY HEALTHCARE PLANS, Inc.
8701 S.W. 137 Ave.
Miami, Fl.33183
Fax # 305-408-5880

- Decisions on quick reviews will be given to you within 72 hours from the time the request was received. If you are not happy with the Plan's decision, you have the right to ask for a hearing by our Grievance and Appeals Committee within 30 days of the decision. During the hearing, you or someone you chose can speak to the committee about your appeal. The Grievance and Appeal Committee will re look at your appeal and make a decision.

- During the quick appeal process, SIMPLY HEALTHCARE PLANS will
 - Let you know of how much time you have to give information about your appeal
 - Let you know of our decision within 72 hours of your request.
 - Let you know of our decision in writing.
 - Will verbally try to let you know of our decision.
 - Make sure that if your doctor files an appeal on your behalf no action will be taken against him/her.

- An extra 14 days may be needed by the Plan or you may ask for the extra 14 days in order to get more information about your appeal. The extra time must be in your best interest. We will send you a letter to let you know we need the extra 14 days.

If SIMPLY HEALTHCARE PLANS denies a request for an expedited (quick) appeal SIMPLY HEALTHCARE PLANS will:

- Handle the appeal as a regular appeal and the regular appeal time of 45 days will apply, with a possible 14 day extension.
 - Make an effort to call you and let you know of the decision.
 - Send you a letter letting you know of our decision within 2 days
 - Complete all general duties listed.

- Keep in mind; at any time during our process, you have the right to a Medicaid Fair Hearing. You can ask the Office of Public Assistance Appeals Hearings, 1317 Winewood Blvd., Building 5, Room 203, Tallahassee, Florida 32399-0700 to re look at our decision.
- You must ask for a Medicaid Fair Hearing within 90 days of the date of the notice of action. You, or another person, for example your doctor, friend or relative, can send your appeal and act on your behalf as long as you say it is okay in writing.

- If you are not happy with the committee answer you have the right to ask the Subscriber Assistance Program to re-look at it. You need to ask for the review in writing within one year after our decision is made. Send in your written request to : Agency for Health Care Administration, Subscriber Assistance Program/Beneficiary Assistance Program, Building 1, MS#26, 2727 Mahan Drive, Tallahassee, Florida 32308. Their telephone number is 850-412-4502 or toll free 1-888-419-3456. If you took your appeal to the Medicaid Fair Hearing Panel at the same time you were going through our appeal process, you do not have the right to the Subscriber Assistance Program.

- You can ask that your benefits continue while you are waiting for your hearing. SIMPLY HEALTHCARE PLANS will give you information on how to get continued benefits. If SIMPLY HEALTHCARE PLANS is found not to be responsible for giving you the benefits you have asked for, you may have to pay for any benefits you continued to get.

If you have any questions about the grievance and appeal process, please call Member Services at: 1-800-213-1133 or 305-408-5823 (in Miami-Dade County). For speech or hearing impaired call TDD/TTY: 1-800-955-8771.

MEMBER RESPONSIBILITIES

SHP has adopted the Florida Member's Bill of Rights and Responsibilities. You can request a copy of it from your doctor.

Members' Rights:

- Enrollees have the right to be treated with respect and with due consideration for his or her dignity and privacy.
- A member has the right to a prompt and reasonable response to questions and requests.
- A member has the right to know who is providing medical services and who is responsible for his or her care.
- A member has the right to know what patient support services are available, including whether an interpreter is available if he or she does not speak English.
- A member has the right to know what rules and regulations apply to his or her conduct.
- Enrollees have the right to receive information on available treatment options and alternatives, presented in a manner appropriate to the enrollee's condition and ability to understand.
- Enrollees have the right to participate in decision regarding his or her health care, including the right to refuse treatment.
- A member has the right to be given, upon request, full information, and necessary counseling on the availability of known financial resources for his or her care.
- A member who is eligible for Medicare has the right to know, upon request and in advance of treatment, whether the health care provider or health care facility accepts the Medicare assignment rate.
- A member has the right to receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.
- A member has the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.
- A member has the right to treatment for any emergency medical condition that will deteriorate from failure to provide treatment

- A member has the right to know if medical treatment is for purposes of experimental research and to give his or her consent or refusal to participate in such experimental research.
- A member has the right to express grievances regarding any violation of his or her rights, as stated in Florida law, through the grievance procedure of the health care provider or health care facility which served him or her and to the appropriate state licensing agency.
- Enrollees have the right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- Enrollees have the right to request and receive a copy of his or her medical records, and request that they be amended or corrected.
- Enrollees have the right to be furnished health care services in accordance with federal and state regulations.
- The State must ensure that each enrollee is free to exercise his or her rights, and that the exercise of those rights does not adversely affect the way the health plan and its providers or the State agency treat the enrollee.

Members' Responsibilities:

- A member is responsible for giving to the health care provider, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his or her health.
- A member is responsible for reporting unexpected changes in his or her condition to the health care provider.
- A member is responsible for reporting to the health care provider whether he or she comprehends a contemplated course of action and what is expected of him or her.
- A member is responsible for following the treatment plan recommended by the health care provider.
- A member is responsible for keeping appointments and, when he or she is unable to do so for any reason, for notifying the health care provider or health care facility.
- A member is responsible for his or her actions if he or she refuses treatment or does not follow the health care provider's instructions.
- A member is responsible for assuring that the financial obligations of his or her health care are fulfilled as promptly as possible.
- A member is responsible for following health care facility rules and regulations affecting patient care and conduct.

NOTICE OF PRIVACY PRACTICES

THIS LETS YOU KNOW HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET TO THIS INFORMATION. PLEASE READ.

SIMPLY HEALTHCARE PLANS, Inc. provides your health care benefits. We are required by law to keep the privacy of your health information and to give you this notice of our legal duty to protect the privacy of your health information. We will follow the rules of this notice. This notice started April 14, 2003. It is effective until we change it.

HOW WE MAY USE AND RELEASE YOUR HEALTH INFORMATION WITHOUT YOUR PERMISSION

Only people who have a need and a legal right may see your health information. Unless you let us know, we will only use and give out your health information for the reasons below:

To You or Your Personal Representative: We may give your health information to you or your personal representative (someone who has a legal right to act for you).

For Treatment: We may use and give out your information to help you get health care. For example, we may tell your doctor about care you get in an emergency room.

For Payment: We may use and give your information so that your care is paid. For example, we may ask an emergency room for details about your health care before we pay the bill.

For Healthcare Operations: We may use and give out your information for our business reasons. For example, we may use your information to review the quality of care you get or to talk to you about your benefits.

To Others Involved in Your Care: Unless you tell us not to, we may give out your health information to a member of your family, a close friend, or any other person, if they are involved in your health care or payment of your health care.

To Business Associates: We may give out your information to the companies we hire to help us in our business. Before the companies can get your information, they must agree in writing that they will follow our privacy rules.

Other Permitted Uses and Releases of Your Information: We may use or give out your information as required by law. Some examples are:

For public health activities;

To a health oversight agency during audits

To a governmental authority if we believe that you have been a victim of abuse, neglect or domestic violence

In response to an order of a court

In response to certain law enforcement requests;

For organ, eye, or tissue donation purposes;

For workers' compensation purposes;

For national security and intelligence activities;

To stop a threat to the health or safety of a person or the public.

We may give out your information to researchers at limited times. They must use privacy protections required by law. We must give out your information when asked by the Department of Health and Human Services to investigate our compliance with the privacy laws.

Health Related Benefits: We may use or give out your information when we send you our newsletters or to tell you more about the benefits we offer.

Written Permission: We may use your information for other purposes if you agree in writing. You have the right to change your mind. If you change your mind you must send us a letter. We cannot take back any uses made before you changed your mind.

Federal privacy laws control how we may use and give out your information. At times, state law controls how we may use and give out your information. We will follow the law that is most protective of your information.

YOUR RIGHTS

Right to Look at and Copy: You have the right to look at or get copies of your records when you ask in writing. You may have to pay for the cost of copying your records. If we deny your request, you may ask to have our decision relooked at.

Right to Make Changes: You may ask us to change your records if you feel that the record is incorrect or incomplete. You must ask this in writing. We may say no for some reasons, but we must give you a written reason for our answer.

List of Releases: If you write a letter you have the right to get a list of releases of your information made by us. This can be for any time after April 14, 2003. This list will not have information that was given out for treatment, payment, or health care operations. This list will not have information given to you, your family, or information that was given out by your letter.

Right to Ask for Restrictions on Our Use of Your Information: You have the right to ask for limits on how your information is used or given out. We do not have to agree with you.

Right to Ask for Confidential Communications: You have the right to ask that we share information with you. You will need to send us a letter. For example, you may ask us to send information to your work address instead of your home address.

Use Your Rights Under This Notice: If you want to use your rights, you may write to us at the address on the first page of this notice. We will help you write your letter.

CHANGES TO THIS NOTICE

We have the right to change this notice. A revised notice will be effective for information we now and we get in the future. We are required by law to obey the notice in effect. If the changes are important, the new notice will be mailed to you before it takes effect.

COMPLAINTS

Complaints to the Federal Government: If you believe that your privacy rights have been violated, you can file a complaint with the federal government. You may write to: Office of Civil Rights, Department of Health and Human Services, 200 Independence Avenue, S.W., Washington DC, 20201, Phone: (866) 627-7748, TTY: (866) 788-4989, or Email: ocrprivacy@hhs.gov

You will not be penalized for filing a complaint with the federal government.

Complaints and Communications to SIMPLY HEALTHCARE PLANS: If you want to act on your rights under this notice, communicate with us about privacy issues, or if you wish to file a complaint, you can call or write to us:

SIMPLY HEALTHCARE PLANS, Inc
8701 S.W. 137 Ave.
Miami, Florida 33183

You will not be penalized for filing a complaint

COPIES OF THIS NOTICE

You can get an extra copy of this notice at any time. Please call or write us to ask for a copy.

Advance Directives

You have the right to fill out a letter called an “Advance Directives.” This letter says in advance what kind of medical care you would get if you were in a serious medical situation. The situation would stop you from telling your doctor how you want to be treated. An example is if you were taken to a hospital in a coma, you would want the hospital to know how you want to be treated.

An advanced directive lets you make choices about your future medical care. There are 2 kinds of Advance Directives:

- **Living Will:** States the kind a medical care you want or do not want if you are not able to make your own choices.
- **Health Care Surrogate Designation:** Is a signed, dated and witnessed paper naming someone else to make medical choices for you. The other person can be a husband, wife or friend.

If your SIMPLY HEALTHCARE PLANS doctor has a copy of your Advanced Directives he/she will be able to honor your choices. If he or she cannot then they will let you know why they will not. For more information about Advance Directives, call SIMPLY HEALTHCARE PLANS’s Member Services Department toll free at 1-800-213-1133. For hearing and speech impaired call 1-800-955-8771. Total will give you written updates on Advanced Directives as they are made by the State of Florida. SIMPLY HEALTHCARE PLANS will give you state law changes as soon as possible. We will let you know of the changes within 90 days.

If you have a complaint about non-compliance with advance directive laws and regulations you may call the State's complaint hotline at 1-888-419-3456

Questions and Answers

- **How do I change my doctor?**

A good relationship with your doctor is important for the best care. You have the right to change your primary care doctor.

To change your doctor, call Member Services Department at 1-800-213-1133 or 305-408-5823 (in Miami-Dade County) for help. The change will become effective on the 1st day of the next month if made by the 25th of the previous month. You will be sent a new ID card.

- **If I don't speak English is there someone who can help me?**

If you do not speak English, SIMPLY HEALTHCARE PLANS can help you get an interpreter for health services. Also, if you have a hearing problem, SIMPLY HEALTHCARE PLANS can get you a sign language interpreter during health care. For help, call the Member Services Department at 1-800-213-1133 or 305-408-5823 (in Miami Dade County). For hearing and speech impaired call 1-800-955-8771.

- **What if my family size changes or I move?**

If the size of your family changes, you must call SIMPLY HEALTHCARE PLANS's Member Services Department. This means you should call if you have a new baby or there is a death of a member. If you move or change phone numbers, let us know as soon as possible. It is important that SIMPLY HEALTHCARE PLANS know the family members who should be part of the health plan.

- **What do I do if I think someone is doing fraud and abuse?**

To report Insurance Fraud & Abuse call SIMPLY HEALTHCARE PLANS at **305-408-5718**. You can also report suspected fraud and/or abuse in Florida Medicaid by calling 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://ahcaxnet.fdhc.state.fl.us/InspectorGeneral/fraud_complaintform

- **Can my family members have the same primary care doctor as me?**

Yes, if you would like you can pick the same doctor for you and your family.

- **How can I get my general questions answered?**

SIMPLY HEALTHCARE PLANS can answer most of your questions. Call the Member Services Department 24 hours each day, 7 days each week, at:

1-800-213-1133 or 305-408-5823 (in Miami Dade County)

For hearing and speech impaired call 1-800-955-8771.

Types of questions you may have are:

- ❑ General information questions (during normal business hours)
- ❑ Enrollment or disenrollment questions (during normal business hours)
- ❑ Grievances or appeals questions (during normal business hours)
- ❑ Quality performance information questions, including member satisfaction surveys
- ❑ An urgent medical problem (any time)
- ❑ Emergency or medically necessary transportation needs (any time)
- ❑ You may ask if SIMPLY HEALTHCARE PLANS has special payments with its doctors that might change referrals and other services that you might need (during normal business hours)
- ❑ Information about our doctors. This includes doctors who are not taking new members.
- ❑ The credentials of our doctors
- ❑ The financial arrangements between our doctors and SIMPLY HEALTHCARE PLANS

IMPORTANT NUMBERS TO REMEMBER:

SIMPLY HEALTHCARE PLANS Member Services: 1-800-213-1133 or 305-408-5823
(in Miami Dade County)

Medicaid Options: 1-888-367-6554

Consumer Call Center: 1-888-419-3456

Statewide Provider & Subscriber Assistance Program: 850-412-4502 or
toll free 1-888-419-3456

Behavioral Health : PsychCare - 1-800-221-5487

Local Department of Children & Families Area Office (DCF): 305-377-5055

Local Medicaid Area Office: 305-499-2000 or 1-800-953-0555

Thank you for choosing SIMPLY HEALTHCARE PLANS to provide your health care needs. Should you have any questions please call our Member Services Department at 1-800-213-1133 or 305-408-5823(in Miami-Dade county). For hearing or speech impaired call 1-800-955-8771; Monday to Friday; 8:00a.m. to 7:00p.m.



SIMPLY HEALTHCARE PLANS

\$25 Over-the-Counter Coverage

Dear Member,

Simply Healthcare Plan offers you an over-the-counter drug benefit each month. You and your family may pick any of the items listed below totaling \$25 or less per month. Simply pick the ones you want. Take them up to the pharmacy counter with your Simply Healthcare Plan card and this notice so they can bill them to us. You will receive the generic form of all the over-the-counter products.

For additional copies of this form please visit our web site at www.simplyhealthcareplans.com. You may call our Member Services Department at 305-408-5823. For hearing and speech impaired call TDD/TYY at 1-800-955-8771

If you have any questions please call 305-408-5823.

\$25 OTC Coverage – Generic

<u>ANTACIDS</u>	<u>DIGESTION</u>	<u>FIRST AID</u>
Mylanta	Immodium (loperamide)	Cortaid (hydrocortisone) crm/oint
Maalox	Colic Drops (simethicone)	Bacitracin (antibiotic) ointment
Milk of Magnesia	Pepto Bismal (Bismuth)	A&D ointment
Tums	Agoral (Casanthrol/DSS)	Zostrix (capsaicin) cream
Tagament (Cimetidine)	Fleet Suppositories (bisacodyl)	A&D ointment
Zantac (Ranitidine)	Pedialyte (Pediatric Electrolyte)	Neosporin (tripe antibiotic) oint
<u>COUGH/ COLD/ ALLERGY</u>	Ipecac Syrup	<u>ANTIHEMMORROIDAL</u>
Vapo-Rub	Metamucil (psyllium)	Preparation H (suppository)(pramoxine)
Sudafed (pseudoephedrine)	Glucose tablets	Fleet Relief (pramoxine)
Benadryl (Diphenhydramine) tab/liq	Glycerin Suppositories	<u>LAXATIVES</u>
ChlorTrimenton	Gas-X (simethicone)	Dulcolax (bisacodyl)
AYR (saline) nasal spray	<u>VITAMINS/ MINERALS</u>	Senekot (senna)
Choloraseptic (Throat Spray)	Vitamin C 500mg	Colace (stool softener)
Robitussin (Guaifenesin)	Caltrate (Calcium carbonate + D)	<u>ANTIFUNGAL</u>
Robitussin DM (Guaifenesin)	Vitamin E 400 IU	Tinactin (tolnaftate)
Afrin (nasal spray)	B-Complex Vitamin	<u>EYE CARE</u>
Dimetapp (decongestant)	Daily Multivitamin	Artificial Tears
<u>PAIN RELIEF</u>	Oscal (oyster calcium 500 mg +D)	Visine
Ecotrin (eneric coated)	Niacin	<u>MISCELLANEOUS</u>
Chewable aspirin 81 mg	Chewable multivitamins	Auro (carbamide peroxide)
Advil ibuprofen 200mg)	Centrum Silver	Wart Remover (salicylic acid)
Motrin (children’s ibu 200mg)	Folic Acid 800 mcg	Lotrimin (clotrimazole)
Aleve (naproxen sodium)	Iron	Benzoyl Peroxide cr/lot/gel
Tyenol (APAP chewable/liq/tab)	Vitamin A 10000IU	Reese’s pinworm medicine



SIMPLY HEALTHCARE PLANS

**P.O. Box 830010
Miami, FL 33283-0010
(800) 213-1133**