



Member Handbook

Simply Healthcare Plans, Inc. —
Florida Healthy Kids

844-405-4298 (TTY 711)
simplyhealthcareplans.com/floridahealthykids



simplyhealthcareplans.com

Dear Parent/Guardian:

Welcome to Simply Healthcare Plans, Inc. — Florida Healthy Kids. We look forward to helping you access quality healthcare benefits for your child.

You should have your child's Simply — Florida Healthy Kids member ID card by now. If not, you'll receive it in the mail soon. The ID card lists:

- Your child's Simply — Florida Healthy Kids effective (start) date.
- Your child's primary care provider (PCP).
- Simply — Florida Healthy Kids Member Services phone number and other contact information.

Check your child's ID card right away. If any information is not right, call **844-405-4298 (TTY 711)**. We will send you a new ID card with the correct information.

With Simply — Florida Healthy Kids, you receive benefits like:

- No copays for well-child visits with a PCP.
- Immunizations (shots) at no cost.
- \$10 a month per child to buy personal care and over-the-counter (OTC) items.
- A \$100 gift card for school supplies for members who go to college or trade school.
- Up to \$50 toward a youth club membership or after-school activities.
- A recreational safety package that includes a no-cost sports physical, plus the choice of a helmet or a set each of elbow and knee pads.
- Up to \$50 for school supplies.
- Up to 50 roundtrip rides per year up to 90 miles from home to nonurgent and scheduled medical, dental, or specialist visits for your child along with 1-2 companions.
- Access to 24-hour Nurse HelpLine at **844-405-4298 (TTY 711)** for answers to your health questions anytime, day or night.

Your child will also receive a Health Risk Assessment (HRA) with a prepaid envelope by mail. Please complete and return the HRA as soon as possible. You can complete it at simplyhealthcareplans.com/floridahealthykids or over the phone by calling Simply — Florida Healthy Kids Member Services at **844-405-4298 (TTY 711)**. More information about your child's benefits is in this handbook.

For questions, call **844-405-4298 (TTY 711)** or visit simplyhealthcareplans.com/floridahealthykids.

We are here to help give you peace of mind about your child's healthcare.

Sincerely,

Simply Healthcare Plans, Inc. — Florida Healthy Kids

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About this Handbook

This handbook is for members of the Florida Healthy Kids program, which provides affordable healthcare coverage for eligible children ages 5 to 18. The Florida Healthy Kids Corporation has contracted with Simply Healthcare Plans, Inc., your child's health plan, to provide healthcare services. This is your main resource for understanding:

- How Simply — Florida Healthy Kids works.
- How to help keep your child healthy.
- How to receive access to healthcare and help with coordinating special needs.
- How we decide whether care is medically necessary.
- How we protect your child's privacy.
- Your child's rights and responsibilities as an enrollee.

You can view this handbook at **simplyhealthcareplans.com/floridahealthykids**. To request a member handbook in your preferred language and/or the following formats at no cost to you, call Simply — Florida Healthy Kids Member Services at **844-405-4298 (TTY 711)**, Monday through Friday, 7:30 a.m. to 7:30 p.m. Eastern time:

- Print
- Large print
- Audio format
- Braille version

Contact Us!

Contact Information

When you need help or more information, use these contacts and websites:

Help or Questions About	Call	Visit
<ul style="list-style-type: none">• Status of your application• Eligibility for Florida Healthy Kids• Making payments• When coverage starts• Florida KidCare letters or emails you receive	888-540-KIDS (5437), Monday through Friday, 7:30 a.m. to 7:30 p.m. Eastern time TTY 800-955-8771	floridakidcare.org
<ul style="list-style-type: none">• Whether a medical service, prescription medication or device is covered• Cost of a medical service, prescription medication, or device• Network healthcare providers• Preventive services• Payment of a medical bill• Appealing a service or claim denial• Vision services	Member Services at 844-405-4298 (TTY 711), Monday through Friday, 7:30 a.m. to 7:30 p.m. Eastern time	simplyhealthcareplans.com/floridahealthykids
<ul style="list-style-type: none">• Your child's health or medications after hours, when you cannot reach their PCP• What to do or where to go if you are unsure it's an emergency	24-hour Nurse HelpLine at 844-405-4298 (TTY 711), 24 hours a day, seven days a week	simplyhealthcareplans.com/floridahealthykids
<ul style="list-style-type: none">• Primary or urgent care services with a doctor through video chat		livehealthonline.com

Contact Us!

Help or Questions About	Call	Visit
<ul style="list-style-type: none">In-person or virtual mental health and substance use disorder services with a behavioral health provider	Carelon Behavioral Health at 855-861-2142 , 24 hours a day, seven days a week	findcare.simplyhealthcareplans.com/search-providers
<ul style="list-style-type: none">Information about dental benefits	Your child's dental insurance company: DentaQuest, Inc. 888-696-9557 LIBERTY Dental Plan 877-550-4436 MCNA Dental Plan 855-858-6262	Your child's dental insurance company's website: dentaquest.com/state-plans/regions/florida client.libertydentalplan.com/FLHealthyKids mcnaflhk.net/members

Contact Us!

Sending Documents

Important: Please do not send any medical bills or claims to the Florida Healthy Kids Corporation. If you need to send in a medical bill or claim, call Simply — Florida Healthy Kids Member Services at **844-405-4298 (TTY 711)**, Monday through Friday, 7:30 a.m. to 7:30 p.m. Eastern time. When you send in any documents to Florida KidCare, write your child's account number on the top of each page. You can find your child's account number on any letters sent from Florida KidCare, or by logging in to your online Florida KidCare account.

If you do need to submit income, identity, citizenship, or immigrant status documents to Florida KidCare, please submit them one of these ways:

- | | |
|----------------|---|
| Secure upload: | Scan your documents as one of these file types: .pdf, .jpeg, .jpg, .png, .tif, .tiff, or .gif. Each file needs to be less than 10MB. Log in to your account at floridakidcare.org and select the green document upload button to upload documents to your account. |
| Email: | Scan your documents as one of these file types: .pdf, .doc, .ppt, .jpeg, .jpg, .tif, .tiff, .txt, .rtf, .bmp, or .gif. Each file needs to be less than 10MB, or possibly smaller, depending on your email service. Email your documents to contactus@healthykids.org . |
| Mail: | Florida KidCare
P.O. Box 591
Tallahassee, FL 32302-0591 |
| Fax: | 866-867-0054 |

Making Premium Payments

When you need to make a premium payment, choose one of these ways:

Worry-free, automatic monthly payments:

- | | |
|---------|---|
| AutoPay | <ol style="list-style-type: none">1. Go to floridakidcare.org and log in to your secure account or create an account if you do not already have one.2. Enter your debit card, credit card, or bank account information.3. Save your payment information. |
|---------|---|

Contact Us!

One-time payments for a single month or multiple months of coverage:

- | | |
|-----------|---|
| Online | <ol style="list-style-type: none">1. Visit floridakidcare.org and select the Pay Premium button.2. Select Pay Online and the one-time payment option.3. Enter your debit card, credit card, or bank account information (transaction fee applies). |
| Phone | Call 888-540-KIDS (5437) to make a payment with your debit or credit card (transaction fee applies). |
| Mail | <ol style="list-style-type: none">1. Write your child's account number on your check or money order.2. Make it payable to "Florida KidCare."3. Send your payment to:

Florida KidCare
P.O. Box 31105
Tampa, FL 33631-3105 |
| In Person | Visit fidelityexpress.com to find a location where you can make a cash payment. |

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Getting Started: Program Basics

What is Florida KidCare?

Florida KidCare is the state of Florida's high-quality, low-cost health and dental insurance program for children. There are four Florida KidCare partners. Each partner provides insurance to different groups of children:

- The Florida Healthy Kids Corporation runs Florida Healthy Kids for children ages 5 through the end of age 18.
- The Agency for Health Care Administration runs Medicaid for children from birth up to age 1 and MediKids for children ages 1 up to 4.
- The Department of Health runs the Children's Medical Services Managed Care Plan for children from birth up to age 19 with special healthcare needs.
- The Department of Children and Families runs the Behavioral Health Network for children ages 5 up to 19.

What is Florida Healthy Kids?

Florida Healthy Kids is health and dental insurance for children whose families meet certain income and other eligibility requirements. The health and dental insurance benefits are provided by insurance companies using a managed care model.

What is managed care?

The goal of managed care is to provide high-quality healthcare at low costs. Two main approaches the Florida Healthy Kids insurance companies use to do this are:

- Creating a provider network: Network doctors and other healthcare providers agree to certain rules, like how quickly the doctor needs to give enrollees an appointment. Except for emergencies, enrollees will need to see a network provider.
- Having rules about when and what kinds of services, supplies, devices, and other products are covered: Florida Healthy Kids insurance companies only pay for medically necessary services that are a part of the Florida Healthy Kids benefits.

Is my child's insurance company Florida Healthy Kids?

No. Your child's health insurance company is Simply Healthcare Plans, Inc. Simply is your primary source of information about the covered benefits and services available to your child.

When and how can I change insurance companies?

You can change insurance companies only at certain times and for certain reasons.

Log in to your online account to change insurance companies during your child's first 90 days of enrollment or during your child's annual renewal period.

Getting Started: Program Basics

Call Florida KidCare at **888-540-KIDS (5437)** to change companies if your child no longer lives in the plan's service area.

You can also call Florida KidCare to change companies for one of these reasons:

- Your child's doctor does not, because of moral or religious obligations, provide a service your child needs.
- Your child needs related services to be done at the same time and your child's primary care provider determines that receiving the services separately would subject your child to unnecessary risk, but not all related services are available in the plan's network.
- Your child has an active relationship with a healthcare provider who is not in the plan's network, but who is in the network of another subsidized plan in the area.
- The plan is no longer available in the area where your child lives.
- The Florida Healthy Kids Corporation requires the insurance company to take action to improve quality of care.
- Other reasons determined by the Florida Healthy Kids Corporation, including, but not limited to, lack of access to services or providers with the appropriate experience to provide care to your child.

Can I pick any of the health insurance companies?

You can pick one of the health insurance companies available where you live. You can find out which insurance companies are available in your area at

floridakidcare.org/plan-information or by finding your county on the list on the next page.

Plans by County

Counties: Alachua – Desoto	Counties: Dixie – Hernando	Counties: Highlands – Madison
Alachua Aetna Better Health of Florida Simply Healthcare Plans	Dixie Aetna Better Health of Florida Simply Healthcare Plans	Highlands Aetna Better Health of Florida Simply Healthcare Plans
Baker Aetna Better Health of Florida Simply Healthcare Plans	Duval Aetna Better Health of Florida Simply Healthcare Plans	Hillsborough Aetna Better Health of Florida Simply Healthcare Plans
Bay Aetna Better Health of Florida Simply Healthcare Plans	Escambia Aetna Better Health of Florida Simply Healthcare Plans	Holmes Aetna Better Health of Florida Simply Healthcare Plans
Bradford Aetna Better Health of Florida Simply Healthcare Plans	Flagler Aetna Better Health of Florida Simply Healthcare Plans	Indian River Aetna Better Health of Florida Community Care Plan Simply Healthcare Plans
Brevard Aetna Better Health of Florida Simply Healthcare Plans	Franklin Aetna Better Health of Florida Simply Healthcare Plans	Jackson Aetna Better Health of Florida Simply Healthcare Plans
Broward Aetna Better Health of Florida Community Care Plan Simply Healthcare Plans	Gadsden Aetna Better Health of Florida Simply Healthcare Plans	Jefferson Aetna Better Health of Florida Simply Healthcare Plans
Calhoun Aetna Better Health of Florida Simply Healthcare Plans	Gilchrist Aetna Better Health of Florida Simply Healthcare Plans	Lafayette Aetna Better Health of Florida Simply Healthcare Plans
Charlotte Aetna Better Health of Florida Simply Healthcare Plans	Glades Aetna Better Health of Florida Simply Healthcare Plans	Lake Aetna Better Health of Florida Simply Healthcare Plans
Citrus Aetna Better Health of Florida Simply Healthcare Plans	Gulf Aetna Better Health of Florida Simply Healthcare Plans	Lee Aetna Better Health of Florida Simply Healthcare Plans
Clay Staywell Kids Simply Healthcare Plans	Hamilton Aetna Better Health of Florida Simply Healthcare Plans	Leon Aetna Better Health of Florida Simply Healthcare Plans
Collier Staywell Kids Simply Healthcare Plans	Hardee Aetna Better Health of Florida Simply Healthcare Plans	Levy Aetna Better Health of Florida Simply Healthcare Plans
Columbia Aetna Better Health of Florida Simply Healthcare Plans	Hendry Aetna Better Health of Florida Simply Healthcare Plans	Liberty Aetna Better Health of Florida Simply Healthcare Plans
Desoto Aetna Better Health of Florida Simply Healthcare Plans	Hernando Aetna Better Health of Florida Simply Healthcare Plans	Madison Aetna Better Health of Florida Simply Healthcare Plans

Plans by County

Counties: Manatee – Palm Beach	Counties: Pasco – Suwannee	Counties: Taylor – Washington
Manatee Aetna Better Health of Florida Simply Healthcare Plans	Pasco Aetna Better Health of Florida Simply Healthcare Plans	Taylor Aetna Better Health of Florida Simply Healthcare Plans
Marion Aetna Better Health of Florida Simply Healthcare Plans	Pinellas Aetna Better Health of Florida Simply Healthcare Plans	Union Aetna Better Health of Florida Simply Healthcare Plans
Martin Aetna Better Health of Florida Community Care Plan Simply Healthcare Plans	Polk Aetna Better Health of Florida Simply Healthcare Plans	Volusia Aetna Better Health of Florida Simply Healthcare Plans
Miami Dade Aetna Better Health of Florida Community Care Plan Simply Healthcare Plans	Putnam Aetna Better Health of Florida Simply Healthcare Plans	Wakulla Aetna Better Health of Florida Simply Healthcare Plans
Monroe Aetna Better Health of Florida Community Care Plan Simply Healthcare Plans	St. Johns Staywell Kids Simply Healthcare Plans	Walton Aetna Better Health of Florida Simply Healthcare Plans
Nassau Aetna Better Health of Florida Simply Healthcare Plans	St. Lucie Aetna Better Health of Florida Community Care Plan Simply Healthcare Plans	Washington Aetna Better Health of Florida Simply Healthcare Plans
Okaloosa Aetna Better Health of Florida Simply Healthcare Plans	Santa Rosa Aetna Better Health of Florida Simply Healthcare Plans	
Okeechobee Aetna Better Health of Florida Community Care Plan Simply Healthcare Plans	Sarasota Aetna Better Health of Florida Simply Healthcare Plans	
Orange Aetna Better Health of Florida Simply Healthcare Plans	Seminole Aetna Better Health of Florida Simply Healthcare Plans	
Osceola Aetna Better Health of Florida Simply Healthcare Plans	Sumter Aetna Better Health of Florida Simply Healthcare Plans	
Palm Beach Aetna Better Health of Florida Community Care Plan Simply Healthcare Plans	Suwannee Aetna Better Health of Florida Simply Healthcare Plans	

Can Simply — Florida Healthy Kids disenroll my child?

No, Simply — Florida Healthy Kids cannot disenroll your child directly.

If Simply — Florida Healthy Kids believes that your child is not eligible for Florida Healthy Kids, Simply — Florida Healthy Kids may ask the Florida Healthy Kids Corporation to review and verify your child's eligibility. When an eligibility review request is made, Simply — Florida Healthy Kids will need to include the reason why the child may not be eligible and how the information was obtained.

The Florida Healthy Kids Corporation will determine whether a child can remain enrolled.

How do I disenroll my child from Florida Healthy Kids?

Call Florida KidCare at **888-540-KIDS (5437)** and tell them you want to disenroll your child. Coverage ends at 11:59 p.m. on the last day of the month during which you call to cancel coverage. In other words, if you call on January 15 to cancel your child's coverage, your child will have coverage through January 31.

If I cancel my child's coverage, can my child enroll in Florida Healthy Kids again later? Do I have to reapply?

You can re-enroll your child in Florida Healthy Kids as long as eligibility requirements are met. Call Florida KidCare at **888-540-KIDS (5437)** to find out if you need to go through the application process again and when your child's coverage can start.

What would cause my child to lose eligibility for Florida Healthy Kids, and when would coverage end?

The chart below shows some of the reasons a child may lose eligibility for Florida Healthy Kids and when coverage ends.

Enrollees lose eligibility when they:	Coverage ends:*
Turns age 19	The end of the month in which the enrollee turns 19
Is no longer a Florida resident	The end of the month in which the enrollee is no longer a Florida resident
Gains other insurance coverage	The end of the month prior to the start of the other insurance coverage, or the first of the month after FHKC has been notified of the coverage

*Does not include any applicable eligibility and enrollment dispute period

What Florida Healthy Kids Covers and What it Costs

What services does the program cover?

Florida Healthy Kids covers important benefits like:

- Well-child visits
- Office visits to your child's PCP (primary care provider)
- Office visits to specialists (doctors who focus on one area of health)
- Immunizations (shots your child gets to avoid illnesses like the flu or measles)
- Prescription drugs
- And more

The chart starting on page 16 lists all covered services.

We just moved from a different state where my child's plan didn't cover some services because of moral or religious objections. How do I obtain those services in Florida?

Simply — Florida Healthy Kids provides all covered benefits and does not exclude any benefits (see page 16) because of moral or religious objections. If your child's doctor will not provide services because of moral or religious objections, call Simply — Florida Healthy Kids. Simply — Florida Healthy Kids will help you access those services.

Do I have to see certain doctors?

Except for emergency situations, your child will need to see a network provider for the services to be covered. You may also need to get a referral from your child's PCP to see a specialist. See the *Provider Network* section for more information about this requirement.

Do I have to pay the doctor anything?

It depends. Some services require a copayment, a specified amount you pay to the provider when your child receives services. A copayment is sometimes called a copay. Not all services require a copayment. Preventive services, like well-child visits and routine vision screenings, are free. American Indians and Alaskan Natives who meet certain requirements do not pay any copayments.

The *Medical and Prescription Benefits* section includes information about the required copayments for common covered services.

Are there limits to how much I have to pay?

Yes. Your out-of-pocket costs are limited to 5% of your family's gross annual income (income before taxes and other deductions) each plan year. Out-of-pocket costs for a Florida Healthy Kids health plan include any copayments you pay. A monthly premium wouldn't apply to a full-pay family's out-of-pocket costs. For subsidized enrollees, the monthly premium also counts.

What Florida Healthy Kids Covers and What it Costs

The plan year is your child's continuous eligibility period. The continuous eligibility period is the 12 months following enrollment approval.

What do I do if I think I've paid 5% of my family's income?

Call Florida KidCare at **888-540-KIDS (5437)**. Simply — Florida Healthy Kids and the Florida Healthy Kids Corporation will verify that you have paid 5% of your family's annual income. You may need to provide receipts or other documents for the copayments you paid.

Once your information has been verified, you will receive a letter stating you do not owe any copayments for the rest of the plan year. You can show this letter to providers. Simply — Florida Healthy Kids will also tell your child's providers you do not owe any copayments. A monthly premium wouldn't apply to a family who has fully paid their 5% out-of-pocket costs. Subsidized families will also stop paying monthly premiums for the rest of the plan year.

Remember, you will need to begin paying premiums and copayments again when your child's new continuous eligibility period starts. The continuous eligibility period is the 12 months following enrollment approval. If your child's continuous eligibility period begins on January 1, be sure to pay your child's January premium in December.

Medical and Prescription Benefits

Florida law allows young pregnant women to be guaranteed Florida Healthy Kids coverage for 12 months after their pregnancy ends if they meet the following requirements:

- Your child was enrolled in Florida Healthy Kids coverage and pregnant on or after July 1, 2022;
- Your child continues to be a Florida resident;
- Your child is not enrolled in Medicaid; and
- You do not otherwise disenroll your child.

Call Florida KidCare at **888-540-KIDS (5437)** if you have additional questions.

This is a list of healthcare services the Florida Healthy Kids program and Simply — Florida Healthy Kids will cover when your child needs them. Your child's PCP will give your child the care they need or refer them to another provider.

For some special benefits, members have to be a certain age or have a certain kind of health problem. Sometimes, providers may need to get prior authorization (preapproval) from Simply — Florida Healthy Kids before your child can receive services. Your child's doctors will work with Simply — Florida Healthy Kids to get approval. If you have a benefits question, call Simply — Florida Healthy Kids Member Services at **844-405-4298 (TTY 711)**, Monday through Friday, 7:30 a.m. to 7:30 p.m. Eastern time.

Covered Services	Coverage Limits	Copays
Well-child care , including preventive care visits, immunizations (shots), and routine hearing and vision screenings	Your child's PCP must provide hearing and vision screenings and immunizations.	No copay
Primary care provider (PCP) office visits	<ul style="list-style-type: none">• Must be a Simply — Florida Healthy Kids network provider	\$5 copay
Specialist office visits	<ul style="list-style-type: none">• Must be a Simply — Florida Healthy Kids network provider• Your child's PCP must refer	\$5 per visit
Diagnostic testing (laboratory, X-rays)	<ul style="list-style-type: none">• Must be a Simply — Florida Healthy Kids network provider• Must meet medical necessity requirements	No copay

What Florida Healthy Kids Covers and What it Costs

Covered Services	Coverage Limits	Copays
Prescription and over-the-counter (OTC) drugs (generic drugs, unless brand name is medically necessary)	<ul style="list-style-type: none"> • Must use a Simply — Florida Healthy Kids network pharmacy • Your child's PCP or a Simply — Florida Healthy Kids network specialist, doctor, or dentist must prescribe 	\$5 per prescription (up to a 31-day supply)
Inpatient hospital stays (semiprivate room)	<ul style="list-style-type: none"> • Must use a Simply — Florida Healthy Kids network hospital • Simply — Florida Healthy Kids must approve stays • Limited to 15 days per year for rehabilitation and physical therapy stays 	No copay
Chiropractic services	<ul style="list-style-type: none"> • Must be a Simply — Florida Healthy Kids network provider • Limited to one visit per day for up to 24 visits per calendar year 	\$5 per visit
Podiatric services	<ul style="list-style-type: none"> • Must be a Simply — Florida Healthy Kids network provider • Limited to one visit per day for up to two visits per month for certain foot disorders 	\$5 per visit
Maternity services and newborn care , including prenatal and postpartum care, and the initial inpatient care of the newborn	<ul style="list-style-type: none"> • Must be a Simply — Florida Healthy Kids network provider • Coverage for the newborn limited to three days 	No copay
Family planning services	<ul style="list-style-type: none"> • Must be a Simply — Florida Healthy Kids network provider • No referral required • Limited to one visit per year and one supply visit every 90 days 	No copay

What Florida Healthy Kids Covers and What it Costs

Covered Services	Coverage Limits	Copays
Emergency services , including visits to an emergency room	<p>If you have an emergency, call 911 or go to the nearest hospital emergency room right away.</p> <p>You have the right to go to any hospital or provider if the time to reach a Simply — Florida Healthy Kids network provider would risk permanent damage to your child’s health.</p> <p>If you need answers to health questions, call your child’s PCP or 24-hour Nurse HelpLine at 844-405-4298.</p>	\$10 per visit (no copay if admitted or if visit approved by your child’s PCP)
Emergency transportation services	For an emergency only	\$10 per trip
Vision services Your child’s PCP will test their eyesight; if the tests show problems, your child will be referred to a specialist.	<p>Your child will receive a new pair of eyeglasses:</p> <ul style="list-style-type: none"> • After a failed vision screening. • Every two years or when head size or prescription changes. <p>Limited to frames with plastic or SYL non-tinted lenses. Must be an iCare Health Solutions vision provider in the Simply — Florida Healthy Kids network.</p>	\$5 per visit with specialist \$10 for corrective lenses
Behavioral health (BH) services , including inpatient and outpatient care for evaluation, diagnosis, and treatment	<ul style="list-style-type: none"> • Must use a Simply — Florida Healthy Kids network hospital for inpatient stays • Simply — Florida Healthy Kids must approve stays <p>Your child’s doctor will call 855-861-2142 for the preapproval.</p>	No copay

What Florida Healthy Kids Covers and What it Costs

Covered Services	Coverage Limits	Copays
<p>Substance use disorder services, including inpatient and outpatient care for drug and alcohol dependency (such as counseling and help with placement)</p> <p>Outpatient services include evaluation, diagnosis, and treatment</p>	<ul style="list-style-type: none"> • Must use a Simply — Florida Healthy Kids network hospital for inpatient stays • Simply — Florida Healthy Kids must approve stays <p>Your child's doctor will call 855-861-2142 for the preapproval.</p>	No copay
<p>Nursing facility services, including regular nursing services, rehabilitation services, and semiprivate room</p>	<ul style="list-style-type: none"> • Simply — Florida Healthy Kids must approve and a network facility must provide • Limited to 100 days per year (rehabilitation and physical therapy stays are limited to 15 days per year) • Excludes private duty nurses, television, custodial care, specialized treatment centers, and independent kidney disease treatment centers 	No copay
<p>Therapy services, including physical, occupational, respiratory, and speech therapies for short-term rehabilitation when your child's condition is expected to significantly improve</p>	<ul style="list-style-type: none"> • Must be a Simply — Florida Healthy Kids network provider • Limited to 24 sessions in a 60-day period per incident (begins with first visit) 	\$5 per visit
<p>Home health services, including prescribed home visits by registered and licensed practical nurses to provide skilled nursing services on a part-time, short-term basis</p>	<ul style="list-style-type: none"> • Simply — Florida Healthy Kids must approve • Limited to skilled nursing services • Excludes meals, housekeeping, and personal comfort items • Private duty nursing is covered if medically necessary • Must be a Simply — Florida Healthy Kids network provider 	\$5 per visit

What Florida Healthy Kids Covers and What it Costs

Covered Services	Coverage Limits	Copays
Hospice services , including reasonable and necessary services to manage a terminal illness	If you want hospice care for your child, services that do not treat the terminal condition will still be covered based on this covered services grid. Must be a Simply — Florida Healthy Kids network provider.	\$5 per visit
Durable medical equipment (DME) and prosthetic devices if prescribed by your child's Simply — Florida Healthy Kids doctor as medically necessary	<ul style="list-style-type: none"> • Simply — Florida Healthy Kids must approve and a Simply — Florida Healthy Kids supplier must provide • Covered prosthetics include artificial eyes and limbs, braces, and other artificial aids • Hearing aids covered only for the treatment of a medical condition • Low vision and telescopic lenses are not covered 	No copay
Organ transplant services , including care before, during, and after the transplant, and treatment of complications after the transplant	<ul style="list-style-type: none"> • Must be deemed necessary and appropriate within guidelines of the Organ Transplant Advisory Council or the Bone Marrow Transplant Advisory Council • Must be a Simply — Florida Healthy Kids network provider 	No copay

Extra Simply — Florida Healthy Kids Benefits

To better meet your child's healthcare needs, Simply — Florida Healthy Kids offers extra benefits called value-added services. They include:

- \$10 a month per child to buy certain personal care items and OTC medicines.
- Access to an on-call board-certified physician by phone to meet with you and prescribe medicines, if needed, through secondary triage, 24 hours a day, seven days a week, when you call **844-405-4298 (TTY 711)**.
- Healthy Rewards Healthy Behaviors programs to achieve certain health goals and earn rewards.
- Online Healthy Lifestyle program for members ages 7 to 17 years old with a food and exercise tracker, educational videos, games, and a health coach for support.
- Nutritional counseling sessions with a registered dietician after preapproval.
- Up to 50 roundtrip rides per year up to 90 miles from home to nonurgent and scheduled medical, dental, or specialist visits for your child and 1–2 companions.
- Home essentials kit for members transitioning out of Florida Healthy Kids, like sheets, bedding, cutlery, dishes, and more to choose from a catalog of items.
- Teen pregnancy prevention kit for female members ages 12 to 18 years old, with parent permission.

What Florida Healthy Kids Covers and What it Costs

- Community Resource Link to find local help with back-to-school resources, diaper banks, legal support, substance use disorder services, and more.

Plus, extra benefits to support your child's education and hobbies, like:

- \$50 toward the purchase of school supplies each year.
- Three-month summer book subscription with up to 12 books for members ages 5 to 10 years old.
- S.T.E.M. (science, technology, engineering, and mathematics) puzzle set for members ages 5 to 10 years old.
- Up to 24 hours of one-on-one tutoring in English, math, or language arts for members at risk of failing a grade.
- Up to \$125 for GED test help for the first 500 members ages 16 and older who request the benefit each year.
- \$100 gift card for post-secondary education support to buy school-related items, dorm room supplies, and parking passes.
- \$100 toward the purchase of new and used university and educational books, such as SAT or ACT prep manuals.
- One recreational safety package per year, two per lifetime, with a no-cost sports physical and the choice of a helmet or sets of elbow and knee pads. Members are required to be enrolled in school.
- Up to \$50 each year to help pay for:
 - Boys & Girls Club, Boy Scouts of America, Girl Scouts of the USA, YMCA, or 4-H membership fees.
 - Water safety classes.
 - Band rental equipment, dance camp, theater camp, and other activities.
- Up to \$160 for swimming lessons for the first 1,250 members who request the benefit each year. This is limited to once per year and two per lifetime.

And extra benefits for members with behavioral health conditions, such as:

- Unlimited art therapy sessions.
- Equine therapy.
- Pet therapy.
- Emotional support through the web and mobile well-being program.
- Weighted blankets for better sleep and to help reduce anxiety.
- \$25 for items to increase calm such as a stress ball, fidget spinner, seasonal affective disorder (SAD) lamp, mood journal, coloring book, or sleep mask.
- Therapeutic behavioral on-site services (TBOS) for members with emotional disturbance or a substance use disorder.

As well as extra benefits for members with certain health conditions, like:

- \$100 for hypoallergenic bedding for members diagnosed with asthma or severe allergies.
- Online asthma support program.

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- Carpet cleaning services for up to two rooms to reduce asthma triggers. This is limited to two cleanings per year, per home, and not to exceed \$100.
- Disposable insulin pump including supplies and accessories. This is limited to one device per lifetime and 10 pods per month.

More limitations and restrictions may apply. Benefits may change. Call Simply — Florida Healthy Kids at **844-405-4298 (TTY 711)**, Monday through Friday, 7:30 a.m. to 7:30 p.m. Eastern time, to request a benefit for your child. We will review your request and make sure they are eligible for the benefit. If your child is eligible, we'll send you the benefit or instructions on how to get it. If your child is not eligible for the requested benefit, we'll let you know by letter. You also can redeem some of these benefits by logging in to the Benefit Reward Hub at **simplyhealthcareplans.com/floridahealthykids**.

Pharmacy benefit

The pharmacy benefit covers certain prescription medications, also called prescription drugs, prescribed by your child's healthcare provider. Simply — Florida Healthy Kids has a specific list of prescription and over-the-counter (OTC) medications that are covered. This is called a preferred drug list (PDL). The preferred drug list also describes any requirements your child will have to meet to have a prescription covered. It is sometimes called a prescription drug formulary. Certain drugs may require approval before they are covered as a benefit. When this happens, it is called a prior authorization (PA or preapproval).

If your child's doctor thinks they need to take a drug that is not on the PDL, they will need to obtain preapproval from us. Your child's doctor can submit a PA by:

- Visiting **provider.simplyhealthcareplans.com/florida-provider**.
- Call the Simply — Florida Healthy Kids Pharmacy department at **844-405-4296**.
- Faxing the PA form to **877-577-9045**.

PDL changes

The PDL may change. The current PDL is on the Simply — Florida Healthy Kids website at **simplyhealthcareplans.com/floridahealthykids**. We will let you know if we make changes to the PDL that will affect your child's current prescriptions.

Simply — Florida Healthy Kids has a committee of pharmacists and medical professionals that decides which medications go on the PDL. The committee considers:

- How well medications work for most people.
- Potential side effects or bad reactions.
- Costs of drugs to comparable drugs.

My child's doctor says my child needs to take a brand-name medication instead of a generic medication.

Brand-name medications (or drugs) are not preferred if there is a generic drug available. If your child's doctor thinks there's a medical reason your child needs to take a brand-name drug instead of a preferred generic drug, they will need to:

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1. First, get preapproval for the brand-name drug from Simply — Florida Healthy Kids.
2. Write “dispense as written” on the prescription if we approve the brand-name drug.
This phrase tells the pharmacist to give your child the brand-name drug only.

If your child’s doctor does not complete these two steps, and you ask the pharmacist for the brand-name drug, you may have to pay the full cost of the medication.

Prescription drug costs

There is a \$5 copay for prescription and OTC drugs not on the value-added OTC benefit. Your \$5 copay covers up to a 31-day supply of a medication on our PDL.

Getting my child’s prescription drugs

You can get your child’s drugs in person or delivered to you. Go to any local pharmacies (drugstores) or major drugstore chains in the Simply — Florida Healthy Kids network. Look in the provider directory or online for a list of network drugstores at [simplyhealthcareplans.com/floridahealthykids](https://www.simplyhealthcareplans.com/floridahealthykids) and choose the **Find a Doctor** tool.

Along with the OTC items covered in our formulary, your child also has an OTC drug benefit. Your child can get up to \$10 worth of certain OTC items per month:

- In store: Visit any CVS Pharmacy in your child’s plan with a pharmacy on site. Bring your child’s Simply — Florida Healthy Kids member ID card, which you’ll need to show to get the OTC items.
- By phone: Call **866-298-0578 (TTY 877-672-2688)**, Monday through Friday, 9 a.m. to 8 p.m. Eastern time.
- Online: Visit [cvs.com/otchs/simply](https://www.cvs.com/otchs/simply) to order and have items delivered to you.

Some types of OTC items you can choose are:

- Vitamins and minerals
- Pain relievers
- First aid supplies
- Cough, cold, and allergy medicine

Find a full list of OTC items and pharmacies at [simplyhealthcareplans.com/floridahealthykids](https://www.simplyhealthcareplans.com/floridahealthykids).

Things to remember:

- The value-added OTC benefit is limited to \$10 per child, per month.
- Any unused amount does not roll over to the next month.
- Items not listed on the Simply — Florida Healthy Kids PDL or value-added OTC list are not covered under the extra OTC benefit. For the lists of covered items, visit [simplyhealthcareplans.com/floridahealthykids](https://www.simplyhealthcareplans.com/floridahealthykids).
- Items on the PDL require a prescription and the regular \$5 copay.
- Items on the OTC benefit list don’t need a prescription.
- All items on the OTC benefit list count toward the limit of \$10 per month.
- OTC benefit items are covered at Simply — Florida Healthy Kids plan pharmacies only.

Covered programs

As part of your child's Simply — Florida Healthy Kids benefits, we offer various programs to help them receive care.

Case Management and Care Coordination programs

Simply — Florida Healthy Kids provides Case Management (CM) and Care Coordination programs for members with special healthcare needs. Individuals with special healthcare needs may have been born with, or developed, a medical or behavioral condition that requires specialized care, services, or support to meet needs. A case manager or care coordinator will be assigned to your child to help them get the special services and support they need to live safely and optimize their health. They will work with you to assess your child's needs and make them a care plan. A care plan tells us the goals for your child and how we can work together to achieve them.

If your child has a special need, a case manager or care coordinator may reach out to you to offer help. You will get a follow-up call to talk about your child's eligibility. There is no cost or copay for these services. CM and Care Coordination programs include:

- Pediatric Complex Case Management for high-risk members with multiple care coordination and service needs, including but not limited to private duty nursing, nursing home placement, vent dependency, complex therapy needs, and multiple health conditions.
- Maternal Child Services — OB Case Management throughout a member's pregnancy and postpartum period.
- Sickle Cell Disease Care Coordination with specialized providers and resources to help improve the member's health.
- Post-Discharge Case Management for up to 30 days after a member leaves the hospital to ensure any underlying issues are stabilized and to lower the risk of an issue happening again.
- Oncology Case Management and Care Coordination for members during active cancer treatment. We offer extra care coordination for up to one-year after active treatment and for members requiring palliative or hospice care through the process or as needed.
- CARES — Field-based Behavioral Health Care Management program for members with behavioral health and substance use disorders who may benefit from face-to-face interaction. In this program, members get help with things like making sure they're taking medications and getting follow-up care to support their treatment, wellness, and recovery.
- Care Coordination (short-term) for up to 30 days to help get access to care for new needs or concerns.

You also can refer your child for or request their removal from the programs. For more information, call Simply — Florida Healthy Kids Member Services at **844-405-4298 (TTY 711)**, Monday through Friday, 7:30 a.m. to 7:30 p.m. Eastern time.

Condition Care (CNDC) programs

Our team of registered nurses called CNDC case managers can help you and your child learn how to better manage your child's condition or health issue. Your child can join a CNDC program to get healthcare and support services at no cost to you if your child has any of these conditions:

- Asthma
- Bipolar disorder
- Diabetes
- HIV/AIDS
- Major depressive disorder — child and adolescent
- Schizophrenia
- Substance use disorder

When your child joins one of our programs, a CNDC case manager will:

- Help create health goals and a plan for your child to reach them.
- Coach and support your child through one-on-one phone calls.
- Track your child's progress.
- Give you information about local support and caregivers.
- Answer questions about your child's condition and/or treatment plan.
- Send you materials to learn about your child's condition and overall health and wellness.
- Coordinate your child's care with their healthcare providers, like helping you with:
 - Making appointments.
 - Getting your child to healthcare provider visits.
 - Referring your child to specialists in our health plan, if needed.
 - Getting any medical equipment your child may need.
- Offer educational materials and tools for weight management and tobacco cessation (how to stop using tobacco, like quitting smoking).

We'll send you a letter welcoming your child to a CNDC program, if they qualify, and ask you to call us so we can:

- Set up your child with a CNDC case manager.
- Ask you some questions about your child's health.
- Start working together to create your child's plan.

You also can refer your child for or request their removal from the program. For more information, visit **[simplyhealthcareplans.com/floridahealthykids](https://www.simplyhealthcareplans.com/floridahealthykids)** or call **888-830-4300 (TTY 711)**, Monday through Friday from 8:30 a.m. to 5:30 p.m. Eastern time. You can leave a private message for your child's CNDC case manager 24 hours a day when you call. You can also email us at Condition-Care-Self-Referral@simplyhealthcareplans.com. By sending your child's information in an email, you understand there is some risk that third parties may get these emails.

CM and CNDC rights and responsibilities

When your child joins a CM or CNDC program, you and your child have the right to:

- Get details about us, such as:
 - Programs and services we offer.

What Florida Healthy Kids Covers and What it Costs

- Our staff and their qualifications (skills or education).
 - Any contractual relationships (deals we have with other companies).
- Opt out of CM/CNDC services.
- Know which CM/CNDC case manager is handling your child's services and how to ask for a change.
- Get support from us to make healthcare choices with your child's healthcare providers.
- Ask about all CM/CNDC-related treatment options (choices of ways to get better) in clinical guidelines even if a treatment is not part of your child's health plan and talk about options with treating healthcare providers.
- Have your child's personal data and medical information kept private.
- Know who has access to your child's information and how we make sure it stays secure, private, and confidential.
- Receive polite, respectful treatment from our staff.
- Get information that is clear and easy to understand.
- File grievances to Simply — Florida Healthy Kids by calling **888-830-4300 (TTY 711)** toll free Monday through Friday from 8:30 a.m. to 5:30 p.m. Eastern time and:
 - Get help on how to use the grievance process.
 - Know how much time Simply — Florida Healthy Kids has to respond to and resolve issues of quality and grievances.
 - Give us feedback about the CM/CNDC programs.

You also have a responsibility to:

- Follow the care plan upon which you and your child's CM/CNDC case manager agree.
- Give us information about your child so they can receive services.
- Tell us and your child's healthcare providers if you choose to opt out of the program.

Our CM/CNDC departments do not market products or services from outside companies to members. We do not own or profit from outside companies on the goods and services we offer.

Healthy Families program

Healthy Families is a six-month program for members ages 7 to 17 that promotes healthy eating and physical activity.

For kids who qualify, parents will get one-on-one coaching phone calls to:

- Create health goals for your child and a plan to reach them.
- Talk about getting and staying active, and healthy food choices.
- Help find local resources and extra benefits to support a healthy lifestyle.

Call **844-421-5661 (TTY 711)**, Monday through Friday from 8:30 a.m. to 5:30 p.m. Eastern time, to find out more about the program.

We encourage Simply — Florida Healthy Kids members who are pregnant to be actively and directly involved in their care. We offer two programs to help you and your baby before and after giving birth.

Taking Care of Baby and Me® program

Taking Care of Baby and Me is the Simply — Florida Healthy Kids program for all pregnant members. Seeing your PCP or obstetrician/gynecologist (OB/GYN) for care when you're pregnant (prenatal care) can help you have a healthy baby. With our program, members get health information and rewards for prenatal and postpartum (after birth) care. Nurse care managers work closely with members to give

- Education.
- Emotional support
- Help in following their doctor's care plan
- Information on services and resources in your community, like:
 - Women, Infants, and Children (WIC) program
 - Home-visitor programs
 - Breastfeeding support and counseling

Our nurses also work with pregnant members' doctors and help with other services to promote better health for members and the delivery of healthy babies.

My Advocate® — quality care for you and your baby

At Simply — Florida Healthy Kids, we also enroll pregnant members in My Advocate, which is part of our Taking Care of Baby and Me program. My Advocate gives you information and support to help you stay healthy during your pregnancy by delivering maternal health education by phone, web, and smartphone app. You'll get to know Mary Beth, My Advocate's automated personality, who will respond to your changing needs as your baby grows and develops. You can count on:

- Education you can use
- Communication with your care manager based on My Advocate messaging if you have questions or issues
- An easy communication schedule
- No cost to you

With My Advocate, your information is secure and private. Each time Mary Beth contacts you, she'll ask for your year of birth to ensure she's talking to the right person. Aside from one health screening call, all you need to do is listen, learn, and answer a question or two over the phone. If you tell us you have a problem, you'll get a call back from a care manager.

My Advocate topics include:

- Pregnancy and postpartum care
- Well-child care
- Dental care
- Immunizations
- Healthy living tips

What Florida Healthy Kids Covers and What it Costs

If you think you're pregnant:

- Call your PCP or OB/GYN right away. You do not need a referral to see an OB/GYN or family planning provider.
 - If you need help finding a Simply — Florida Healthy Kids OB/GYN, call Member Services at **844-405-4298 (TTY 711)**. You also can use the Simply — Florida Healthy Kids provider directory or Find a Doctor tool on our website at simplyhealthcareplans.com/floridahealthykids.

When you find out you're pregnant:

- Call Simply — Florida Healthy Kids Member Services at **844-405-4298 (TTY 711)**, Monday through Friday, 7:30 a.m. to 7:30 p.m. Eastern time.
- We will send you the *Pregnancy and Beyond Resource Guide*. This educational book includes:
 - Self-care information about your pregnancy.
 - A section for writing down things that happen during your pregnancy.
 - Information about the My Advocate program.
 - A labor, delivery, and beyond section about what to expect during your third trimester.
 - How to redeem rewards for prenatal, postpartum, and well-baby care through the Healthy Rewards Healthy Behaviors program.
 - A section on having a healthy baby, postpartum depression, and caring for your newborn.
 - Information about making a family life plan and long-acting reversible contraception.

While you're pregnant:

- Go to your PCP or OB/GYN at least:
 - Every four weeks for the first six months
 - Every two weeks for the seventh and eighth months
 - Every week during the last month
- You may be able to get healthy food from the WIC program. Call Simply — Florida Healthy Kids Member Services at **844-405-4298 (TTY 711)** for the WIC program closest to you.
- Your PCP or OB/GYN may want you to visit more than this based on your health needs.

When you have a new baby:

- You and your baby may stay in the hospital at least 48 hours after a vaginal delivery or 72 hours after a cesarean section (C-section). You may stay in the hospital for less time if your PCP or OB/GYN and the baby's provider see you and your baby are doing well.
- If you and your baby leave the hospital early, your PCP or OB/GYN may ask you to have an in-home nurse visit or office appointment within 48 hours.

After you have your baby:

- Call Simply — Florida Healthy Kids Member Services at **844-405-4298 (TTY 711)**, Monday through Friday, 7:30 a.m. to 7:30 p.m. Eastern time, to let your care manager know you had your baby. We will need details about your baby.
- You need to apply for Medicaid to get healthcare coverage for your baby. Call the Florida Statewide Medicaid Managed Care Hotline at **877-711-3662**, Monday through Thursday, 8 a.m. to 8 p.m., and Friday, 8 a.m. to 7 p.m. Eastern time, or visit **flmedicaidmanagedcare.com**.
- You will get calls on postpartum and well-child education up to 12 weeks after your delivery if you were enrolled in My Advocate during your pregnancy.
- Set up a visit with your PCP or OB/GYN for a postpartum checkup. You may feel well and think you're healing, but it takes the body at least six weeks to mend after delivery.
- Set up a follow-up visit with your OB/GYN. This visit needs to be done within one to three weeks, but no later than 12 weeks after delivery. Your doctor may want to see you sooner than three weeks if you had certain issues before or during delivery, such as high blood pressure, or if you had a C-section.

If you need help making prenatal or postpartum appointments or have any questions, call Simply — Florida Healthy Kids Member Services at **844-405-4298 (TTY 711)**, Monday through Friday, 7:30 a.m. to 7:30 p.m. Eastern time.

The Provider Network

Making Sure Your Child's Benefits Are Covered

Simply — Florida Healthy Kids pays for covered services only when your child sees a network provider. Your child will have a PCP (primary care provider) who will coordinate your child's medical care. If your child needs to see a specialist (a doctor who focuses on one type of health condition or part of the body), your child's PCP will provide a referral.

Emergency services are an exception to these rules. Your child can see any provider for emergency services and a referral is not needed.

What is a network provider?

A network provider is a doctor, other healthcare professional, hospital, other healthcare facility, pharmacy, or medical supply company that has a contract with Simply — Florida Healthy Kids to see Florida Healthy Kids enrollees.

How do I know if my child's doctor is a network provider?

Simply — Florida Healthy Kids has a provider directory on its website so you can search for network providers in your area by name or provider type. The online provider directory is updated regularly when we receive new information from providers.

We also have a printable copy of the provider directory available. You can find this document on simplyhealthcareplans.com/floridahealthykids or you can call Simply — Florida Healthy Kids Member Services at **844-405-4298 (TTY 711)** and request a copy. We will mail a copy to you for free. The copy is updated at least monthly, but it may not be as accurate as the online provider directory.

Remember to ask your child's doctor's office if they still accept Simply — Florida Healthy Kids. Be sure to say Simply Healthcare Plans, Inc. — Florida Healthy Kids, not just Florida Healthy Kids.

I looked at the provider directory, but I still need help.

Call Simply — Florida Healthy Kids Member Services at **844-405-4298 (TTY 711)**, Monday through Friday, 7:30 a.m. to 7:30 p.m. Eastern time. We can help you choose the right provider for your child.

My child has been to a doctor I really like, but the doctor is not in the network for Simply — Florida Healthy Kids. What can I do?

Ask the doctor to mail a letter of interest to Simply — Florida Healthy Kids at the address below. In the letter, the doctor should tell us they're treating your child, who is an FHK member, and would like more information on joining the Simply — Florida Healthy Kids plan of providers.

Simply Healthcare Plans, Inc. — Florida Healthy Kids

The Provider Network

P.O. Box 62429

Virginia Beach, VA 23466-2429

How do I choose a PCP for my child?

When your child enrolled in Simply — Florida Healthy Kids, we chose a PCP for them with an office close to your home. This PCP's name and phone number are on your child's Simply — Florida Healthy Kids ID card.

If you want to change your child's PCP, you can pick a new one in the network. Just look in the provider directory at [simplyhealthcareplans.com/floridahealthykids](https://www.simplyhealthcareplans.com/floridahealthykids) and select **Find a Doctor**. Or call Simply — Florida Healthy Kids Member Services at **844-405-4298 (TTY 711)**.

If your child already has a PCP, look in the provider directory to see whether they're in our network. If so, you can tell us you want to keep them as your child's PCP.

PCPs can be any of the following, as long as they are in the Simply — Florida Healthy Kids network:

- Family practitioners
- Pediatricians
- Advanced registered nurse practitioners
- Physician assistants

Can I change my child's PCP?

You can choose another Simply — Florida Healthy Kids network PCP at any time. Look in the Simply — Florida Healthy Kids provider directory at [simplyhealthcareplans.com/floridahealthykids](https://www.simplyhealthcareplans.com/floridahealthykids), then select **Find a Doctor**. Or call Simply — Florida Healthy Kids Member Services at **844-405-4298 (TTY 711)** for a printed version at no cost to you.

We also can help you choose or change your child's PCP. The change will begin right away.

Can I choose any PCP?

You can choose any network PCP for your child that is accepting new patients. If your child already sees a network PCP who is not accepting new patients with the plan, your child's doctor may be willing to continue seeing your child. Call and ask the doctor's office. If your doctor agrees, call Simply — Florida Healthy Kids, so Simply — Florida Healthy Kids can confirm with your child's doctor and assign them as your child's PCP. **Not all doctors are able to accommodate this request.** If your child's doctor is not able to continue seeing your child, you need to choose a new PCP.

How do I make an appointment?

Call the doctor's office and tell them:

- You want to make an appointment;
- If your child is a new patient;
- Why you want to see the doctor; and
- The name of your child's plan, which is "Simply — Florida Healthy Kids."

The Provider Network

Ask these questions:

- Do I need to bring anything to the appointment?
- Are there forms I can fill out ahead of time?
- What do I do if I need to change or cancel?
- Is there a fee if I cancel an appointment?

Have your schedule in front of you when you call so you know which days and times an appointment will work for you.

Remember to take your child's member ID card with you to the appointment. Your child's doctor needs this card and may not see your child if you do not have it with you.

My child needs to see a specialist.

Usually, your child will need a referral from their PCP. You need to contact your child's PCP so they can direct your child to a specialist for care.

Why does my child need a referral?

Your child's PCP or primary dentist can provide most of your child's medical services. Their PCP is the main person who can help you make decisions about your child's care, including when your child should see a specialist. Florida Healthy Kids requires a referral for most services not provided by your PCP or primary dentist. This helps ensure your child gets the most appropriate care. Plus, your child's PCP and primary dentist are the most up-to-date on your child's medical and dental health.

How do I get my child a referral?

1. Call your child's PCP. Sometimes, you will need to make an appointment to see the PCP. Depending on the type of specialist your child needs and how familiar the PCP is with your child's issue, the PCP may not need to see your child first.
2. If your child's PCP thinks your child should see a specialist, they will refer your child to a network specialist. Some PCP offices give you the referral to take with you to the specialist appointment. Others send the referral to the specialist for you. Be sure to confirm the specialist's office receives the referral.
3. Call the specialist to make an appointment. Some PCP offices will do this for you, but let them know the days and times you can get to the appointment.
4. If the PCP gave you a referral, take it with you to your child's appointment.

Are there other requirements like referrals I need to know about?

Your child's PCP may need to get prior authorization (preapproval) from Simply — Florida Healthy Kids before Simply — Florida Healthy Kids pays for a specific service. Your child's provider is responsible for requesting prior authorizations so you do not need to do anything. If Simply — Florida Healthy Kids does not approve or cover a service, your child can still have the service, but you will have to pay for that service.

Search the provider directory online at **[simplyhealthcareplans.com/floridahealthykids](https://www.simplyhealthcareplans.com/floridahealthykids)**, then select **Find a Doctor**. Or call Simply — Florida Healthy Kids Member Services at

844-405-4298 (TTY 711) for help finding a specialist near you.

My child needs services from a specialist, but there are no network specialists in my area.

Call Simply — Florida Healthy Kids Member Services at **844-405-4298 (TTY 711)** for help finding a provider. Florida Healthy Kids plans are required to make sure your child gets the services they need. If there are not any network providers, Simply — Florida Healthy Kids will make other arrangements for your child to receive medically necessary covered services.

What if I have concerns about my child's treatment or treatment plan?

You can ask for a second opinion. A second opinion is when you take your child to another doctor about the same issue for which your child has already seen a doctor. You can get a second opinion at no cost to you.

Your child can get a second opinion from a Simply — Florida Healthy Kids network provider. Your child can also ask a non-network provider if a network provider is not available. If approved, this will not cost any more than if the service came from a network provider. Ask your child's PCP to ask us for a second opinion. Your child's PCP will send all medical records to the doctor who will give the second opinion. Your child's PCP will let you and Simply — Florida Healthy Kids know the results of the second opinion.

It's important to feel comfortable discussing your child's health and treatment options with your child's doctor. Ask questions when you do not understand something and ask about the pros and cons of a treatment option. Consider choosing a new doctor for your child if you often do not feel comfortable asking questions or you do not get the information you need.

What rules does the Simply — Florida Healthy Kids network have to meet?

Simply — Florida Healthy Kids is required to have a network with enough providers to ensure enrollees have timely access to covered services.

Sometimes it is not possible for us to meet these requirements. Often, this is because not enough healthcare providers work in the area. Sometimes not enough healthcare providers will see children or accept the plans offered through Florida Healthy Kids.

If your child needs services from a certain type of provider, Simply — Florida Healthy Kids can help you find one in your area. If there are no providers in the network nearby, we will arrange for your child to see an out-of-network provider. You need to go through Simply — Florida Healthy Kids to see an out-of-network provider unless your child requires emergency services.

We make sure most enrollees can get to their doctors within a certain amount of time or a certain distance from their home. For example, if you live in a city (urban), you should be able to get to a network PCP in about 20 minutes or within 20 miles from your home. These are called network access standards.

The Provider Network

The Florida Healthy Kids network access standards are:

	Time Standards — in minutes		Distance Standards — in miles	
	Rural	Urban	Rural	Urban
PCP — pediatricians	30	20	30	20
PCP — family physicians	20	20	20	20
Behavioral health — pediatric	60	30	45	30
Behavioral health — other	60	30	45	30
OB/GYN	30	30	30	30
Specialists — pediatric	40	20	30	20
Specialists — other	20	20	20	20
Hospitals	30	30	30	20
Pharmacies	15	15	10	10

I always have to wait a long time to get an appointment at my child's doctor's office.

What can I do?

Network providers agree to provide Florida Healthy Kids enrollees with appointments within the timeframes listed below. If a network provider tells you that you will have to wait longer than these timeframes, please call Simply — Florida Healthy Kids Member Services at **844-405-4298 (TTY 711)**.

- If your child **experiences a life-threatening emergency** and needs immediate care, please go to the nearest emergency room or call 911.
- **Routine care** — care that may be delayed without expectation that your child's condition will get worse without care within a week — needs to be provided within seven days of your request for services.
- **Routine physical exam** — an annual well-child exam — needs to be provided within four weeks of request for services.
- **Follow-up care** — care provided after treatment of a condition — needs to be provided as medically appropriate and as directed by your child's healthcare provider.
- **Urgent care** — care required within 24 hours to prevent the condition from becoming an emergency — needs to be provided within 24 hours of request. Know where the closest urgent care center for this type of care is located. Urgent care centers are often open late and on weekends.

How can my child get care after normal business hours?

There are a few ways to access care after normal business hours, depending on your child's needs:

- Providers with extended hours
 - Some providers offer evening or weekend office hours.

The Provider Network

- Call the provider's office or visit their website to find out when they are open.
- Urgent care centers
 - Urgent care centers see patients who need immediate but not emergency attention and their PCP is not available.
 - Some urgent care centers require you to make an appointment while others allow walk-ins. Be sure to call ahead and ask.
- 24-hour Nurse HelpLine — **844-405-4298 (TTY 711)**
 - Nurses are available to answer your health questions anytime, day or night
- Emergency room
 - If your child is experiencing a life-threatening emergency, call 911 or go to your nearest emergency room.

When should I take my child to the emergency room?

Call 911 or take your child to the emergency room if they have an emergency medical condition. This means an injury or illness, including severe pain that needs care right away to avoid serious danger to your child's life or pregnancy, or to avoid serious damage to your child's health.

Avoid taking your child to the emergency room for common illnesses, such as colds or earaches with low fever. Your child's PCP can effectively treat most childhood illnesses. Plus, your primary care physician knows the most about your child's health history so they can help you make the best medical decisions. Using your child's health history and routine screenings results in better treatment for your child, and the PCP may catch and treat other health issues before they become a problem.

Health Risk Assessments

What is a Health Risk Assessment (HRA)?

An HRA is a screening tool with a series of questions about a person's health conditions and any social or environmental factors or other issues that may impact their health and well-being. The answers to these questions can help you and your child's healthcare team find health services, benefits, or other supports. For example, if your child has asthma, they could be eligible for Asthma Condition Care, the Healthy Behaviors Healthy Rewards program, and/or special bedding.

Where can I take an HRA for my child?

You will get an HRA with a prepaid envelope by mail. Please complete and return the HRA as soon as possible. You can complete it at **simplyhealthcareplans.com/floridahealthykids** or over the phone by calling Simply — Florida Healthy Kids Member Services at **844-405-4298 (TTY 711)**.

Coordination and Transition of Care

What happens to my child's scheduled services and appointments when my child changes plans?

If your child moves from one Florida Healthy Kids plan to another Florida Healthy Kids plan without a break in coverage (this means your child did not go a month or more without Florida Healthy Kids coverage in between changing insurance companies), the plans will follow a standard transition of care policy to ensure your child gets the care they need.

Your child's new plan will cover any ongoing course of treatment the previous plan authorized for 60 days. This means your child can:

- Receive planned services or treatment;
- Continue to see the same provider, even if the provider isn't in the new plan's network; and
- Continue to take the same prescription. You may be required to use a network pharmacy.

The best way to make sure this transition goes smoothly is to call your child's new plan to tell them about the types of continued care your child needs.

I made an appointment with my child's specialist before changing plans, but the appointment is more than 60 days away. Do I need to schedule a new appointment?

It depends. Your child's new plan will have your child's primary care provider or another appropriate doctor review your child's treatment plan during the first 60 days after the plan change. This review will help ensure that needed services continue to be authorized. Your child may be required to see a network provider.

Are there any exceptions to the 60-day transition of care period?

Yes. Exceptions to the standard 60 days are:

- Maternity care: including prenatal and postpartum care through completion of postpartum care (6 weeks after birth);
- Transplant services: through the first post-transplant year;
- Radiation and chemotherapy: through the current round of treatment;
- Orthodontia: Services will be continued without interruption until completed (or the benefit is exhausted, whichever comes first), but your child may be required to see a network orthodontist after the first 60 days;

Coordination and Transition of Care

- **Controlled substance prescriptions:** If a new, printed paper prescription is required by Florida law, the new plan will help you schedule an appointment with the original prescribing provider, or a new provider if needed, so your child can get a new prescription without a medication gap.

Do I have to coordinate sending my child's medical records and getting bills paid myself?

No. Your child's previous plan and new plan are responsible for coordinating the transfer of medical records and other necessary information between themselves and can assist providers with obtaining necessary medical records. In some situations, you may need to ask your child's previous providers to send medical records to the new providers just like you would if your child were changing providers for any other reason.

Your child's new plan will cover care performed by certain out-of-network providers during the transition of care period, as described in this section. If you receive a bill from one of these providers, call your child's new plan and be prepared to send them a copy of the bill.

Utilization Management

Sometimes we need to make decisions about how we cover care and services. This is called Utilization Management (UM). Some services may not be covered if they are not necessary for your child's health condition. Our UM process is based on the standards of the National Committee for Quality Assurance (NCQA). All UM decisions are based on medical needs and current benefits only. We do this for the best possible health outcomes for our members. We also don't tell or encourage providers to underuse services. We also don't create barriers to getting healthcare. Providers and others involved in UM decisions do not get any reward for limiting or denying care. When we hire, promote, or fire providers or staff, it isn't based on their likelihood to deny benefits.

Call Simply — Florida Healthy Kids Member Services at **844-405-4298 (TTY 711)** if you have UM questions. If you need to speak with someone in a different language, you can ask for an interpreter. If you call after hours, you can leave a private message. Staff will return your call the next business day or at a different time upon request. Staff will identify themselves by name, title, and organization when making or returning calls.

Grievances and Appeals

You have the right to file a grievance or an appeal if you experience a problem with your child's care or coverage. Although you have this right, you may want to call Simply — Florida Healthy Kids Member Services at **844-405-4298 (TTY 711)** first. We are often able to help resolve problems.

What are grievances and appeals?

A grievance is a formal complaint you make to Simply — Florida Healthy Kids about some aspect of your child's healthcare services.

An appeal is a request you make to Simply — Florida Healthy Kids to review our decision to deny a service or payment.

When can I file a grievance?

You can file a grievance when you are dissatisfied about something other than your child's benefits, such as:

- A doctor's behavior
- The quality of care or services your child receives
- Long office waiting times

How do I file a grievance?

You can file a grievance anytime by:

Mail:

Simply Healthcare Plans, Inc. — Florida Healthy Kids
Grievance and Appeals Coordinator
P.O. Box 62429

Virginia Beach, VA 23466-2429

Phone: Call Simply — Florida Healthy Kids Member Services at **844-405-4298 (TTY 711)**,
Monday through Friday from 7:30 a.m. to 7:30 p.m. Eastern time.

Fax: 866-216-3482

Email: flmedicaidgrievances@simplyhealthcareplans.com

You can also have someone help you file your grievance. This person can be anyone, including:

- A family member
- A friend
- Your child's doctor
- A lawyer

Grievances and Appeals

Write this person's name on the grievance form if you file by mail. If you have questions or need help, please call **844-405-4298 (TTY 711)**, Monday through Friday from 7:30 a.m. to 7:30 p.m. Eastern time.

How long does the grievance process take?

Simply — Florida Healthy Kids will send you an acknowledgement letter within five business days of getting your verbal or written grievance.

From this date, we will review and make a final decision about your grievance within 90 calendar days.

When can I file an appeal?

You can file an appeal when you receive an adverse benefit determination, such as when:

- A request for service has been limited or denied
- An existing service has been decreased or discontinued
- Simply — Florida Healthy Kids has issued a denial of payment

How do I file an appeal?

An appeal can be filed (verbally or in writing) within 60 calendar days from the date you get the notice of adverse benefit determination.

There are four ways to file an appeal:

1. Write a letter:
Simply Healthcare Plans, Inc. — Florida Healthy Kids
Grievance and Appeals Coordinator
P.O. Box 62429
Virginia Beach, VA 23466-2429
2. Call Simply — Florida Healthy Kids Member Services at **844-405-4298 (TTY 711)**.
3. Fax a written request to 866-216-3482.
4. Email the Grievance and Appeals coordinator at flmedicaidgrievances@simplyhealthcareplans.com.

How long does the appeal process take?

Simply — Florida Healthy Kids will make a decision and notify you within 30 calendar days of receiving your appeal request.

If Simply — Florida Healthy Kids doesn't have enough information to process the appeal and the delay is in your best interest, we may ask for 14 more calendar days. If you need to provide more information, you can also request an extension of 14 calendar days.

What if I need help filing a grievance or an appeal?

You can appoint an authorized representative or a provider to act on your behalf.

Simply — Florida Healthy Kids can also help you complete forms and answer questions related to the grievances and appeals process.

What if it's an emergency?

You can request an expedited (fast) appeal if you or your child's provider feels that waiting the standard 30 days for an appeal decision would put your child's life, pregnancy, or health at risk.

If Simply — Florida Healthy Kids agrees that the appeal needs to be expedited, we will make a decision and inform you within 72 hours after receiving the appeal. If Simply — Florida Healthy Kids does not agree with the request for an expedited appeal, we will let you know and the timeframe will go back to the standard appeal timeframe of 30 days.

If you do not agree with our decision to deny your request to expedite your appeal, you have the right to file a Grievance by calling Florida Healthy Kids Member Services at **844-405-4298 (TTY 711)**.

What if I'm dissatisfied with my appeal results?

If your appeal request was not approved, you can request an independent review. The appeal decision notice you receive from Simply — Florida Healthy Kids will tell you how. If you have questions, call Simply — Florida Healthy Kids Member Services at **844-405-4298 (TTY 711)**.

Eligibility and Enrollment Disputes

Florida KidCare will tell you about any decisions made regarding your child's eligibility for and enrollment in coverage. If you think Florida KidCare made an error, you can dispute the decision. State of Florida rules allow you to dispute for one of the following reasons:

- Florida KidCare says your child does not meet the eligibility requirements (for example, household income, Florida residency, or legal immigrant status), but you think they do
- Florida KidCare temporarily suspends enrollment (usually for failure to pay for one month), but you think enrollment should continue because you paid on time
- Florida KidCare ends enrollment (usually for failure to pay or failure to provide renewal documents), but you think enrollment should continue because you provided payment or documents on time
- Your premium increases because your income or household size changed, but you think the information is incorrect or needs to be recalculated

How do I dispute a decision?

Send a letter or an email to the Florida Healthy Kids Corporation with the reasons you think the decision is wrong. Your dispute needs to be received within 90 days from the date on the decision notice (letter or email from Florida KidCare). You can:

- Email the letter to contactus@healthykids.org.
- Mail the letter to Florida Healthy Kids Corporation, P.O. Box 980, Tallahassee, FL 32302.

Remember to put your child's account number in your letter.

What happens next?

The Florida Healthy Kids Corporation will respond to your dispute in writing. If the decision is not in your favor, you can send a second dispute to senior management at the Florida Healthy Kids Corporation. If that decision is not in your favor, you can send your dispute to the Agency for Health Care Administration. Each of these steps will be described in detail in any denial letters sent to you.

Fraud and Abuse

The Florida Healthy Kids program is funded by state and federal tax dollars in addition to the premiums and copayments families pay. Simply — Florida Healthy Kids and the Florida Healthy Kids Corporation are committed to stopping fraud and abuse.

What is fraud and abuse?

“Fraud” and “abuse” have specific meanings for Florida Healthy Kids.

Fraud means:

- An intentional deception or misrepresentation made by a person who knows that the deception could result in some unauthorized benefit to himself or herself, or another person.
- Any act that constitutes fraud under state or federal law.

Abuse means:

- Provider practices that are inconsistent with sound fiscal, business, or medical practices, and:
 - Result in an unnecessary cost to Simply — Florida Healthy Kids.
 - Result in reimbursement for services that are not medically necessary or that do not meet professionally recognized standards for healthcare.
- Member practices that result in unnecessary costs to Florida Healthy Kids or Simply — Florida Healthy Kids.

What is an example of fraud?

Anna notices that documents from her son’s insurance company show that he received an MRI two weeks ago. Anna is sure that her child did not receive an MRI. If the doctor intentionally billed the plan for an MRI that her child did not receive, the doctor committed fraud.

What is an example of abuse?

Anna’s son had his annual well-child checkup last month, which included a routine basic metabolic panel (a blood test that evaluates important measurements like blood sugar and calcium levels). The results came back great.

Today, Anna’s son has a sore throat and she takes him to the doctor to be tested for strep throat. The doctor orders the strep test and also orders another basic metabolic panel. The doctor might be committing abuse since Anna’s son recently had good results and this test won’t help the doctor figure out the cause of a sore throat.

Why is being aware of fraud and abuse important?

Most Florida Healthy Kids families pay monthly premiums of \$15 or \$20, but the total cost of coverage is much higher! The rest of subsidized Florida Healthy Kids coverage is paid for with state and federal tax dollars and full-pay families pay for the full cost of coverage. When providers or other people receive payments or benefits they should not, those tax dollars are wasted instead of going to children who need services.

What should I do if I think someone has committed fraud or abuse?

If you think a doctor or someone else who works at a medical office or facility, like a hospital or surgical center, may have committed fraud or abuse, you can report it to Simply — Florida Healthy Kids. You can report suspicions of fraud and abuse by doctors, clinics, hospitals, nursing homes, or Florida Healthy Kids enrollees to Simply — Florida Healthy Kids Member Services at **844-405-4298 (TTY 711)**. You also can visit **fighthealthcarefraud.com** and select **Report It** in the top right corner of the page. Please give as many details as possible, such as:

- Who you are making a report for (your child, yourself, or someone else)
- The name of the member (the person whose name is on the claim)
- The doctor's name and address
- The date(s) of service when you think the possible fraud occurred, if you have it
- The claim number(s), if you have it

Any referral can be reported without giving your name, but giving us your name and contact information allows us to call you if there are any questions. For more information about waste, fraud, and abuse, visit **fighthealthcarefraud.com**.

If you think Simply — Florida Healthy Kids has committed fraud or abuse, please report the details to the Florida Healthy Kids Corporation by calling **850-701-6104** or emailing resolve@healthykids.org.

Quality and Performance

Access to quality healthcare is critical for Florida families. The Florida Healthy Kids Corporation mission is to ensure the availability of child-centered health plans that provide comprehensive, quality healthcare services. The corporation looks at many different quality and performance indicators to ensure Florida Healthy Kids enrollees are receiving quality care.

Florida Healthy Kids Performance Measures

A set of performance measures, many of which allow for national comparisons, are calculated annually. You can find the most recent report on the Florida Healthy Kids website, **floridakidcare.org**.

Florida KidCare Performance Measures

A similar set of performance measures is calculated for Florida KidCare on an annual basis. This report also includes Consumer Assessment of Healthcare Providers and Systems (CAHPS®) results for Florida KidCare. CAHPS measures member satisfaction in a standardized way. You can find the most recent report at **ahca.myflorida.com/medicaid/Policy_and_Quality/Policy/program_policy/FLKidCare/index.shtml**.

Accreditation

Accreditation means that an independent accrediting organization thoroughly evaluates the plan's ability to meet certain standards.

Simply Healthcare Plans, Inc. was awarded NCQA accreditation with commendable status in 2019. We also obtained Multicultural Health Care (MHC) Distinction from NCQA, confirming our commitment to meeting the cultural and linguistic needs and preferences of our members.

Performance Improvement Projects

Florida Healthy Kids plans conduct and report on annual performance improvement projects, which are also validated by an external quality review organization. These performance improvement projects are intended to improve a specified performance measurement in a real and sustained way. You can find the most recent PIP report on the Florida Healthy Kids website, **floridakidcare.org**.

Network Adequacy

The Provider Network section describes the Florida Healthy Kids network adequacy standards. You can find more information on how each plan is meeting those standards on the Florida Healthy Kids website, **floridakidcare.org**. Please keep in mind that the network adequacy results are not updated in real time. Actual results may vary.

New technology in medicine and care

To make sure we are always using the latest medical treatment and equipment, our medical director and doctors look at all the latest medical changes such as:

- Medical treatment and services
- Behavioral health treatment and services
- Medicines
- Equipment

They also look at the most up-to-date medical and scientific writings. With the data, they consider if:

- The changes are safe and helpful.
- The changes offer the same or better results than what is used today.

This helps decide if a new treatment or care should be added to your child's benefits.

Enrollee Rights and Responsibilities

The Florida Patient's Bill of Rights and Responsibilities was created to promote the interests and well-being of patients and to promote better communication between the patient and the healthcare provider. Florida law requires that your child's healthcare provider or healthcare facility recognizes your child's rights while you are receiving medical care and that you respect the healthcare provider's or healthcare facility's right to expect certain behavior on the part of patients. See Section 381.026, Florida Statutes, for the full bill.

You and Your Child's Rights

You and your child have the right to:

- Be treated with courtesy and respect.
- Have your dignity and privacy considered and respected at all times.
- Get a timely and reasonable response to questions and requests.
- Know who is providing medical services and who is responsible for your child's care.
- Know what member support services are available, including whether an interpreter is available if you do not speak English.
- Know what rules and regulations apply to your action.
- Know about the health plan, its services, and providers.
- Know about the member's rights and responsibilities and have the right to share your comments about the member rights and responsibilities policy.
- Know about proper treatment options for your child's condition, regardless of what it costs or if it's covered by the plan.
- Be given easy-to-follow healthcare provider information such as evaluation, diagnosis, planned course of treatment and alternatives, risks, and prognosis.
- Be given the opportunity to participate in decisions involving your healthcare, except when such participation goes against sound medical findings.
- Make choices about your child's healthcare and refuse any treatment, except as otherwise provided by law.
- Be given full information and necessary counseling on the availability of known financial resources for care.
- Receive a reasonable estimate of charges for medical care before treatment.
- Receive a copy of an easy-to-understand itemized bill and, upon request, to have the charges explained.
- Receive medical treatment or accommodations, regardless of race, national origin, religion, physical handicap, or source of payment.
- Receive treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
- Know if medical treatment is for experimental research and to agree or refuse to participate.
- Make a complaint or appeal about any violation of your rights, the health plan, or its providers.
- Speak freely about your child's healthcare and concerns without any bad results.

Enrollee Rights and Responsibilities

- Freely exercise your rights without Simply — Florida Healthy Kids or its providers treating you or your child badly.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- Request and receive a copy of your child's medical records and ask that they be amended or corrected.
- Be furnished healthcare services in accordance with 42 CFR 438.206 through 438.210.

You and Your Child's Responsibilities

You and your child are responsible for:

- Giving your child's providers accurate and complete information about present and past illnesses, hospitalizations, medications, and other matters relating to your child's health.
- Follow the plans and directions for care you have agreed to with your child's providers.
- Know about your child's health problems and work with your child's providers to create treatment goals to the best of your ability.
- Reporting unexpected changes in your condition to your child's providers.
- Telling your child's PCP whether you understand a possible treatment and what is expected of you.
- Following the treatment plan recommended by your child's providers.
- Keeping appointments or telling your child's provider or healthcare facility when you can't keep an appointment.
- Your actions if you refuse treatment or do not follow your child's provider's instructions.
- Treat healthcare staff with respect.
- Making sure the financial responsibilities are completed.
- Following healthcare facility rules and regulations.
- Report fraud, abuse, and overpayment.

Simply — Florida Healthy Kids members also have these added rights and responsibilities. You have the right to:

- An honest talk about appropriate or medically necessary treatment choices for your child's conditions, no matter what the cost or benefit coverage.
- Tell us your grievance (complaint) or appeals about Simply — Florida Healthy Kids, our services, practitioners and providers, or the care we give.
- Obtain information about Simply — Florida Healthy Kids, our services, practitioners and providers, and member rights and responsibilities.
- Make suggestions about our member rights and responsibilities policy.
- Understand your child's health problems and be part of creating a treatment goal with your child's providers, as is possible.

Definitions

Insurance companies and healthcare professionals, like doctors and nurses, sometimes use uncommon words. They also sometimes use common words in different ways than you would normally hear in everyday conversation.

This section explains some words and phrases you may come across when you:

- Read this handbook
- Call Member Services
- Take your child to the doctor

Appeal means a request you make to your child's health or dental insurance company to review the insurance company's decision to deny a service or payment.

Copayment or **Copay** means a specified amount you pay to a healthcare provider, like a doctor, when your child receives services.

Covered benefits or **Covered services** means services, supplies, devices, and other products a health or dental plan pays for as part of Florida Healthy Kids coverage.

Dental insurance means coverage that pays for some or all of an enrollee's dental care services in exchange for a monthly premium.

Durable medical equipment (DME) means supplies and devices intended for repeated or continuous use over a long time that a provider prescribes to help treat a medical condition.

Emergency medical condition means an injury or illness, including severe pain that needs care right away to avoid serious danger to your child's life or pregnancy, or to avoid serious damage to your child's health.

Emergency medical transportation means ambulance rides to a nearby hospital or medical facility to treat an emergency medical condition.

Emergency room care or **emergency department care** means services received at the emergency room of a hospital or at a standalone emergency room facility.

Emergency services means medical care your child receives to treat an emergency medical condition.

Enrollee means a child who is enrolled in a health or dental plan through Florida Healthy Kids.

Excluded services means healthcare services, supplies, devices, and other products that a health or dental plan does not pay for because they are not a covered benefit.

Grievance means a formal complaint you make to your child's health or dental insurance company about some aspect of your child's healthcare services other than the insurance company's decision to deny a service or payment.

Definitions

Habilitation services and devices means medical services and devices to help a patient learn, improve, or keep skills or functions used for daily living.

Health insurance means coverage that pays for some or all of the cost of healthcare services for an enrollee in exchange for a monthly premium.

Home healthcare means home visits by a nurse to provide skilled nursing care prescribed by a doctor.

Hospice services means healthcare services to manage a terminal illness.

Hospitalization means care provided after inpatient admission to a hospital. Hospitalization usually means a patient will stay at the hospital overnight.

Hospital outpatient care means care provided in a hospital that does not require staying overnight or admission as an inpatient.

Medically necessary means treatment, services, equipment, or supplies needed to diagnose, prevent, or treat an injury or illness, and which is:

- Consistent with the symptoms, diagnosis, and treatment of an enrollee's condition;
- Provided in accordance with generally accepted professional medical standards and the health or dental plan's medical coverage guidelines;
- The most appropriate level of supply or service for the diagnosis and treatment of the enrollee's condition;
- Not primarily intended for the convenience of the enrollee, the enrollee's family, or the healthcare provider; and
- Approved by the appropriate medical body or healthcare specialty involved as effective, appropriate, and essential for the care and treatment of an enrollee's condition.

Network means the doctors, other healthcare professionals, hospitals, other healthcare facilities, pharmacies, and medical supply companies a health or dental plan has contracted with to provide covered benefits to enrollees.

Non-participating provider or **out-of-network provider** means a doctor, other healthcare professional, hospital, other healthcare facility, pharmacy, or medical supply company that a health or dental plan has not contracted with to provide covered benefits to enrollees. Care provided by out-of-network providers is only covered for the treatment of emergency medical conditions.

Physician services means services provided by a doctor.

Plan means the health or dental insurance policy an insurance company offers to enrollees to provide Florida Healthy Kids coverage.

Preauthorization or **prior authorization** means approval from the health or dental insurance company is required before services are provided; otherwise, the insurance company will not pay for those services.

Definitions

Participating provider or **network provider** means a doctor, other healthcare professional, hospital, other healthcare facility, pharmacy, or medical supply company that has a contract with a health or dental plan to provide covered benefits to enrollees.

Premium means the dollar amount you pay every month to keep your child enrolled in Florida Healthy Kids coverage.

Prescription drug coverage means the prescription medication services, supplies, and products a plan pays for as part of Florida Healthy Kids covered benefits.

Prescription drugs means medications for which the law requires a prescription before purchase or use.

Preventive care means routine healthcare that includes screenings and checkups to prevent or detect illness or disease before symptoms are noticed.

Primary care provider or **primary care physician** or **PCP** means the healthcare professional your child sees for basic care and most health problems. The PCP refers (sends) your child to other doctors when special care is needed and coordinates your child's treatment.

Provider means an appropriately licensed individual or entity providing healthcare services.

Referral means written approval from your child's primary care provider for your child to see a specialist or receive certain services. The health plan, dental plan, or the specialist may require a referral for your child to be seen.

Rehabilitation services and devices means medical services and devices that help a patient get back, improve, or keep skills and functions for daily living that were lost or damaged because of an illness or injury.

Skilled nursing care means healthcare services that can only be safely and correctly performed by a licensed nurse.

Specialist means a doctor with extra training who only treats certain health problems, body parts, or age ranges, and who does not act as a primary care provider.

Urgent care means treatment for an injury or illness needed within 24 hours to avoid becoming an emergency.

Well-child visit means an annual preventive care checkup by your child's PCP.

Privacy Notice



simplyhealthcareplans.com

HIPAA Notice of Privacy Practices

The original effective date of this notice was April 14, 2003. The most recent revision date is shown at the end of this notice.

Please read this notice carefully. This tells you who can see your protected health information (PHI). It tells you when we have to ask for your OK before we share it. It tells you when we can share it without your OK. It also tells you what rights you have to see and change your information.

Information about your health and money is private. The law says we must keep this kind of information, called PHI, safe for our members. That means if you're a member right now or if you used to be, your information is safe.

We get information about you from state agencies for Medicaid and the Children's Health Insurance Program after you become eligible and sign up for our health plan. We also get it from your doctors, clinics, labs, and hospitals so we can OK and pay for your healthcare.

Federal law says we must tell you what the law says we have to do to protect PHI that's told to us, in writing or saved on a computer. We also have to tell you how we keep it safe. To protect PHI:

- On paper (called physical), we:
 - Lock our offices and files.
 - Destroy paper with health information so others can't get it.
- Saved on a computer (called technical), we:
 - Use passwords so only the right people can get in.
 - Use special programs to watch our systems.
- Used or shared by people who work for us, doctors, or the state, we:
 - Make rules for keeping information safe (called policies and procedures).
 - Teach people who work for us to follow the rules.

When is it OK for us to use and share your PHI?

We can share your PHI with your family or a person you choose who helps with or pays for your healthcare if you tell us it's OK. Sometimes, we can use and share it **without** your OK:

- **For your medical care:**
 - To help doctors, hospitals, and others get you the care you need.
- **For payment, healthcare operations, and treatment:**
 - To share information with the doctors, clinics, and others who bill us for your care.
 - When we say we'll pay for healthcare or services before you get them.

- To find ways to make our programs better and to support you and help you get available benefits and services. We may get your PHI from public sources, and we may give your PHI to health information exchanges for payment, healthcare operations, and treatment. If you don't want this, please visit [simplyhealthcareplans.com/florida-medicaid/privacy-policy.html](https://www.simplyhealthcareplans.com/florida-medicaid/privacy-policy.html) for more information.
- **For healthcare business reasons:**
 - To help with audits, fraud and abuse prevention programs, planning, and everyday work.
 - To find ways to make our programs better.
- **For public health reasons:**
 - To help public health officials keep people from getting sick or hurt.
- **With others who help with or pay for your care:**
 - With your family or a person you choose who helps with or pays for your healthcare, if you tell us it's OK.
 - With someone who helps with or pays for your healthcare, if you can't speak for yourself and it's best for you.

We must get your OK in writing before we use or share your PHI for all but your care, payment, everyday business, research, or other things listed below. We have to get your written OK before we share psychotherapy notes from your doctor about you.

You can tell us in writing that you want to take back your written OK. We can't take back what we used or shared when we had your OK. But we will stop using or sharing your PHI in the future.

Other ways we can — or the law says we have to — use your PHI:

- To help the police and other people who make sure others follow laws
- To report abuse and neglect
- To help the court when we're asked
- To answer legal documents
- To give information to health oversight agencies for things like audits or exams
- To help coroners, medical examiners, or funeral directors find out your name and cause of death
- To help when you've asked to give your body parts to science
- For research
- To keep you or others from getting sick or badly hurt
- To help people who work for the government with certain jobs
- To give information to worker's compensation if you get sick or hurt at work

What are your rights?

- You can ask to look at your PHI and get a copy of it. We will have 30 days to send it to you. If we need more time, we have to let you know. We don't have your whole medical record, though. **If you want a copy of your whole medical record, ask your doctor or health clinic.**
- You can ask us to change the medical record we have for you if you think something is wrong or missing. We will have 60 days to send it to you. If we need more time, we have to let you know.
- Sometimes, you can ask us not to share your PHI. But we don't have to agree to your request.
- You can ask us to send PHI to a different address than the one we have for you or in some other way. We can do this if sending it to the address we have for you may put you in danger.

Notices

- You can ask us to tell you all the times over the past six years we've shared your PHI with someone else. This won't list the times we've shared it because of healthcare, payment, everyday healthcare business, or some other reasons we didn't list here. We will have 60 days to send it to you. If we need more time, we have to let you know.
- You can ask for a paper copy of this notice at any time, even if you asked for this one by email.
- If you pay the whole bill for a service, you can ask your doctor not to share the information about that service with us.

What do we have to do?

- The law says we must keep your PHI private except as we've said in this notice.
- We must tell you what the law says we have to do about privacy.
- We must do what we say we'll do in this notice.
- We must send your PHI to some other address or in a way other than regular mail if you ask for reasons that make sense, like if you're in danger.
- We must tell you if we have to share your PHI after you've asked us not to.
- If state laws say we have to do more than what we've said here, we'll follow those laws.
- We have to let you know if we think your PHI has been breached.

Contacting you

We, along with our affiliates and/or vendors, may call or text you using an automatic telephone dialing system and/or an artificial voice. We only do this in line with the Telephone Consumer Protection Act (TCPA). The calls may be to let you know about treatment options or other health-related benefits and services. If you do not want to be reached by phone, just let the caller know, and we won't contact you in this way anymore. Or you can call **844-203-3796** to add your phone number to our Do Not Call list.

What if you have questions?

If you have questions about our privacy rules or want to use your rights, please call Member Services at **844-405-4298 (TTY 711)**.

What if you have a complaint?

We're here to help. If you feel your PHI hasn't been kept safe, you can call Member Services or contact the Department of Health and Human Services. Nothing bad will happen to you if you complain.

Write or call the Department of Health and Human Services:

Office for Civil Rights
U.S. Department of Health and Human Services
Sam Nunn Atlanta Federal Center, Ste. 16T70
61 Forsyth St. SW
Atlanta, GA 30303-8909
Phone: **800-368-1019**
TDD: **800-537-7697**
Fax: 404-562-7881

Notices

We reserve the right to change this Health Insurance Portability and Accountability Act (HIPAA) notice and the ways we keep your PHI safe. If that happens, we'll tell you about the changes in a newsletter. We'll also post them on the web at simplyhealthcareplans.com/florida-medicaid/privacy-policy.html.

Race, ethnicity, and language

We get race, ethnicity, and language information about you from the state Medicaid agency. We protect this information as described in this notice.

We use this information to:

- Make sure you get the care you need.
- Create programs to improve health outcomes.
- Create and send health education information.
- Let doctors know about your language needs.
- Provide interpretation and translation services.

We do **not** use this information to:

- Issue health insurance.
- Decide how much to charge for services.
- Determine benefits.
- Share with unapproved users.

Your personal information

We may ask for, use, and share personal information (PI) as we talked about in this notice. Your PI is not public and tells us who you are. It's often taken for insurance reasons.

- We may use your PI to make decisions about your:
 - Health
 - Habits
 - Hobbies
- We may get PI about you from other people or groups like:
 - Doctors
 - Hospitals
 - Other insurance companies
- We may share PI with people or groups outside of our company without your OK in some cases.
- We'll let you know before we do anything where we have to give you a chance to say no.
- We'll tell you how to let us know if you don't want us to use or share your PI.
- You have the right to see and change your PI.
- We make sure your PI is kept safe.

This information is available for free in other languages. Please call Member Services at **844-405-4298 (TTY 711)**, Monday through Friday from 7:30 a.m. to 7:30 p.m. Eastern time.

March 2021

Non-Discrimination Notice



simplyhealthcareplans.com

Simply Healthcare Plans, Inc. follows Federal civil rights laws. We don't discriminate against people because of their:

- Race
- National origin
- Disability
- Color
- Age
- Sex or gender identity

That means we won't exclude you or treat you differently because of these things.

Communicating with you is important

For people with disabilities or who speak a language other than English, we offer these services at no cost to you:

- Qualified sign language interpreters
- Written materials in large print, audio, electronic, and other formats
- Help from qualified interpreters in the language you speak
- Written materials in the language you speak

To get these services, call the Member Services number on your ID card. Or you can call our Grievance Coordinator at **844-405-4298 (TTY 711)**.

Your rights

Do you feel you didn't get these services or we discriminated against you for reasons listed above? If so, you can file a grievance (complaint). File by mail, email, fax, or phone:

Grievance and Appeals Coordinator	Phone: 844-405-4298 (TTY 711)
Simply Healthcare Plans, Inc.	Fax: 866-216-3482
P.O. Box 62429	Email: flmedicaidgrievances@simplyhealthcareplans.com
Virginia Beach, VA 23466-2429	

Need help filing? Call our Grievance Coordinator at the number above. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

- **On the Web:** ocrportal.hhs.gov/ocr/portal/lobby.jsf
- **By mail:** U.S. Department of Health and Human Services
200 Independence Ave.
SW Room 509F, HHH Building
Washington, D.C. 20201
- **By phone:** **800-368-1019 (TTY/TDD 800-537-7697)**

For a complaint form, visit <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>.