



**Freedom****1****st**

Medicaid
Member Handbook



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WELCOME TO FREEDOM HEALTH!

Welcome to Freedom 1st! We are glad that you picked Freedom Health as your health plan. Freedom 1st is our Medicaid Plan. Freedom Health is an HMO (Health Maintenance Organization). We have a contract with AHCA (the Agency for Health Care Administration) in Florida. Please know that your health is important to us. We want to give you the care and services you need to stay healthy.

This handbook lists the services you can get from the Plan. It tells you how to get the care you need. It also gives you good general information. Please read your handbook. You will receive services from our network of doctors and health care facilities. We want you to stay healthy by getting quality health care.

We have a contract with Comp Care (Comprehensive Behavioral Health Care). They will help with your behavioral health care needs. Comp Care has a network of doctors, social workers and psychologists. They can set up inpatient or outpatient care. They will also set up tests or other services that you might need.

If you need help with behavioral issues, please call your Primary Care Physician (PCP). Your PCP can order tests. Or, he can send you to another doctor. If needed, your PCP can send you to the hospital for care.

MEMBERSHIP-ID CARD

Your membership card has the following information on it:

1. Name of the member
2. The member's identification number
3. The member's Social Security Number
4. The name of the doctor (PCP) you picked
5. The name of your health plan (Freedom 1st – Medicaid)
6. The member's date of birth
7. Your PCP's phone number (so you can call to make appointment).
8. Freedom Health's Member Service's toll free phone number (for questions and information)
9. Comp Care's toll free phone number (for help with behavioral health services)

Keep your Membership Card with you at all times

Your Membership Card proves that you are a Freedom Health member. You should always carry your Membership Card with you. You should also carry your Medicaid card with you. Your card is needed for record keeping.

Lost or Stolen Card

If you lose your card, or if it is stolen, please call the Member Service Department right away. We will get a new card out to you in the mail. Please call Member Services (toll free) at 1-877-655-2424. If you have a hearing problem, please call toll-free TDD/TTY at 1-800-955-8771.



CONTACT INFORMATION

Freedom Health Member Services

Our Member Service staff is ready to help you. They will help you get the health care you need. If you have any questions, you can call your doctor, or you can call our Member Service Department at 1-877-655-2424. If you have a hearing problem, call our toll-free TDD/TTY at 1-800-955-8771.

If you do not speak English, we can still help you. Member Services has language services available through AT&T Translation. The service is free. Please call Member Services at the number shown above.

Behavioral Health

Comprehensive Behavioral Health Care (Comp Care)
1-800-458-6139

Vision Services

Advantica

Chiropractic Services

Chiro Alliance

Dental Services

MCNA Dental
1-800-494-6262 / TTY: 1-800-955-8771

Hearing

Hear USA / HearX
1-800-333-3389

Agency for Health Care Administration

2727 Mahan Drive, Building 1
Mail Stop #27
Tallahassee, FL 32308
1-888-419-3456 or 1-850-921-5458

Area Medicaid Office

Area 9 - Palm Beach, Phone (561) 616-5255 or (800) 226-5082
Area 11 – Miami-Dade, Phone (305) 499-2000 or (800) 953-0555
These offices can be called for any Medicaid services not covered under the Health Plan.

To contact **Medicaid Options**, please call the toll-free Help Line 1-888-367-6554
8 a.m. to 7 p.m. EST Monday - Friday

TDD users ONLY call, 1-800-653-9803



PRIMARY CARE PHYSICIAN (PCP)

You can choose your Primary Care Physician (PCP). Your PCP is your personal doctor. Your PCP will help you with your regular medical needs. We want you to visit your PCP for:

- Regular health care visits
- Child Health Check Ups
- Shots and immunizations
- Health screenings
- Preventive health care
- Referrals

It is important that you feel at ease with your PCP. Your PCP can also help you:

- Order lab tests and x-rays if you need them
- Set up appointments with specialists
- Send you to the hospital, or the emergency room, when you need it

Your PCP's phone number is on your membership card. Since you are a new member, please call soon for an appointment.

If another family member is on the plan, they can pick another doctor. A different doctor may be better for the type of care they need.

CHANGING YOUR PCP

Your PCP is your personal doctor. If you want to change doctors, please call our Member Services Department. A Member Services staff member will help you find a new doctor. They will also let you know the date when you can start to see your new doctor.

MEDICAL RECORDS

Freedom Health wants you to contact your PCP as soon as you join the plan. Your PCP may need to get copies of your prior medical records. Knowing your prior health issues will help your PCP plan for your care.

PHYSICIAN INCENTIVE PLANS

Some physicians may take part in special incentive plans. If you have any questions about incentive plans, please call us. This information is always available to our members upon request.

PERSONAL HEALTH INFORMATION

Medical records are personal. They should always stay private. Freedom Health will keep your information private. Every employee attends a special privacy training class every year. The Plan also meets all Federal HIPAA (Health Insurance Portability & Accountability Act) laws.



HOW TO GET CARE

CALL YOUR PCP

Please make an appointment to see your PCP as soon as you come on the Plan. It is important for you to see your PCP within the first 60 days. Here are some reasons why you should make an appointment:

- To schedule a health screening
- Check-ups or shots for children (if enrolled on the plan)
- To get needed medical care
- Medication refills, or questions about medicines
- Referrals to see a specialist
- Needed hospital care, or emergency care,
- X-rays or blood tests

DIRECT ACCESS SERVICES

Your PCP will need to refer you to another doctor for some services. But, you will not need a referral for some services. You can see a participating doctor without a referral (there may be a limit on the number of visits) for the following services:

- chiropractor
- dermatologist
- podiatrist or
- obstetrician/gynecologist

Please call us if you have questions.

SECOND MEDICAL OPINION

You may want to get advice from another doctor. You have the right to get a second medical opinion. To get a second opinion you need to call your PCP. Your PCP will send you to another network doctor for this service. If you see a doctor that is not in our network, you may have to pay up to 40% of the charges.

APPOINTMENTS

When you call your doctor's office for an appointment, they will ask you for your name. They will also ask you for your ID number. Your ID number is on your Membership Card. Please take your Membership Card with you to your appointment. It is always a good idea to take your Medicaid ID Card with you.

AFTER HOURS

Your PCP has to make sure that you get medical care, even when the office is closed. This is called "after-hours coverage". When you call for help after hours, you may reach an answering service. Or your call could be forwarded to another physician.



CANCELLATIONS

There may be times when you cannot go to the doctor for your appointment. Please call the doctor's office right away to let them know you cannot come. It is best to call at least 24 hours in advance.

REFERRALS

Always stay in touch with your PCP. If you need to see another doctor, your PCP or behavioral health professional will help you. They will get approval, and they will help you make an appointment. They might send you to another doctor (a specialist). Or, they could send you to the hospital. They can also send you out for lab work or x-rays (ancillary care).

SERVICES PROVIDED, SERVICE LIMITS AND OUT-OF-PLAN USE

OBTAINING SERVICES

Since you are a Freedom 1st member, many services are free. Your PCP will help you with all your health care needs. Your PCP will help you with authorizations and referrals. Please make sure that you contact your PCP before you go to see a specialist. Here is a list of covered services:

- Preventive Medicine
- Child Health Check-Ups
- Family Planning Services
- Maternity Care
- Vision Care
- Hearing and Vision Services
- Home Health Care
- Durable Medical Equipment
- Independent Laboratory and X-ray Services
- Inpatient Hospital Services
- Outpatient Services
- Emergency Services
- Prescription Drug Services
- Mental Health Services
- Therapy Services
- Medically needed
- Performed, prescribed, or managed by a network doctor, or
- Approved by Freedom Health, Inc.

USE OF OUT-OF-PLAN PROVIDERS

As a member of Freedom Health, you must get care from In Plan Providers unless:

- The plan needs to make arrangements for you to get care from Out of Plan Provider and authorizes that care

- You are pregnant and already receiving care from an Out-of-Plan OB doctor. The Health Plan will authorize and cover your care until the delivery.
- You were seen in the hospital by an Out-of-plan specialist and need follow-up care after going home. The Plan will cover your care with that doctor until your care is finished.

If you make your own appointment and see an Out-of-Plan doctor without authorization from Freedom, the Plan will not be responsible for paying the cost of that care.

PREVENTIVE SERVICES

Preventive care is important. Here are some examples of preventive health care services:

- Physical exams
- Hearing and vision exams
- Health and developmental histories
- Child Health Check Ups (for members under age 21)
- Immunizations
- Referrals for diagnostic tests
- Additional treatment (requested by your PCP)

If you have a health problem, it is best to know about it early. Please talk to your PCP about preventive health care exams.

CHILD HEALTH CHECK-UPS

Many children only see the doctor when they are sick. You should take your child to the doctor for regular check-ups even when they are well. Child Health Check-Ups (CHCUP) help the doctor find health problems before they have a chance to get worse. Children should get a check-up as soon as they are born. Children should have regular check-ups until they are 21 years old. Your PCP will let you know when your child should come in for a check-up.

If the doctor finds a problem during a check-up, he may send your child to another doctor. Or, special tests might be ordered. Please take your child to the doctor for a child health check-up soon. A healthy child is a happy child!

DENTAL SERVICES

Freedom 1st members can get dental services. Children can get the following dental care:

- Diagnostic procedures
- Preventive procedures
- Preventive treatment

The doctor will look your child's teeth during a child health check-up. If needed, the doctor will send your child to a dentist. (These services are for children under 21 year old).

Adult dental services include:

- Certain emergency procedures
- Oral exams



- X-rays and extractions
- Dentures

Please call MCNA Dental at (800) 494-6262 for assistance. If you need TTY assistance; please call (800) 955-8771.

FAMILY PLANNING

Family planning services are available. Family planning services include:

- Contraception
- Diagnostic Tests
- Referrals
- Education and counseling
- Contraceptives
- Follow-up care (to plan space between births)
- Care for infertility
- Sterilization (if medically necessary)

You do not need an authorization for family planning services, as long as you see a Medicaid Family Planning practitioner. Members under the age of 18 must get consent from their parent or legal guardian for family planning services. Consent is not needed if:

- The member is married, a parent, or already pregnant.
- The doctor thinks that the member will suffer a health problem
- Sterilization is not covered for anyone under the age of 21
- Sterilization is not covered for anyone that is legally incompetent

MATERNITY CARE

Maternity services are available. We can help you choose a participating OB (obstetrical) doctor. Or, you may choose a certified midwife. Maternity services include:

- Care before your child is born (prenatal care)
- Advice about nutrition
- The birth of your child
- Care after your child is born (postpartum care)
- Counseling and testing (This includes blood tests. The test looks for diseases that could cause problems for the mother and baby.)

If you are pregnant and are under the care of an OB doctor, please do call Freedom Health's Case Management department to let them know you are pregnant and receiving care. If your OB doctor is not part of Freedom Health's network, we will continue your care under your doctor.

VISION CARE

Vision care services are available. Vision care includes:

- Regular eye exams by a certified optometrist (eye doctor)



- Eye exams to get glasses

Your provider directory has a list of approved optometrists. Please call Freedom 1st Member Services for information at 1-877-655-2424. You do not need a referral for regular eye exams.

HEARING CARE

You can get help with any hearing problems. Care includes:

- Exams to diagnose a hearing problem
- Hearing evaluations (for hearing aids)

One hearing aid is supplied every three years.

HOME HEALTH CARE

Sometimes members need special help at home. Home health care can include:

- Part-time nursing services from an RN or LPN (services must be medically necessary)
- Personal care services

All services must be ordered by the PCP. Services can include approved medical supplies. Services can also include durable medical equipment (DME) for home-use.

DURABLE MEDICAL EQUIPMENT (DME)

Durable medical equipment (DME) is special equipment needed to treat you. (An example would be a walker). DME must be ordered by your PCP. Freedom Health has the right to authorize all DME equipment.

LAB AND X RAY SERVICES

Your PCP can order lab work and x-ray services. These services must be done at a facility that is part of the Freedom Health network.

BEHAVIORAL HEALTH SERVICES

Freedom Health provides a variety of behavioral health services. Services include:

- Inpatient hospital care for psychiatric conditions
- Outpatient hospital care for psychiatric conditions
- Psychiatric physician services
- Community mental health services
- Mental Health Targeted Case Management
- Mental Health Intensive Targeted Case Management

Behavioral health services are provided by Comp Care (Comprehensive Behavioral Health Care). You will find contact information in this handbook. Comp Care will assign the member to a behavioral health care provider. Assignment is based on:

- The members choice



- Feasibility
- The providers qualification
- Location of the provider's office (how close the office is to the member's home)

Comp Care can arrange for outpatient services, or they can arrange for inpatient hospital stays. If you decide that you would like to see another provider, Comp Care can help you make that change. You can reach Comp Care 24 hours a day, seven days a week. They can be reached at 1-800-458-6139. You DO NOT need a referral from our PCP to obtain behavioral health care.

You can select an alternative behavioral health care coordinator or direct service behavioral health care provider within the plan, if one is available.

You can receive services at:

- A hospital
- An outpatient clinic
- An office
- At home or at school

You can receive services individually, in a group, or with family members. Targeted case management and community health services are also available. Your care will be provided by licensed mental health professionals, psychologists, psychiatrists, and specially trained nurses.

You can receive the following behavioral health services from Comp Care:

1. Planning and review
2. Evaluation and testing services
3. Counseling
4. Therapy and treatment services provided by a psychiatrist
5. Therapy and treatment services provided by a behavioral health care provider
6. Rehabilitation services
7. Children's behavioral health care services
8. Day-treatment services

When to contact your behavioral health provider:

If you are having some, or all of the following feelings, please contact Comp Care right away:

1. Feeling sad and hopeless
2. Loss of interest in things you used to like
3. Feeling guilty or worthless
4. Thoughts of suicide
5. Anxious
6. Trouble sleeping
7. Poor appetite or weight loss

NON COVERED SERVICES (BEHAVIORAL HEALTH)

The following services are not covered by Freedom Health, unless they are medically necessary:



1. Specialized therapeutic foster care
2. Therapeutic group care services
3. Behavioral health overlay services
4. Community substance abuse services (there are some exceptions)
5. Residential care
6. Sub-acute inpatient psychiatric program services (SIPP)
7. Clubhouse services
8. Comprehensive behavioral assessments
9. Florida Assertive Community Treatment Services (FACT)

If you need any of the above services, Comp Care will contact the Medicaid Field Office and/or the Districts' DCF ADM offices. They will help to identify appropriate methods of assessment and referral. Comp Care is responsible for transitioning your care, and referring you to an appropriate service provider.

INPATIENT HOSPITAL SERVICES

Inpatient hospital services must be approved by Freedom Health. Inpatient hospital services include:

- Room and board
- Nursing care
- Medical supplies
- Diagnostic and therapy services

Freedom Health provides up to 45 days of inpatient hospital services. Children under the age of 21 do not have an inpatient time limit. Freedom will provide for the first 45 days, and Medicaid will cover the remaining days.

INPATIENT HOSPITAL SERVICES FOR BEHAVIORAL HEALTH

Comp Care (Comprehensive Behavioral Health Care) is responsible for coordinating all inpatient behavioral health care. Comp Care can be contacted at 1-800-458-6139. Your behavioral health care provider will set up all hospital services for your inpatient behavioral health care.

OUTPATIENT SERVICES

Outpatient services are available. They include:

- All diagnostic and therapeutic services

Services must be ordered and provided by a participating behavioral health professional, and they must be provided at a participating hospital.

OUTPATIENT SERVICES FOR BEHAVIORAL HEALTH

Comp Care (Comprehensive Behavioral Health Care) is responsible for coordinating all outpatient behavioral health services. Comp Care can be contacted at 1-800-458-6139.



Outpatient services can be provided by a licensed behavioral health group, a community health center, or a private behavioral health provider.

EMERGENCY SERVICES

A medical emergency is a sudden, severe and unexpected onset of illness or injury that would endanger the person's life or health if immediate medical or surgical care were not received. Examples of emergency service include:

- Heart attack
- Stroke
- Difficulty breathing
- Poisoning
- Broken bones
- Excessive bleeding
- Cuts that need stitches
- Unconsciousness
- Emergency mental health services for members having an acute crisis (resulting from a mental illness)

If you need emergency care, go to nearest licensed emergency facility. **You do not need an authorization from Freedom Health to go to an emergency facility.** You have a right to use any hospital or other setting for emergency care. Emergency service includes a medical exam by an ER doctor. The ER doctor will decide if the condition is a medical emergency, and will also decide what type of care or treatment is needed.

If you are not sure that the situation is really an emergency, call your PCP. Examples of **conditions that are NOT emergencies are earaches, colds and sore throats.** Members can also call Freedom Health's 24-hour nurse-line to get advice on what to do. It is also important that you let your PCP know that you were treated for an emergency. All follow-up care must be provided or arranged by your PCP.

EMERGENCY SERVICES FOR BEHAVIORAL HEALTH

Emergency behavioral health care services are coordinated by Comprehensive Behavioral Health Care (Comp Care) 24 hours a day, 7 days a week. An acute crisis, resulting from a mental illness, can include any of the following symptoms:

- Likely danger to self and others,
- Presents threat of substantial harm to his or her wellbeing,
- So much functional harm that the person is not able to carry out actions of daily life,
- Functional harm that will likely cause death or serious harm to himself or others.

Members experiencing any of the above behavioral health symptoms, should proceed to the nearest Emergency Room or Mental Health facility. For assistance locating an emergency Mental Health facility, call Comp Care at 1-800-458-6139. They will help you coordinate all care and services.



EMERGENCY CARE OUTSIDE THE SERVICE AREA

If you are out of town, or out of the state, you should still get the emergency medical care you need. Go to the nearest emergency facility. Please show them your Freedom Membership Card.

Make sure you contact your PCP as soon as possible. Your PCP needs to know that you received emergency care out of the service area. Your PCP is still responsible for setting up your follow-up care. If you are admitted to the hospital, make sure that the hospital contacts Freedom Health at 1-877-655-2424. It is important that Freedom is notified as soon as possible (no later than 48 hours after your admission).

NON-EMERGENCY CARE OUTSIDE THE SERVICE AREA

If you need non-emergency medical services while you are out of town, or out of the state, you must get in touch with your PCP before you get these services. All out of service area non-emergency care must be approved. Payment will not be made for unapproved services.

Freedom Health is not responsible for non-emergency behavioral health care services you get from an out-of-network provider. Freedom Health must approve all non-emergency behavioral health services.

PRESCRIPTION DRUG SERVICES

Medicaid approved prescription drugs will be supplied to you at no cost. All prescription drugs must be ordered by one of Freedom Health's participating doctors. All prescriptions should be filled by a participating pharmacy. Please contact Member Services if you have any questions about selecting a pharmacy.

TRANSPORTATION SERVICES

Emergency transportation services are covered. If you have an emergency, please go to an emergency facility or call 911 immediately. If you need transportation for a Medical visit, you can schedule a free ride with the Florida Commission for the Transportation Disadvantaged (CTD). You can contact customer service at 1-877-655-2424 for the CTD phone number. There is a different number for each Florida County.

POST-STABILIZATION SERVICES

Post-stabilization services are covered services you receive after being stabilized from an emergency medical situation. Post-stabilization services are designed to keep you in a stable condition. You DO NOT need prior authorization for post-stabilization services.

QUALITY PERFORMANCE

You can also request Freedom Health's member satisfaction data by calling the Member Service Department at 1-877-655-2424. If you are speech or hearing impaired, call our toll-free TDD/TTY at 1-800-955-8771.

QUALITY ENHANCEMENTS

Freedom Health offers special programs to help keep you healthy. These programs include:
Smoking Cessation Programs (how to stop smoking)



Domestic Violence Prevention
Substance Abuse Programs
Pregnancy Prevention/Pregnancy Health
Wellness Programs
Child Health Programs

If you would like to know more about these programs, please contact the Member Service Department at 1-877-655-2424. If you are speech or hearing impaired, call our toll-free TDD/TTY at 1-800-955-8771.

If you would like to obtain information on how Freedom Health ranks on performance measures in specific areas of service, please visit the website:

<http://www.floridahealthfinder.gov/>

ENROLLMENT

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

To be considered for enrollment you must be:

1. Eligible for Medicaid benefits
2. Resident of Dade or Palm Beach Counties.

Upon enrollment you will be asked to complete a release form authorizing Freedom Health to release medical information to Federal and State governments or agents acting on their behalf, and current behavioral health care provider information.

OPEN ENROLLMENT

If you are a mandatory enrollee, the state will send you a letter 60 days before the end of your enrollment year telling you that you can change plans if you want to. This is called “open enrollment.” You do not have to change plans. If you choose to change plans during open enrollment, you will begin in the new plan at the end of your current enrollment year. Whether you pick a new plan or stay in the same plan, you will be locked into that plan for the next 12 months. Every year you can change health plans during your 60-day open enrollment period. After 90 days, if you decide to stay with Freedom Health you will be enrolled for the next 9 months, if you are still Medicaid eligible. If you have any questions, please contact the Member Service Department at 1-877-655-2424.

DISENROLLMENT

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

- (1) The enrollee moves out of the county or the enrollee’s address is incorrect and the



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

Voluntary Enrollees may disenroll from the health plan at any time.

Some Medicaid recipients can change health plans whenever they choose, for any reason. For example, people who are eligible for both Medicaid and Medicare benefits and children who receive SSI benefits can change plans at any time for any reason. To find out if you can change plans, call the ENROLLMENT BROKER at 1-888-367-6554, 8 a.m. through 7 p.m. EST Monday – Friday. TDD users ONLY call, 1-800-653-9803

The Enrollee Broker will be available to discuss “good cause” reasons for disenrolling and available options. For a counseling or referral service that the health plan does not cover because of moral or religious objections, the health plan need not furnish information on how and where to obtain the service.

MANDATED ENROLLMENT

As a Medicaid eligible you have several choices regarding your health coverage. If you are eligible for Medicaid only, and do not choose a health plan, Medicaid may choose one for you. You will be contacted by phone or mail. If you do not reply, a health plan will be chosen for you. (This does not apply to those eligible for both Medicare and Medicaid)

NEWBORN ENROLLMENT

Freedom Health wants to help you get the best medical care if you have a baby while on our health plan. Your baby will be covered for 90 days, after birth. Call the Member Service Department at 1-877-655-2424 when you know that you are pregnant. If you are speech or



hearing impaired, call our toll-free TDD/TTY at 1-800-955-8771. We have an OB case manager who can work with you to help you get prenatal care. You must also call your Department of Children and Families caseworker to let them know you are pregnant.

You will also choose a doctor for your new baby, if you are enrolled with Freedom Health at the time of birth. If you do not choose a doctor for your baby, we will choose one for you. If you do not wish the baby to become a member of Freedom Health, you must call the Medicaid Choice Counselor/Enrollee Broker to make another managed care choice for your baby.

LOSS OF MEDICAID ELIGIBILITY

You could lose your Medicaid benefits even if you still qualify for Medicaid. If you move or fail to re-certify on time you may lose your eligibility. If this happens, Freedom Health is not responsible for your health care coverage until you become eligible for Medicaid again. If you become eligible for Medicaid again within the first 60 days of the enrollment period, your membership will start again and you will get a letter to welcome you back.

TERMINATION OF BENEFITS

You are not eligible for enrollment in Freedom Health or may be disenrolled if you:

- Lose Medicaid eligibility
- Let others use your Freedom Health ID card.
- Fail to follow a proposed plan of medical care.
- Miss 3 appointments in a row within one 6-month period.
- Move out of the approved service area.
- Get services through the Medicaid AIDS waiver (Project AIDS Care) program, the assisted living waiver programs, Children's Medical Services.

ENROLLMENT REINSTATEMENTS

If you lose your Medicaid Eligibility temporarily, please do contact DCF at 1-866-762-2237. If you are re-enrolled in Freedom Health, more than 60 days after losing your eligibility, we will send you a new member packet. If you lose Medicaid eligibility and regain it within 60 days you will be automatically reenrolled with Freedom Health.

COMPLAINT, GRIEVANCE & APPEAL PROCESS

CONCERNS, SUGGESTIONS AND COMPLAINTS

If you have a question or concern about your coverage or wish to suggest ways to improve services, please call our Member Service Department at 1-877-655-2424. If you are speech or hearing impaired, call our toll-free TDD/TTY at 1-800-955-8771. A Freedom Health representative will help to answer your questions. If you wish to make a complaint, a Member Services representative will fill out a Complaint Log that records the details of your problem.

Freedom Health will do everything possible to solve complaints. Our Member Services staff is here to help you! If you are not happy with the result and feel your complaint has not been resolved, you can file a grievance or an appeal.



A **grievance** is used when you are unhappy with any **services you are receiving**. For example, you did not like the way a doctor treated you.

An **appeal** is used when a **service you requested** has been denied, limited or not performed timely. It is a request to have a service or authorization decision reviewed.

GRIEVANCE PROCESS

You have a right to file a grievance with Freedom Health. If you wish to file a formal grievance with Freedom Health, you can do so in writing or by calling our Member Service Department at 1-877-655-2424, who will be able to help you with the filing process. Any grievance must be filed within 365 days the date of occurrence that initiated the grievance. The letter or call should include the following information:

- Member's name and Freedom Health ID-number,
- Member's address & telephone number,
- A brief description of the grievance,
- Actions taken to resolve the issue; like dates of calls to the Plan.

Please send your signed and dated grievance letter to:

Freedom Health
Attn: Grievance Coordinator
P.O. Box 152727
Tampa, FL 33684

Freedom Health's grievance coordinator can be contacted Monday through Friday, between the hours of 8 a.m. and 5 p.m. at 1-877-655-2424. Freedom Health's grievance coordinator will research your problem and complete an investigation, which can include any of the following steps:

- a. Clarify information given by the member
- b. Request Provider and office staff information
- c. Research member benefits
- d. Claims review
- e. Request medical records and/or verify health guidelines

GRIEVANCE RESOLUTION

Freedom Health will resolve each Grievance and provide the member with a notice of the Grievance disposition within ninety days of receipt of the grievance. If the member's health is at-risk, the grievance resolution will be provided in a faster timeframe and Freedom Health will notify the member within 24 hours. In all instances, members will be notified in writing, including the results and the date of Grievance resolution.

APPEAL TO THE GRIEVANCE COMMITTEE

If you are not happy with the grievance coordinator's decision, you have the right to request a review of your case by the Grievance Committee. This appeal must be submitted within 30 days of the first grievance decision. You can file for an appeal in writing or verbally. If you file a verbal appeal you must also file a written appeal within 30 days of the verbal appeal and



Freedom Health's Grievance Coordinator will notify you that you must also send a written appeal request. Send a written request to:

Freedom Health
Attn: Grievance Committee
P.O. Box 152727
Tampa, FL 33684

You will receive a letter telling you that your written request has been received. A date to hear your case will be set by the Freedom Health Grievance Committee. You have the option to attend the review in person so that you can give additional information about your case. If you choose not to attend, the Committee will still meet and review your case, including other information you may have submitted. The Grievance Committee will make a decision on your appeal within 45 days. If the appeal is in favor of the member, Freedom Health will provide the services as quickly as the health condition requires

Freedom Health will continue to provide you benefits during your appeal if:

- The appeal is filed in a timely manner
- The appeal involves ending previously approved treatment
- The authorization timeframe for approved treatment is not over

You have the right to request that Freedom Health continue to provide you benefits during your appeal. However, if Freedom Health's action is upheld, you may be liable for the cost of any benefits you continue to receive.

EXTENSION OF RESOLUTION TIMEFRAME

Freedom Health may extend the resolution time frames by up to fourteen Days if the member requests an extension, or if Freedom Health documents that there is a need for additional information and that the delay is in the member's best interest. In this instance, Freedom Health will provide written notification to the member within 5 days, including the reason for the delay

EXPEDITED APPEAL

If the timeframe for the standard appeal would be a risk to your health or ability to regain the greatest level of function, your PCP can request an expedited appeal, where the process for an appeal is speeded up. In this case, a decision will be made and given to you (or your PCP) within 72 hours. If the expedited request is not approved, Freedom Health will respond to your grievance within the normal timeframe.

SUBSCRIBER ASSISTANCE PANEL

At any time during Freedom Health's internal grievance or appeal process, you can contact the Agency for Health Care Administration's Subscriber Assistance Program (SAP). If you are not happy with the final decision by Freedom Health's Grievance Committee, you can request a review of your case by the SAP. An enrollee must complete our plan grievance process prior to filing a grievance with the Subscriber Assistance Program. You must request this review within 365 days of the Freedom Health Grievance Committee decision. The SAP will not consider a Grievance or Appeal taken to a Medicaid Fair Hearing. You can contact SAP at 1-888-419-3456, or by writing to them at:



Agency for Health Care Administration
Subscriber Assistance Program/Beneficiary Assistance Program
Building 1, MS #26
2727 Mahan Drive
Tallahassee, FL 32308

MEDICAID FAIR HEARING

You also have the right to request a Medicaid Fair Hearing at any time during the grievance process and you can have one at the same time as your grievance or appeal process. You can request the Medicaid Fair Hearing, or you can have your provider request one on your behalf. If your doctor asks for a Medicaid Fair hearing for you, you must consent to the request in writing. To ask for a Medicaid Fair Hearing, you must contact the Department of Children and Family Services within 90 Days of the grievance resolution. The Department of Children and Family Services can be reached at:

Office of Public Assistance Appeals Hearings
1317 Winewood Boulevard
Building 5, Room 203
Tallahassee, FL 32399-0700
Tel. #: (850) 488-1429.

If you ask for a Medicaid Fair Hearing, you give up your right to have a review by the Subscriber Assistance Program. You have a right to representation at the Medicaid Fair Hearing. The Medicaid Fair Hearing may include Freedom Health, you, your representative, or the representative of your estate.

You also have the right to request that Freedom Health continue to provide you benefits during your Medicaid Fair Hearing. Freedom Health will continue to provide you benefits if:

- The Medicaid Fair Hearing is filed in a timely manner. This means that it was filed on or before the later of either of two dates
 1. within ten business days of the notice you received, or
 2. before the date the action would take place.
- The Medicaid Fair Hearing involves ending previously approved treatment
- The authorization timeframe for approved treatment is not over
- The services were ordered by an authorized provider
- The member requests an extension of benefits

Freedom will continue your benefits until one of the following things happens:

1. You withdraw your request for a Medicaid Fair Hearing;
2. It is ten days from the notice that Freedom has sent you about an adverse appeal decision if you have not requested a Medicaid Fair Hearing with continued benefits; Fifteen days would apply if Freedom sends the notice by regular mail;
3. The Medicaid Fair Hearing offices denies your appeal requests; or
4. You reach the end of the authorization or authorized service limits.



However, if Freedom Health's action is upheld, you may be liable for the cost of any benefits you continue to receive. If Freedom Health's action is overturned, the disputed services will be provided in a timely manner. For services already received, Freedom Health will be responsible for payment of those disputed services.

Freedom will make sure that no action is taken against your doctor who requests a Medicaid Fair Hearing to help you, or helps you with your request for the hearing.

FRAUD AND ABUSE

Medicaid enrollees have a responsibility to report behavior they suspect may be fraudulent. Fraud is the intentional deception or misrepresentation by a person intended for unauthorized benefit to themselves or another person. To report suspected fraud and/or abuse in Florida Medicaid, call our Compliance Officer toll free at 1-877-655-2424 or call the Consumer Complaint Hotline toll-free at 1-888-419-3456, or Complete a Medicaid Fraud and Abuse Complaint Form, which is available online at https://ahcaxnet.fdhc.state.fl.us/InspectorGeneral/fraud_complaintform.aspx

ADVANCED DIRECTIVES

Under Florida law, every adult has the right to make decisions about medical treatment. This law makes sure that your rights and personal wishes are to be respected, even if you are too sick to make decisions yourself. These decisions can include the right to withhold medical treatment that may prolong your life. In the event of a serious illness or condition, you have the right to choose whether to accept or refuse medical treatment.

An advance directive is your spoken or written wishes about your future medical care, in case you are too sick to speak or write. There are two common types of advance directives: a living will and a health care surrogate.

A **Living Will** lets your doctor and family know what kind of medical care you want (or would not want) if you are seriously ill and cannot make your own choices. A Living Will is your set of personal instructions about the medical care and how you would like to be treated medically

A **Health Care Surrogate** will act on your behalf and make health care decisions for you, should you become unable to choose medical treatment for yourself. Your health care surrogate should be someone you trust to make choices about your health care.

The Living Will and Designation of Health Care Surrogate forms are in this handbook.

(a) You have the right to accept or refuse medical or surgical treatment and the right to formulate advance directives.

(b) If you have any complaints about non-compliance of the Health Plan with advance directive laws and regulations, you may file complaints with the state's complaint hotline 1-888-419-3456.

(c) The health plan shall educate enrollees about their ability to direct their care using this mechanism and shall specifically designate which staff and/or network providers are responsible for providing this education.

MEMBER RIGHTS AND RESPONSIBILITIES

Florida law requires that your health care provider or health care facility recognize your rights while you are getting medical care. You should also respect the health care provider's or health care facility's right to expect certain behavior on the part of patients. You may request a copy of the full text of this law from your health care provider or health care facility. A summary of your rights and responsibilities follows:

YOUR RIGHTS

- As a patient, you have the right to be treated with courtesy and respect, with appreciation of your dignity, and protection of your need for privacy.
- As a patient, you have the right to a prompt and reasonable response to questions and requests.
- As a patient, you have the right to know who is providing medical services and who is responsible for your care.
- As a patient, you have the right to know what patient support services you can get, and if an interpreter is available if you do not speak English.
- As a patient, you have the right to know what rules and laws apply to your conduct.
- As a patient, you have the right to be given by your health care provider, information about diagnosis, planned course of treatment, alternatives, risks and prognosis.
- As a patient, you have the right to refuse any treatment, except as provided by law.
- As a patient, you have the right to be given, upon request; full information and counseling you need on the availability of known financial resources for your care.
- As a patient, who is eligible for Medicaid you have the right to know upon request and in advance of treatment, if the health care provider or health care facility accepts the Medicaid assignment rate.
- As a patient, you have the right to get, upon request, before treatment, a reasonable estimate of charges for medical care.
- As a patient, you have the right to get a copy of a reasonable, clear, and understandable detailed bill and, upon request, to have the charges explained.
- As a patient, you have the right to access medical treatment or accommodations, regardless of race, national origin, religion, physical handicap, or source of payment.
- As a patient, you have the right to treatment for any emergency medical condition that will get worse from failure to provide treatment.
- As a patient, you have the right to know if medical treatment is for experimental research and to give your consent or refusal to take part in such experimental research.
- As a patient, you have the right to private handling of medical records and, expect when required by law, be given the chance to approve or refuse their release.
- As a patient, you have the right to express grievances about any violation of your rights, as stated in Florida law, through the grievance procedure of the health care provider or health care facility, which served you and to the right state-licensing agency.



YOUR RESPONSIBILITIES

- As a patient, you have the responsibility to give to your health care provider, to the best of your knowledge, correct and complete information about present complaints, past illnesses, hospital stays, medicines and other health matters.
- As a patient, you have the responsibility to report unexpected changes in your condition to your health care provider.
- As a patient, you have the responsibility to report to your health care provider if you comprehend a thought out course of action and what is expected of you.
- As a patient, you have the responsibility to follow the treatment plan suggested by your health care provider.
- As a patient, you have the responsibility to keep appointments, and when you are unable to do so for any reason, notify the health care provider or the health care facility.
- As a patient, you have the responsibility to answer for your actions if you refuse treatment or do not follow the health care provider's instructions.
- As a patient, you have the responsibility to assure that the financial obligations of your health care are fulfilled as promptly as possible.
- As a patient, you have the responsibility to follow health care facility rules and laws that affect patient care and conduct.
- As a member, you have the responsibility to inform your health plan if you feel that your Freedom Health membership-id card has been misused, or if you suspect fraudulent activity by a member or provider.

WE HOPE THIS MEMBER HANDBOOK HAS ANSWERED YOUR QUESTIONS ABOUT FREEDOM HEALTH AND YOUR MEDICAID BENEFITS. FOR MORE INFORMATION, YOU CAN CALL OUR MEMBER SERVICES MONDAY THROUGH FRIDAY AT 1-877-655-2424 OR TDD/TTY AT 1-800-955-8771.



**LIVING WILL
(FLORIDA DECLARATION)**

On this _____ day of _____, 20____ I, _____,
Last Name, First Name, Middle Initial

of my own free will, make known my desire that my dying not be artificially prolonged under any of the circumstances set out below, and I do hereby declare that:

Should I develop a terminal condition, and if my attending physician determines that there can be no reasonable expectation of recovery from such a condition, and that my death is imminent, I hereby direct that life prolonging procedures be withheld or withdrawn when such procedures serve only to artificially prolong the process of my dying. Under such circumstances, it is my desire that I be permitted to die naturally, with only the administration of such medication or the performance of any such medical procedure judged necessary to provide me with comfort and to provide pain relief. Relating to the administration of nutrition and hydration (food and fluids), I do _____, I do not _____ (*check one*) desire that such be withheld or withdrawn when such procedures serve to only prolong in an artificial way the process of my dying. It is my intent that, should I be unable to give directions regarding the use of life-prolonging procedures, that this represent the declaration of my intent that will be honored by my physicians, as well as by my family, as a valid representation of my legal right to refuse medical and/or surgical treatment and to accept the consequences as such.

I fully understand the importance and consequences of this declaration. I am competent to make such declaration, and it is my desire to do so. I make this declaration without coercion and of my own free will.

(If I am diagnosed as pregnant and that diagnosis is known to my physician, this declaration shall not be in effect in the course of my pregnancy.)

I do _____, I do not _____ (*check one*) desire to donate my organs.

Signature

DECLARATION OF WITNESS:

The above is known to me, and it is my judgment that he/she is of sound mind and is making the above declaration of his/her free will.

WITNESS #1 _____ **RELATIONSHIP:** _____

WITNESS #2 _____ **RELATIONSHIP:** _____

NOTE: One witness should not be a spouse nor a blood relative of the declaration in and compliance with Florida Statue 765 amended effective 10/1/90.



**DESIGNATION OF HEALTH CARE SURROGATE
(POWER OF ATTORNEY FOR HEALTH CARE DECISIONS)**

In the event that my physician determines that I am incompetent or so incapacitated as to provide expressed and informed consent for medical treatment, surgical intervention or diagnosis procedures I, _____

Last Name, First Name, Middle Initial

wish to designate the following person to make those decisions for me.

DESIGNEE

NAME: _____ **TELEPHONE:** _____

ADDRESS: _____ **RELATIONSHIP** *(if any):* _____

ALTERNATE DESIGNEE

If the person that I have named is unable to act on my behalf, I authorize the following person to act on my behalf:

NAME: _____ **TELEPHONE:** _____

ADDRESS: _____ **RELATIONSHIP** *(if any):* _____

I fully understand that this document will permit the above identified designee to support, withhold or withdraw consent for intended treatment and to do so on my behalf. That individual may also apply for public benefits to defer the cost of health care and authorize for my transfer to or from a health care facility.

I further reaffirm that this designation is not being made as a condition of treatment or admission to a health care facility. I understand, should my judgmental incapacitation or incompetence be reversed such that I am once again considered competent to make my own decisions, such decisions will once again be mine.

I understand that I may rescind this declaration at any time so long as I am judged to be competent and capable to make such judgments.

ADDITIONAL INSTRUCTIONS: _____

DO YOU HAVE A LIVING WILL DECLARATION? _____ **YES** _____ **NO**

SIGNATURE: _____ **DATE:** _____

WITNESS #1: _____ **DATE:** _____

WITNESS #2: _____ **DATE:** _____

NOTE: One witness should not be a spouse, blood relative, Heir to the Estate of the designee or responsible for paying health care costs for that individual.



CHILD HEALTH CHECK UP REMINDERS

CHILD HEALTH CHECK UP (CHCUP) SCREENING

All Freedom Health members under the age of 21 years need to have child health check up visits. A child health check- up, by your PCP may include:

- Health and development history
- Past medical history
- Development history
- Physical exam
- Nutrition Assessment
- Development Assessment
- Immunization status
- Lab test (blood lead screening)

Your Primary Care Physician (PCP) can see if you have a problem before it is a serious problem. When you become a Freedom Health member, call your doctor and make an appointment in the first 60 days of enrollment. Freedom Health members get well-care visits at the times:

- Newborn
- 0-1 month old
- 2-3 months old
- 4-5 months old
- 6-8 months old
- 9-11 months old
- 12 months old
- 15 months old
- 18 months old
- 24 months old

After age 2, you and your child should keep going to your PCP every year for well-care visits.