

HEALTH AND BENEFIT INFORMATION

Welcome to Community Care Plan (CCP)! Your health is important to us. This tool will help you understand your rights, health benefits, and how to get the care you need.

Below are the topics covered in this tool:

- Language Assistance and TTY Services
- Important Contact Information
- Your Rights and Responsibilities
- How to Access and Use Your Plan Benefits
- Our Utilization Management Procedures which include:
 - Services Requiring Prior Authorization
 - New Technology Information
 - Services Not Covered by CCP
 - What to Do If You Get a Bill
- How to Find a Network Provider (Provider Directory)
- Primary and Specialty Care Information which includes:
 - Choosing a Primary Care Practitioner (PCP) for You or Your Child
 - Changing Your PCP
 - Appointment Scheduling, Wait Times, and Other Standards
 - Patient Centered Medical Home Information (PCMH)
 - Transitioning from Pediatric to Adult Care
 - Specialty Care
 - Getting After Hours Care
 - Getting Care When You Are Out of the Service Area
- Behavioral Health Benefits
- How to Get Urgent, Hospital, or Emergency Care
- Our Quality Management Program which includes:
 - Member Satisfaction Survey Results and Improvement Plan
- Your Prescription Drug Benefits
- Population Health Programs
- Online Claims and Benefits Information which includes:
 - How to Access Your Claims Information
 - How to Request a New ID Card
 - How to Change Your PCP
- How to File a Complaint, Grievance, or Appeal
- Notice of Nondiscrimination

If you would like a paper copy mailed to you at no cost, please call Member Services at 1-866-899-4828 Monday – Friday 8:00am – 7:00 pm EST. For hearing impaired assistance call: TTY/TDD 1-855-655-5303. Si usted necesita esta información en Español llame al 1-866-899-4828 TTY/TDD 1-855-655-5303 de Lunes a Viernes desde las 8:00am a 7:00pm EST. Si ou vie resevwa enfomeseyon sa en Kreyol rele nimewo telefon sa 1-866-899-4828 TTY/TDD 1-855-655-5303 Lendi jiska Vandredi de 8:00am a 7:00pm EST. This document references the **Florida Agency for Health Care Administration**© Medicaid Health Plan Member Handbook.

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Please look at your Member Handbook for more information on these topics. Your Member Handbook can be found at: [https://www.ccpcare.org/enrollees/medicaid-\(mma\)/medicaid-enrollees-handbook/Handbook/CCP-MMA-Enrollee-Handbook](https://www.ccpcare.org/enrollees/medicaid-(mma)/medicaid-enrollees-handbook/Handbook/CCP-MMA-Enrollee-Handbook).

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LANGUAGE ASSISTANCE

"If you do not speak English, call us at 1-866-899-4828. We have access to interpreter services and can help answer your questions in your language. We can also help you find a health care provider who can talk with you in your language."

Spanish: Si usted no habla inglés, llámenos al 1-866-899-4828. Ofrecemos servicios de interpretación y podemos ayudarle a responder preguntas en su idioma. También podemos ayudarle a encontrar un proveedor de salud que pueda comunicarse con usted en su idioma.

French: Si vous ne parlez pas anglais, appelez-nous au 1-866-899-4828. Nous avons accès à des services d'interprétariat pour vous aider à répondre aux questions dans votre langue. Nous pouvons également vous aider à trouver un prestataire de soins de santé qui peut communiquer avec vous dans votre langue.

Haitian Creole: Si ou pa pale lang Anglè, rele nou nan 1-866-899-4828. Nou ka jwenn sèvis entèprèt pou ou, epitou nou kapab ede reponn kesyon ou yo nan lang ou pale a. Nou kapab ede ou jwenn yon pwofesyonèl swen sante ki kapab kominike avèk ou nan lang ou pale a."

Italian: "Se non parli inglese chiamaci al 1-866-899-4828. Disponiamo di servizi di interpretariato e siamo in grado di rispondere alle tue domande nella tua lingua. Possiamo anche aiutarti a trovare un fornitore di servizi sanitari che parli la tua lingua."

Russian: Если вы не разговариваете по-английски, позвоните нам по номеру 1-866-899-4828. У нас есть возможность воспользоваться услугами переводчика, и мы поможем вам получить ответы на вопросы на вашем родном языке. Кроме того, мы можем оказать вам помощь в поиске поставщика медицинских услуг, который может общаться с вами на вашем родном языке.

If you would like a copy in a different format, please call us at 1-866-899-4828.

TTY SERVICES

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IMPORTANT CONTACT INFORMATION

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Member Services	1-866-899-4828	Available 24 hours
Member Services TTY	1-855-655-5303	Available 24 hours
Website	www.ccpcares.org	
Address	Community Care Plan P.O. Box 841309 Pembroke Pines, FL 33084-9890	

Mental and Behavioral Health	Carisk Member Services 1-800-294-8642 24 Hour Mental Health Crisis 1-800-294-8642
Pharmacy	Magellan Member Services / Prior Authorization 1-800-424-7897
Transportation* *No cost rides to doctor visits if you don't have a ride.	LogistiCare (Non-Emergent Transportation) Reservation 1-866-306-9358 Ride Assistance 1-866-306-9359
Vision	South Florida Vision (20/20 Eye Care) Member Services 1-877-296-0799
To report suspected cases of abuse, neglect, abandonment, or exploitation of children or vulnerable adults	1-800-96-ABUSE (1-800-962-2873) TTY: 711 or 1-800-955-8771 http://www.myflfamilies.com/service-programs/abuse-hotline
For Medicaid Eligibility	1-866-762-2237 TTY: 711 or 1-800-955-8771 http://www.myflfamilies.com/service-programs/access-florida-food-medical-assistance-cash/medicaid
To report Medicaid Fraud and/or Abuse or to file a complaint about a health care facility	1-888-419-3456 https://apps.ahca.myflorida.com/mpi-complaintform/
To find information for elders	1-800-96-ELDER (1-800-963-5337) http://elderaffairs.state.fl.us/doea/arc.php

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IMPORTANT CONTACT INFORMATION

To find out information about domestic violence	1-800-799-7233 TTY: 1-800-787-3224 http://www.thehotline.org/
To find information about health facilities in Florida	http://www.floridahealthfinder.gov/index.html
To find information about urgent care	1-866-899-4828 https://providerdirectory.ccpcares.org/
For an emergency	9-1-1 Or go to the nearest emergency room

CONTACTING MEMBER SERVICES

You may call us at 1-866-899-4828 or TTY/TDD 1-855-655-5303, Monday to Friday, 8:00 a.m. to 7:00 p.m., but not on State approved holidays (like Christmas Day and Thanksgiving Day). When you call, make sure you have your identification card (ID card) with you so we can help you. (If you lose your ID card, or if it is stolen, call Member Services.)

CONTACTING MEMBER SERVICES AFTER HOURS

If you call when we are closed, please leave a message. We will call you back the next business day. If you have an urgent question, you may call our 24/7 Nurse Help Line at 1-855-541-6404. Our nurses are available to help you 24 hours a day, 7 days a week.

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YOUR RIGHTS AND RESPONSIBILITIES

MEMBER RIGHTS AND RESPONSIBILITIES

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

YOUR RIGHTS:

- To be treated with respect and with due consideration for your dignity and privacy.
- To obtain information on available treatment options and alternatives regardless of cost, benefit coverage or condition, presented in a manner that you can understand.
- To be given the opportunity to participate in decisions involving your care, including the right to refuse treatment.
- To get the care and services covered by Medicaid.
- To get good medical care regardless of race, origin, religion, age, disability, or illness.
- To ask for and get a copy of your medical records. To request your medical records be changed or amended. Changes can only occur as allowed by law.
- To get a second opinion from another doctor.
- To get service from out-of-network providers.
- To participate in experimental research.
- To change providers at any time. You can ask for another primary care doctor (PCP) or specialist.
- To file a complaint, grievance or appeal through the plans grievance and appeals process about the services provided by the plan or one of the plan's providers.
- To not be restrained or secluded to make you act a certain way or to get back at you.
- To obtain oral interpretation services free of charge and information on how to access those services.
- To get information about Advanced Directives, if you are over 18.
- To exercise your rights and not have it affect the way you are treated.
- To make suggestions regarding the plans Members Rights and Responsibilities policy.
- To get information from CCP in the format or language you need. Information like:
 - How we approve services (authorization/referral process, medical necessity);
 - How we make sure we keep getting better at what we do (Quality Improvement Program);
 - How we measure the quality of our services (Performance Measures);
 - The plans participating provider and facility list;

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YOUR RIGHTS AND RESPONSIBILITIES

- The prescription drugs covered by CCP;
- How we keep your information confidential;
- How we run the program. How we operate. Our policies and procedures; and
- If we have any provider incentive plans.
- How to access your Member Rights and Responsibilities.

YOUR RESPONSIBILITIES:

- To call your PCP before getting care unless it is an emergency. To call your PCP when you get sick and need care.
- To listen and work with your providers.
- To give your providers the appropriate medical information they need for your care.
- To talk to your doctor if you have questions or concerns.
- To follow the treatment plan recommended and that you have agreed to by your provider.
- To ask questions of providers to determine the potential risks, benefits, and costs of treatment alternatives, and then making care decisions after carefully weighing all options.
- To notify your provider of the reasons why you cannot follow the recommended treatment plan.
- To carry your ID card at all times.
- To call your provider if you cannot make it to an appointment.
- To call DCF if your address or telephone number changes.
- To tell us or Medicaid if you suspect fraud.

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HOW TO ACCESS AND USE YOUR PLAN BENEFITS

COVERED BENEFITS

Below are services that are covered by CCP. If you have questions about any services, specific procedure codes, or pharmacy item, call Member Services at 1-866-899-4828 TTY/TDD 1-855-655-5303.

Benefit	Coverage	Limits/Copay*
Child Health Check Up (CHCUP)	<p>Services to members under 21 years of age include:</p> <ul style="list-style-type: none"> • Hearing and vision screening • Health and developmental history • Updating of routine immunizations • Referrals for more diagnosis and treatment as needed • Therapy services when needed and arranged by his/her doctor • Development and nutritional assessment 	\$0 copay
Chiropractor	Members can go to the doctors below without calling the PCP for an okay. But they must be CCP network providers. Referral is needed for members age 21 or younger.	<p>24 Visits per year[^]</p> <p>\$1.00/per visit</p>
Diabetes Supplies and Education	Cover necessary equipment, supplies, and services used to treat diabetes. It includes outpatient self-management training and educational services if your PCP said you needed it.	<p>No Limit[^]</p> <p>\$0 copay</p>
Durable Medical Equipment	This is medical supplies you need to help you get well or help you with daily living. Your doctor must arrange it. The supplies or equipment you get are based on what Medicaid allows.	<p>No Limit[^]</p> <p>\$0 copay</p>
Emergency Services	Emergencies are problems that need care right away. This includes emergency behavioral health services. If you think you have an emergency call 911 or go to the nearest emergency room. You can get emergency care without an okay. The emergency room doctor may think you don't need help right away. If the doctor thinks that,	<p>No Limit[^]</p> <p>\$0 copay</p>

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HOW TO ACCESS AND USE YOUR PLAN BENEFITS

	he/she will tell you before helping you. If it is not an emergency, you will need to pay for your care. The exam to see if you need care right away will be covered.	
Family Planning Services	<p>You can get these services without an okay from the CCP. But they need to be from a CCP or Medicaid provider.</p> <p>Services for family planning include:</p> <ul style="list-style-type: none"> • getting information; • education and counseling; • testing; • birth control; • help with spacing births; • sterilization if you need it for your health. <p>Members less than 21 years old must get an okay from their parent or legal guardian. They do not need an okay when the member is married, a parent, pregnant, or if their doctor thinks they need it for their health.</p> <p>Services for sterilization will not be given to members:</p> <ul style="list-style-type: none"> • less than 21 years old; • who are not mentally competent; • who are institutionalized in a correctional, penal, rehabilitative, or mental facility. 	<p>No Limit[^]</p> <p>\$0 copay</p>
Hearing Services	Hearing services include exams and evaluations necessary for the furnishing of one standard hearing aid every three (3) years. Please see the Expanded Benefits section below for more information.	
Inpatient Hospital Care	CCP must give the okay for you to go to the hospital. You don't need an okay for an emergency. This is for both medical and behavioral health services. The okay includes the room, nurses, and supplies.	<p>21 years and older: 45 days from July 1 to June 30[^] (No limit for children < 21)</p> <p>\$3.00 copay per Admission Admit</p>

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Lab and X-Ray Services	All covered lab and x-rays must be ordered by your doctor. They must be done at participating facilities.	No Limit [^] \$1.00 copay per visit (Waived for Lab Services)
Podiatrist	Members can go to the doctors below without calling the PCP for an okay. But they must be CCP network providers.	No Limit [^] \$2.00 copay per visit
Prescription Drugs	May use network pharmacy or mail order program. Must be on the CCP Preferred Drug List	No Limit [^] \$0 copay
Therapy Services: <ul style="list-style-type: none"> Physical Respiratory Occupational Speech 	<p>All therapy services are covered for members less than 21 years of age as long as it is medically necessary.</p> <p>Adult (> 21 years) are covered for outpatient physical and respiratory therapy as medically necessary.</p>	<p>No limit for children < 21[^]</p> <p>\$0 copay</p>
Transportation	You can get a ride to the doctor or other provider if you do not have a ride . This is for when it is not an emergency. To ask for this you can call LogistiCare at their toll-free number 1-866-306-9358. If it is an emergency, you should call 911.	No Limit \$0 copay

* Copay does not apply to children under age of 21 and pregnant women.

[^] Prior authorization & other limits may apply.

MediKids members - For information on MediKids coverage please visit:

http://ahca.myflorida.com/medicaid/Policy_and_Quality/Policy/program_policy/FLKidCare/MediKids.shtml

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EXPANDED BENEFITS

Below are additional services that are covered by CCP. If you have questions about any services, call Member Services at 1-866-899-4828 TTY/TDD 1-855-655-5303.

Benefit	Coverage	Limits/Copay*
Primary Care Visits (non-pregnant adults)	Unlimited visits	No Prior Authorization Required, No other limitations
Home Health Care (non-pregnant adults)	One (1) extra visit per day; subject to prior authorization.	Prior Authorization Required
Prenatal/Perinatal Visits	Upon Notification of Pregnancy: Unlimited Prenatal and Perinatal Visits;	No Prior Authorization Required
Outpatient Services	Speech therapy for Adults twenty-one (21) years old and over within two (2) month after a cerebral vascular accident (Stroke), Limited to maximum of one (1) Evaluation, one (1) Visit – three (3) times a week for three (3) weeks.	Prior Authorization Required
Waived Copayments	Members shall not be subject to co-payment charges for transportation services and laboratory tests.	No Prior Authorization Required
Vision Services	For children 18-20 years \$150 extra for lenses or frames a year; for adults twenty-one 21+ year old, \$100 extra for lenses or frames a year.	No Prior Authorization Required
Hearing Services	One (1) preventive hearing screening per calendar year for adults twenty-one (21) years and over. Prior authorization required.	Prior Authorization Required
Newborn Circumcision	Circumcision within the first twelve (12) weeks of birth.	No Prior Authorization Required
Adult Pneumonia Vaccine	As medically advised pneumonia and administration in accordance with the recommendation of the ACIP, administered by an in-network provider.	Prior Authorization Required
Adult Influenza Vaccine	One (1) per year Influenza Vaccine and Administration in accordance with the recommendation of the ACIP, administered by an in-network provider.	No Prior Authorization Required

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Adult Shingles Vaccine	As medically advised; shingles vaccine and administration in accordance with the recommendation of the ACIP, administered by an in-network provider for Adults over the age of sixty (60). Allow once per lifetime	Prior Authorization Required
Physician Home Visits	As medically advised, Unlimited visits.	Prior Authorization Required
Post-Discharge Meals	Maximum ten (10) meals per year.	No Prior Authorization Required
Nutritional Counseling	Maximum six (6) visits per year; Adults age 21+	No Prior Authorization Required
Medically Related Lodging and Food	Maximum one hundred and fifty dollars (\$150) per day.	Prior Authorization Required

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OUR UTILIZATION MANAGEMENT PROCEDURES

UTILIZATION MANAGEMENT

At CCP, we want you to know:

- Decision making at CCP is based ONLY on appropriateness of care and service, and existence of coverage.
- CCP does not reward practitioners or other individuals for issuing denials of coverage.
- At CCP, our decisions are not connected to any financial incentive. Our staff is not encouraged to make decisions that result in underutilization.

If you have questions about the utilization decision process, call us at 1-866-899-4828 TTY/TDD 1-855-655-5303 Monday - Friday 8:00am – 7:00 pm EST. This number is also on your CCP ID Card. The member service representative will help explain the process to you. If they cannot help you, they will transfer you to the Utilization Management Department to talk about your concerns.

SERVICES REQUIRING PRIOR AUTHORIZATION*

CCP covers services that are medically necessary. Authorization requests may be sent by fax or secure web portal by your doctor. Your doctor must send all necessary clinical information. This information will be reviewed by nurses and doctors for medical necessity.

We will send you a written notice of any decision to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than requested or currently authorized under the fee-for-service delivery system or from your last managed care plan at the time of your transition to CCP.

Below are services that require authorization from CCP before you receive the service. If you get these services without approval from CCP you may be responsible for payment. These services need approval even if an in-network provider is providing them to you. If you have questions about medical necessity or which doctors are in-network call Member Services at 1-866-899-4828 TTY/TDD 1-855-655-5303 Monday – Friday 8:00am – 7:00 pm EST.

All non-emergency Out-of-Network services require prior authorization	Home Health Care /DME/Oxygen and Related Equipment and Services	Pharmacologic/Exercise/Echo Stress Tests (Thallium, cardiolyte, etc.)
All Invasive Diagnostic procedures to include, but are not limited to, endoscopies, cardiac catheterizations,	Hyperbaric Oxygen Therapy	Plastic Surgery

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OUR UTILIZATION MANAGEMENT PROCEDURES

electrophysiologic studies (EPS), angiograms, cystograms, and amniocentesis		
Chemotherapy	Inpatient and Observation Hospitalizations (Emergency and Non-Emergency)	Radiation Therapy
CT scans / PET scans	MRI	Sleep Apnea Studies and Related Care
Dialysis (peritoneal and hemodialysis)	Obstetrical Care (Block Authorization)	Therapy Services – Speech / Occupational / Physical Therapy / Respiratory
Elective Surgery (Inpatient, outpatient and Ambulatory Surgery)	Oral Surgery	Transplants and Related Care
Enteric Feedings / Nutritional Supplements	Orthotics / Prosthetics	Any service authorizations / pending care prescribed and / or authorized before the member 's effective date with MMA

Other Services:

Adult pneumonia and shingles vaccine	Behavioral Health (Carisk)	Pharmacy (Magellan Rx)
Medically Related Lodging and Food		Vision (South Florida Vision 20/20)
Physician Home Visits (As medically advised)		

* Florida Medicaid Coverage and Limitations Handbooks, Florida Medicaid Coverage Policies, InterQual and national guidelines criteria will be used to evaluate requests for medical appropriateness / necessity.

PARTNERS IN CARE

CCP works with other companies to provide more services. For more information on these services or to get authorization call our partners in care:

- Mental and Behavioral Health Services
 - Carisk Behavioral Health: 1-800-294-8642
- Pharmacy Services
 - Magellan: 1-800-424-7897

If you would like a paper copy mailed to you at no cost, please call Member Services at 1-866-899-4828 Monday – Friday 8:00am – 7:00 pm EST. For hearing impaired assistance call: TTY/TDD 1-855-655-5303. Si usted necesita esta información en Español llame al 1-866-899-4828 TTY/TDD 1-855-655-5303 de Lunes a Viernes desde las 8:00am a 7:00pm EST. Si ou vie resevwa enfomeseyon sa en Kreyol rele nimewo telefon sa 1-866-899-4828 TTY/TDD 1-855-655-5303 Lendi jiska Vandredi de 8:00am a 7:00pm EST. This document references the **Florida Agency for Health Care Administration**© Medicaid Health Plan Member Handbook.

OUR UTILIZATION MANAGEMENT PROCEDURES

- Magellan Pharmacy Member Portal: <https://ccpcares.magellanrx.com/>
- Transportation (No cost rides to doctor visits if you don't have a ride.)
 - LogistiCare Reservations: 1-866-306-9358
 - LogistiCare Ride Assistance: 1-866-306-9359 (contact for issues after the trip has been scheduled.)
- Vision Services
 - South Florida Vision (20 / 20 Eye Care): 1-877-296-0799

MEMBERS UNDER AGE 21

Services for Children¹

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

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

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

NEW TECHNOLOGY INFORMATION

Community Care Plan looks at new technology or new uses of technology. This includes medical and behavioral healthcare procedures, pharmaceuticals and devices. CCP may cover new technology medical services or procedures. CCP follows Medicaid decisions on new technology. Requests for coverage that has not been decided by Medicaid, will be reviewed by the Physician Advisory Panel (PAP). Behavioral healthcare professionals are involved in the decision-making process for behavioral healthcare services. This will be decided on an individual case or plan-wide basis. These cannot be considered investigational or experimental.

If you have any questions about new technology call Member Services 1-866-899-4828 TTY/TDD 1-855-655-5303.

¹ Also known as "Early and Periodic Screening, Diagnosis, and Treatment" or "EPSDT" requirements.

If you would like a paper copy mailed to you at no cost, please call Member Services at 1-866-899-4828 Monday – Friday 8:00am – 7:00 pm EST. For hearing impaired assistance call: TTY/TDD 1-855-655-5303. Si usted necesita esta información en Español llame al 1-866-899-4828 TTY/TDD 1-855-655-5303 de Lunes a Viernes desde las 8:00am a 7:00pm EST. Si ou vie resevwa enfomeseyon sa en Kreyol rele nimewo telefon sa 1-866-899-4828 TTY/TDD 1-855-655-5303 Lendi jiska Vandredi de 8:00am a 7:00pm EST. This document references the **Florida Agency for Health Care Administration**© Medicaid Health Plan Member Handbook.

OUR UTILIZATION MANAGEMENT PROCEDURES

SERVICES NOT COVERED BY CCP

CCP only covers services that are medically necessary.² Services that are not medically necessary are not covered by CCP. Services may require prior authorization before a service is provided. Services are not covered if you go to an out of network doctor or hospital, unless it is an emergency. You must pay for any services not covered by CCP.

If you have questions about medical necessity or which doctors are in-network, please contact Member Services at 1-866-899-4828 TTY/TDD 1-855-655-5303 Monday – Friday 8:00am – 7:00 pm EST.

WHAT TO DO IF YOU GET A BILL

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

If you get a bill from a provider, call Member Services at 1-866-899-4828. Do not pay the bill until you have spoken to us. We will help you.

For a detailed list of all services, copays, prior authorization requirements please see the Member Handbook at: [https://www.ccpcares.org/enrollees/medicaid-\(mma\)/medicaid-enrollees-handbook/Handbook/CCP-MMA-Enrollee-Handbook](https://www.ccpcares.org/enrollees/medicaid-(mma)/medicaid-enrollees-handbook/Handbook/CCP-MMA-Enrollee-Handbook)

² You can find the definition for Medical Necessity at http://ahca.myflorida.com/medicaid/review/General/59G_1010_Definitions.pdf

If you would like a paper copy mailed to you at no cost, please call Member Services at 1-866-899-4828 Monday – Friday 8:00am – 7:00 pm EST. For hearing impaired assistance call: TTY/TDD 1-855-655-5303. Si usted necesita esta información en Español llame al 1-866-899-4828 TTY/TDD 1-855-655-5303 de Lunes a Viernes desde las 8:00am a 7:00pm EST. Si ou vie resevwa enfomeseyon sa en Kreyol rele nimewo telefon sa 1-866-899-4828 TTY/TDD 1-855-655-5303 Lendi jiska Vandredi de 8:00am a 7:00pm EST. This document references the **Florida Agency for Health Care Administration**© Medicaid Health Plan Member Handbook.

HOW TO FIND A NETWORK PROVIDER (PROVIDER DIRECTORY)

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

You will find a list of providers that are in our network in our provider directory. If you need help finding an in-network provider, or want a copy of the provider directory, call 1-866-899-4828 to get a copy or visit our website at :

<https://providerdirectory.ccpcares.org/>.

Our online directory is a tool that can help you to find out important information on network providers and hospitals.

- Providers
- Hospitals
- Gender
- Specialty
- Medical Group Affiliation
- Board certification
- Accepting New Patients
- Language
- Office locations and phone numbers

If you would like additional information on the medical school your provider attended, or where they trained for their residency, please contact Member Services and request to speak with the Credentialing Department.

If you would like a paper copy mailed to you at no cost, please call Member Services at 1-866-899-4828 Monday – Friday 8:00am – 7:00 pm EST. For hearing impaired assistance call: TTY/TDD 1-855-655-5303. Si usted necesita esta información en Español llame al 1-866-899-4828 TTY/TDD 1-855-655-5303 de Lunes a Viernes desde las 8:00am a 7:00pm EST. Si ou vie resevwa enfomeseyon sa en Kreyol rele nimewo telefon sa 1-866-899-4828 TTY/TDD 1-855-655-5303 Lendi jiska Vandredi de 8:00am a 7:00pm EST. This document references the **Florida Agency for Health Care Administration**© Medicaid Health Plan Member Handbook.

PRIMARY CARE PRACTITIONER (PCP)

You can choose your own PCP. You and your family may choose one or different doctors for each family member. When you use a provider in the Provider Directory, you are “in network.” Member Services can help you find a doctor who is part of our “network.”

You can view a list of PCPs by going to our website www.ccpcares.org. Your PCP’s may be one of the following:

- Family Practitioner
- General Practitioner
- Internal Medicine Practitioner
- Pediatrician

If you need assistance finding a PCP, or would like a paper copy, please call Member Services at 1-866-899-4828 TTY/TDD 1-855-655-5303 Monday – Friday 8:00am to 7:00pm EST.

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

CHOOSING A PCP FOR YOUR CHILD

It is important that you select a PCP for your child to make sure they get their well child visits each year. Well child visits are for children 0 – 20 years old. These visits are regular check-ups that help you and your child’s PCP know what is going on with your child and how they are growing. Your child may also receive shots (immunizations) at these visits. These visits can help find problems and keep your child healthy.³

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

You do not need a referral for well child visits.

There is no charge for well child visits.

³ For more information about the screenings and assessments that are recommended for children, please refer to the “Recommendations for Preventative Pediatric Health Care – Periodicity Schedule” at www.aap.org.

CHANGING YOUR PCP

CCP allows you to select any doctors in our network. When you joined CCP, you may have selected a PCP. If you did not, we assigned you to a PCP in our network. You may change the PCP at any time.

You can do this by calling Member Services or by going online to:

<https://mychart.mhs.net/MyChartCCP/default.asp>.

SCHEDULING APPOINTMENTS

After you sign up, make an appointment with you or your child's PCP. Make it right away. This helps the doctor to know about you or your child's history and health care needs. Even when you feel well, there are things your doctor can do to keep you healthy. When you call the PCP for an appointment, they will schedule your visit as soon as they can. Your appointment will depend on the current patient schedule. It will also depend on your health care needs.

The following guidelines are used when appointments are needed:

- For Urgent Care (when you need to see a doctor right away) — within (1) day
- For Sick Care (non-urgent care) — within one (1) week
- For Routine Care (regular check-ups) — within one (1) month

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

PATIENT CENTERED MEDICAL HOME (PCMH)

Patient-center medical homes (PCMH) includes:

- Care that is centered around you
- A care team focused on your needs
- Close monitoring of your tests, results, and goals
- Decision making with your care team
- Coordination with other doctors and community resources to provide you better care

To find a PCP who works in a PCMH please contact Member Services.

If you would like a paper copy mailed to you at no cost, please call Member Services at 1-866-899-4828 Monday – Friday 8:00am – 7:00 pm EST. For hearing impaired assistance call: TTY/TDD 1-855-655-5303. Si usted necesita esta información en Español llame al 1-866-899-4828 TTY/TDD 1-855-655-5303 de Lunes a Viernes desde las 8:00am a 7:00pm EST. Si ou vie resevwa enfomeseyon sa en Kreyol rele nimewo telefon sa 1-866-899-4828 TTY/TDD 1-855-655-5303 Lendi jiska Vandredi de 8:00am a 7:00pm EST. This document references the **Florida Agency for Health Care Administration**© Medicaid Health Plan Member Handbook.

TRANSITIONING FROM PEDIATRIC TO ADULT CARE

Is your adolescent ready to move to an adult doctor? Young adults age 21 and over should be seen by an adult practitioner. To change primary care physicians please call Member Services at 1-866-899-4828 TTY/TDD 1-855-655-5303 Monday – Friday 8:00am – 7:00 pm EST, or by going online to:

<https://mychart.mhs.net/MyChartCCP/default.asp>

SPECIALTY CARE

CCP allows you to see any doctors in our network. You do not need a referral to see an in-network specialist. Specialists are doctors who treat certain types of conditions or diseases. An example is a doctor who works only with the heart, cancer, or bones. Even though CCP does not require a referral, the specialist may ask for one from your PCP.

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

1. Chiropractor – for the first ten (10) visits each Medicaid program year (21 years of age and older)
2. Podiatrist – for the first four (4) visits each Medicaid program year
3. Dermatologist – for the first five (5) visits each Medicaid program year
4. Obstetrician & Gynecologist – for an annual well-woman exam each Medicaid program year
5. Ophthalmologist & Optometrist – for eye exam and medical treatment

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

For full benefit information please refer to the Member Handbook at :

[https://www.ccpcare.org/enrollees/medicaid-\(mma\)/medicaid-enrollees-handbook/Handbook/CCP-MMA-Enrollee-Handbook](https://www.ccpcare.org/enrollees/medicaid-(mma)/medicaid-enrollees-handbook/Handbook/CCP-MMA-Enrollee-Handbook)

AFTER HOURS CARE

You should call your PCP's office anytime you need non-emergent care. You may need care when the doctor's office is closed. This includes when it is not your doctor's normal working hours and holidays. You should be able to reach your doctor through the same phone number you call when the office is open. You can discuss after hours care with your doctor. For emergencies, call 911 or go to the nearest emergency room or any place where you can get emergency help. You can do this without an okay.

GETTING CARE WHEN YOU ARE OUT OF THE SERVICE AREA

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

OUT OF NETWORK CARE

To receive treatment from a doctor not in our plan, you need a referral from your PCP. Your PCP will contact our authorization department. The authorization department will review the referral. This is only for non-emergencies. You can go to the ER with no authorization.

Medically necessary services that are not available in the State of Florida have to be authorized. For additional information, you can call Monday through Friday from 8:00 a.m. – 7:00 p.m. at 1-866-899-4828 / TTY / TDD 1-855-655-5303.

BEHAVIORAL HEALTH

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

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

The following services are covered by CCP:

- Inpatient and outpatient for behavioral health conditions
- Psychiatric physician services
- Psychiatric specialty services
- Community mental health services for behavioral health or substance abuse conditions
- Mental Health Targeted Case Management
- Mental Health Intensive Target Case Management
- Specialized therapeutic foster care
- Therapeutic group care services
- Comprehensive behavioral health assessment
- Behavioral health overlay services in child welfare settings
- Residential care
- Statewide Inpatient Psychiatric Program (SIPP) Services for individuals under age eighteen (18)

You do not need to call your PCP for a referral. Carisk is responsible for coordinating any behavioral health inpatient or outpatient services. Outpatient services can be provided by:

- a licensed behavioral health group;
- a community health center; or
- a private behavioral health provider.

These centers are listed in your Provider Directory.

If you would like a paper copy mailed to you at no cost, please call Member Services at 1-866-899-4828 Monday – Friday 8:00am – 7:00 pm EST. For hearing impaired assistance call: TTY/TDD 1-855-655-5303. Si usted necesita esta información en Español llame al 1-866-899-4828 TTY/TDD 1-855-655-5303 de Lunes a Viernes desde las 8:00am a 7:00pm EST. Si ou vie resevwa enfomeseyon sa en Kreyol rele nimewo telefon sa 1-866-899-4828 TTY/TDD 1-855-655-5303 Lendi jiska Vandredi de 8:00am a 7:00pm EST. This document references the **Florida Agency for Health Care Administration**© Medicaid Health Plan Member Handbook.

BEHAVIORAL HEALTH BENEFITS

Emergency behavioral health services are coordinated by Carisk 24 hours a day, 7 days a week. Call Carisk at 1-800-294-8642. An acute crisis can include any of the following symptoms:

- Likely danger to self and others
- Presents threat to harm his/her wellbeing
- Unable to carry out actions daily life due to so much functional harm
- Functional harm that could cause death or injury to self or others

If you have any of the above symptoms, go to the nearest emergency room or call 911. If it is not an emergency, you will need to pay for your care. The exam to see if you need care right away will be covered.

CCP is not responsible for non-emergency behavioral health services you get from provider not in the Carisk network. You must ask for an okay for any non-emergency services outside of the Carisk network.

When you call the provider to schedule an appointment, the following guidelines are used:

- Urgent Care – within one (1) day
- Routine Patient Care – within one (1) week
- Well Care Visit – within one (1) month

Carisk provides case management services if you need it. This is called "intensive" or "mental health targeted case management." Carisk will have case management clinical staff to help you get the special services you need.

They will work closely with Targeted Case Managers. Call Carisk if you want to choose a different case manager or direct service provider. They will help you get another one if it is possible.

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HOW TO GET URGENT, HOSPITAL, AND EMERGENCY CARE

URGENT CARE

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

If you need Urgent Care after office hours and you cannot reach your PCP, call us at: 1-866-899-4828 TTY/TDD 1-855-655-5303.

You may also find the closest Urgent Care center to you by going to:

<https://providerdirectory.ccpcares.org/>

HOSPITAL CARE

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

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

EMERGENCY CARE

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

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

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

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

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

If you would like a paper copy mailed to you at no cost, please call Member Services at 1-866-899-4828 Monday – Friday 8:00am – 7:00 pm EST. For hearing impaired assistance call: TTY/TDD 1-855-655-5303. Si usted necesita esta información en Español llame al 1-866-899-4828 TTY/TDD 1-855-655-5303 de Lunes a Viernes desde las 8:00am a 7:00pm EST. Si ou vie resevwa enfomeseyon sa en Kreyol rele nimewo telefon sa 1-866-899-4828 TTY/TDD 1-855-655-5303 Lendi jiska Vandredi de 8:00am a 7:00pm EST. This document references the **Florida Agency for Health Care Administration**© Medicaid Health Plan Member Handbook.

OUR QUALITY MANAGEMENT PROGRAM

QUALITY MANAGEMENT

Our focus is to provide high levels of quality care to our members by:

- Making sure you have access to the care you need
- Reminding you to get your care every year, with texting and calling campaigns
- Serving as a trusted partner with providers and their staff
- Providing education, programs, and healthcare resources to meet your needs
- If you have a concern about the care you received, please or call us at 1-866-899-4828 TTY/TDD 1-855-655-5303

MEMBER SATISFACTION AND IMPROVEMENT PLAN

CCP wants to make sure you have the best care. CCP tracks this by using different measures of care and service. If we do not meet the mark for a measure, we work to improve our care and service. Below we show measures where CCP has met the goal, and measures CCP wants to improve.

Measures that Met Goal:

- **Well Child 15 months old (6+ Visits)**
 - A child should visit the doctor 6 or more times for a well visit before the child turns 15 months' old
 - CCP rewards you with a gift card if you meet this goal
 - CCP calls members to remind them to go to the doctor for the well visits
- **Retinal Eye Exams for Members with Diabetes**
 - A diabetic member should have an eye exam yearly to check to see if they have retinopathy (damage to the blood vessels in your eye). Having this test done every year can prevent vision loss
 - CCP rewards you with a gift card if you meet this goal
 - CCP calls and texts you to remind you to get your eye exam
 - CCP reminds you on the packaging of your medicine to get your eye exam
 - CCP worked with PCP offices to have eye cameras in the office so you can get this exam when you go to your PCP
- **Member Survey: Rating of Personal Doctor**
 - You told us that you think highly of your personal doctor
 - You get to choose your personal doctor, or have one assigned to you
 - You can change your personal doctor
 - CCP works with your personal doctor to make sure you are getting the care you need
- **Member Survey: Rating of Customer Service**
 - You told us CCP's Member Services gives you the information you need and treats you with respect

If you would like a paper copy mailed to you at no cost, please call Member Services at 1-866-899-4828 Monday – Friday 8:00am – 7:00 pm EST. For hearing impaired assistance call: TTY/TDD 1-855-655-5303. Si usted necesita esta información en Español llame al 1-866-899-4828 TTY/TDD 1-855-655-5303 de Lunes a Viernes desde las 8:00am a 7:00pm EST. Si ou vie resevwa enfomeseyon sa en Kreyol rele nimewo telefon sa 1-866-899-4828 TTY/TDD 1-855-655-5303 Lendi jiska Vandredi de 8:00am a 7:00pm EST. This document references the **Florida Agency for Health Care Administration**© Medicaid Health Plan Member Handbook.

OUR QUALITY MANAGEMENT PROGRAM

- CCP answers the phone quickly
- CCP trains all Member Services staff to answer the questions you need, or to transfer you to get more information

Measures We Are Working to Improve:

- **Adult Access to Preventative Care**
 - An adult should go to the doctor for a well visit every year
 - CCP calls and texts you to remind you to go to your doctor
 - CCP gives you transportation* to and from your visit to the doctor
 - CCP rewards you with a gift card if you meet this goal
 - You can help by making an appointment with your doctor and visiting every year
- **Child Access to Preventative Care**
 - A child should go to the doctor for a well visit every year
 - CCP calls and texts you to remind you to go to your doctor
 - CCP gives you transportation* to and from your visit to the doctor
 - CCP rewards you with a gift card if you meet this goal
 - You can help by making an appointment with your doctor and visiting every year
- **Member Survey: Getting Needed Care**
 - You told us that sometimes you have trouble getting care, tests, treatments, and appointments as soon as they are needed
 - CCP is here to help you get the care you need
 - You can help by telling CCP when you do not feel like you are getting needed care
- **Member Survey: Health Plan Rating**
 - You rated us less than the best plan
 - CCP is working hard to be the best plan
 - You can help by telling CCP when you are having trouble and we will work with you to solve the issue

*No cost rides to doctor visits if you don't have a ride.

For more information visit our website: www.ccpcares.org or call us at 1-866-899-4828 TTY/TDD 1-855-655-5303 Monday – Friday 8:00am – 7:00 pm EST.

If you would like a paper copy mailed to you at no cost, please call Member Services at 1-866-899-4828 Monday – Friday 8:00am – 7:00 pm EST. For hearing impaired assistance call: TTY/TDD 1-855-655-5303. Si usted necesita esta información en Español llame al 1-866-899-4828 TTY/TDD 1-855-655-5303 de Lunes a Viernes desde las 8:00am a 7:00pm EST. Si ou vie resevwa enfomeseyon sa en Kreyol rele nimewo telefon sa 1-866-899-4828 TTY/TDD 1-855-655-5303 Lendi jiska Vandredi de 8:00am a 7:00pm EST. This document references the **Florida Agency for Health Care Administration**© Medicaid Health Plan Member Handbook.

YOUR PRESCRIPTION DRUG BENEFITS

PRESCRIPTION DRUG BENEFITS

We cover a full range of prescription medications. We have a list of drugs that we cover. This list is called our Formulary. You can find this list on our Web site at [https://www.ccpcares.org/enrollees/medicaid-\(mma\)/pharmacy-preferred-drug-list](https://www.ccpcares.org/enrollees/medicaid-(mma)/pharmacy-preferred-drug-list) or by calling Member Services.

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

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

Our Pharmacy Member Portal (<https://ccpcares.magellanrx.com>) tells you about what drugs are covered. You can see limits on drugs. You can see your medicines you filled. You can also find drug stores you can use near you. There are even tools to help you live a healthier life. If a medicine is not covered, prior authorization must be requested by your doctor. Or you can request a drug not covered through the Pharmacy Member Portal.

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

Specialty Pharmacy Information: Magellan Help Desk, 1-866-554-2673.

If you have questions filling your prescription, call 1-800-424-7897.

If you would like a paper copy mailed to you at no cost, please call Member Services at 1-866-899-4828 Monday – Friday 8:00am – 7:00 pm EST. For hearing impaired assistance call: TTY/TDD 1-855-655-5303. Si usted necesita esta información en Español llame al 1-866-899-4828 TTY/TDD 1-855-655-5303 de Lunes a Viernes desde las 8:00am a 7:00pm EST. Si ou vie resevwa enfomeseyon sa en Kreyol rele nimewo telefon sa 1-866-899-4828 TTY/TDD 1-855-655-5303 Lendi jiska Vandredi de 8:00am a 7:00pm EST. This document references the **Florida Agency for Health Care Administration**© Medicaid Health Plan Member Handbook.

POPULATION HEALTH PROGRAMS

Need help managing a chronic health condition or disease? Community Care Plan has programs that can help you. CCP also offers programs for pregnant woman and newborns. Our nurses and social workers can help you to coordinate your care. This service is free and confidential to all CCP members who qualify. To find out if you qualify, see below or call Member Services at 1-866-899-4828 TTY/TDD 1-855-655-5303 Monday – Friday 8:00am – 7:00 pm EST.

CASE MANAGEMENT

CCP offers you case management services to help you with your special health care needs. Case managers can help you get services that are on your plan of care. Case management members often have several conditions, see several doctors, have a new diagnosis, or need help arranging services the doctor has ordered.

CCP case managers can connect you to resources in your community. This can include services like food banks, WIC services, or housing support. Our staff can help educate members and their family on the value of an advanced directive, how to obtain one, and who they may want to consider sharing their advanced directive with.

If you or a loved one think case management may be able to help, call our Member Services department at 1-866-899-4828 TTY/TDD 1-855-655-5303 for more information. You can ask to speak to a case manager. If you qualify, you may choose to enroll or disenroll from the program at any time by calling Member Services.

DISEASE MANAGEMENT

Disease management nurses help members understand and manage certain health conditions. The following conditions qualify for disease management:

- Diabetes
- Congestive Heart Failure
- Hypertension
- Asthma (adult and pediatric)
- HIV/AIDS
- Cancer
- Sickle Cell

Members are provided education and personal help from CCP disease management staff. CCP disease management staff provides education, support, community resources, and communication with your doctor and other specialists.

Your PCP can refer you to Disease Management. You or a loved one can also self-refer by calling Member Services at 1-866-899-4828 TTY/TDD 1-855-655-5303. You can ask to speak to a case manager. If you qualify, you may choose to enroll or disenroll from

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POPULATION HEALTH PROGRAMS

the program at any time by calling Member Services. DM Hours of Operation: Monday – Friday, 8:30 a.m. – 5 p.m., EST.

If you would like to provide feedback on the Disease Management program or have a complaint, please contact: 1-866-899-4828 TTY/TDD 1-855-655-5303.

CARE LINK PROGRAM

If you have any other health condition that is not listed, the Care Link Program may be able to help you. To speak to a CCP Case or Disease Manager, please call 1-866-899-4828 and select Option 6.

OB CASE MANAGEMENT

CCP has a special program for pregnant women and newborns. If you are pregnant, or have recently had a baby CCP encourages you to:

- Let CCP know that you are pregnant
- Choose a CCP obstetrician or midwife for your care
- Make an appointment as soon as possible
- Contact the Florida Department of Children and Families (DCF) to enroll your child by calling 1-866-762-2237
- You can pick a PCP for your baby before your baby is born. We can help you with this by calling Member Services. If you do not pick a doctor by the time your baby is born, we will pick one for you. If you want to change your baby's doctor, call us.

If you or a loved one think OB case management may be able to help, call our Member Services department at 1-866-899-4828 TTY/TDD 1-855-655-5303 for more information. You can ask to speak to an OB case manager.

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HEALTHY BEHAVIOR PROGRAMS

HEALTHY BEHAVIOR PROGRAMS

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

MEMBER	HEALTHY HABIT	REWARD
Pregnancy	A completed prenatal (first trimester or first three months) exam with obstetrician, and post-partum exams with your obstetrician between three (3) and seven (7) weeks after your baby is born	\$50
Children	Six (6) completed well-child exams for your baby in the first 15 months of life	\$50
	One (1) annual well-child exam completed for your child (age 2 – 11)	\$10
	One (1) annual well-child exam completed for your child (age 12 - 19)	\$25
Adults	One (1) annual physical exam completed by your doctor	\$25
Diabetes	Your completed annual diabetic monitoring including a special blood test for sugar level (A1c), urine test (microalbumin), and dilated eye exam	\$30
Smokers	Must complete six (6) health coaching sessions for tobacco cessation	\$25
Substance Use Disorder	Must complete six to 12-week outpatient substance abuse program	\$50
BMI ≥ 40	Must complete 12 health coaching sessions for weight loss	3-month fitness center membership

Please remember that rewards cannot be transferred. If you leave our Plan for more than 180 days, you may not receive your reward. If you have questions or want to join any of these programs, please call us at 1-866-899-4828 TTY/TDD 1-855-655-5303.

For more details refer to your Member Handbook at:

[https://www.ccpcares.org/enrollees/medicaid-\(mma\)/medicaid-enrollees-handbook/Handbook/CCP-MMA-Enrollee-Handbook](https://www.ccpcares.org/enrollees/medicaid-(mma)/medicaid-enrollees-handbook/Handbook/CCP-MMA-Enrollee-Handbook)

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MEMBER PORTAL

As a CCP member you can sign up for our Member Portal. This is a secure self-service member website. You can get personalized information about your benefits and services. You can also communicate with CCP.

After you sign up, you can sign into the online portal with your confidential user name and password.

Once you sign in to the Member Portal you can:

- Order an ID card
- View your electronic ID card
- Change your PCP
- Check the status of medical claims
- Find an in-network doctor

If you would like to sign up for the Member Portal go to:
<https://mychart.mhs.net/MyChartCCP/default.asp> . There you can also find a link to download the application to your phone.

If you would like to receive claims information over the phone, please call Member Services at: 1-866-899-4828 TTY/TDD 1-855-655-5303.

BENEFITS AND SERVICES ONLINE

For additional information on your benefits and services visit:

www.ccpcares.org

You can also get more information in your Member Handbook:

[https://www.ccpcares.org/enrollees/medicaid-\(mma\)/medicaid-enrollees-handbook/Handbook/CCP-MMA-Enrollee-Handbook](https://www.ccpcares.org/enrollees/medicaid-(mma)/medicaid-enrollees-handbook/Handbook/CCP-MMA-Enrollee-Handbook)

If you have questions or need information about your claims or benefit coverage, or if you do not have access to the Internet, call Member Services at 1-866-899-4828 TTY/TDD 1-855-655-5303.

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HOW TO FILE A COMPLAINT, GRIEVANCE, OR APPEAL

COMPLAINTS, GRIEVANCES, AND APPEALS

	What You Can Do:	What We Will Do:
If you are not happy with us or our providers, you can file a Complaint	<p>You can:</p> <ul style="list-style-type: none"> • Call us at any time. <p>1-866-899-4828</p>	<p>We will:</p> <ul style="list-style-type: none"> • Try to solve your issue within 1 business day.
If you are not happy with us or our providers, you can file a Grievance	<p>You can:</p> <ul style="list-style-type: none"> • Write us or call us at any time. • Call us to ask for more time to solve your grievance if you think more time will help. <p>Phone: 1-866-899-4828</p> <p>Fax: 954-251-4848</p> <p>Address: 1643 Harrison Pkwy, Building H, Suite 200, Sunrise, FL 33323 Attn: Grievance and Appeals Coordinator</p> <p>Email: Grievancesandappeals@ccpcare.org</p>	<p>We will:</p> <ul style="list-style-type: none"> • Review your grievance and send you a letter with our decision within 90 days. <p>If we need more time to solve your grievance, we will:</p> <ul style="list-style-type: none"> • Send you a letter with our reason and tell you about your rights if you disagree.
If you do not agree with a decision we made about your services, you can ask for an Appeal	<p>You can:</p> <ul style="list-style-type: none"> • Write us, or call us and follow up in writing, within 60 days of our decision about your services. • Ask for your services to continue within 10 days of receiving our letter, if needed. Some rules may apply. <p>Phone: 1-866-899-4828</p> <p>Fax: 954-251-4848</p> <p>Address: 1643 Harrison Pkwy, Building H, Suite 200, Sunrise, FL 33323 Attn: Grievance and Appeals Coordinator</p>	<p>We will:</p> <ul style="list-style-type: none"> • Send you a letter within 5 business days to tell you we received your appeal. • Help you complete any forms. • Review your appeal and send you a letter within 30 days to answer you.

If you would like a paper copy mailed to you at no cost, please call Member Services at 1-866-899-4828 Monday – Friday 8:00am – 7:00 pm EST. For hearing impaired assistance call: TTY/TDD 1-855-655-5303. Si usted necesita esta información en Español llame al 1-866-899-4828 TTY/TDD 1-855-655-5303 de Lunes a Viernes desde las 8:00am a 7:00pm EST. Si ou vie resevwa enfomeseyon sa en Kreyol rele nimewo telefon sa 1-866-899-4828 TTY/TDD 1-855-655-5303 Lendi jiska Vandredi de 8:00am a 7:00pm EST. This document references the **Florida Agency for Health Care Administration**© Medicaid Health Plan Member Handbook.

HOW TO FILE A COMPLAINT, GRIEVANCE, OR APPEAL

	What You Can Do:	What We Will Do:
	<p>Email: Grievancesandappeals@ccpcares.org</p>	
<p>If you think waiting for 30 days will put your health in danger, you can ask for an Expedited or “Fast” Appeal</p>	<p>You can:</p> <ul style="list-style-type: none"> • Write us or call us within 60 days of our decision about your services. <p>Phone: 1-866-899-4828</p> <p>Fax: 954-251-4848</p> <p>Address: 1643 Harrison Pkwy, Building H, Suite 200, Sunrise, FL 33323 Attn: Grievance and Appeals Coordinator</p> <p>Email: Grievancesandappeals@ccpcares.org</p>	<p>We will:</p> <ul style="list-style-type: none"> • Give you an answer within 2 days after we receive your request. • Call you the same day if we do not agree that you need a fast appeal, and send you a letter within 2 days.
<p>If you do not agree with our appeal decision, you can ask for a Medicaid Fair Hearing</p>	<p>You can:</p> <ul style="list-style-type: none"> • Write to the Agency for Health Care Administration Office of Fair Hearings. • Ask us for a copy of your medical record. • Ask for your services to continue within 10 days of receiving our letter, if needed. Some rules may apply. <p>**You must finish the appeal process before you can have a Medicaid Fair Hearing.</p>	<p>We will:</p> <ul style="list-style-type: none"> • Provide you with transportation to the Medicaid Fair Hearing, if needed. • Restart your services if the State agrees with you. <p>If you continued your services, we may ask you to pay for the services if the final decision is not in your favor.</p>

For hearing impaired assistance call: TTY/TDD 1-855-655-5303.

Fast Plan Appeal

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

If you would like a paper copy mailed to you at no cost, please call Member Services at 1-866-899-4828 Monday – Friday 8:00am – 7:00 pm EST. For hearing impaired assistance call: TTY/TDD 1-855-655-5303. Si usted necesita esta información en Español llame al 1-866-899-4828 TTY/TDD 1-855-655-5303 de Lunes a Viernes desde las 8:00am a 7:00pm EST. Si ou vie resevwa enfomeseyon sa en Kreyol rele nimewo telefon sa 1-866-899-4828 TTY/TDD 1-855-655-5303 Lendi jiska Vandredi de 8:00am a 7:00pm EST. This document references the **Florida Agency for Health Care Administration**© Medicaid Health Plan Member Handbook.

HOW TO FILE A COMPLAINT, GRIEVANCE, OR APPEAL

MEDICAID FAIR HEARINGS (for Medicaid Members)

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

Agency for Health Care Administration
Medicaid Fair Hearing Unit
P.O. Box 60127
Ft. Myers, FL 33906
1-877-254-1055 (toll-free)
1-239-338-2642 (fax)
MedicaidHearingUnit@ahca.myflorida.com

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

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

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

- Why you think the decision should be changed
- Any medical information to support the request
- Who you would like to help with your fair hearing

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

If you would like a paper copy mailed to you at no cost, please call Member Services at 1-866-899-4828 Monday – Friday 8:00am – 7:00 pm EST. For hearing impaired assistance call: TTY/TDD 1-855-655-5303. Si usted necesita esta información en Español llame al 1-866-899-4828 TTY/TDD 1-855-655-5303 de Lunes a Viernes desde las 8:00am a 7:00pm EST. Si ou vie resevwa enfomeseyon sa en Kreyol rele nimewo telefon sa 1-866-899-4828 TTY/TDD 1-855-655-5303 Lendi jiska Vandredi de 8:00am a 7:00pm EST. This document references the **Florida Agency for Health Care Administration**© Medicaid Health Plan Member Handbook.

HOW TO FILE A COMPLAINT, GRIEVANCE, OR APPEAL

REVIEW BY THE STATE (for MediKids Members)

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

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

Agency for Health Care Administration
P.O. Box 60127
Ft. Myers, FL 33906
1-877-254-1055 (toll-free)
1-239-338-2642 (fax)
MedicaidHearingUnit@ahca.myflorida.com

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

Continuation of Benefits for Medicaid Members

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

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

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

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

If you would like a paper copy mailed to you at no cost, please call Member Services at 1-866-899-4828 Monday – Friday 8:00am – 7:00 pm EST. For hearing impaired assistance call: TTY/TDD 1-855-655-5303. Si usted necesita esta información en Español llame al 1-866-899-4828 TTY/TDD 1-855-655-5303 de Lunes a Viernes desde las 8:00am a 7:00pm EST. Si ou vie resevwa enfomeseyon sa en Kreyol rele nimewo telefon sa 1-866-899-4828 TTY/TDD 1-855-655-5303 Lendi jiska Vandredi de 8:00am a 7:00pm EST. This document references the **Florida Agency for Health Care Administration**© Medicaid Health Plan Member Handbook.

NOTICE OF NONDISCRIMINATION

Notice of Nondiscrimination

Community Care Plan (CCP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Community Care Plan (CCP) does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Community Care Plan (CCP):

- ♥ Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - ♥ Qualified sign language interpreters,
 - ♥ Written information in other formats (large print, audio, accessible electronic formats, other formats).

- ♥ Provides free language services to people whose primary language is not English, such as:
 - ♥ Qualified interpreters
 - ♥ Information written in other languages

If you need these services, contact Briana Noel.

If you believe that Community Care Plan (CCP) has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with Briana Noel, Civil Rights Coordinator, 1643 Harrison Parkway Building H, Suite 200. Sunrise, Florida 33323, 1-866-899-4828, TTY/TDD 1-855-655-5303.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance Briana Noel, Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint

Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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

If you would like a paper copy mailed to you at no cost, please call Member Services at 1-866-899-4828 Monday – Friday 8:00am – 7:00 pm EST. For hearing impaired assistance call: TTY/TDD 1-855-655-5303. Si usted necesita esta información en Español llame al 1-866-899-4828 TTY/TDD 1-855-655-5303 de Lunes a Viernes desde las 8:00am a 7:00pm EST. Si ou vie resevwa enfomeseyon sa en Kreyol rele nimewo telefon sa 1-866-899-4828 TTY/TDD 1-855-655-5303 Lendi jiska Vandredi de 8:00am a 7:00pm EST. This document references the **Florida Agency for Health Care Administration**© Medicaid Health Plan Member Handbook.

NOTICE OF NONDISCRIMINATION

This information is available for free in other languages. Please contact our customer service number at 1-866-899-4828 and TTY/TTD 1-855-655-5303 Monday to Friday from 8:00 am to 7:00 pm EST

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-899-4828 (TTY: 1-855-655-5303).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-899-4828 (TTY: 1-855-655-5303).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-899-4828 (TTY: 1-855-655-5303)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-899-4828 (TTY: 1-855-655-5303).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-866-899-4828 (TTY: 1-855-655-5303).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-899-4828 (TTY : 1-855-655-5303)。

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-899-4828 (ATS : 1-855-655-5303).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-899-4828 (TTY: 1-855-655-5303).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-899-4828 (телетайп: 1-855-655-5303).

1-866-899-4828ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-899-4828 (رقم)

1-855-655-5303 هاتف الصم والبك

If you would like a paper copy mailed to you at no cost, please call Member Services at 1-866-899-4828 Monday – Friday 8:00am – 7:00 pm EST. For hearing impaired assistance call: TTY/TDD 1-855-655-5303. Si usted necesita esta información en Español llame al 1-866-899-4828 TTY/TDD 1-855-655-5303 de Lunes a Viernes desde las 8:00am a 7:00pm EST. Si ou vie resevwa enfomeseyon sa en Kreyol rele nimewo telefon sa 1-866-899-4828 TTY/TDD 1-855-655-5303 Lendi jiska Vandredi de 8:00am a 7:00pm EST. This document references the **Florida Agency for Health Care Administration**© Medicaid Health Plan Member Handbook.

NOTICE OF NONDISCRIMINATION

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-899-4828 (TTY: 1-855-655-5303).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-899-4828 (TTY: 1-855-655-5303).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-899-4828 (TTY: 1-855-655-5303)번으로 전화해 주십시오.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-899-4828 (TTY: 1-855-655-5303).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-866-899-4828 (TTY: 1-855-655-5303).

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-866-899-4828 (TTY: 1-855-655-5303).

If you would like a paper copy mailed to you at no cost, please call Member Services at 1-866-899-4828 Monday – Friday 8:00am – 7:00 pm EST. For hearing impaired assistance call: TTY/TDD 1-855-655-5303. Si usted necesita esta información en Español llame al 1-866-899-4828 TTY/TDD 1-855-655-5303 de Lunes a Viernes desde las 8:00am a 7:00pm EST. Si ou vie resevwa enfomeseyon sa en Kreyol rele nimewo telefon sa 1-866-899-4828 TTY/TDD 1-855-655-5303 Lendi jiska Vandredi de 8:00am a 7:00pm EST. This document references the **Florida Agency for Health Care Administration**© Medicaid Health Plan Member Handbook.