Welcome to Community Care Plan

The Health Plan with a Heart

We're thrilled you are our Medicaid member!

You now have access to personal care, rewards for healthy actions, and a team ready to support you.

Who We Are

Community Care Plan (CCP) is owned by two Florida health care leaders – **Broward Health** and **Memorial Healthcare System.**

Since **2000,** we've been helping communities stay healthy. You're now part of a plan that cares for **thousands** of Florida families with a large network of high-quality doctors and specialists.

25YEARS
SERVING OUR COMMUNITY

Español: Esta información está disponible gratis en otros idiomas. Por favor, contacte a nuestro departamento de servicio al cliente al 1-866-384-2926 (TTY: 711) de lunes a viernes, de 8:00 AM a 7:00 PM EST.

Kreul: Enfòmasyon sa a disponib nan lòt lang yo. Tanpri kontakte depatman sèvis manm nou an nan 1-866-384-2926, (TTY: 711) Lendi jiska Vandredi de 8:00 AM a 7:00 PM EST.

In this Welcome Kit:

Health Snapshot

- **Member ID Card –** Shows your enrollment date and Primary Care Provider (PCP).
- **Health Snapshot* – Complete within 60 days of enrollment for a $20 reward.** Scan the QR code or go to CCPcares.org/Member/HRA
- **Forms** – Medical Release and Contact Information Change forms to complete and return in the envelope provided.
- **Privacy Notice** – For you to keep.

What to Do First:

MyChart

1. **Review or Change Your PCP**
   If you didn't pick a PCP, we assigned one based on your **zip code.** You can change at any time on our **member portal.**
   - Scan the QR code or go to **ccpcares.org/MyChart**
   - Visit our CCP Cares MyChart web page or call us: 1-866-899-4828
2. **Complete Your Health Snapshot & Get a Reward**
   - Scan the QR code or visit **CCPcares.org/Member/HRA**

***Are you pregnant?** We have rewards and programs just for you! **Learn more:** CCPcares.org/FromTheStart

Earn Rewards

Get rewards on CCP Prepaid Visa® Card for healthy actions like:

- Yearly checkups
- Prenatal or postpartum exams
- Quitting smoking or completing a weight management program

Learn more: ccpcares.org/rewards

Your CCP Prepaid Visa® Card

- Use rewards and approved benefits for **fitness** memberships, **swimming** lessons, home care services, and more.
- The card will be mailed to the member's address automatically **after** enrollment.
- **One card** is issued to the responsible party, adult, or eldest person at the member's address. The cards are not issued to minors.
- **Funds are only added or deposited** to the account and available to use with the card **when a reward or expanded benefit is approved**.

Enjoy your benefits!

Welcome Center

Connect With Us - We are Here to Help You

- **Scan** the QR code to visit our member Welcome Center or visit www.CCPcares.org/WelcomeMMA
- **Text**: We'll send you text messages with our website links. Opt-out **anytime**.
- **Call:** Our **Welcome Team** at **1-866-384-2926** (TTY 711), Monday to Friday, 8 AM to 7 PM
- **Email** welcome@CCPcares.org

CCPcares.org

Visit CCPcares.org to Learn More

- Learn about **free expanded benefits, where to get care, telehealth, health library, community resources,** and view the **Member Handbook**
- Search our **provider directory** for doctors, OBs, and **specialists**
- Find **programs** for before and after **pregnancy**, **chronic conditions**, like asthma, cancer, congestive heart failure, diabetes, HIV/AIDS, hypertension, sickle cell, and behavioral health or serious mental illness (SMI)

After you speak to our Welcome Team, **Member Services** is here to help you.

Call: **1-866-899-4828** or TTY / TTD 711. Monday – Friday 8:00 am to 7:00 pm.

Message: Anytime in the CCP Cares MyChart member portal.

Visit CCPcares.org: Complete the **Contact Us form** on our website

Open Enrollment and Lock-In

Once you are enrolled with CCP, you have 120 days from the date of your first enrollment to try CCP. You can change plans for any reason in the first 120 days. After the first 120 days, if you still have Medicaid, you will be enrolled in the plan for the next eight months. This is called a "lock-in".

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 do not want to. If you choose to change plans during this time, you will begin in the new plan at the end of your current enrollment year. If you pick a new plan or if you stay in the same plan, you will be locked into that plan for the next 12 months. Every year you may change plans during your 60-day open enrollment period.

If you want to change plans after the initial 120-day period ends or after your open enrollment period ends, you must have a for cause reason to change plans. Below are the state-approved for cause reasons to change plans:

- You do not live in a region where CCP is authorized to provide services
- Your doctor is no longer with CCP; You are excluded from enrollment
- A substantiated marketing violation has occurred
- You live in and get your Long-Term Care services from as assisted living facility, adult family care home, or nursing facility provider that was in our network but is no longer in our network.
- You are prevented from participating in the development of your treatment plan/plan of care
- You are in the wrong Managed Care Plan as determined by the Agency
- CCP no longer participates in the region
- Services related to your needs to be performed concurrently, but not all related services are available within CCP network, or your doctor has determined that receiving the services separately would subject you to unnecessary risk
- CCP does not, because of moral or religious objections, cover the service you seek
- You missed open enrollment due to a temporary loss of eligibility
- Other reasons per 42 CFR 438.56(d)(2) and s. 409.969(2), F.S., including, but not limited to: poor quality of care; lack of access to services covered under the Contract; inordinate or inappropriate changes of Doctors; service access impairments due to significant changes in the geographic location of services; an unreasonable delay or denial of service; lack of access to providers experienced in dealing with the Member's health care needs; or fraudulent enrollment.
- The state has imposed intermediate sanctions upon CCP, as specified in 42 CFR 438.702(a)(3)
- If you lose your Medicaid benefits, you will be dropped from CCP. If you get your Medicaid benefits within 180 days, you will become part of CCP again. To get more information about your Medicaid enrollment, you may also visit the AHCA enrollment broker. Their website is www.flmedicaidmanagedcare.co and phone is 1-877-711-3662/ TDD 1-866-467-4970.

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Information about your Health and Benefits

Community Care Plan (CCP) provides information online to help you understand your health benefits and how to use them. Visit www.CCPcares.org, Members – Medicaid (MMA), and review your Medicaid Member Handbook for information on the topics below.

- **Your Plan Identification Card (ID card)**
  - Medical Pre-Authorization
- **Your Privacy**
- **Getting Help from Our Member Services**
- **Do You Need Help Communicating?**
  - If you do not speak English
  - For people with disabilities
- **When Your Information Changes**
- **Your Medicaid Eligibility**
- **Enrollment in Our Plan**
- **Leaving Our Plan (Disenrollment)**
- **Managing Your Care**
  - Case Management
- **Accessing Services**
  - Providers in Our Plan
  - Providers Not in Our Plan
  - What Do I Have to Pay For?
  - Choosing a Primary Care Provider (PCP)
  - Choosing a PCP for Your Child
  - Specialist Care and Referrals
  - Urgent Care
  - After Hours Care
  - Hospital Care
  - Emergency Care
  - Access Rules
- **Your Member Rights**
- **Your Member Responsibilities**
- **Helpful Information About Your Benefits**
  - Filling Prescriptions
  - Disease Management Programs
  - Prenatal/ Postpartum Pregnancy Program
- **Your Plan Benefits: Managed Medical Assistance Services**
- **Your Plan Benefits: Expanded Benefits**
- **Member Satisfaction**
  - Complaints, Grievances, and Plan Appeals
  - Medicaid Fair Hearings (for Medicaid Members)
- **Other Important Information**
- **Additional Resources**
- **Forms**

This information is available for free in other languages and formats, including written translation or oral interpretation services as requested. Please contact our Member Services department at 1-866-899-4828, TTY / TDD 711 Monday through Friday from 8:00 AM to 7:00 PM EST.

Esta información está disponible gratis en otros idiomas y formatos, incluidos los servicios de traducción escrita o interpretación oral, según se solicite. Por favor contacte a nuestro departamento de servicio al miembro al 1-866-899-4828, TTY/TDD 1711 de lunes a viernes desde las 8:00am a 7:00pm EST.

Enfòmasyon sa a disponib gratis nan lòt lang, tankou tradiksyon ekri ak entèpretasyon oral. Tanpri kontakte depatman sèvis manm nou an nan 1-866-899-4828, TTY / TDD 711 Lendi jiska Vandredi de 8:00 am a 7:00 pm EST.

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Auxiliary Aids

ATTENTION: If you speak english, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-866-899-4828 (TTY: 711) or speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También se dispone de forma gratuita de ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-866-899-4828 (TTY: 711) o hable con su proveedor.

ATANSYON: Si w pale Creole, sèvis asistans pou lang disponib pou ou pou gratis. Èd oksilyè ki apwopriye ak sèvis pou bay enfòmasyon ki nan fòma aksesib yo disponib tou gratis. Rele 1-866-899-4828 (TTY: 711) oswa pale ak founisè w la.

Foreign Languages

This information is available for free in other languages. Please contact our customer service number at 1-866-899-4828, (TTY: 711) Monday through Friday from 8:00 AM a 7:00 PM EST.

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Non-Discrimination Notice

Community Care Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)) (or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes). Community Care Plan does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Community Care Plan:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services 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 assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact Jennifer Nielsen.

If you believe that Community Care Plan 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: Jennifer Nielsen, Civil Rights Coordinator, 1643 Harrison Parkway Building H, Suite 200. Sunrise, Florida 33323, 1-866-899-4828, TTY/TDD 711, jnielsen@ccpcares.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Jennifer Nielsen 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 www.hhs.gov/ocr/office/file/index.html.

This notice is available at Community Care Plan's website: www.ccpcares.org/Nondiscrimination.