



Member Handbook

Florida Healthy Kids Program

CCPHealthyKids.org



Community Care Plan

The Health Plan with a Heart

Welcome Letter

Dear Parent or Guardian:

Community Care Plan (CCP) welcomes you and your child(ren) to the Florida Healthy Kids program. CCP is your child's health plan provider, and we look forward to providing your child(ren) with access to quality health providers.

You should have already received your Community Care Plan - Florida Healthy Kids Welcome Package in the mail, which includes your child's:

- Member ID card
- Health Risk Assessment
- Medical Release Form
- Self-addressed envelope with return postage included
- Privacy Notice
- Notice of Non-Discrimination

The member ID card contains:

- Your child's Primary Care Provider (PCP)
- Your child's effective date with Community Care Plan – Florida Healthy Kids
- Important plan contact information

If you have not received the Welcome Package or need to update any information on the member ID card, please contact our Welcome Team:

Community Care Plan Member Services – Welcome Team
Available Monday through Friday from 7:30 AM to 7:00 PM EST
1-866-384-2926 TTY / TTD 1-855-655-5303

To help introduce to your child's plan, you can also visit the Member Welcome page on our website at www.ccpcares.org/Members/FHK/Welcome.

For your reference, this guide also provides you with detailed plan information such as:

- What Florida Healthy Kids covers and what it costs, including medical and prescription benefits
- Additional Community Care Plan member benefits
- Our Provider Network
- Coordination and Transition of Care
- Grievances and Appeals
- Sending Documents
- Making Premium Payments
- and much more!

Access to this guide, our 24/7 Nurse Helpline, and the ability to find participating providers, hospitals, urgent care centers, pharmacies, etc., is also available to you at any time via our website at www.CCPHealthyKids.org.

Community Care Plan is here to help in any way that we can, so please contact us with any questions or concerns. Again, welcome to Community Care Plan – Florida Healthy Kids!

Contact Us!

About this Handbook

Florida Healthy Kids has contracted with Community Care Plan, as your child's health plan, to provide affordable health care coverage for eligible children from 5 through 18 years of age. Please use this handbook to understand your child's benefits with Community Care Plan – Florida Healthy Kids.

Contact Information

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

Help or Questions About	Call	Visit
<ul style="list-style-type: none">• Status of your application• Eligibility for Florida Healthy Kids• Making payments• When coverage starts• Florida KidCare letters or emails you receive	1-888-540-KIDS (5437) Monday to Friday 7:30 AM to 7:30 PM EST TTY 1-800-955-8771	www.floridakidcare.org
<ul style="list-style-type: none">• Whether a medical service, prescription medication, or device is covered• Cost of a medical service, prescription medication, or device• Network health care providers• Preventive services• Payment of a medical bill• Appealing a service or claim denial	1-866-930-0944 or TTY/TTD 1-855-655-5303 Monday to Friday 7:30 AM to 7:30 PM EST	www.ccphealthykids.org
<ul style="list-style-type: none">• Telehealth Services	Teladoc Health: 1-800-Teladoc (1-800-835-2362)	Download the mobile app or visit: www.teladoc.com
<ul style="list-style-type: none">• Transportation	ModivCare: 1- 866-430-0570	www.ccphealthykids.org
<ul style="list-style-type: none">• Behavioral Health	1-866-930-0944 or TTY/TTD 1-855-655-5303 Monday to Friday 7:30 AM to 7:30 PM EST	www.ccphealthykids.org
<ul style="list-style-type: none">• Vision	20/20 Eyecare Network: 1-877-296-1299	www.ccphealthykids.org

Contact Us!

Help or Questions About	Call	Visit
• Pharmacy	Magellan: 1-800-424-7906	www.ccphealthykids.org
• Dental benefits	Your specific dental insurance company: DentaQuest, Inc.: 1-888-696-9557 Liberty Dental Plan: 1-877-550-4436 MCNA Dental Plan: 1-855-858-6262	Your dental insurance company's website: dentaquest.com/state-plans/regions/florida client.libertydentalplan.com/FLHealthyKids mcnaflhk.net/members

Sending Documents

Sending Documents

Important: Please do not send any medical bills or claims to the Florida Healthy Kids Corporation. If you need to send in a medical bill or claim, call:

Community Care Plan Member Services
Available Monday through Friday from 7:30 AM to 7:30 PM EST
1-866-930-0944 or TTY/TDD 1-855-655-5303

When you send in any documents to Florida KidCare, write your family account number on the top of each page. You can find your family account number on any letters sent from Florida KidCare, or by logging into your online Florida KidCare account.

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

Secure upload: Scan your documents as one of these file types: .pdf, .jpeg, .jpg, .png, .tif, .tiff or gif. Each file must be less than 10MB. Log into your account at www.floridakidcare.org and click the green document upload button to upload documents to your account.

Email: Scan your documents as one of these file types: .pdf, .doc, .ppt, .jpeg, .jpg, .tif, .tiff, .txt, .rtf, .bmp or .gif. Each file must be less than 10MB, or possibly smaller, depending on your email service. Email your documents to contactus@healthykids.org.

Mail: Florida KidCare
P.O. Box 591
Tallahassee, FL 32302-0591

Fax: 1-866-867-0054

Making Premium Payments

Making Premium Payments

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

Worry-free, automatic monthly payments:

- AutoPay
1. Go to www.healthykids.org and log in to your secure account or create an account if you do not already have one.
 2. Enter your debit card, credit card or bank account information (transaction fee applies).
 3. Save your payment information.

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

- Online
1. Visit www.healthykids.org and click the Pay Premium button.
 2. Select the one-time payment option.
 3. Enter your debit card, credit card or bank account information (transaction fee applies).

Phone

Call 1-888-540-KIDS (5437) to make a payment with your debit or credit card (transaction fee applies).

- Mail
1. Write your family account number on your check or money order.
 2. Make it payable to "Florida KidCare."
 3. Send your payment to:

Florida KidCare
P.O. Box 31105
Tampa, FL 33631-3105

In-Person

Visit www.fidelityexpress.com to find a location where you can make a cash payment.

Table of Contents

About this Handbook 3

Contact Information..... 3

Sending Documents 5

Making Premium Payments..... 6

Getting Started: Program Basics 8

What Florida Healthy Kids Covers and What it Costs 13

 Medical and Prescription Benefits for Community Care Plan – Florida Healthy Kids..... 15

The Provider Network..... 25

Health Risk Assessments..... 32

Coordination and Transition of Care 33

Grievances and Appeals..... 35

Eligibility and Enrollment Disputes 38

Fraud and Abuse 39

Quality and Performance 41

Member Rights and Responsibilities 43

Definitions 45

Privacy Notice 48

Your Rights 49

Non-discrimination Notice 52

Getting Started: Program Basics

What is Florida KidCare?

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

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

What is Florida Healthy Kids?

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

What is managed care?

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

- Creating a provider network. Network doctors and other health care providers agree to certain rules, like how quickly the doctor must give enrollees an appointment or, if a specialist is needed, the doctor must refer enrollees to a network specialist. Except for emergencies, enrollees must see a network provider.
- Having rules about when and what kinds of services, supplies, devices, and other products are covered. Florida Healthy Kids insurance companies only pay for medically necessary services.

Is my child's insurance company Florida Healthy Kids?

No. Your child's health insurance company is Community Care Plan. Community Care Plan is your primary source of information about the covered benefits and services available to your child.

Getting Started: Program Basics

When and how can I change insurance companies?

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

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

Call Florida KidCare at 1-888-540-KIDS (5437) to change companies if your child no longer lives in the plan's service area.

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

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

Can I pick any of the health insurance companies?

You can pick one of the health insurance companies available where you live. You can find out which insurance companies are available in your area using the interactive map at www.healthykids.org/benefits/providers/map.php, or by finding your county on the list on the next page.

Plans by County

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

Plans by County

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

Getting Started: Program Basics

Can Community Care Plan disenroll my child?

No, Community Care Plan cannot disenroll your child directly.

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

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

How do I disenroll my child from Florida Healthy Kids?

Call Florida KidCare at 1-888-540-KIDS (5437) and tell them you want to disenroll your child. Coverage ends at 11:59 p.m. on the last day of the month during which you call to cancel coverage. In other words, if you call on January 15th to cancel your child's coverage, your child will have coverage through January 31st.

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

You may re-enroll your child in Florida Healthy Kids as long as eligibility requirements are met. Call Florida KidCare at 1-888-540-KIDS (5437) to find out if you need to go through the application process again and when your child's coverage can start.

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

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

Enrollees lose eligibility when he or she:	Coverage Ends*
Turns age 19	The end of the month in which the enrollee turns 19
Is no longer a Florida resident	The end of the month in which the enrollee is no longer a Florida resident
Gains other insurance coverage	The end of the month prior to the start of the other insurance coverage, or the first of the month after FHKC has been notified of the coverage
Accumulates \$1 million in paid claims under the Florida Healthy Kids program	The end of the enrollee's continuous eligibility period, as long as all other eligibility requirements are met

*Does not include any applicable eligibility and enrollment dispute period

What Florida Healthy Kids Covers and What it Costs

What services does the program cover?

Florida Healthy Kids covers important benefits like:

- Well-child visits
- Office visits to your PCP (Primary Care Provider)
- Office visits to specialists (doctors who focus on one area of health)
- Immunizations (shots your child gets to avoid illnesses like the flu or measles)
- Prescription drugs
- And more!

The chart on page 15 lists all covered services.

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

Community Care Plan provides all covered benefits and does not exclude any benefits (see page 15 because of moral or religious objections). If your child's doctor will not provide services because of moral or religious objections, call Community Care Plan. Community Care Plan will help you access those services.

Do I have to see certain doctors?

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

Do I have to pay the doctor anything?

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

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

What Florida Healthy Kids Covers and What it Costs

Are there limits to how much I have to pay?

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

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

What do I do if I think I've paid five (5) percent of my family's income?

Call Florida KidCare at **1-888-540-KIDS (5437)**. Community Care Plan and the Florida Healthy Kids Corporation will verify that you have paid 5 percent of your family's annual income. You may need to provide receipts or other documents for the copayments you paid.

Once your information has been verified, you will receive a letter stating you do not owe any copayments for the rest of the plan year. You can show this letter to providers. Community Care Plan – Florida Healthy Kids will also tell your providers you do not owe any copayments. Monthly premium wouldn't apply to a full-pay family's out-of-pocket costs. Subsidized families will also stop paying monthly premiums for the rest of the plan year.

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

Medical and Prescription Benefits for Community Care Plan – Florida Healthy Kids

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

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

Call Florida KidCare at 1-888-540-KIDS (5437) if you have additional questions.

Covered Services	Coverage Limits	Copays
Well-child care , including preventive care visits, immunizations (shots), and routine hearing and vision screenings	<ul style="list-style-type: none"> • Hearing and vision screenings must be provided by your child’s PCP. • You can get your immunizations from a Community Care Plan – Florida Healthy Kids network provider, pharmacy, minute clinic, or urgent care center. 	\$0 copay
Primary Care Provider (PCP) Office Visits	<ul style="list-style-type: none"> • Must use a Community Care Plan – Florida Healthy Kids network provider. 	\$0 copay. Community Care Plan has waived the copays for any visit provided by the member’s PCP.
Specialist Office Visits	<ul style="list-style-type: none"> • Must use a Community Care Plan – Florida Healthy Kids network provider. 	\$5 per visit
Diagnostic Testing (laboratory, radiology and other diagnostic tests)	<ul style="list-style-type: none"> • Must use a Community Care Plan – Florida Healthy Kids network provider. • Some diagnostic testing services may require approval from Community Care Plan – Florida Healthy Kids. 	\$0 copay
Prescription Drugs	<ul style="list-style-type: none"> • Must use a Community Care Plan – Florida Healthy Kids network pharmacy. • Generic drugs, unless the brand name is medically necessary. • Must be prescribed by your child’s PCP or a Community Care Plan – Florida Healthy Kids network specialist, doctor or Florida Healthy Kids dentist. 	\$5 copay per prescription, up to a 31-day supply.

What Florida Healthy Kids Covers and What it Costs

Covered Services	Coverage Limits	Copays
Inpatient Hospital Stays (semiprivate room)	<ul style="list-style-type: none"> • Must use a Community Care Plan – Florida Healthy Kids network hospital. • Stays must be approved by Community Care Plan – Florida Healthy Kids. • Limited to 15 days per year for rehabilitation and physical therapy stays. 	\$0 copay
Chiropractic services	<p>Limited to one visit per day for up to 24 visits per calendar year.</p> <ul style="list-style-type: none"> • Must use a Community Care Plan – Florida Healthy Kids network provider. 	\$5 per visit
Podiatric Services	<ul style="list-style-type: none"> • Must be provided by a Community Care Plan – Florida Healthy Kids network provider. • Limited to one visit per day for up to two visits per month for certain foot disorders. 	\$5 per visit
Maternity services and newborn care , including prenatal and postpartum care, and the initial inpatient care of the newborn	<ul style="list-style-type: none"> • Must use a Community Care Plan – Florida Healthy Kids network provider. • Coverage for the newborn limited to three days after birth. 	\$0 copay
Family Planning Services	<ul style="list-style-type: none"> • Must be provided by a Community Care Plan – Florida Healthy Kids network provider. • Limited to one (1) visit per year and one (1) supply visit every ninety (90) calendar days. • No Prior Authorization/Referral required when provided by a Community Care Plan FHK Provider. 	\$0 copay

What Florida Healthy Kids Covers and What it Costs

Covered Services	Coverage Limits	Copays
<p>Emergency services, including visits to an emergency room</p>	<p>If you have an emergency, call 911 or go to the nearest hospital emergency room right away.</p> <ul style="list-style-type: none"> • You have the right to go to any hospital or provider if the time to reach a Community Care Plan – Florida Healthy Kids network provider would risk permanent damage to your child’s health. • If you want advice, call your PCP or our 24-hour Nurse Helpline at 1-833-925-0451. 	<p>\$10 per visit, waived if admitted or authorized by child’s PCP.</p>
<p>Emergency Transportation Services</p>	<p>Transportation in response to an emergency medical condition.</p>	<p>\$10 per trip</p>
<p>Vision services, including an examination to determine the need for and to prescribe corrective lenses as medically necessary.</p>	<ul style="list-style-type: none"> • Your child can receive one (1) new pair of glasses every two (2) years unless: <ul style="list-style-type: none"> ○ The prescription changes or ○ There is a change in the child’s head size. 	<p>\$5 per visit with specialist \$10 for corrective lenses</p>
<p>Behavioral Health Services, including inpatient and outpatient care for psychiatric evaluation, diagnosis, and treatment</p>	<ul style="list-style-type: none"> • Emergency Room Services will be covered, no prior authorization or preapproval will be required. • Please call Community Care Plan at 1-866-930-0944 for additional information on inpatient and outpatient behavioral health and substance abuse services. 	<p>\$0 copay for inpatient services \$0 per office visit</p>
<p>Substance Use Disorder Services, including inpatient and outpatient care for drug and alcohol abuse (such as counseling and help with placement assistance)</p>	<ul style="list-style-type: none"> • Emergency Room Services will be covered, no prior authorization or preapproval will be required. • Please call Community Care Plan at 1-866-930-0944 for additional information on inpatient and outpatient behavioral health and substance abuse services. 	<p>\$0 copay for inpatient services \$0 per office visit</p>

What Florida Healthy Kids Covers and What it Costs

Covered Services	Coverage Limits	Copays
<p>Nursing facility services, including regular nursing services, rehabilitation services, semiprivate room</p>	<ul style="list-style-type: none"> • Must be approved by Community Care Plan – Florida Healthy Kids and provided by a network facility. • Limited to one hundred (100) days per year (rehabilitation and physical therapy stays are limited to fifteen (15) days per year) • Excludes private duty nurses, television, custodial care, specialized treatment centers, and independent kidney disease treatment centers. 	<p>\$0 copay</p>
<p>Short Term Therapy Services, including physical, occupational, respiratory and speech therapies for short-term rehabilitation when your child’s condition is expected to significantly improve</p>	<ul style="list-style-type: none"> • Limited to twenty-four (24) sessions within a sixty (60) day Calendar Day period per incident. The sixty (60) Calendar Day period begins with the first treatment. • Please call Community Care Plan at 1-866-930-0944 to obtain provider and preapproval information. • Must be approved by Community Care Plan – Florida Healthy Kids. 	<p>\$5 per visit</p>
<p>Home Health Services, including prescribed home visits by registered and licensed practical nurses to provide skilled nursing services on a part-time intermittent basis</p>	<ul style="list-style-type: none"> • Limited to skilled nursing services. • Meals, housekeeping and personal comfort items are excluded. • Private duty nursing is covered if medically necessary. • Please call Community Care Plan at 1-866-930-0944 to obtain provider and preapproval information. 	<p>\$5 per visit</p>

What Florida Healthy Kids Covers and What it Costs

Covered Services	Coverage Limits	Copays
<p>Hospice services, including reasonable and necessary services to manage a terminal illness</p>	<ul style="list-style-type: none"> • Must be approved by Community Care Plan – Florida Healthy Kids. • Covered services include prescribed home visits by registered or licensed practical nurses to provide skilled nursing services on a part-time intermittent basis. • Limited to skilled nursing services only. Meals, housekeeping and personal comfort items are excluded. • Private duty nursing is limited to circumstances where such care is medically necessary. 	<p>\$5 per visit</p> <p>\$0 for inpatient services</p>
<p>Durable medical equipment (DME) and prosthetic devices if prescribed by your child’s Community Care Plan-Florida Healthy Kids doctor as medically necessary. Covered services include prescribed equipment and devices that are medically indicated to assist in the treatment of a medical condition. Covered prosthetic devices include artificial eyes, limbs, braces, and other artificial aids.</p>	<ul style="list-style-type: none"> • Some services may require approval by Community Care Plan – Florida Healthy Kids. • Low-vision and telescopic lenses are not included. • Hearing aids are covered only when medically indicated to assist in the treatment of a medical condition. 	<p>\$0 copay</p>

What Florida Healthy Kids Covers and What it Costs

Covered Services	Coverage Limits	Copays
<p>Organ transplant services, including care before, during and after the transplant, and treatment of complications after the transplant</p>	<ul style="list-style-type: none"> • Must be deemed medically necessary and appropriate within guidelines of AHCA’s Organ Transplant Advisory Council or the U.S Department of Health and Human Services’ the Bone Marrow Transplant Advisory Council. • Must be provided by a Community Care Plan – Florida Healthy Kids network provider and approved by Community Care Plan – Florida Healthy Kids. 	<p>\$0 copay</p>
<p>Telehealth Services provided by Teladoc Health</p>	<ul style="list-style-type: none"> • All doctors are licensed and are available in the following specialties: <ul style="list-style-type: none"> ○ General medicine - Treat flu, allergies, sinus infection, rash, sore throat and more ○ Dermatology - Treat ongoing or severe issues like psoriasis, eczema, acne and more. ○ Behavioral Health - Support for anxiety, post-traumatic stress disorder, depression, family issues and more. 	<p>\$5 copay</p>

What Florida Healthy Kids Covers and What it Costs

Value-Added Services	Coverage Limits	Copays
PCP Office Visit Copay Waiver	<ul style="list-style-type: none"> To ensure your child has all the needed care from his/her PCP, Community Care Plan – Florida Healthy Kids has waived the copays for any visit provided by the Enrollee’s PCP. There is no limit to this benefit. 	\$0 copay
Sports/School Physical Copay Waiver	<ul style="list-style-type: none"> Community Care Plan – Florida Healthy Kids enrollees are eligible for an annual school or sports physical provided by the Enrollee’s PCP with no co-pay. Limited to one physical per Enrollee per year. 	\$0 copay
Health Risk Assessment (HRA) Incentive	<p>The Health Risk Assessment (HRA) helps Community Care Plan – Florida Healthy Kids better understand your child’s health needs. To encourage completion of the HRA, Community Care Plan – Florida Healthy Kids provides a onetime incentive of:</p> <ul style="list-style-type: none"> A twenty-five-dollar (\$25) gift card for completing the HRA within thirty (30) Calendar Days of enrollment. A twenty-dollar (\$20) gift card for completing the HRA within sixty (60) Calendar Days of enrollment; or A fifteen-dollar (\$15) gift card for completing the HRA within ninety (90) Calendar Days of enrollment. 	N/A
Transportation for Medical and Dental Preventive Services	<ul style="list-style-type: none"> Community Care Plan – Florida Healthy Kids provides non-emergent transportation to Enrollees, and up to two (2) companions, to medical or dental preventive exams. Reservations must be made at least seventy-two (72) hours prior to the appointment. Trips over twenty-five (25) miles require prior authorization. 	\$0 copay

What Florida Healthy Kids Covers and What it Costs

Value-Added Services	Coverage Limits	Copays
<p>Medically related Lodging (Reimbursement for lodging related to medical care outside of service area)</p>	<ul style="list-style-type: none"> • Must be approved by Community Care Plan – Florida Healthy Kids. • Benefit limited to \$150 per episode of care. Reimbursement is only available when services are not available within the Community Care Plan – Florida Healthy Kids network. Enrollees must provide proof of relevant expenditures to receive reimbursement. 	<p>\$0 copay</p>
<p>Hypoallergenic Bedding</p>	<ul style="list-style-type: none"> • Community Care Plan – Florida Healthy Kids provides up to one hundred dollars (\$100) per year of hypoallergenic bedding for Enrollees with an appropriate diagnosis of allergies or asthma for whom hypoallergenic bedding is medically necessary. 	<p>\$0 copay</p>
<p>Provider House Calls</p>	<ul style="list-style-type: none"> • Community Care Plan – Florida Healthy Kids offers up to twenty (20) visits per year for home visits by a licensed Provider to Enrollees who are homebound or who are not engaged with a PCP and need an emergency department follow-up visit. • Must be approved by Community Care Plan – Florida Healthy Kids. 	<p>\$0 copay</p>
<p>Healthy Behavior Coaching</p>	<p>Community Care Plan – Florida Healthy Kids offers individualized, in-person coaching programs for the following health behaviors:</p> <ul style="list-style-type: none"> • Tobacco/Nicotine cessation • Substance use disorder and • Medically necessary supervised nutrition counseling for Enrollees in need of weight management. • Program length is six (6) months. <p>To support the enrollee and family, case management will be provided to track progress and remove barriers to success.</p>	<p>\$0 copay</p>

What Florida Healthy Kids Covers and What it Costs

Value-Added Services	Coverage Limits	Copays
<p>Obesity Program “Food, Fun, and Fit”</p>	<p>In partnership with other community organizations, Community Care Plan – Florida Healthy Kids offers a series of three (3) education workshops to address childhood obesity. You and your child will learn about healthy eating and adopting a healthier lifestyle. This program is tailored to each participating Enrollee and will include a self-management assessment tool upon enrollment in the program, at three (3), six (6) and twelve (12) months enrollment. As an incentive, each participating family receives a Bluetooth-enabled scale to help them and their PCP track the child’s progress.</p> <ul style="list-style-type: none"> • All children ages 5-18 with a BMI at or above the 95th percentile for children and teens the same age and sex, as defined by the Centers for Disease Control and the American Academy of Pediatrics are eligible for this program • One-time benefit. 	<p>\$0 copay</p>
<p>Water Safety Classes “Swim, Seconds, and Safety”</p>	<ul style="list-style-type: none"> • In collaboration with local agencies, Community Care Plan – Florida Healthy Kids provides water safety and drowning prevention classes to all Enrollees. • You can request this benefit for your child. • Limited to one (1) set of classes per Enrollee per lifetime. 	<p>\$0 copay</p>

Community Care Plan cares about the health of your child. For more information about our value-added services or our healthy behavior programs, please call us at:

Community Care Plan Member Services

Available Monday through Friday from 7:30 AM to 7:30 PM EST

1-866-930-0944 or TTY/TDD 1-855-655-5303 or visit our website at www.ccphealthykids.org.

What Florida Healthy Kids Covers and What it Costs

Pharmacy benefit

The pharmacy benefit covers certain prescription medications, also called prescription drugs, prescribed by your child's health care provider. Community Care Plan has a specific list of prescription medications that are covered. This is called a Preferred Drug List (PDL). The preferred drug list also describes any requirements your child must meet to have a prescription covered. It is sometimes called a prescription drug formulary.

Does the preferred drug list change?

The preferred drug list may change from time to time. The current preferred drug list is available on our website: www.ccphealthykids.org. You will be notified if Community Care Plan makes a change to the preferred drug list that will impact your child's current prescriptions.

Who decides what drugs go on the preferred drug list?

Community Care Plan has a committee of physicians and medical professionals including pharmacists that decides which medications go on the preferred drug list. The committee considers issues like:

- How well a medication works for most people;
- Potential side effects or bad reactions; and
- The cost of a particular drug relative to comparable drugs.

My child's doctor says my child needs to take a brand name medication instead of a generic medication. Will Community Care Plan cover the brand name medication?

Community Care Plan will cover the brand name medication if your child's provider specifies "dispense as written" on the prescription. The phrase "dispense as written" tells the pharmacist not to make any substitutions. If your child's doctor does not indicate "dispense as written" and you ask the pharmacist for the brand name medication, you may have to pay the full cost of the medication.

Family Planning Services

The purpose of family planning services is to allow members to make informed decisions about family size and/or spacing of births. Prior Authorization/Referrals are not required for family planning services when provided by a Community Care Plan FHK Provider.

The Provider Network

Making Sure Your Child's Benefits Are Covered

Community Care Plan pays for covered services only when your child sees a network provider. Your child will have a PCP (**P**rietary **C**are **P**rovider) who will coordinate your child's medical care. If your child needs to see a specialist (a doctor who focuses on one type of health condition or part of the body) your child's PCP will provide a referral.

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

What is a network provider?

A network provider is a doctor, other health care professional, hospital, other health care facility, pharmacy, or medical supply company that has a contract with Community Care Plan to see Florida Healthy Kids enrollees.

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

Community Care Plan has a provider directory on its website so you can search for network providers in your area by name or provider type. The online provider directory is updated regularly when Community Care Plan receives new information from providers.

Community Care Plan also has a printable copy of the provider directory available. You can find this document on www.ccphealthykids.org or you can call:

Community Care Plan Member Services
Available Monday through Friday from 7:30 AM to 7:30 PM EST
1-866-930-0944 or TTY/TDD 1-855-655-5303

and request a copy. Community Care Plan will mail a copy to you for free. The copy is updated at least monthly, but it may not be as accurate as the online provider directory. You may call and ask for information about providers that are in the network.

Remember to ask your doctor's office if they still accept Community Care Plan – Florida Healthy Kids. Be sure to say Community Care Plan and Florida Healthy Kids, not just Florida Healthy Kids.

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

Please call:

Community Care Plan Member Services
Available Monday through Friday from 7:30 AM to 7:30 PM EST
1-866-930-0944 or TTY/TDD 1-855-655-5303

The Provider Network

My child has been to a doctor I really like, but the doctor is not in the network for Community Care Plan. What can I do?

Ask the doctor to email a letter of interest to Community Care Plan at CCP.Provider@ccpcares.org. The letter should state that the provider would like more information on joining the Community Care Plan – Florida Healthy Kids network of providers.

How do I choose a PCP for my child?

When your child becomes a member of Community Care – Florida Healthy Kids, you have the right to choose from any PCP in our network. If you did not choose a PCP for your child, we will assign one. The name and phone number of the PCP are located on your child's ID card.

Can I change my child's PCP?

You can choose a new PCP by visiting our provider directory at www.ccphealthykids.org. To choose a new PCP for your child, please call:

Community Care Plan Member Services
Available Monday through Friday from 7:30 AM to 7:30 PM EST
1-866-930-0944 or TTY/TDD 1-855-655-5303

You can also call Community Care Plan Member Services and we can assist in you in locating a new PCP for your child.

Can I choose any PCP?

You may choose any network PCP that is accepting new patients. If your child already sees a network PCP who is not accepting new patients with the plan, your child's doctor may be willing to continue seeing your child. Call and ask the doctor's office. If your doctor agrees, call Community Care Plan and we can confirm with your child's doctor and assign him or her as your child's PCP. Not all doctors are able to accommodate this request. If your child's doctor is not able to continue seeing your child, you must choose a new PCP.

You can search for a provider online at www.ccphealthykids.org or you can call:

Community Care Plan Member Services
Available Monday through Friday from 7:30 AM to 7:30 PM EST
1-866-930-0944 or TTY/TDD 1-855-655-5303

How do I make an appointment?

Call the doctor's office and tell them:

- You want to make an appointment;
- If your child is a new patient;
- Why you want to see the doctor; and
- The name of your child's plan which is Community Care Plan - Florida Healthy Kids

The Provider Network

Ask these questions:

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

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

Remember to take your child's member ID card with you to the appointment.

Your child's doctor needs this card and may not see your child if you do not have it with you.

Why does my child need a referral?

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

My child needs to see a specialist. How do I get a referral?

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

Does my child always need to get a referral?

Your child will need a referral for most services not provided by your child's PCP. If your child sees a specialist without a referral, you may have to pay the full cost of that visit, which is much higher than your copayment. Your child may see some specialists without a referral. Please refer to the plan-specific handbook for more information.

The Provider Network

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

Your child's PCP may need to get prior authorization from Community Care Plan before Community Care Plan pays for a specific service. Your child's provider is responsible for requesting prior authorizations, so you do not need to do anything. If Community Care Plan does not approve or cover a service, your child can still have the services, but you will have to pay for those services.

You can always call Community Care Plan Member Services if you have questions or concerns.

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

Florida Healthy Kids plans are required to make sure your child gets the services he or she needs. If there are not any network providers, please call:

Community Care Plan Member Services
Available Monday through Friday from 7:30 AM to 7:30 PM EST
1-866-930-0944 or TTY/TDD 1-855-655-5303

Community Care Plan will make other arrangements for your child to receive medically necessary covered services.

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

You can ask for a second opinion. A second opinion is when you take your child to another doctor about the same issue for which your child has already seen a doctor.

You can request a second opinion for a provider that is not in our network if a network provider is not available to provide the service for your child. Please ask your child's PCP to request a second opinion for your child.

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

The Provider Network

What rules does Community Care Plan network have to meet?

Community Care Plan is required to have a network with enough providers to ensure enrollees have timely access to covered services.

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

If your child needs services from a certain type of provider, Community Care Plan can help you find one in your area. If there are no providers in the network nearby, Community Care Plan will arrange for your child to see an out-of-network provider. You must go through Community Care Plan to see an out-of-network provider unless your child requires emergency services.

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

The Florida Healthy Kids network access standards are:

Provider	Time Standards – in minutes		Distance Standards – in miles	
	Rural	Urban	Rural	Urban
PCP – Pediatricians	30	20	30	20
PCP – Family physicians	20	20	20	20
Behavioral health – Pediatric	60	30	45	30
Behavioral health – other	60	30	45	30
OB/GYN	30	30	30	30
Specialists – Pediatric	40	20	30	20
Specialists – other	20	20	20	20
Hospitals	30	30	30	20
Pharmacies	15	15	10	10

The Provider Network

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

Network providers agree to provide Florida Healthy Kids enrollees with appointments within the timeframes listed below. If a network provider tells you that you must wait longer than these timeframes, please call:

Community Care Plan Member Services
Available Monday through Friday from 7:30 AM to 7:30 PM EST
1-866-930-0944 or TTY/TDD 1-855-655-5303

- If your child **experiences a life-threatening emergency** and needs immediate care, please go to the nearest emergency room or call 911.
- **Routine care** – care that may be delayed without expectation that your child's condition will get worse without care within a week – must be provided within seven (7) days of your request for services.
- **Routine physical exam** – an annual well-child exam – must be provided within four weeks of request for services.
- **Follow-up care** – care provided after treatment of a condition – must be provided as medically appropriate and as directed by your child's health care provider.
- **Urgent care** – care required within twenty-four (24) hours to prevent the condition from becoming an emergency – must be provided within twenty-four (24) hours of request. Know where the closest urgent care center for this type of care is located. Urgent care centers are often open late and on weekends.

How can my child get care after normal business hours?

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

- Providers with extended hours
 - Some providers offer evening or weekend office hours.
 - Call the provider's office or visit their website to find out when they are open.
- Urgent care centers
 - Urgent care centers see patients who need immediate, but not emergency attention and their PCP is not available or if you are out of the service area.
 - Some urgent care centers require you to make an appointment while others allow walk-ins. Be sure to call ahead and ask.
- 24-hour Nurse Helpline: 1-833-925-0451
 - Nurses will answer your health questions twenty-four (24) hours, seven (7) days a week. Nurses may also help with health questions if you are out of the service area.
- Emergency room
 - If your child is experiencing a life-threatening emergency, call 911 or go to your nearest emergency room.

When should I take my child to the emergency room?

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

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

Health Risk Assessments

Community Care Plan wants to know your child better and help match him/her to the services and benefits that are available. To do that, we ask that you complete the Health Risk Assessment (HRA) upon your child's enrollment.

What is an HRA and why is it important?

An HRA is a series of questions about your child's health as well as lifestyle. The answers to these questions aid our health care team in finding out what activities may put your child's health at risk as well as what services we can offer you and your child to live his/her best life.

Where can I take an HRA for my child?

The HRA is included in the Welcome Package that you receive when your child is enrolled in Community Care Plan – Florida Healthy Kids. Community Care Plan offers incentives for completing this survey within ninety (90) days of enrollment. The quicker you complete it, the higher the incentive. If you need assistance or prefer to complete the HRA by phone, you can call:

Community Care Plan Member Services
Available Monday through Friday from 7:30 AM to 7:30 PM EST
1-866-930-0944 or TTY/TDD 1-855-655-5303

Coordination and Transition of Care

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

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

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

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

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

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

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

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

Yes. Exceptions to the standard sixty (60) days are:

- Maternity care: including prenatal and postpartum care through completion of postpartum care (six (6) weeks after birth);
- Transplant services: through the first post-transplant year;
- Radiation and chemotherapy: through the current round of treatment;
- Orthodontia: services will be continued without interruption until completed (or the benefit is exhausted, whichever comes first), but your child may be required to see a network orthodontist after the first sixty (60) days;
- Controlled substance prescriptions: if a new, printed paper prescription is required by Florida law, the new plan will help you schedule an appointment with the original

Coordination and Transition of Care

prescribing provider, or a new provider if needed, so your child can get a new prescription without a medication gap.

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

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

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

Grievances and Appeals

You have the right to file a grievance or an appeal if you experience a problem with your child's care or coverage. Although you have this right, you may want to call:

Community Care Plan Member Services
Available Monday through Friday from 7:30 AM to 7:30 PM EST
1-866-930-0944 or TTY/TDD 1-855-655-5303

Community Care Plan representatives are often able to help resolve problems.

What are grievances and appeals?

A grievance is a formal complaint you make to Community Care Plan – Florida Healthy Kids about some aspect of your child's health care services.

An appeal is a request you make to Community Care Plan to review Community Care Plan's decision to deny a service or payment.

When can I file a grievance?

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

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

How do I file a grievance?

You can file a grievance anytime by mail, phone, fax or email:

Mail: Community Care Plan – Florida Healthy Kids
ATTN: Grievance and Appeals Coordinator
1643 Harrison Parkway Suite H-200
Sunrise, FL 33323

Phone: **Community Care Plan Member Services**
Available Monday through Friday from 7:30 AM to 7:30 PM EST
1-866-930-0944 or TTY/TDD 1-855-655-5303

Fax: 1-954-251-4848

Email: grievancesandappeals@ccpcare.org

Grievances and Appeals

How long does the grievance process take?

Community Care Plan will send you an acknowledgment letter within five (5) calendar days of getting your verbal or written grievance. From this date, Community Care Plan will review and make a final decision about your grievance within ninety (90) calendar days.

When can I file an appeal?

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

- A request for service has been limited or denied;
- An existing service has been decreased or discontinued; or
- Community Care Plan has issued a denial of payment.

How do I file an appeal?

Appeals may be filed in writing or verbally within sixty (60) calendar days from the date that you receive a notice of adverse determination for your child. You may file an appeal in the following ways:

Mail: Community Care Plan – Florida Healthy Kids
ATTN: Grievance and Appeals Coordinator
1643 Harrison Parkway Suite H-200
Sunrise, FL 33323

Phone: **Community Care Plan Member Services**
Available Monday through Friday from 7:30 AM to 7:30 PM EST
1-866-930-0944 or TTY/TDD 1-855-655-5303

Fax: 1-954-251-4848

Email: grievancesandappeals@ccpcares.org

How long does the appeal process take?

Community Care Plan will make a decision and notify you within thirty (30) calendar days of receiving your appeal request.

If Community Care Plan doesn't have enough information to process the appeal and the delay is in your best interest, they may ask for fourteen (14) more calendar days. If you need to provide more information, you may also request an extension of fourteen (14) calendar days.

Grievances and Appeals

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

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

Community Care Plan can also help you complete forms and answer questions related to the grievances and appeals process. Call our Member Services Line and ask for the Grievance & Appeals Coordinator or send an email to grievancesandappeals@ccpcares.org.

What if it's an emergency?

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

If Community Care Plan agrees that the appeal needs to be expedited, we will make a decision and inform you within seventy-two (72) hours after receiving the appeal. If Community Care Plan does not agree with the request for an expedited appeal, Community Care Plan will let you know, and the timeframe will go back to the standard appeal timeframe of thirty (30) calendar days.

What if I'm dissatisfied with my appeal results?

If your appeal request was not approved, you can request an independent review. The appeal decision notice you receive from Community Care Plan will tell you how. You may also call our Member Services Line and ask for the Grievance & Appeals Coordinator.

Eligibility and Enrollment Disputes

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

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

How do I dispute a decision?

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

- Email the letter to contactus@healthykids.org or
- Mail the letter to:

Florida Healthy Kids Corporation,
P.O. Box 980
Tallahassee, Florida 32302.

Remember to put your family account number in your letter.

What happens next?

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

Fraud and Abuse

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

What is fraud and abuse?

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

Fraud means:

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

Abuse means:

- Provider practices that are inconsistent with sound fiscal, business or medical practices; and
 - Result in an unnecessary cost to Community Care Plan; or
 - Result in reimbursement for services that are not medically necessary or that do not meet professionally recognized standards for health care.
- Member practices that result in unnecessary costs to Florida Healthy Kids or Community Care Plan.

What is an example of fraud?

Anna notices that documents from her son’s insurance company show that he received an MRI two (2) weeks ago. Anna is sure that her child did not receive an MRI. If the doctor intentionally billed the plan for an MRI that her child did not receive, the doctor committed fraud.

What is an example of abuse?

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

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

Fraud and Abuse

Why is being aware of fraud and abuse important?

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

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

If you think a doctor or someone else who works at a medical office or facility, like a hospital or surgical center, may have committed fraud or abuse, you can report it to Community Care Plan. Call Community Care Plan Special Investigations Unit at 954-622-3482 or email your report to ccp.siu@ccpcares.org.

If you think Community Care Plan has committed fraud or abuse, please report the details to the Florida Healthy Kids Corporation by calling 1-850-701-6104 or emailing resolve@healthykids.org.

Quality and Performance

Access to quality health care is critical for Florida families. The Florida Healthy Kids Corporation's mission is to ensure the availability of child-centered health plans that provide comprehensive, quality health care services. Community Care Plan's number one goal is quality, and we work every day to ensure the service, quality, and safety of your child's health care. We work with your doctor and other health care team members to make your health care experience the best it can be. Our quality activities and programs are based on proven, scientific guidelines. Florida Healthy Kids Corporation and Community Care Plan measure, review and act on many different quality and health care performance measures. Community Care Plan also measures, reviews and acts on satisfaction surveys, health care performance measures, network adequacy, departmental metrics, and disease management outcomes.

Florida Healthy Kids Performance Measures

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

Florida KidCare Performance Measures

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

Accreditation

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

As a plan for the Statewide Managed Care Medicaid program, Community Care Plan maintains an accreditation status of Commendable by the National Committee for Quality Assurance (NCQA) and by the Accreditation Association for Ambulatory Healthcare. Community Care Plan utilizes similar Medicaid standards for the Florida Healthy Kids population.

Performance Improvement Projects

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

Quality and Performance

Network Adequacy

The Provider Network section describes the Florida Healthy Kids network adequacy standards. You can find more information on how each plan is meeting those standards on the Florida Healthy Kids website, [healthykids.org](https://www.healthykids.org). Please keep in mind that the network adequacy results are not updated in real-time. Actual results may vary.

Member Rights and Responsibilities

As a recipient of Florida Healthy Kids and a member in our plan, you and your child have the right to:

- 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 Florida Healthy Kids.
- 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. Please refer to page 27 for out-of-network provider details.
- 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 plan's 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 your child is 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 Community Care Plan in the format or language you need.

Information like:

- ❖ How we approve services (authorization/referral process, medical necessity);
- ❖ How we evaluate new uses of drugs or technology
- ❖ 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 and information about the providers in the network;
- ❖ The prescription drugs covered by Community Care Plan;
- ❖ 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.

Member Rights and Responsibilities

As a recipient of Florida Healthy Kids and a member in our plan, you and your child have the responsibility to:

- 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 health plan and providers the appropriate medical information they need for your care.
- To talk to your doctor if you have questions or concerns to help you understand your health and any issues .
- 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 Florida Healthy Kids if your address or telephone number changes.
- To tell us or Florida Healthy Kids if you suspect fraud.

Definitions

Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Grievance means a formal complaint you make to your child's health or dental insurance company about some aspect of your child's health care services.

Definitions

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

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

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

Hospice services means health care services to manage a terminal illness.

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

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

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

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

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

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

Physician services means services provided by a doctor.

Definitions

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

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

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

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

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

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

Preventive care means routine health care that includes screenings and check-ups to prevent or detect illness or disease before symptoms are noticed.

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

Provider means an appropriately licensed individual or entity providing health care services.

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

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

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

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

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

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

Notices

Privacy Notice

THIS NOTICE DESCRIBES HOW **MEDICAL INFORMATION ABOUT** YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

Community Care Plan (“COMMUNITY CARE PLAN - FLORIDA HEALTHY KIDS” or “We”) are required by law to:

- Protect the privacy of your health information;
- Send you the privacy notice and inform you of any changes;
- Explain how we may use information about you;
- Explain when we can give out or “disclose” your information to others;
- Abide by the terms of this notice.

If you have any questions about this notice, please contact:

Community Care Plan Member Services
Available Monday through Friday from 7:30 AM to 7:30 PM EST
1-866-930-0944 or TTY/TDD 1-855-655-5303

Your Rights

You have the following rights regarding the health information we maintain about you:

Right to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to our Compliance Officer. The letter must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to our Compliance Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Inspect and Copy. You have the right to inspect and obtain a copy of the health information that may be used to make decisions about your care. You also may receive a summary of this health information. You must submit your request in writing to our Compliance Officer. We may charge a reasonable fee for any hard or electronic copies of your health information. We may deny your request to inspect and copy information in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health care professional chosen by COMMUNITY CARE PLAN - FLORIDA HEALTHY KIDS will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy. To obtain a paper copy of this notice, call our Member Services Department at 1-866-930-0944 TTY/TDD 1-855-655-5303 Monday to Friday from 7:30 am to 7:30 pm EST. You may also obtain a copy of this notice on our website at www.ccphealthykids.org.

Right to Amend. If you feel that enrollee/claims information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept. To request an amendment, your request must be made in writing and the reason that supports your request. The request needs to be submitted to our Compliance Officer. We may deny your request if we did not create the information, do not maintain the information, or the information is correct and complete. If we deny your request, we will give you a written explanation of the denial.

Notices

Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures”. This is a list of the disclosures we made of health information about you that can be requested by submitting your request in writing to our Compliance Officer. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. We may charge a reasonable fee for additional lists. We will notify you of the cost involved at the time of the request. You may choose to withdraw or modify your request before any costs are incurred.

CHANGES TO THIS NOTICE

We reserve the right to change the information practices and terms of this notice at any time. If we do, the new terms and practices will then apply to all health information we keep. If we make any material changes, a new notice will be sent to you by US mail. We will post a copy of the current notice at our website at www.ccphealthykids.org. The notice will contain the effective date at the top of the first page.

COMPLAINTS

You may file a complaint with Community Care Plan – Florida Healthy Kids or with the Department of Health and Human Services. We will not do anything against you for filing a complaint. Your care will not change in any way. You can file a complaint with Community Care Plan – Florida Healthy Kids by writing or calling:

Community Care Plan – Florida Healthy Kids
ATTN: Grievance & Appeal Coordinator
1643 Harrison Parkway
Building H, Suite 200
Sunrise, Florida 33323

or call:

Community Care Plan Member Services
Available Monday through Friday from 7:30 AM to 7:30 PM EST
1-866-930-0944 or TTY/TDD 1-855-655-5303

Write to or call the Department of Health and Human Services:

Office for Civil Rights
U.S. Department of Health and Human Services
Sam Nunn Atlanta Federal Center, Suite 16T70
61 Forsyth St. SW
Atlanta, GA 30303-8909

Phone: 1-800-368-1019
TDD: 1-800-537-7697
Fax: 1-404-562-7881

Notices

OTHER USES OF HEALTH INFORMATION Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written approval. If you provide us with approval to use or disclose health information about you, you may cancel the written approval at any time. If you cancel your approval, thereafter we will no longer use or disclose health information about you for the reasons covered by your written approval. You understand that we are unable to take back any disclosures we have already made with your approval and that we are required to retain our records of the care that we provided to you.

TO CONTACT COMMUNITY CARE PLAN - FLORIDA HEALTHY KIDS AND/OR OUR COMPLIANCE OFFICER

Write to:

Community Care Plan – Florida Healthy Kids
Attn: Compliance Officer
1643 Harrison Parkway
Building H, Suite 200
Sunrise, Florida 33323

Or call:

Community Care Plan Member Services
Available Monday through Friday from 7:30 AM to 7:30 PM EST
1-866-930-0944 or TTY/TDD 1-855-655-5303

Notices

Non-discrimination Notice

Community Care Plan (CCP) complies with applicable, federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, or sex. The Florida Healthy Kids Corporation and Community Care Plan do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Community Care Plan provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Information written in other languages (large print, audio, accessible electronic formats, other formats)

- 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 Community Care Plan's Member Services Department.

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:

Community Care Plan – Florida Healthy Kids
ATTN: Grievance & Appeal Coordinator
1643 Harrison Parkway
Building H, Suite 200
Sunrise, Florida 33323

Main Line: 1-866-930-0944 ; TTY/TTD: 1-855-655-5303

Fax: 954- 251- 4848

Email: Grievancesandappeals@ccpcare.org

You can file a grievance by mail, fax, or email. If you need help filing a grievance, Community Care Plan's Grievance and Appeals Department can 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/smartscreen/main.jsf>, or by mail or by 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>.

**This information is available for free in other languages.
Please contact our customer service number at 1-866-930-0944
and TTY/TTD 1-855-655-5303
Monday to Friday from 7:30 am to 7:30 pm EST**

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-930-0944 (TTY: 1-855-655-5303).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-930-0944 (TTY: 1-855-655-5303).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-930-0944 (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 1-866-930-0944 (TTY: 1-855-655-5303).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-866-930-0944 (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 1-866-930-0944 (TTY: 1-855-655-5303)。

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-930-0944 (TTY: 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 1-866-930-0944 (TTY: 1-855-655-5303).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-930-0944 (TTY: 1-855-655-5303).

(رقم 1-866-930-0944 ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم

1-855-655-5303 هاتف الصم والبك

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-930-0944 (TTY: 1-855-655-5303).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-930-0944 (TTY: 1-855-655-5303).

Notices

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-930-0944 (TTY: 1-855-655-5303). 번으로 전화해 주십시오.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-930-0944 (TTY: 1-855-655-5303).

เรียน: หากคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-866-930-0944 (TTY: 1-855-655-5303).