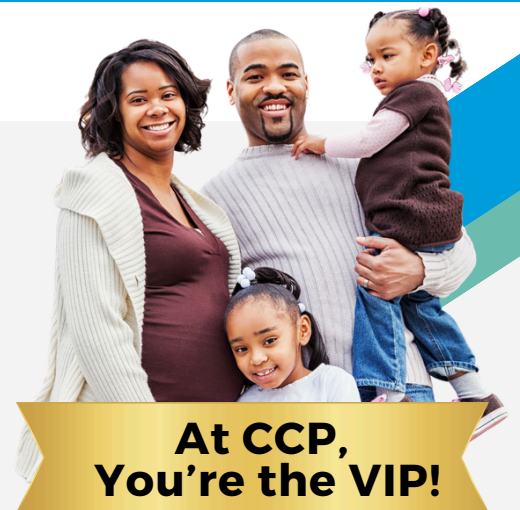


WELCOME TO COMMUNITY CARE PLAN!

We are so happy to have you as a new member.
We think your health deserves VIP treatment.
In this package, you will find the information you need to make the most of your health plan benefits.



What's In Your Welcome Kit

1. Member ID Card with your:

- Enrollment effective date
- Primary Care Provider (PCP) information
 - If you would like to change your PCP, please feel free to call, write, or email us.
 - To help you get the best medical care, you should call your PCP right away to let them know that you have a new health plan. If you have not had your annual check-up in the last year, make an appointment with your PCP.

2. Health Snapshot (See VIP To-Do List)

Even if you are healthy, please take a few minutes to complete our Health Snapshot. Your answers stay confidential, and you can earn a \$15-20 gift card for completing it*.

3. Medical Release Form

 Please fill out the form and return it in the envelope provided.

4. Contact Information Change Form

 Please fill out the form with changes to your contact information and how you want to be contacted. Return it in the envelope provided.

5. Privacy Notice

 This is for you to read and keep.

★ VIP To-Do List ★

These are important things that you should do to get the most from your health plan!

1. Welcome Messages and Center

- You will be sent texts messages with our website links.
- **Scan this QR code to visit our Member Welcome Center:**
www.CCPCares.org/WelcomeMMA
- **Talk to our Welcome Team.**
Call us at 1-866-384-2926
or TTY / TTD 711.
Monday – Friday, 8:00 AM to 7:00 PM.



2. Complete your Health Snapshot

*Get a \$15 gift card for completing it within 45 days or \$20 gift card for completing it online in 45 days.

Ways to complete:

- Use the paper survey in your kit. Return it with the Medical Release Form in the provided self-addressed envelope.
- **Complete it online. Scan the QR code to go to the page:**
- Questions? Call our Member Welcome Team.



Our Welcome Team



Our Welcome Team would like to connect with you in the first month that you join our plan. We want to help you:

- Learn about your plan and benefits
- Complete your Health Snapshot
- Get access to CCP Cares MyChart
- Choose a new PCP or find doctors or specialists

Phone: 1-866-384-2926 (TTY/TTD: 711)

Email: Welcome@CCPcares.org

We are available Monday to Friday from 8:00 AM to 7:00 PM.

Member Handbook and Provider Directory

Your Member Handbook and our Provider Directory are also on our website at <https://ccpcares.org/Members/Medicaid/MemberHandbook>.

You can view, print, or download them.

If you want a paper copy, just let our Welcome Team know and we can mail one to you!



CCP Cares MyChart: Your Health Info and Plan Benefits



Community Care Plan (CCP) members have easy and convenient access to their health information and plan benefits and services with our secure self-service portal, CCP Cares MyChart mobile app, anywhere they go at any time.

Download the CCP Cares app today to:

- Access your member ID card
- See coverage and benefits
- Complete our Health Snapshot
- Connect with Member Services
- Choose your Primary Care Provider (PCP)
- Search our Provider Directory

How to Sign Up for MyChart

1. Visit our website Contact Us page (www.CCPcares.org/ContactUs), scroll down to the form, choose “Request Member Portal/CCP Cares MyChart access”, complete the form and submit.
2. Visit www.CCPcares.org and click "Member Login" at the top of the page.
3. Download the CCP Cares MyChart app from the App Store or Google Play.

Earn Rewards



You can earn gift cards for getting exams and tests that will help you and your family stay healthy, like:

- Completing your yearly physical
- Getting your child's yearly well exam
- Quitting smoking
- Completing a weight management program

Telehealth: Virtual Care Without Leaving Home or Missing Work



Get free, non-emergency care 24 hours a day, 7 days a week with Teladoc. A doctor is there for you by phone or video! Set up your Teladoc account now:

- Call: 1-800-TELADOC (835-2362)
- Visit: www.Teladoc.com
- Download the Teladoc mobile app from the App Store or Google Play.

Before Baby and Beyond: Help Before and After Pregnancy



Our Before Baby and Beyond program helps women and their children get the care and support they need before and after pregnancy.

Our nurses can help you:

- Get and stay healthy.
- Find a doctor for you and your baby.
- Schedule prenatal and postpartum care appointments.
- Find resources for baby care, safety, and breastfeeding.
- Get baby supplies, food, prenatal classes, housing, and breastfeeding assistance.
- Get transportation and make delivery plans.

Case and Disease Management



Our Concierge Care Coordination team offers case and disease management for members who need help managing their health. These are services like:

- Education on staying healthy
- Links to community resources
- Helping manage care with providers

How to Call Us After You Speak with Our Welcome Team



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

We are available Monday – Friday from 8:00 AM to 7:00 PM.

You can contact our Member Services Team at 1-866-899-4828 or TTY / TTD 711.

Por favor contacte a nuestro departamento de servicio al miembro al 1-866-899-4828, TTY/TDD 711 de lunes a viernes desde las 8:00 AM a 7:00 PM EST.

Tanpri kontakte departman sèvis manm nou an nan 1-866-899-4828, TTY/TDD 711 Lendi jiska Vandredi de 8:00 AM a 7:00 PM EST.

Community Care Plan is a managed care plan with a Florida Medicaid contract in Brevard, Broward, Charlotte, Collier, Desoto, Glades, Hendry, Indian River, Lee, Martin, Miami-Dade, Monroe, Okeechobee, Orange, Osceola, Palm Beach, Sarasota, Seminole, and St. Lucie counties. The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the Managed Care Plan. Limitations, copayments, and/or restrictions may apply. Benefits, formulary, pharmacy network, premium and/or co-payments/co-insurance may change.

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 an 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.com and phone is 1-877-711-3662/ TDD 1-866-467-4970.

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 fòm aksèsib 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.

Esta información está disponible gratis en otros idiomas. Por favor contacte a nuestro departamento de servicio al cliente al 1-866-899-4828, (TTY: 711) de lunes a viernes desde las 8:00 AM a 7:00 PM EST.

Enfòmasyon sa a disponib nan lòt lang yo. Tanpri kontakte depatman sèvis manm nou an nan 1-866-899-4828, (TTY: 711) Lendi jiska Vandredi de 8:00 AM a 7:00 PM EST.



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.