sunshine health™ Stars | HealthyKids™

Member Handbook

Manual del Miembro

SunshineHealth.com

Welcome

Thank you for choosing Sunshine Health Healthy Kids as your child's new health plan.

Sunshine Health is proud to contract with the Florida Healthy Kids Corporation. We offer health insurance to children ages five through 18. Your child's health plan coverage includes doctor visits, immunizations, drugs, hospital stays, emergency room visits, and vision services. You can also choose to participate in our health management programs that can help your child stay as healthy as possible. Dental care for your child is available through other plans, and you can contact Florida Healthy Kids Corporation for options.

We have sent to you your child's Sunshine Health member identification (ID) card. The ID card includes your child's primary care physician (PCP) and copayment information. Please check to be sure that all information on your child's ID card is correct. If you find a mistake, please call our Member Services Department at 1-866-796-0530 (TDD/TTY 1-800-955-8770). If you would like to choose a different PCP for your child, you can select one from our provider directory online at www.sunshinehealth.com. You can also call our Member Services Department. A Member Services representative can help you choose a new PCP for your child.

Remember to take your child's Sunshine Health ID card with you to all appointments, if your child needs to go to the hospital or if you need to pick up medications at the pharmacy. Keep the ID card in a safe place. Do not allow anyone else to use your child's card. If you do, you may be responsible for his or her costs. Your child could also lose his or her eligibility to remain in the ***Sunshine Health Stars*** plan.

Please read this Healthy Kids Member Handbook. Keep it handy. It tells you about your child's benefits. It also tells you who to call when you have questions.

Thank you for choosing Sunshine Health Healthy Kids, and welcome to Sunshine Health.

Debra Smyers
Plan Product President
Sunshine Health Healthy Kids

Please visit our website at www.sunshinehealth.com for more information about your child's health plan.

Table of Contents

Welcome 1
Table of Contents 2
Important Information 4
- Identification Card 4
- How to Use the Member Handbook 4
- Sunshine Health Wants to Hear from Our Members 5
- Hearing or Speech Impaired Services 5

Enrollment Information 6
- Eligibility 7
- Premium Payment 7
- Continuity of Care for New Members 8
- Member Services 8
- Website 9

Primary Care Provider 10
- What is a Primary Care Provider? 11
- Well-Child Check Ups 11
- Changing Your Child's PCP 12
- Specialists 12
- Second Medical Opinion 13
- Behavioral Health and Substance Abuse Services 13
- What to do for Emergencies, Urgent Care or if Out of the Area 14
- Scheduling/Appointment Waiting Times 14
- Services Covered by Sunshine Health 15
- Deductibles 16
- Maximum Out of Pocket Expenses 16
- Hospital Services 16
- Skilled Nursing Facility Services 17
- Emergency Room Visits 18
- Ambulance Services 19
- Urgent Care Visits 19
- Doctor Visits 20
- Outpatient Services 23
- Therapy Services 24

Home Health Services 24
Hospice Services 25
Durable Medical Equipment and Prosthetic Devices 25
Vision Exams and Corrective Glasses 26
Drugs 27
Other Limitations and Exclusions 29
Utilization Management 33
Prior Authorization Services 33
Pharmacy Preferred Drug List 34
Case Management Services 36
Case Management Programs 36
Health Management Programs 38
Healthy Rewards through CentAccount™ 40
Member Complaints, Grievances and Appeals 42
Complaints 43
Filing a Grievance 44
Filing an Appeal 45
Quality Improvement 47
Quality and Member Satisfaction Information 48
Fraud and Abuse 50
Waste Abuse and Fraud (WAF) Program 51
Authority and Responsibility 51
Your Rights 52
Advanced Directives – For Members age 18 or older 53
Member Rights and Responsibilities 54
Medical Records 56
Protecting Your Privacy 57
Privacy Notice 58
How We Use or Share Health Records 58
What Are Your Rights? 59
Using Your Rights? 61

Important Information

Identification Card

You were sent a Sunshine Health identification (ID) card for your child. Please take the ID card with you to your child's appointments, to the pharmacy if you are getting a drug, or if your child needs to go to the hospital. If you lose your child's ID card, you can go to www.sunshinehealth.com to request a new ID card. To do this, go to http://www.sunshinehealth.com/login/ and register to use our secure member portal. You can also call Member Services at 1-866-796-0530.

Your Sunshine Health ID card will look like this:

How to Use the Member Handbook

This is your Sunshine Health *Healthy Kids Member Handbook*. *This is also your Certificate of Coverage*. The information in this handbook explains your child's benefits, any financial responsibility you may have, and how to access benefits. Please take time to review it carefully. Make sure you understand your child's benefits before you may need to use them. Keep this handbook in an easy to find place.

Sunshine Health Wants To Hear From Our Members

Do you need this handbook translated? Do you need help understanding this handbook? If you do, call our Member Services Department at **1-866-796-0530**. If you are hearing impaired, call our **TDD/TTY at 1-800-955-8770**.

Interpreter services are provided at no cost to you. This includes sign language. Sunshine Health has a telephone language line available 24 hours a day, seven days a week.

If you are calling Sunshine Health and need an interpreter, call Member Services at 1-866-796-0530. Tell the Member Services representative the language you speak. He/she will get an interpreter on the phone with you.

If you are calling a provider's office to make an appointment or have questions, tell the office that you need an interpreter. You should also tell them what language you speak. The provider will help get an interpreter for you.

Hearing or Speech Impaired Services

Are you hearing or speech impaired? If so, we can help you. Call us at these special numbers:

- **1-866-796-0530 (TDD/TTY 1-800-955-8770)** for Sunshine Health telecommunications device calls
- **TDD/TTY 1-800-955-8770** (Voice) for Florida Voice Relay Services
- **1-877-955-8773** (Spanish) or **1-877-955-8707** (French Creole) 8:00 a.m. – 2:00 a.m. daily for Florida Voice Relay Services

ENROLLMENT INFORMATION

Enrollment Information

Eligibility

Eligibility for the Healthy Kids program is determined by the Florida Healthy Kids Corporation. Since 1990, the Florida Healthy Kids Corporation, a not-for-profit organization, has provided low-cost health insurance coverage for children ages five through 18 through contracts with managed care companies (like Sunshine Health).

Sunshine Health offers a Healthy Kids Full Pay option - ***Sunshine Health Stars*** - in every county in Florida.

Once a year you must renew your child's coverage with Florida Healthy Kids. About two months before the coverage is due to be renewed, you will get a letter from Florida Healthy Kids. The letter will let you know what information Florida Healthy Kids has about your family. You will be asked by Florida Healthy Kids to give information that they cannot get through other sources. Florida Healthy Kids will contact you if they have not heard back from you.

You can email your renewal information to contactus@healthykids.com.
You can also fax the information to 1-866-867-0054, or you can mail it to:

Florida KidCare
Attention: Renewal
PO Box 591
Tallahassee, Florida 32302-0591

Premium Payment

It is important that you continue to pay your premium to Florida Healthy Kids Corporation regularly and on time.

The address to mail premium payments:
Florida KidCare
PO Box 31105
Tampa, Florida, 33631-3105.

You may also make your Healthy Kids payments online at www.healthykids.org/pay or on the telephone 24 hours a day, seven days a week at 1-800-821-5437.

If you have any questions as to how to pay or how much to pay, please call Florida Healthy Kids Corporation at 1-888-540-5437.

It is important that you read any letters that you receive from Florida Healthy Kids Corporation and that you follow any instructions provided in their letters to you. If you are unsure what you need to do, you may call Florida Healthy Kids Corporation at 1-888-540-5437. You can also call Sunshine Health Member Services at 1-866-796-0530. A member services representative may also help answer your questions.

Continuity of Care for New Members

If your child is a new Sunshine Health member and was receiving care before he/she was enrolled in Sunshine Health Stars, we will approve those services for 30 days after the date your child enrolls in Sunshine Health. We will do this even if the provider is not participating with Sunshine Health. After the first 30 days, your child has to see a Sunshine Health provider. Please call Member Services at 1-866-796-0530 if you have questions about approvals for services during the first 30 days.

Member Services

Our Member Services representatives can answer questions about your child's Sunshine Health benefits, help you pick a primary care provider, find participating providers and much more. You can reach Member Services at 1-866-796-0530 from 8:00 a.m. to 8:00 p.m. Eastern Time Monday through Friday. After hours, calls are sent to our 24 hour nurse call line, Nurse Advice Line.

You can write to Sunshine Health at:
1301 International Parkway
Suite 400
Sunrise, Florida 33323

Member Services representatives can help you with the following:

- Answer benefit questions
- Make a PCP change
- Answer questions on your copayments or other financial responsibility
- Help you find a provider
- Replace lost ID cards
- Answer questions about claims
- Connect you to case management staff
- Explain the process to get a prior authorization
- Help you file a complaint or appeal

Website

The Sunshine Health website can answer many of your questions about benefits and participating providers. It can also let you know about the health management programs Sunshine Health has to help with your child's health and wellbeing. You can go to www.sunshinehealth.com/healthy-kids/ for important information. **Some of the information you can get is:**

- **Provider Directory**. You can use our provider search to locate a Sunshine Health provider that is near you.
- **Member Handbook**. You can find important information about your child's benefits, any financial responsibility for services, and other programs to support your child's health and wellness.
- **Change your child's PCP**. You can locate a network PCP in our online provider directory and change your child's PCP.
- **Request an ID card**. You can request a replacement ID card be sent.
- **Set up a secure online member account**. Register online to view your child's benefits and claims information. You can also get health and wellness news or download health plan-related forms.

How to use the Provider Search on website

You can use the provider search to get a list of Sunshine Health participating physicians, hospitals and other healthcare providers that are available to your child. Go to www.sunshinehealth.com. Select either "Find a Provider" at the top of the page, or select "Healthy Kids Plan" on the left to begin the process.

You can do a "Quick Name Search", a "Detailed Search", or select "My Favorites" to find providers you have saved. Please make sure you see "Healthy Kids Plan" showing at the top right of your screen. You can click on the down arrow to select it if needed. The information you can get includes:

- Provider's name
- Specialty
- If they are a male or female
- Distance from your zip code
- Office address
- Office phone number
- Hours open
- Driving directions
- If the provider is accepting new patients

PRIMARY CARE PROVIDER

Primary Care Provider

What is a Primary Care Provider?

When you enrolled your child in Sunshine Health Stars, your child was assigned a primary care provider (PCP). Your child's PCP will

- Make sure that your child gets the right care
- Give your child regular checkups and necessary immunizations
- Write prescriptions for medicines and supplies when your child is ill
- Let you know when your child needs to see a specialist

Your child's PCP is responsible for taking care of your child's health and wellbeing. This is why it is very important that you stay with the same PCP. Remember: If you go to a PCP who is not a Sunshine Health network provider, Sunshine Health will not pay for those services.

Please note that your child is allowed to have a pediatrician as their Primary Care Provider.

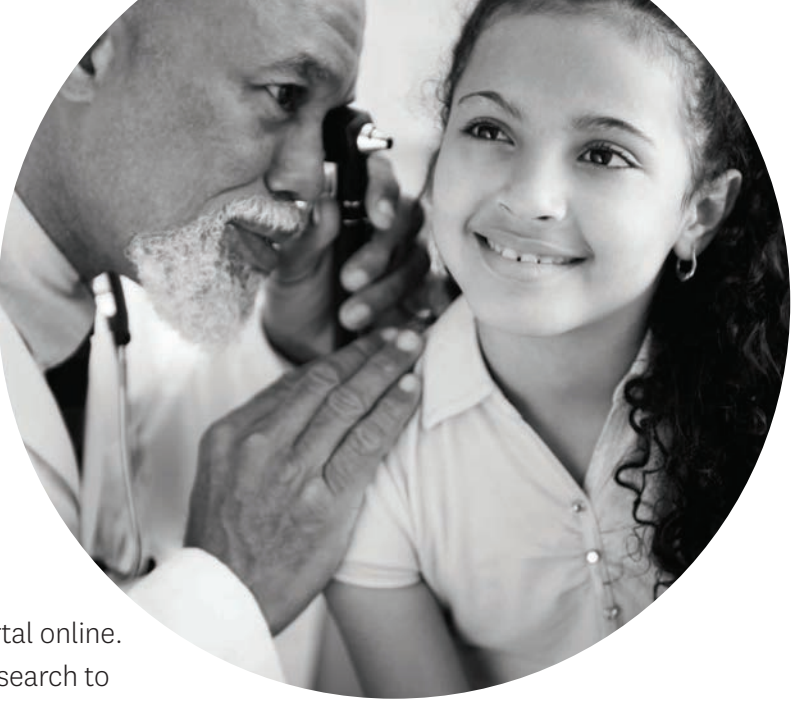
Well-Child Check-Ups

Get a routine exam for your child. Well-visits are important. Your child may look and feel well, but he or she may still have a health problem. Your doctor wants to see your child for regular checkups, not just when he or she is sick. Your child should have a well check up every year. If the Sunshine Health PCP has not seen your child before, call his or her office and make an appointment for a well-child visit now. Having this appointment before your child gets sick can help the PCP to get to know you and your child.

There are many things the PCP will do as part of the well-child checkup. Those include:

- Health and developmental history
- Physical exam
- Nutritional assessment
- Lab tests
- Hearing screening
- Health education
- Routine immunizations
- Vision screening
- Developmental assessment

Going to the dentist is also important. Take your child to the dentist at least once a year for routine checkups. If you have picked the dental coverage option for your child, contact your Healthy Kids dentist to make an appointment.



Changing Your Child's PCP

You may change your child's PCP at any time if:

- You want to make a change.
- You want the same PCP for all your children.
- You move and your child's PCP is not close.
- Because of religious or moral reasons, the PCP does not provide the services you seek.

If you would like to change your child's PCP, you can:

- Log onto your Sunshine Health secure member portal online.
- Go to www.sunshinehealth.com. Use the provider search to identify a new PCP.
- Call Member Services at 1-866-796-0530. We can help you find a doctor.
- You may select either a Pediatrician or Family Medicine doctor as your child's PCP.

If you change your child's PCP, a new Sunshine Health ID card will be sent to you.

What if my child's PCP leaves the Sunshine Health network?

Sunshine Health will let you know if your child's PCP is no longer in the Sunshine Health network. If your child's provider is treating your child for an illness, Sunshine Health will work with the PCP to keep caring for your child for a short period of time. We can help you find a new PCP.

Specialists

Sunshine Health has many specialists that can care for your child. If you feel that your child may need to see a specialist, talk to your child's PCP. They may be able to treat your child. If your child needs to see a specialist, the PCP can recommend a participating Sunshine Health specialist. A referral is not needed to see a pediatrician or for routine gynecology or obstetrical care, family planning services, routine vision exam, or behavioral health or substance abuse care. Members can get HIV testing and counseling any time they have family planning services. A referral is also not needed for emergency care. It is important to let your child's PCP know if your child was seen in the emergency room, so he or she can help with any follow-up care. It is also important that your child's PCP know that your child is seeing any specialist, so he or she can coordinate your child's care.

There are many types of specialists who can care for your child. Examples are:

- Allergist
- Behavioral health provider
- Cardiologist (for heart problems)
- Ear, Nose and Throat specialist
- Endocrinologist (for diabetes)
- Gynecologist
- Obstetrician
- Ophthalmologist (for eye problems)
- Nephrologist (for kidney problems)
- Orthopedist (for bone problems)
- Pulmonologist (for breathing problems)
- Surgeon

To find a Sunshine Health participating specialist, you can go to our website at www.sunshinehealth.com and select provider search. You can enter your zip code and the type of specialist that you are looking for as part of your search. You can also call Member Services at 1-866-796-0530 for help in finding a specialist.

What if my child's Specialist leaves the Sunshine Health network?

Sunshine Health will let you know if the specialist your child has been seeing is no longer in the Sunshine Health network. If your child's specialist is treating your child for an illness, Sunshine Health will work with the specialist to keep caring for your child for a short period of time. We can help you find a new specialist.

Second Medical Opinion

You have the right to a second opinion, without any cost to you, regarding a doctor's recommendation for services needed by your child. If you want another medical opinion, tell your PCP. You may choose a Sunshine Health participating doctor for a second opinion. A prior authorization must be obtained from Sunshine Health for any out-of-network second medical opinion services. Any tests that are ordered as part of a second medical opinion must be performed by a Sunshine Health provider.

Behavioral Health and Substance Abuse Services

What to do if you are having a problem

If you note that your child is having any of the following feelings or problems, you should contact a Behavioral Health provider:

- Constantly feeling sad
- Constant pain such as headaches, stomach and back aches
- Difficulty sleeping
- Difficulty concentrating
- Feeling hopeless and/or helpless
- Feelings of guilt
- Irritability
- Loss of appetite
- Loss of interest
- Poor appetite
- Weight loss
- Worthlessness

You do not need to call your child's PCP for a referral for an appointment with a behavioral health or substance abuse provider.

If you need help finding a Behavioral Health or Substance Abuse Provider for your child or if you have questions on whether your child needs behavioral health or substance abuse services, you can call Sunshine Health at 1-866-796-0530 (TDD/TTY 1- 800-955-8770). We are here to help. Our staff can give you the names of several providers from which you can choose to call for an appointment.

If you are calling after-hours for an urgent matter, hold on the line and you will be transferred to Nurse Advice Line. This is our after-hours nurse triage service. They will connect you to a nurse or have someone get in touch with you as soon as possible.

Sunshine Health has several behavioral health and substance abuse case management programs that can help you and your child manage his or her condition. More information on these programs is in the Case Management Services section.

What to do for Emergencies, Urgent Care, or if Out of the Area

If you are out of the area and you think your child is having an emergency, go to the nearest emergency room, call 911, or the local emergency service. The hospital does not need to be participating with Sunshine Health. You do not need a referral from your child's PCP or a prior authorization from Sunshine Health to take your child to the emergency room.

Examples of emergencies are:

- Bad burns
- Bleeding that won't stop
- Broken bones
- Drug overdose
- Fainting or unconsciousness
- Hard to breathe
- Poisoning
- Seizures
- Suddenly can't see, move or speak

If your child has an urgent problem, you can take your child to an urgent care clinic. If you are in Florida, you must use a Sunshine Health participating urgent care center. If you are out of Florida, you can use any urgent care center.

Be sure to call your child's PCP as soon as you can after the emergency or urgent condition. Your child's PCP should know about the emergency and can help if your child needs follow-up care.

See the Services Covered by Sunshine Health section for more information on coverage for emergency room visits and urgent care. Show your child's Sunshine Health ID card. There is information on the ID card that the hospital or urgent care center will need to bill Sunshine Health.

Sunshine Health covers emergency room visits or urgent care if your child is not in Florida. There is no coverage for services provided outside of the continental United States of America.

Scheduling/Appointment Waiting Times

Sunshine Health has identified waiting times that you can expect when making different types of appointments. **When you call, you should be able to get an appointment with your child's providers within the number of days listed below.**

- **Emergency care** - immediately
- **Urgent care** - within 24 hours
- **Routine care** (not for emergency or urgent care)- within seven calendar days
- **Routine physical exams** - within four weeks
- **Follow-up care** –based on your child's condition and when the provider says to come back
- **Post hospital care** – within seven calendar days of discharge from the hospital

If you have trouble getting an appointment, call Member Services at **1-866-796-0530 (TDD/TTY 1-800-955-8770)**.

Remember to bring your child's Sunshine Health Member ID card with you to **all** of his or her appointments.

Services Covered by Sunshine Health

Summary of Benefits

The following describes the benefits available to ***Sunshine Health Stars*** members. The summary also gives information on any out of pocket expenses, including copayments, coinsurance amounts and deductible amounts. These are the amounts that you must pay for specific services.

The description of out-of-pocket expenses is provided below:

Benefit year – Means the 12-month period following the initial enrollment date in Sunshine Health.

Copayment – Means the payment required of the member at the time of obtaining the services.

Co-Insurance – Means a member's share of the cost of a covered health service, calculated as a percent of the allowed amount for the service. Co-Insurance is in addition to Deductibles and Copayments but is subject to an out of pocket maximum.

Deductible – Means the annual amount a member pays for covered health services before Sunshine Health starts to pay.

- The Medical Deductible includes the charges for covered inpatient stays (for medical, mental health or substance abuse), maternity services and newborn care, skilled nursing facility stays, any service in outpatient facilities, durable medical equipment and prosthetic devices and specialty drugs provided in the doctor's office or in your home.
- The Pharmacy Deductible includes all preferred brand and non-preferred drugs provided at a retail pharmacy. It also includes specialty drugs provided from the specialty pharmacy vendor.

The annual period is the same as the benefit year and begins the first month that the member is enrolled in Sunshine Health.

Out of Pocket Maximum – Means the amount of expenses for covered health benefits that the parent or legal guardian of the member must pay before Sunshine Health begins to pay for any health benefits. The Out of Pocket Maximum also includes any Copayments, Coinsurance or annual Medical Deductible or Pharmacy Deductible amounts that are the member's responsibility. Once the Out of Pocket Maximum amount for each member is reached in a benefit year, no additional copayments will apply during that benefit year.

Deductibles

The annual Medical and Pharmacy Deductibles are described below:

Type of Deductible	Amount
Medical	$3,000 per member
Pharmacy	$1,500 per member

Maximum Out of Pocket Expenses

The annual Maximum out of Pocket Expenses are described below:

Type of Deductible	Amount
Medical	$4,250 per child
Pharmacy	$2,350 per child

Hospital Services

Medical Admissions: Admissions to a licensed inpatient facility for a medical or surgical reason, or for maternity care are covered.

Mental Health Admissions: Admissions to a licensed mental health or a substance abuse facility for mental or nervous disorders or substance abuse for drug and alcohol abuse are covered. Coverage for mental and nervous disorders are those conditions listed in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.

Sunshine Health must prior authorize any hospital stay unless it is an emergency. Inpatient services after the emergency situation has stabilized must be approved by Sunshine Health. Sunshine Health may request that the member be transferred to a participating hospital when the member's condition has stabilized.

Covered Hospital Services include:

- Physician services, psychiatric evaluations, licensed mental health or addiction professional services, and medically necessary services of other health professionals, including the services needed to evaluate or stabilize an emergency medical condition.
- Room and board limited to semi-private rooms, unless a private room is medically necessary or a semi-private room is not available, and patient meals.
- General nursing care.

- Private duty nursing is limited to situations where this level of care is medically necessary.
- Nursery charges and initial pediatric or neonatal examination, including circumcisions.
- Use of anesthesia, operating room and related facilities, intensive care unit and services, and labor and delivery room and services.
- Laboratory, pathology, radiology, and other diagnostic tests.
- Chemotherapy, occupational therapy, physical therapy, radiation therapy, respiratory therapy, and speech therapy.
- Organ transplants for non-experimental transplants including, bone marrow, cornea, heart, intestinal/multivisceral, kidney, liver, lung, and pancreas.
- Drugs, medications, biologicals, and oxygen services.
- Administration of whole blood plasma.

Limitations include:

- Except for an emergency admission, all admissions must be to a Sunshine Health participating facility.
- Sunshine Health review of the hospital admission shall determine the approved length of stay based on the medical necessity of the admission and appropriate level of care.
- The infant born to a Sunshine Health member is covered for up to three days following birth or until the infant is transferred to another medical facility, whichever occurs first.
- Admissions for rehabilitation and physical therapy are limited to 21 days per benefit year.
- Admissions to a Statewide Inpatient Psychiatric program (SIPP) which is a 24-hour inpatient residential treatment program that provides mental health services to Medicaid recipients under the age of 21 are not covered.
- An admission for any experimental or investigational biological product, device, drug, procedure, organ transplant or treatment is not covered.

The Copayment or Coinsurance amounts for Hospital Services are:

Services	Amount
Hospital Services, including medical, mental health, substance abuse, organ transplant services, maternity services and newborn care	25% Coinsurance after the Medical Deductible has been met

Skilled Nursing Facility Services

Sunshine Health covers services in a Skilled Nursing Facility for those members who need rehabilitation services after they are discharged from a hospital. A member may also be sent directly to a Skilled Nursing Facility, if medically necessary. Skilled Nursing Facility services must be prior authorized by Sunshine Health.

Covered Skilled Nursing Facility services include:

- Physician services.
- Room and board limited to semi-private rooms, unless a private room is medically necessary or a semi-private room is not available, and patient meals.
- General nursing care.
- Rehabilitation services, drugs and biologicals, medical supplies and the use of appliances and equipment that is furnished by the Skilled Nursing Facility.

Limitations include:

- Skilled Nursing Facility stays are limited to 100 calendar days per benefit year.
- Admissions to a Skilled Nursing Facility for rehabilitation and physical therapy are limited to 15 calendar days per benefit year.
- Services provided in specialized treatment centers and independent kidney disease treatment centers are not covered.
- Private duty nurses, television and custodial care are not covered.

The Copayment or Coinsurance amounts for Skilled Nursing Facility services are:

Service	Amount
Covered Skilled Nursing Facility	25% Coinsurance after the Medical Deductible has been met

Emergency Room Visits

Coverage for emergency room visits is determined under the prudent layperson standard, which is defined as:
A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in placing the heath of an individual (or, with respect to a pregnant woman, the health of the woman or the unborn child) in serious jeopardy, serious impairments to bodily functions, or serious dysfunction of any bodily organ or part.

Call 911 right away if you believe your child is having an emergency or take him or her to the nearest emergency room. Remember that emergency rooms are for emergencies. Call your child's PCP before going to the hospital if you are not sure it is an emergency. You can also call Nurse Advice Line, our 24-hour medical advice line, at 1-866-796-0530 (TDD/TTY 1-800-955-8770).

- Emergency room services do not need to be provided by a Sunshine Health participating hospital.
- Emergency room services are covered if the member is traveling out of the Sunshine Health service area.
- If the member is admitted from the emergency room, the emergency room visit copayment is waived.

The Copayments for emergency room visits are:

Service	Amount
Emergency room visit	$100 per visit

Ambulance Services

Ambulance services are covered when using a specially equipped vehicle used only for transporting a member (by ground, air or water) who is sick or injured to the nearest hospital able to treat the condition, between hospitals, and between hospitals and skilled nursing facilities. Ambulance services are not covered for transportation for routine health care services.

The Copayments for ambulance transportation services are described below:

Service	Amount
Ambulance transportation	$10 Copayment per trip

Urgent Care Visits

Urgent care means the level of care that is required within a 24-hour period to prevent a condition from requiring emergency care.

Urgent care centers provide access to medical treatment when a Sunshine Health member is sick or injured during hours when their PCP is not available. Physicians and other health professionals at urgent care centers evaluate and treat urgent conditions.

If you think your child needs urgent care, call your child's PCP. The PCP may ask you to bring your child in for an appointment. You can also call Nurse Advice Line, our 24-hour nurse advice line. They may be able to give you advice on what to do to manage your child's condition.

Visits to a Sunshine Health participating urgent care center are covered. Visits to an urgent care center when the member is outside the Sunshine Health service area are covered. Routine care outside the Sunshine Health service area is not covered. No services are covered out of the continental United States of America.

The Copayments for visits to an urgent care center are:

Service	Amount
Urgent care visit	$40 per visit

Doctor Visits

Sunshine Health provides coverage for primary care providers and specialists. The description of what is covered and any limitations are outlined in this section.

Primary Care Provider (PCP) Services

Covered preventive and sick visits and other PCP services include:

- Routine physical exams
- Well-child checkups
- Sick visits
- Hearing, vision, autism, and developmental screenings
- Covered diagnostic tests in the office
- Allergy injections in the office
- Immunizations
- Consultations in the hospital or nursing home

The Copayments for PCP visits are:

Service	Amount
PCP well visits	$0 per visit
PCP sick visits	$25 per visit

Note: Copayments do not apply to consultations or visits in the hospital. If an allergy injection is done with an office visit, the Copayment above applies. If allergy injections, immunizations or diagnostic tests are done without a PCP office visit, there is no Copayment.

Preventive Health Services

Preventive health services are regular health checkups that are designed to catch problems before they start. Stay up-to-date with these services – they can help you stay as healthy as possible! Be sure to schedule appointments for your preventive health visits. We cover all items or services recommended by the United States Preventive Services Task Force (USPSTF) as a Grade A or B, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), and the Health Resources and Services Administration (HRSA). We also cover the services in the schedule of wellness visits for infants, children and adolescents recommended by the American Academy of Pediatrics (AAP).

Specialist Visits

Sunshine Health has many participating specialists that can care for our members. We encourage members to discuss the need for a specialist visit before an appointment is scheduled. The member's PCP can assist in identifying if the care of a specialist is needed, the correct type of specialist and communicate with that specialist.

Covered specialists services include:

- Office visit
- Pre-transplant, transplant, and post discharge services and treatment for covered transplants
- Covered diagnostic tests performed in the office
- Allergy serum
- Allergy injections in the office
- Splints or casts applied in the office
- Consultation in the hospital or nursing home
- Outpatient surgery

Limitations include:

- Chiropractic visits limited to a combined outpatient limit of 35 visits for cardiac rehabilitation and occupational, physical, speech and massage therapies and spinal manipulations per benefit year.
- Podiatry visits are limited to one visit per day, totaling two visits per month for specific foot disorders.
- An oral surgeon's services are limited to the medically necessary reconstructive dental surgery due to an injury that occurs while a Sunshine Health member.

The Copayments for Specialist visits are:

Service	Amount
Specialist visits	$40 per visit

Note: Copayments do not apply to consultations or visits in the hospital. If an allergy injection is done with an office visit, the Copayment above applies. If allergy injections are done without a specialist office visit, there is no Copayment.

Obstetricians and Gynecologists

Sunshine Health has many participating obstetricians and gynecologists that can care for our members. A referral is not needed from the PCP to see a participating obstetrician or gynecologist. The PCP should know that the member is seeing an obstetrician or gynecologist so the PCP can coordinate the care.

Covered obstetrician and gynecologist services include:

- Annual gynecological exam (well woman)
- Breast exam
- Maternity care for pregnancy (prenatal and postpartum visits)
- Mammogram
- Family planning and counseling services
- Other office visits for gynecological conditions
- Covered diagnostic tests performed in the office
- Outpatient surgery
- Hospital consultations or visits

Limitations include:

- Abortions are covered in the following situations:
  - If the pregnancy is the result of an act of rape or incest, or
  - When a physician has found that the abortion is necessary to save the life of the mother.

The Copayments for Obstetrician or Gynecologist services provided in the office are:

Service	Amount
Gynecology well visits	$0 per visit
Gynecology sick visits	$25 per visit
Obstetrical maternity visits (prenatal and postpartum)	$0 per visit

Note:

- For maternity and newborn care provided in the hospital, a 25% Coinsurance applies after the Medical Deductible is met.
- There is no Copayment for other obstetrician or gynecologist consultations or visits in the hospital, or for outpatient surgery performed by an obstetrician or gynecologist.

Outpatient Mental Health and Substance Abuse Services

Sunshine Health has many participating mental health and substance abuse providers that can care for our members. Coverage for mental and nervous disorders includes those conditions listed in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.

A referral is not needed from the member's PCP to see a participating mental health or substance abuse provider. The PCP should know that the member is seeing a mental health or substance abuse provider so the PCP can coordinate the care.

Different types of outpatient mental health and substance abuse services are covered based on the needs of the member. Please note that some of these mental health and substance abuse services do require a prior authorization by Sunshine Health.

Covered mental health and substance abuse outpatient services include:

- Outpatient office visit
- Intensive outpatient session
- Partial hospitalization session
- Psychological or psychiatric evaluation
- Psychological and neuropsychological testing
- Residential services
- Group psychotherapy session
- Medication checks

Limitations include:

- Applied behavioral analysis is not covered.
- Behavioral health day services are not covered.
- Behavioral health overlay services are not covered.
- Electroconvulsive therapy (ECT) is not covered.
- Psychosocial rehabilitation services are not covered.
- Targeted case management services are not covered.
- Therapeutic Behavioral onsite services are not covered.
- Therapeutic group care services are not covered.
- Specialized therapeutic foster care services are not covered.

The Copayments for Outpatient Mental Health and Substance Abuse Services are:

Service	Amount
Mental Health Visit	$25 per visit
Substance Abuse Visit	$25 per visit

Outpatient Services

Outpatient Services are those done in a hospital outpatient clinic or facility, a freestanding ambulatory surgical center, or a freestanding diagnostic center. Please note that some of these Outpatient Services do require a prior authorization by Sunshine Health.

Services that are covered under Outpatient Services include:

- Cardiac studies:
  - EKG
  - Cardiac stress tests
- Imaging studies:
  - Advanced imaging services, such as MRIs, CT scans, and PET scans
  - Nuclear Medicine
  - Sonograms
  - Ultrasounds
  - X-rays
- Genetic testing
- Laboratory tests
- Other diagnostic tests
- Medical therapy services:
  - Chemotherapy
  - Dialysis
  - Radiation therapy
- Specialty drugs administered in an outpatient setting that were not dispensed by a pharmacy
- Outpatient surgery

Limitations:

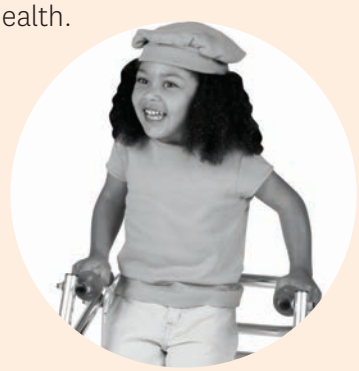
There is a combined outpatient limit of 35 visits for cardiac rehabilitation and occupational, physical, speech and massage therapies and spinal manipulations per benefit year.

The Copayment and Coinsurance for Outpatient Services are:

Service	Amount
Outpatient Services	25% Coinsurance after the Medical Deductible has been met

Therapy Services

Sunshine Health covers therapies in a hospital outpatient clinic or facility, freestanding therapy facility, in the home, or an office setting. Therapies are covered for short-term rehabilitation when significant improvement in the member's condition will result. Habilitative therapy services (including but not limited to speech and occupational therapy) are also covered, if medically necessary, to achieve age-appropriate development. The coverage of habilitative services includes members with Autism Spectrum Disorders. Therapies provided in the home require a prior authorization by Sunshine Health.



Covered therapy services include:

- Occupational therapy
- Physical therapy
- Respiratory therapy
- Speech therapy

Limitations:

- Therapy services provided in schools or daycare centers are not covered.

The Copayments for therapies are:

Service	Amount
Therapy visits	$40 per visit

Home Health Services

Sunshine covers home health nursing services in the member's home. Home Health services require a prior authorization by Sunshine Health.

Covered home health services include:

- Skilled nursing care by a registered nurse or licensed practical nurse. Skilled nursing services include wound care and the administration of intravenous (IV) medications.
- Services that are on a part-time intermittent basis.
- Private duty nursing, if medically necessary

Limitations include:

- Meals are not covered.
- Housekeeping services are not covered.
- Personal care services are not covered.
- Personal comfort items are not covered.
- Home health aide services are not covered.

The Copayments for Home Health Services are:

Service	Amount
Home Health visits	$25 per visit

Hospice Services

Hospice services are those palliative medical care and services to help meet the physical, social, mental health, emotional, and spiritual needs of terminally ill members and their families. Hospice care is focused on these support services instead of treatments for the terminal illness. Hospice services can be provided in the member's home or in a hospital facility. If hospice services are provided in a hospital facility, the hospital related Copayments and Coinsurance amounts apply.

Services to treat conditions that are not related to the terminal condition are covered as outlined in this Benefits section.

The Copayments for Hospice Services are:

Service	Amount
Hospice visits	$40 per visit

Durable Medical Equipment and Prosthetic Devices

Sunshine Health covers Durable Medical Equipment and Prosthetic Devices. These services may need a prior authorization by Sunshine Health.

Durable Medical Equipment are those items that are medically necessary and prescribed by a Sunshine Health physician. Durable Medical Equipment is equipment that can stand repeated use, is used to serve a medical purpose, and is not useful to a person if he or she did not have an illness or injury. Not all items considered Durable Medical Equipment are covered by Sunshine Health.

Prosthetic devices are custom-made artificial limbs or other assistive devices for people who have lost limbs as a result of traumatic injuries, vascular disease, diabetes, cancer or congenital disorders.

Examples of covered Durable Medical Equipment include:

- Catheters
- Dressings and gauze for wounds
- Drug infusion supplies
- Enteral formulas
- Glucose monitors and testing strips
- Hospital beds and mattresses
- Infusion pump
- Slings and splints
- Wheelchairs

Prosthetic devices include:

- Artificial eye
- Artificial limbs
- Braces
- Other artificial aids

Limitations include:

- Telescopic lenses are not covered
- Hearing aids are covered only when medically necessary to assist in the treatment of a medical condition.
- Cochlear implants are not covered.
- Diabetic supplies are covered under the pharmacy benefit

Copayments and Coinsurance for Durable Medical Equipment and Prosthetic Devices is:

Service	Amount
Durable Medical Equipment and Prosthetic Devices	25% Coinsurance after the Medical Deductible has been met

Vision Exams and Corrective Glasses

Sunshine Health covers routine eye examinations by a participating optometrist or ophthalmologist to determine the need for corrective lenses.

The Vision benefits include:

- A routine eye exam once in a benefit year.
- One pair of corrective lenses and frames or contact lenses every benefit year. The frames must be selected from the Sunshine Health standard frames options. If the member's head size or prescription changes for which an additional pair of corrective lenses and frames, or new contact lens prescription is needed, an additional pair of corrective lenses and frames or contact lenses can be covered.

- Prescription lenses and frames or contact lenses, including the fitting and adjustment, are also covered for a diagnosis of Aniseikonia, Aniridia, Anisometropia, Aphakia, Cataract, Corneal Disorders, Irregular Astigmatism, Keratoconus, Pathological Myopia, Post-traumatic Disorders, and Low Vision Services.
- Lenses include choice of glass or plastic lenses, all lens powers (single vision, bifocal, trifocal, lenticular), fashion and gradient tinting, ultraviolet protective coating, oversized and glass-grey #3 prescription sunglass lenses, and scratch resistant coating.
- Polycarbonate lenses are covered in full for children, monocular patients and patients with prescriptions ≥ +/- 6.00 diopters.

Limitations include:

- Any additional cost for lens options or frames that are not a Sunshine Health standard frame are not covered.
- Vision therapy (orthoptics and pleoptics) are not covered.
- Non-prescription lenses are not covered.
- Orthoptics, vision training, subnormal vision aids, and radial keratotomy are not covered.
- Photochromatic (transition) lenses, progressive lenses or polycarbonate lenses are not covered.
- Procedures related to providing eyeglasses that are performed in a custodial care facility, or a recipient's home are not covered.
- Replacement of lost, stolen, or broken or damaged lenses or frames, or contact lenses, are not covered.
- Sunglasses are not covered.

Copayments for vision services are:

Service	Amount
Vision exam	$5 Copayment
Corrective lenses	$10 Copayment

Rx Drugs

Sunshine Health covers drugs that are included in the Sunshine Health drug formulary. Sunshine Health has many participating community retail pharmacies where a member can get his or her drugs filled. Diabetic supplies and some over the counter drugs, such as vitamins and pain relievers are covered under Sunshine Health's drug formulary. These drugs are only covered if a physician or dentist prescribes the over the counter drug. You must present the prescription at the retail pharmacy for the over the counter drug to be covered.

In addition to drugs that you can get at a retail pharmacy, Sunshine Health covers specialty or injectable drugs that can be provided in your physician's office or in your home. This does not include immunizations provided in the PCP's office.

Some specialty drugs can be sent to your home. If the member needs to have drugs administered intravenously (IV) in the home by a nurse, covered drugs can be administered by a participating home care agency, if medically necessary.

Copays and deductibles paid for specialty drugs that are dispensed through a pharmacy will be applied towards the pharmacy deductible and the pharmacy maximum out of pocket cost. Copays and deductibles paid for specialty drugs that are dispensed through a physician's office or other non-pharmacy outpatient setting will be applied towards the medical deductible and the medical maximum out of pocket cost.

If the member's Healthy Kids dentist prescribes a drug, you can take the prescription to a participating retail pharmacy. The Sunshine Health formulary will be used to determine the coverage of the prescribed drug.

Formulary limitations include:

- Drugs considered investigational or experimental are not covered.
- Sunshine Health has prior authorization requirements for some drugs. For those drugs, payment will be made only if the drug was prior authorized.
- Some drugs may require that you try one or more drugs before certain drugs are approved by Sunshine Health. This is called step therapy.
- A maximum of a thirty-one day supply can be given at one time.
- Other quantity limits for specific drugs may also apply.
- When a generic drug is available, the brand-name drug will not be covered without prior authorization. If you and your doctor or dentist feel a brand-name drug is medically necessary, your doctor or dentist can ask for a prior authorization.

The details on the covered drugs, specialty drugs that require a prior authorization or step therapy and those with any quantity limits are provided in the Sunshine Health formulary. You can find the formulary at www.sunshinehealth.com, select Healthy Kids and then Member Resources.

The Copayments for Drugs are:

Service	Amount
Drugs	$5 Copay for generic drug
	$25 copay for preferred brand drug, after Pharmacy Deductible has been met
	$50 Copay for non-preferred brand drug, after Pharmacy Deductible has been met
	25% coinsurance for a Specialty drug after Pharmacy Deductible has been met

Other Limitations or Exclusions

Alternative Medicine services are not covered. Including but not limited to, acupuncture and acupressure, aromatherapy, aversion therapy, ayurvedic medicine, bioenergic therapy, carbon dioxide therapy, confrontation therapy, crystal healing therapy, cult deprogramming, electric aversion therapy for alcoholism, expressive therapies such as art or psychodrama, guided imagery, herbal medicine, homeopathy, hyperbaric therapy, massage therapy, narcotherapy, naturopathy, orthomolecular therapy, primal therapy, relaxation therapy, transcendental meditation and yoga, and equestrian therapy.

Assisted Fertilization is not covered. This includes artificial conception processes, such as but not limited to, GIFT, ZIFT, embryo transplants, and in vitro fertilization.

Behavioral Health Services not covered include:

- Behavioral health or substance abuse services not expected to result in demonstrable improvement in the member's condition and/or level of function and chronic maintenance therapy, except in the case of serious and persistent mental illness or disorders.
- Services related to intellectual disability, pervasive development disorder, or autism that extends beyond traditional medical management.
- Long-term residential treatment services.
- Marriage or family counseling, except when provided in connection with services provided for a treatable mental disorder.
- Methadone maintenance and administration for the treatment of chemical dependency.
- Psychiatric or psychological and neuro-psychological testing for: learning disabilities or problems, school-related issues, purposes of obtaining or maintaining employment, purposes of submitting a disability application for a mental or emotional condition, and any other testing that does not require administration by a licensed behavioral health professional.
- Psychoanalysis or other therapies that are not short-term or crisis-oriented and do not relate to treatable and defined mental disorders according to the most recent version of DSM.
- Sensitivity training.
- Treatment for personality disorders as the primary diagnosis, learning disabilities, or behavioral health problems for those conditions.
- Treatment of organic disorders, including but not limited to, organic brain disease.
- Treatment of chronic behavioral health conditions once the member has been restored to the pre-crisis level of function. Coverage is provided until the behavioral health condition is stable with no chance of improvement.
- Treatment by chronic pain management programs or any related services under the behavioral health benefit when the primary diagnosis is pain.
- Treatment of stress, co-dependency, and sexual addiction, sedative action electrostimulation therapy.
- Treatment for truancy or disciplinary problems without a behavioral health diagnosis.
- Twelve step model program as sole therapy for problems, including, but not limited to eating disorders or addictive gambling.
- Vagus nerve stimulation for the treatment of depressive disorders.

Comfort or Convenience Items are not covered. This includes but is not limited to air conditioning, air purifiers, beauty salon services, dehumidifiers, exercise equipment, telephones, televisions, home or automobile modifications, or whirlpools.

Corrective Appliances are not covered. This includes corrective appliances for athletic purposes or corrective shoes, arch supports, back braces, special clothing or bandages, shoe inserts, or orthopedic shoes. Shoe inserts and orthopedic shoes are only covered for members with diabetes.

Cosmetic Surgery or Other Cosmetic Procedures are not covered. Cosmetic surgery or procedures to repair or reshape a body structure for the improvement of the member's appearance or for psychological or emotional reasons, including removal of birth marks, scar revisions, removal of tattoos, augmentation procedures or reduction procedures (including male gynecomastia), rhinoplasty or otoplasty are not covered.

Court Ordered services are not covered. If the court ordered service is not a covered benefit or a covered benefit but not medically necessary, that court ordered service is not covered.

Dental Services are not covered. Dental services are provided through Florida Healthy Kids, not Sunshine Health.

Drugs. Experimental and investigational drugs, Drug Efficacy Study Implementation (DESI) drugs, factor replacement for Hemophilia A and Hemophilia B (except for emergency stabilization, during a covered inpatient stay, or when needed before a surgical procedure is performed), any hemostatic agents used in the treatment of Hemophilia A and Hemophilia B, Exondys 51, Spinraza, weight loss drugs, infertility drugs, anabolic steroids, blood or blood plasma, drugs used for cosmetic purposes including hair growth, impotency drugs are not covered. There is no coverage for lost or stolen drugs, or prescriptions that are dispensed after one year.

Durable Medical Equipment. Only the Durable Medical Equipment items listed as covered by Sunshine Health will be covered. Incontinence supplies are not covered.

Experimental and Investigational Procedures are not covered. These are those drugs, biological products, devices, medical treatments or procedures that meet any one of the following as defined by Sunshine Health. Reliable evidence shows the drug, biological product, device, medical treatment or procedure when applied to the needs of the member is:

- Subject to ongoing phase I, II or III clinical trials or
- Under study with a written protocol to determine maximum tolerated dose, toxicity, safety, efficacy, or efficacy in comparison to conventional alternatives, or
- Being delivered or should be delivered subject to the approval and supervision of an Institutional Review Board (IRB) as required and defined by federal regulations, particularly those of the U.S. Food and Drug Administration or the Department of Health and Human Services.

Forms. Charges for completion of any specialized report, forms including but not limited to school or athletic forms, and copying medical records are not covered.

Medically Necessary or Medical Necessity. The provision of covered services must meet the following conditions:

- Be necessary to protect life, to prevent significant illness or significant disability or to alleviate severe pain;
- Be individualized, specific and consistent with symptoms or confirm diagnosis of the illness or injury under treatment and not in excess of the member's needs;
- Be consistent with the generally accepted professional medical standards as determined by Sunshine Health, and not be experimental or investigational;
- Be reflective of the level of service that can be furnished safely and for which no equally effective and more conservative or less costly treatment is available statewide, and
- Be furnished in a manner not primarily intended for the convenience of the member, the member's parent, legal guardian or caregiver, or the provider.

For those services in a hospital or an inpatient setting, medical necessity means that appropriate medical care cannot be effectively furnished more economically on an outpatient basis or in an inpatient facility of a different type.

The fact that a provider has prescribed, recommended, or approved medical, allied, or long-term care goods or services does not, in itself, make such care, goods, or services medically necessary, a medical necessity, or a covered service or benefit.

Nutritional Supplements. Blenderized food, baby food, regular shelf food, infant formulas, food, food supplements, special medical foods, other nutritional and over-the-counter electrolyte supplements, are not covered.

Physical Examinations. A physical examination or evaluation or any mental health or chemical dependency evaluation requested to meet a requirement of a third party, including but not limited to requirements for employers, camp, school, sports activity, drivers' license or other insurance purposes, are not covered.

Private Duty Nursing. Private duty nursing is covered when medically necessary for skilled registered nurse or skilled license practical nurse services only, up to a limit of 16 hours per day.

Services Related to Motor Vehicle Accidents or Workers Compensation. The cost of any covered service that is a result of a motor vehicle accident, as applicable under law, or accident or injury at work that is covered by workers compensation is not covered. Sunshine Health may ask for information that verifies the status of coverage under an applicable motor vehicle insurance policy or workers compensation prior to paying for any services which may appear to be related to a motor vehicle accident or injury at work.

Transplants or Organ Donation. Experimental or investigational transplants are not covered. Services required by a member related to organ transplants for the evaluation, actual transplant and post-transplant care including related drugs are covered. Costs associated with the organ donor are not covered. No payment will be made for human organs which are sold rather than donated.

Other Services not covered. The following services are not covered:

- Care for conditions that federal, state, or local law required to be treated in a public facility or services furnished by any level of government, unless coverage is required by law.
- Circumcision after birth, unless medically necessary.
- Non-emergency services provided by a provider who is not participating with Sunshine Health unless prior authorized before the services were provided.
- Oral surgery services related to the correction of an occlusal defect or orthognathic or prognathic surgical procedures.
- Services provided before the member's effective date or after the date of termination from Sunshine Health, unless the member is in an inpatient facility on the date of termination. Sunshine Health will continue to cover that inpatient admission until discharge.
- Services provided by a provider who is a member of the member's immediate family. This includes the member's parents, siblings, stepchildren, current or former spouse or domiciliary partner, mother-in-law, father-in-law, sister-in-law, brother-in-law, or grandparent.
- Services for which the member would have no legal obligation to pay.
- Services that were submitted by two different professional providers who provided the same services on the same date for the same member (except individual and group therapy for mental health or substance abuse services).
- Sex reassignment services and procedures.
- Sterilization procedures and reversal of sterilization procedures and related services.
- Surgery to correct the following vision problems: myopia, hyperopia, astigmatism and radial keratotomy.
- Surrogate motherhood services and supplies, including those required for prenatal care and postpartum care for the member acting as the surrogate mother.
- Routine transportation.
- Weight reduction programs, including related diagnostic testing and other services, bariatric surgery, and anti-obesity drugs.

Nonpayment of Copayments, Deductibles, and Co-insurance amounts. If the Copayments, Deductibles, and Co-insurance amounts are not fully paid, a notice from Sunshine Health will be sent to the member's parent or legal guardian. The notice will inform that Sunshine Health is not responsible to pay for non-emergency or non-urgent care until those Copayments, Deductibles, and Co-insurance amounts are fully paid.

If you have questions about any of these covered services or any services limits, call us. We can be reached at 1-866-796-0530 (TDD/TTY 1-800-955-8770). A Member Services Representative will help you understand your benefits.

Utilization Management

Utilization Management is a process used by Sunshine Health that makes decisions about approving some of your healthcare benefits. Your child's doctor or hospital will send a request to Sunshine Health to review and consider if we will approve. Sunshine Health also has nurses who are in some of our hospitals. If your child is in the hospital the nurse can help arrange care for your child when he or she goes home.

When the Sunshine Health utilization management staff get a request, they will check to see:

- Is the service a covered benefit.
- Are there any benefit limits or exclusions that apply.
- Is the service medically necessary - This is done by looking at the medical information sent by your doctor or if we talk with your doctor.
- Is the service going to be done in the right place and the right time.

If the utilization management staff review the request, and they think the service is not medically necessary, the request is sent to a Sunshine Health medical director (who is a doctor) for review. The medical director will make the decision.

The utilization management staff will let your child's doctor or hospital know if we approve the service. If the service is not approved, a letter will be sent to you and your child's doctor or hospital. See the Filing an Appeal section for more information.

Prior Authorization Services

Prior authorization is when a request for a service must be sent to Sunshine Health for review and approval before the service is provided. **Examples of services that need to be prior authorized are:**

Admissions to a hospital for:

- Surgery
- Medical condition
- Mental health condition
- Substance abuse
- Transplants

Ancillary services such as:

- Durable medical equipment
- Home care
- Therapy services provided in the home

Mental health and substance abuse outpatient services, such as:

- Neuropsychological and psychological testing
- Residential treatment

Non-emergency services from a non-participating provider

Outpatient services, such as:

- Genetic testing
- Observation stays in the hospital
- Pain management services
- Radiology: CAT Scans, MRIs and Pet scans

Outpatient or Ambulatory Surgery procedures, such as:

- Dental or oral surgery that needs anesthesia
- Implantable devices
- Potential cosmetic or plastic surgeries
- Therapeutic abortions

Other services such as:

- Air transport
- IV infusion drugs
- Injectable drugs and other drugs given in a providers office

A list of all the services that need a prior authorization is available on the website at www.sunshinehealth.com. If a prior authorization is got given by Sunshine Health before your child gets the service, the service will not be paid by Sunshine Health.

Appeal of a Sunshine Health Decision

If the Sunshine Health medical director does not feel that the service is medically necessary and does not approve the services or approves only part of the requested service, Sunshine Health will send a letter to you and the doctor or hospital that asked for the prior authorization review. The letter will tell you why the service was not approved. The letter will also tell you what you can do if you want Sunshine Health to look at this again. This is called an appeal. If you do not agree with the medical director's decision, you can file an appeal.

See the Filing an Appeal section for more information.

Pharmacy Preferred Drug List

Sunshine Health has a Preferred Drug List (PDL). The PDL gives you information on generic and brand drugs that are covered. There are some over-the-counter drugs that are also covered if you have a doctor's prescription for the drug. Some examples of over-the-counter drugs are those for pain or fever (such as ibuprofen) as well as drugs to reduce diarrhea symptoms, motion sickness, and allergies. The PDL is not a complete list of the drugs covered by Sunshine Health.

A generic drug has the same active ingredient as the brand drug. Generic drugs should be used before a brand drug. If there is no generic drug available, there may be more than one brand name drug to treat a condition. The PDL lists the generic drug, preferred brand drug and non-preferred brand drug.

You can take a prescription from your Sunshine Heath doctor or Healthy Kids dentist to a participating pharmacy. Some specialty drugs are only covered when supplied by our specialty pharmacy provider. Most of these drugs do require a prior authorization.

If Sunshine Health thinks that a member's use of pharmacy services has been unusual or if there is the possibility of drug interaction, Sunshine Health will require the member to use only one pharmacy. This will be a participating pharmacy that you pick for your child. If this happens, and your child has a medical emergency and the selected pharmacy is closed, you can get a 72 hour supply of the medicine at another participating pharmacy.

Here is more information on the PDL:

- Your child can get up to a 31 day supply of each new drug or refill.
- For safety reasons, there are some drugs that have age or quantity limits.
- Some drugs need to be prior authorized before they are covered.
- For some drugs, your child must try initial drugs first – this is called step therapy.
- Diabetic supplies, such as insulin syringes and test strips are covered.
- The PDL lists the drugs that are over-the-counter, generic, preferred, non-preferred or specialty.

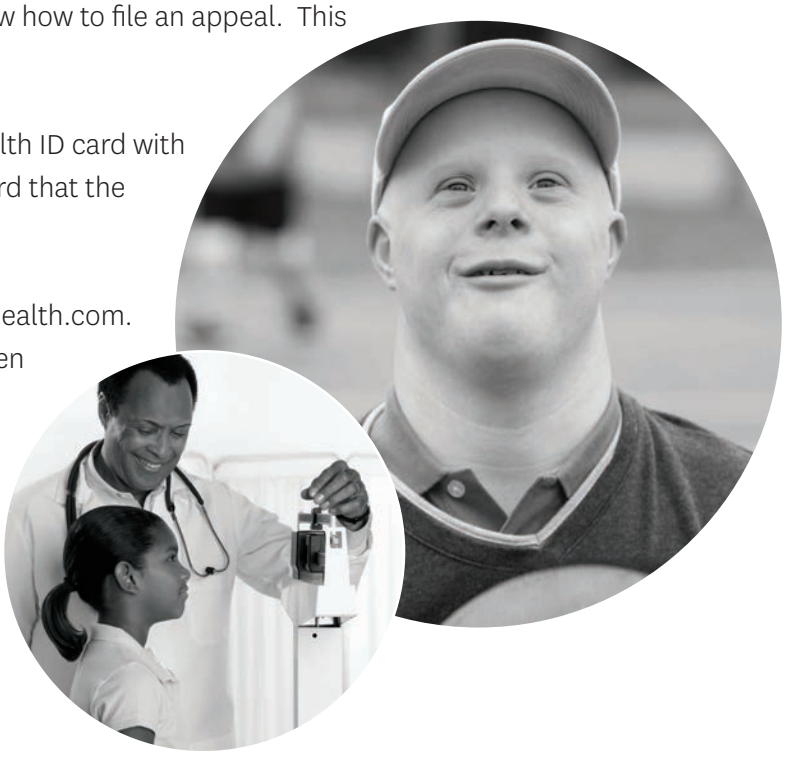
Your child's doctor can decide if it is necessary for him or her to have a non-preferred drug. If this happens, the doctor must send Sunshine Health a request for a prior authorization.

For any prior authorization requests, if Sunshine Health does not approve the request, we will send you and your doctor a letter telling you why. We will also let you know how to file an appeal. This process is described in the Filing an Appeal section.

Please take your child's prescription and Sunshine Health ID card with you to the pharmacy. There is information on the ID card that the pharmacy will need to process the drug.

You can find the PDL on our website at www.sunshinehealth.com. Click on Healthy Kids Plan, Member Resources, and then Healthy Kids Preferred Drug List.

To find a list of participating pharmacies, you can log onto your secure member portal or go to our website at www.sunshine health.com and use the Find a Provider tool. You can also call Member Services at 1-866-796-0530 (TDD/TTY 1-800-955-8770).



Case Management Services

Sunshine Health has case management programs that are set up to help you and your child know how to use the Healthy Kids benefits, help make appointments, and help you manage your child's health conditions.

To support you and your child, you have a team of trained staff who will help you with your child's health. Our case management team has medical and behavioral health nurses, social workers, disease managers, pharmacists, and medical directors to help keep your child well. Sunshine Health's case management staff can help you with communication between the PCP, specialists, behavioral health providers, and dentists that your child is seeing.

Our case management staff can help by:

- Helping you get the care your child needs.
- Providing education on well child care, including appropriate immunization and screenings.
- Providing education and support on your child's health conditions and how to manage those conditions.
- Providing ongoing assistance to remove barriers so that your child receives routine preventive health care services.
- Helping you learn more about the drugs and treatments your child is getting.
- Helping your child to get appointments and services after they are in a hospital or emergency room.
- Helping you find some community services that your child may need.
- Helping you to make a care plan that works for you and your child.
- Checking with you to see how you and your child are doing.

If you would like more information about the Case Management Programs or how to enroll your child, please call Sunshine Health at 1-866-796-0530 and pick the option for Case Management.

Case Management Programs

Sunshine Health's Case Management Programs are set up to help identify areas where you or your child could use help with getting care or managing a medical or behavioral health condition. Our case management staff will ask you and your child, if they are older, some questions to help us understand how we can help. We will ask you about any conditions your child has, medications or treatments they are getting, the doctors they are seeing, and what questions you have. Based on the needs of you and your child, the care manager will identify which program can help you the most.

The different Case Management Programs are:

- Behavioral Health and Substance Abuse Programs
- Complex Case Management
- Coordination of dental services
- General Case Management
- Start Smart for Your Baby® Maternity Program

Behavioral Health and Substance Abuse Programs

Sunshine Health also supports our members by helping them manage their behavioral health and substance abuse benefits to get the services they need. We have developed programs to support children and their families manage their behavioral health or substance abuse conditions. We have care managers that can help your child get services, understand his/her conditions, and the importance of medications and other treatments. Care managers will work closely with you and your child's mental health or substance abuse provider to make a plan of care that works for your child. The care managers will check with you to make sure things are going well.

We want your child to feel good and be healthy. Sunshine Health provides some health management programs to support your child's health and well-being. Programs are available for:

- Depression
- Anxiety
- Eating disorders (such as anorexia or bulimia)
- Substance abuse (such as drug and alcohol problems)
- Bi-polar disorder
- Other mental health conditions

Complex Case Management

Sunshine Health's complex case management program helps a child with special health care needs or complex conditions. Some of those conditions can be cerebral palsy, cancer, sickle cell, or transplants. This program can also help a child who has a both a medical condition and a behavioral health or substance abuse condition. The Sunshine Health care manager will work with you and your child to help you understand your child's conditions. They will also help you coordinate the care your child needs and get needed community resources. Children who can benefit from complex case management often need the help of a care manager for longer periods of time.

Coordination of Dental Services

The Sunshine Health case managers are trained in the Healthy Kids benefits, including dental services. They will be able to assist you in understanding the dental coverage available through the Florida Healthy Kids Corporation dental vendors and the limited dental benefits provided under Sunshine Health. As part of the case management process, the staff will identify if your child needs a routine dental appointment or may be having dental issues that need to be addressed. The case management staff can assist you in finding a dental provider that meets your child's needs and help to coordinate any needed appointments or services.

Start Smart for Your Baby® maternity program

The Start Smart for Your Baby® program is a case management program designed for our pregnant members. All teen pregnancies are considered high risk pregnancies and we understand how difficult this can be for the young mom and her family. Seeing an obstetrician early and keeping appointments is very important. We are here to help.

Our care managers can help the member understand what to expect during the pregnancy, delivery and after the baby is born. The care managers can help members find an obstetrician and make appointments. They can also help arrange any tests the doctor may order.

Call **1-866-796-0530 (TDD/TTY 1-800-955-8770)** if you want to know more. Our care managers will be happy to help you.

Health Management Programs

In addition to having Case Management Programs, Sunshine Health has Health Management Programs that are to help a child with a specific health condition. The Healthy Solutions for Life Programs are provided through our partnership with Nurtur. The Health Management Programs are based on clinical guidelines that are focused on Sunshine Health members under the age of 18. Health coaching services are provided to the parent or legal guardian of the child with participation of the child as appropriate.

The program has health coaches who have expertise in the diseases. For example, a diabetes health coach is a diabetic educator. An asthma health coach is a respiratory therapist. The health management programs provide education and support to you and your child on the chronic health condition and tips on self-management.

The health coaches will provide you and your child with:

- Disease-specific education and information you can read along with a newsletter with helpful tips
- Medication education and tips to help your child know that taking the medications will help them feel better
- Helping you to identify when your child starts to get symptoms that mean they may need to see their doctor
- What is your understanding of your child's disease and self-management
- Review of the self-management plan developed with your child's doctor
- Review you and your child's goals for managing their condition and help you with problem-solving

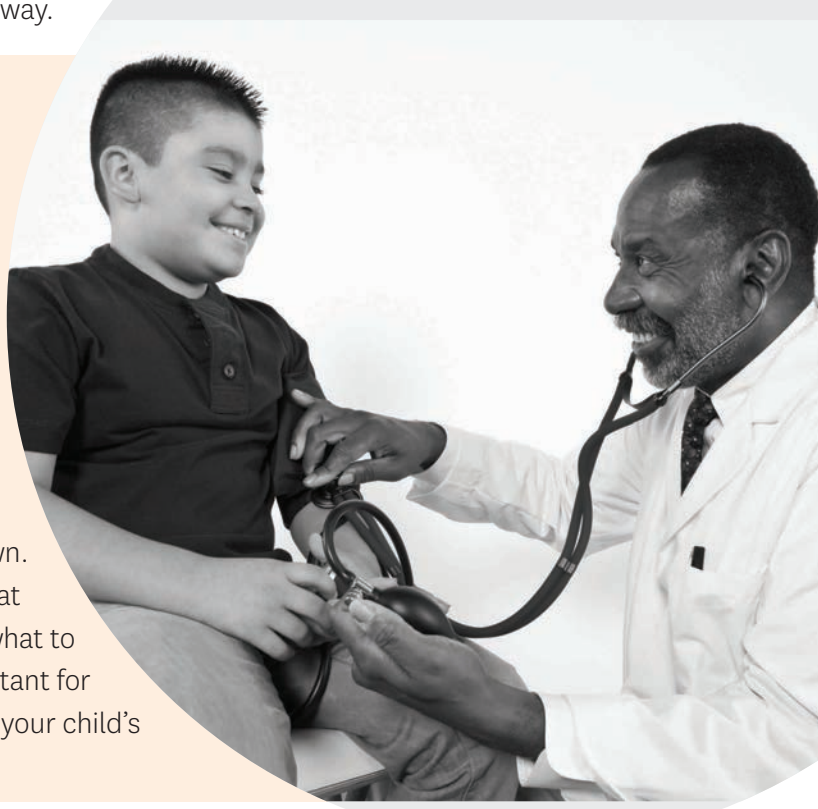
These Health Management Programs are described below:

Asthma

Children who are in the asthma health management program will get tips on how to better manage his or her asthma so that he or she can reduce how bad the asthma symptoms are and how often the symptoms occur. The health coach will help you and your child learn about what can cause asthma symptoms, such as dust or smoke. He or she will help you and your child learn the right way to use an inhaler, spacer, nebulizer, and peak flow meter. The health coach can help you to identify early warning signs of an asthma attack and when to get help. All children who are in the asthma program will get a peak flow meter to help monitor their breathing and a spacer to make sure that they get the right amount of inhaled medications. The health coach will help you and your child see if you are using a metered dose inhaler or spacer in the right way.

Diabetes

Children who are in the diabetes health management program will get education on what it means to have diabetes. The health coach can help you and your child learn the importance of having a good diet, eating on a regular schedule and getting routine exercise. He or she can help you develop a plan for what to do if your child gets sick, or if you have to change what amount of medications they get because they have a fever or cannot eat. The health coach can help you learn how important it is to check your child's blood sugar every day, and to know what causes your child's blood sugar levels to go up or down. They can also help you know what symptoms to look for that means your child's blood sugar is too low or too high and what to do right away. You will learn about the tests that are important for your child to get every year so that the doctor can monitor your child's diabetes.



Weight Management

Raising Well is a child weight management program. The program is for children ages two and up with a body mass index at or above the 85th percentile for their age and gender. **A health coach who is a registered dietitian will help set up healthy habits for your children through:**

- Personalized one-on-one health coaching
- Tailored exercise interventions for you and your child
- Online peer support and group discussions facilitated by health professionals
- Educational resources and activities including tip sheets, games, and recipes

Tobacco Cessation

The tobacco cessation program is developed to help members ages 16 and up who are using tobacco and have said they want to stop using tobacco within 30 days. The health coach will help the member to:

- Make a quit plan that works for them.
  - Identify coping strategies and problem solving skills.
  - Talk about getting ready to set a quit date, set the quit date, and make the quit plan.
- Learn problem solving skills that can help him/her stay on track with the quit plan.
- Identify coping and problem-solving skills that work for him or her.
  - Understand withdrawal symptoms.
  - Learn about smoking and successful quitting.
  - Get daily physical activity.
- Learn tips on how to not start smoking again.

Sunshine Health also offers The Puff Free Pregnancy Program. This program helps expecting mothers to stop smoking during the pregnancy.

Nurse Advice

Sunshine Health provides the families of our Healthy Kids members a 24-hour nurse advice line, through Nurse Advice Line. Nurse Advice Line has experienced nurses to help you understand your child's symptoms and what you may need to do to care for your child. The nurses will ask you questions about how your child is feeling, your child's symptoms, and when they started. This can help identify if you can do some things at home, need to see your PCP soon, or if you may need to go to an urgent care center or emergency room. Going to the emergency room may not be the best way to get care for your child. That is why we encourage you to call Nurse Advice Line first.

The Nurse Advice Line staff can give you simple and useful advice, even if your child is not sick. Staff can give you information about a drug your child is taking, a medical procedure, routine health care screening, or your child's health condition(s). They can let you know how to get information on other health related topics from a health information library.

You can contact Nurse Advice Line, 24-hours a day 365 days a year at 1-866-796-0530 and select the option for nurse advice.

Healthy Rewards through CentAccount™

Sunshine Health has a healthy rewards program. This program is offered through our CentAccount member incentive program. The CentAccount program promotes getting the health care services your child needs by offering financial incentives. The reward is loaded onto a health plan issued CentAccount debit card. You can use this card at many merchants you already use every day, such as nationally recognized drugstores and supermarkets to buy a wide variety of health care items.

Reward	Reward Value	Reward Information
Preventive well child visit with the PCP	$10	• Ages five to 18 • Only one reward for this service per calendar year
Diabetic Screenings • HbA1c test • LDL test • Nephropathy test • Dilated eye exam	$40	• Members must have diabetes • All four services must be completed within the same calendar year • Only one reward for this service per calendar year
Prenatal visits	$10	• No age restriction • Member must be enrolled in Start Smart for Your Baby program by 37 weeks gestation • Payment is for 3rd, 6th and 9th prenatal visit • No more than $30 would be paid for prenatal visits
Postpartum visits	$10	• No age restriction • Member does not have to be enrolled in Start Smart for Your Baby • Postpartum visit must occur between 21 and 56 days after the delivery date
Post behavioral health admission follow-up visit	$10	• No age restriction • Member must have been admitted to a behavioral health inpatient acute care facility • Visit post discharge must be from a behavioral health provider • The Visit post discharge must occur within 7 calendar days after the date of the discharge
Substance Abuse Case Management participation	$20	• Member must be age 16 or older • Must complete three sessions with a case manager • The third session must occur within six months of the date of the first session • No reward if all three sessions are not completed within the six month period
Tobacco Cessation Health Coaching	$20	• Age 16 and older • Member must state that they are willing to stop using tobacco within 30 days • Must complete six health coaching sessions for tobacco cessation • The sixth session must be completed within nine months of the date of the first coaching session • No reward if all six sessions are not completed within the nine month period
Weight Loss Health Coaching	$20	• Age 16 and older • Member must state that they are willing to take steps to lose weight within 30 days • Must complete six health coaching sessions for weight loss • The sixth session must be completed within nine months of the date of the first coaching session • No reward if all six sessions are not completed within the nine month period

MEMBER COMPLAINTS, GRIEVANCES AND APPEALS

Member Complaints, Grievances and Appeals

Complaints

As a parent or legal guardian of a Sunshine Health member you have a right to file a complaint. A complaint is when you are unhappy with Sunshine Health or a provider. Examples of complaints are:

- You are unhappy with the care your child received from a provider.
- You are unhappy with the service your child is receiving from a Sunshine Health provider.
- You are unhappy with how long it takes to get an appointment.
- You are unhappy with how your child was treated.
- You are unhappy that a service is not included as a Sunshine Health benefit.
- You are unhappy with how a bill was paid.
- You are unhappy with how you were treated by Sunshine Health staff.

If you are unhappy with Sunshine Health or a provider you have the right to file a complaint over the telephone or in writing by contacting Sunshine Health's Member Services Department. A complaint may be filed by speaking with a member service representative or in writing. **We can be reached at:**

Sunshine Health
Attn: Member Services – Member Advocate Dept.
1301 International Parkway 4th floor
Sunrise, Florida 33323
Phone: 1-866-796-0530
Hours – 8:00 a.m. – 8:00 p.m.

When you call the Member Services Department to file a complaint, the member service representative will start the complaint process and forward it to the Member Advocate Department. This department has staff who are focused on helping our members get the services they need and resolve complaints. The staff work with all of our Sunshine Health departments to help get answers for you. The Member Advocate staff has 24 hours to follow-up with you and resolve the issue. If the issue does not get resolved within 24 hours, the complaint automatically becomes a grievance.

Filing a Grievance

A grievance is a formal written complaint submitted by a Sunshine Health member related to:

1. Availability, coverage of, or quality of health care services including an adverse benefit determination made during the Sunshine Health Utilization Management review process;
2. Claims payment to providers or Sunshine Health decision to not pay for health care services; or
3. Concerns related to the Sunshine Health contract (explanation of coverage) for your child.
   In addition, as noted above, any complaint not resolved in 24 hours automatically becomes a member grievance.

Sunshine Health will send you a confirmation letter informing you that your grievance has been received and is being reviewed. A standard grievance is normally completed within thirty days, but may take up to sixty days.

If your child has an urgent need for care, you can request an urgent grievance. Sunshine Health uses the Florida definition of urgent, which is when the standard 30 day timeframe of the grievance procedure would seriously jeopardize the life or health of a member or would risk the member's ability to regain maximum function. An urgent grievance can be given to Sunshine Health's Member Services department. For urgent grievances, Sunshine Health will resolve the grievance within 72 hours of receipt. Sunshine Health does not require a written request for an urgent grievance. If the grievance does not meet the definition of urgent, Sunshine Health will process it as standard, and notify you verbally and in writing of the change to standard grievance.

A grievance that is related to a denial of services is called an Appeal. An appeal deals specifically with the medical necessity for a service or treatment that is a benefit. See the information in the Filing an Appeal section.

You have the right to file a grievance within one year after the event occurred. A provider may file a grievance on your behalf with your written consent.

To file a grievance you can:

- Call Member Services at 1-866-796-0530 (TDD/TTY 1-800-955- 8770), or
- Write us a letter telling us why you are not happy. Be sure to include:
  - Your child's first and last name
  - Your child's Sunshine Health member ID number
  - Your address and telephone number

Mail the letter to:
Sunshine Health
Appeal and Grievance Coordinator
1301 International Pkwy, 4th Floor
Sunrise, FL 33323
Fax 1-866-534-5972

If you would rather have someone speak for you, let us know. Another person can act for you. You have the right to review your grievance file at any time.

Sunshine Health will send you a letter telling you that we received your grievance within **10 days**. We will try to make a decision right away. Sometimes we can resolve it on the phone. If not, we will give you a written decision within **30 calendar days** after we get your grievance. If Sunshine Health needs extra time to resolve the grievance (or if you request additional time), we will add **14 calendar days** to the timeframe.

Filing an Appeal

If Sunshine Heath receives a request to review a service that requires a prior authorization and a decision is made to not approve the service as it was requested, you can file an appeal. This would include decisions to:

- Fully or partially deny payment.
- Approve the requested health care service at a lesser level or for a period of time that was different from what was requested.
- Deny payment of the requested service but to approve payment for a different health care service.

You, your doctor, or someone that you name to help you, can ask us to change our decision. This is called an appeal. You can ask for an appeal in writing or by calling us. If you appeal by phone, you must also send in a written, signed appeal. The written appeal must be sent within 10 calendar days after we get your phone call for an appeal. If you want to appeal, you must tell us within 30 days of the date of this letter. **You can file an appeal by writing to us at:**

Sunshine Health
Appeals and Grievances Coordinator
1301 International Parkway. Suite 400
Sunrise, FL 33323
Phone: 866-796-0530
Fax: 866-534-5972

We will give you an answer within 30 calendar days of you asking for an appeal.

The written appeal should include the following information:

- Your child's name.
- Your child's identification number on the Sunshine Health ID card.
- A phone number where we can reach you.
- Why you think we should change the decision.
- Medical information to support the request.

You can ask for an "expedited appeal " if you or your doctor think that waiting up to 30 calendar days could put your life or health in danger. You or your doctor should tell us this when asking for an appeal. If we agree, we will make a decision within 72 hours of receiving your appeal.

If we are going to reduce, or stop a service we had approved you to receive in the past, you have the right to keep getting the service until we make our decision on your appeal if:

- We approved you to get the service from the provider.
- The time limit we approved hasn't ended.

To keep getting the service, you must ask for an appeal. You must ask on or before ten (10) working days of the mailing date of this notice or the effective date of the action. If you appeal the action and keep getting service you may have to pay for the service. This is only if we decide that our first decision to deny coverage and/or payment for the service was right.

If you do not like our decision, you have one year from the date of the request that started the appeal to request a review by the Subscriber Assistance Program (SAP). You must finish our appeal process first. **You can request a review by the Subscriber Assistance program by contacting:**

Agency for Health Care Administration
Subscriber Assistance Program
MS #45
2727 Mahan Drive, Tallahassee, FL 32308
1-850-412-4502
1-888-419-3456 (toll-free)

If you have questions about the Sunshine Health appeal process, you can call us at 1-866-796-0530 or TTY/TDD 1-800-955-8770.

QUALITY IMPROVEMENT

Quality Improvement

Quality and Member Satisfaction Information

Sunshine Health is committed to the health and wellness of our members. Sunshine Health has a Quality Improvement (QI) program that is reviewed and evaluated each year to ensure that we provide quality care and services. This includes information that allows you to understand your child's benefits, how to access care, and how to participate in Sunshine Health's case management and wellness programs to improve your child's health.

Sunshine Health's QI programs are designed to make sure that all of the areas of the health plan work together to ensure that the care and services your child receives from Sunshine Health and our network of physicians and providers are high quality. **Some key areas that the QI program addresses are:**

Access to Care

- Making sure that the Sunshine Health provider network has enough PCPs and specialists to meet the needs of our members.
- Making sure that our network of providers can see members timely (how long to make an appointment for your child to be seen).

Medical Necessity

- Making sure that services ordered by a network provider meets the following:
  - Necessary to protect life, prevent severe illness or disability, or to alleviate pain
  - Is specific for the member, symptoms, or to make a diagnosis but not more than the member needs
  - Is consistent with general medical standards
  - Is done at a level of service that is safe and cost effective.

Case Management

- Sunshine staff will assess, plan, put a plan in place, coordinate care, make sure that the plan happens, and evaluate the success of meeting your child's health needs.

Disease Management

- Working with health coaches to educate you and your child about their health conditions and help them manage their care.

Member Education

- Making sure that you know your child's benefits, preventive care that he or she needs, how to manage health conditions and how to get the care that is needed.

Patient Safety

- Making sure that care and services are done in a way to protect your child's health and wellbeing. This includes getting the right drugs, diagnostic tests, treatments and hospital care.

Preventive Care

- Checking medical records to make sure that your child gets the well child, screenings, routine tests and immunizations for their age.

Satisfaction	• Checking with you and our providers to see how satisfied you are with the job that Sunshine Health is doing in delivering high quality care and services.

Sunshine Health has a Quality Improvement Committee (QIC) that meets to review and discuss all of the topics listed above. The QIC tells Sunshine how we can improve what we are doing. The QIC also helps us to see what actions we need to take to improve the quality of care and service provided to our members and providers. The QIC reports directly to the Sunshine Health Board of Directors. The Board of Directors has the final say over the QIC and any quality actions or plans taken by Sunshine Health. This helps us to improves the quality of care we provide.

If you have any questions about Sunshine Health, our quality improvement program or utilization management program, you may ask for information. You may also ask about Sunshine Health's quality performance indicators. This includes member and provider satisfaction survey results. Please call Member Services at 1-866-796-0530 (TDD/TTY 1-800-955-8770).

FRAUD AND ABUSE

Fraud and Abuse

Waste Abuse and Fraud (WAF) Program

Sunshine Health wants you to call us if you think or see a provider charging you for care that was not given to your child. It is a crime and we will take necessary actions. Call us at 1-866-796-0530 (TDD/TTY 1-800-955-8770). Sunshine Health will take your call about waste, abuse and fraud seriously. When you call us, we will listen to what you have to say.

Authority and Responsibility

Sunshine Health is serious about finding and reporting fraud and abuse. One example of fraud is when Sunshine Health gets billed for a service that is more than the service you received. If you have been a victim of fraud or suspect any fraudulent, wasteful or abusive billing, please contact Sunshine Health. Our staff is available to talk to you.

Sunshine Health - Office of Compliance
1301 International Pkwy, 4th Floor
Sunrise, FL 33323
1-866-796-0530 (TDD/TTY 1-800-955-8770)
Compliancefl@centene.com

YOUR RIGHTS

Advanced Directives – For Members age 18 or older

You have the right to make decisions about your health. This includes planning treatment before you need it. This document is called an "advanced directive". Anyone 18 years or older has this right. This is a state law. If the law changes, we will let you know within 90 days of any change.

This document says who will make healthcare choices for you if you are not able to do so. It can also say if you request or refuse treatment. This includes life support. Your doctor should discuss your directives with you.

You should give a copy of the directive to the doctor, the person acting for you and a family member. Take a copy with you when you go to the doctor or hospital. You can also make changes to your directive as you see fit.

If you have questions about Advanced Directives, you can talk to your doctor, or call Member Services at 1-866-796-0530 (TDD/TTY 1-800-955-8770).

If your directive is not being followed, you can call the state's complaint line at 1-888-419-3456.

You can call Member Services for a copy of an Advanced Directives Form or find one on our website at www.SunshineHealth.com.

MEMBER RIGHTS AND RESPONSIBILITIES

Member Rights and Responsibilities

Members are informed of their rights and responsibilities through the Member Handbook. Sunshine Health providers are also expected to respect and honor member's rights.

You and your child have the following *rights*:

- To be treated with respect and in a manner that recognizes your need and right to privacy and dignity.
- To receive assistance from Sunshine Health and our contracted providers in a prompt, courteous and responsible manner.
- To receive equal and fair access to medical treatment or accommodations, regardless of your race, national origin, religion, physical handicap or the source of payment for the services.
- To be provided with information about your child's health care benefit plan and any exclusions or limitations regarding your child's coverage.
- To be provided with information about the network of physicians and other health care providers participating in your child's health care benefits plan.
- To be informed by your child's physician or other health care provider of your child's diagnosis, your child's prognosis and your child's plan of treatment in terms you understand.
- To be able to discuss all appropriate medical treatment options for your child's condition regardless of cost or benefit coverage.
- To be informed by your child's physician or other health care provider about any treatment your child may receive; to participate with physicians in making decisions about your child's health care; to have your child's health care provider request your consent for all treatment unless there is an emergency and your life/health are in serious danger. If written consent is required for procedures (such as surgery), you have the right to understand the specific procedure or treatment and associated risks and why the procedure or treatment is being recommended.
- To be advised of available patient support services, including a language or sign interpreter.
- To refuse treatment and be told of the likely consequences of your decisions.
- To express a complaint about Sunshine Health and/or its providers or the care your child has received and to receive a response in a timely manner.
- To make recommendations or complaints regarding the Sunshine Health member rights and responsibilities policy.
- To file a grievance if you are not satisfied with Sunshine Health's determination regarding your complaint.

You and your child have the following responsibilities:

- To learn how Sunshine Health works by fully reviewing the benefits and coverage documents; please call Member Services if you have any questions in this regard.
- To ask questions until you fully understand the information you are given by Sunshine Health about your child's benefits and to know the proper use of Sunshine Health's processes.
- To always present your child's ID card when getting services.
- To guard against any unauthorized use of your child's ID card.
- To treat all Sunshine Health employees and contracted providers with the same respect and courtesy with which you would like to be treated.
- To consult with your child's PCP prior to receiving other medical care except in cases of an emergency.
- To keep all scheduled doctor's appointment or notify the provider's office when you will not be able to keep the scheduled appointment.
- To pay all co-payments, coinsurance and deductibles, and charges for non-covered services/benefits.
- To follow the doctor's advice, plans and instructions for care for your child, and consider the consequences of non-compliance.
- To establish a relationship with your child's PCP.
- To understand your child's health problems and work with your child's PCP, other treating physicians and Sunshine Health in developing shared treatment goals, as possible.
- To be honest and provide full information to your child's PCP, other treating physicians or providers, and Sunshine Health that is needed to provide care and coverage to your child.
- To freely express your opinions, concerns or complaints in a constructive manner.

Medical Records

Each physician's office keeps a copy of your child's medical records. If your child is a new member, we encourage you to transfer your child's previous medical records to your child's new PCP's office. Transferring your child's medical records to the new PCP's office will give the PCP easier access to your child's medical history. Your child's previous physician may charge you a fee for this transfer of records. These medical records are kept in confidence and will only be released as authorized by law. Please refer to the Privacy Notice in this handbook for our guidelines on the release of medical information.

Sunshine Health may be requested to release medical information to the Federal and State governments on your behalf. We will instruct you on the forms you need to authorize your child's provider and Sunshine Health to release medical information.

PROTECTING YOUR PRIVACY

Protecting Your Privacy

Privacy Notice

For help to translate or understand this, call **1-866-796-0530 (TDD/TTY 1-800-955-8770)**.
Hearing impaired **TDD/TTY 1-800-955-8770**

Si necesita ayuda para traducir o entender este texto, por favor llame al telefono.
1-866-796-0530 (TDD/TTY 1-800-955-8770)

Pou èd pou tradui oubyen pou konprann sa, rele **1-866-796-0530 (TDD/TTY 1-800-955-8770)**
Interpreter services are provided free of charge to you.

At Sunshine Health, your privacy is important. We will do all we can to protect your child's health records. By law, we must protect these health records and send you this notice.

This notice tells you how we use your child's health records. It describes when we can share those records. It explains your rights to see your child's health records. It also tells you how to use those rights. This notice does not apply to records that do not identify your child.

When we talk about your health records in this notice, it means any record of your child's health services while he/she is a member of Sunshine Health.

How We Use or Share Health Records

Here are ways we may use or share your child's health records:

- To help us pay the bills your providers send us.
- To help your providers give your child proper care. If your child is in the hospital, we may give the hospital the records his/her doctor may send us.
- To help manage your child's health. We might talk to your doctor about a disease or wellness program that could improve your child's health.
- To help resolve any appeals or grievances filed by you or a provider with Sunshine Health or the State of Florida.
- To assist others who help us provide your child's health services. We will not share your child's records with these groups unless they agree to protect your records.
- For public health or disaster relief efforts.
- To remind you if your child has a doctor's visit.
- To tell you about other treatments and programs. This could be on how to stop smoking or lose weight.
- To design special health programs and services.

State and federal laws may call for us to give your child's health records to others. This could be for these reasons:

- For public health actions. For example, the Food and Drug Administration may need to check or track medicines. Or it may need to track medical device problems.
- To public health groups. This may be done if we think a serious public health or safety threat exists.
- To a health agency for certain activities. These activities may be audits and inspections. Sometimes they are licensure and disciplinary actions.
- To a court or administrative agency.
- To law enforcement. For example, we may give your records to a law enforcement officer to find someone. This person could be a suspect or fugitive. Or someone who is missing or a material witness.
- To a government person. This could be about child abuse. Or it could be about neglect or violence in your home.
- To a coroner or medical examiner to name a dead person. Or to find the cause of death. Or to funeral directors to help with their duties.
- For organ transplant purposes.
- For special government roles. This could be military and veteran events. Or national security and intelligence actions. Or it could be to protect the President and others.
- About injuries on the job due to worker compensation laws.

If one of the above reasons does not apply, we must get your written approval. This approval asks if you will let us use or share your child's records with others. If you change your mind, let us know. We will stop it.

If sharing your health information is not allowed by or limited by a state law, we will obey the law that better protects your health information.

What are Your Rights?

The following are your rights about your child's health records. If you would like to use any of these rights, please contact us. We can be reached at **1-866-796-0530 (TDD/TTY 1-800-955-8770)**.

- You have the right to ask us to give your records only to certain people or groups. And you have the right to say for what reasons. You also have the right to ask us to stop your records from being given to family members. You have the right to ask us to stop your records from being given to others involved in your care. While we try to honor your wishes, the law does not make us.

- You have the right to ask for a private exchange of your records. If you believe that you would be harmed if we mailed your records to your home address, you can ask us to send them by other means. Other means might be fax or mailed to another address.

- You have the right to view and get a copy of all the records we keep about you. This is anything we use to make decisions about your health. It includes enrollment and payment. It also includes claims and medical management records. You need to ask for this information in writing.

- You do not have the right to get certain types of health records. We may decide not to give you these:
  - Records that have psychotherapy notes.
  - Records collected for use in a court case or other legal action.
  - Records subject to federal laws regarding clinical laboratories.

In some cases, we may not let you get a copy of your records. You will be informed in writing. You may have the right to have our action reviewed.

- You have the right to ask us to make changes to wrong or incomplete records. These changes are known as amendments. You must ask for the change in writing. You need to give a reason for your change(s).
  - We will get back to you in writing no later than 60 days after we receive your letter.
  - If we need more time, we may take up to another 30 days. We will inform you of any delays and tell you when we will get back to you.
  - If we make your changes, we will let you know they were made. We will also give your changes to others who we know have your records and to other persons you name.
  - If we choose not to make your changes, we will let you know why in writing.
  - You will have a right to send us a letter disagreeing with us. We have a right to answer your letter. You then have the right to ask that your original request for changes, our denial and your second letter disagreeing with us be put with your records.

- You have the right to receive a list of when we have given your records to others during the past six years. By law, we do not have to give you a list of the following:
  - Records that are incidental to a use or disclosure otherwise permitted.
  - Records given to persons involved in your care or for other notification purposes.
  - Records used for national security or intelligence purposes.
  - Records given to prisons or police. Or to FBI and others who enforce laws.
  - Records given to health oversight agencies.
  - Records given or used as part of a data set for research. Or for public health or healthcare operations purposes.

Your request must be in writing. We will act on your request within 60 days. If we need more time, we may take up to another 30 days. Your first list will be free. We will give you one free list every 12 months. If you ask for another list within 12 months, we may charge you a fee. We will tell you the fee first and give you a chance to take back your request.

Using Your Rights?

- You have a right to get a copy of this notice at any time. We have the right to change the terms of this notice. Any changes in our privacy practices will apply to all the health records we keep. If we make changes, we will send you a new notice.

- If you have any questions about this notice or how we use or share your health records, please call. We can be reached at 1-866-796-0530 (TDD/TTY 1-800-955-8770). That office is open Monday through Friday from 8:00 a.m. to 5:00 p.m. EST.

If you believe your rights have been broken, you may file a complaint in writing to:

Sunshine Health
Privacy Official
1301 International Pkwy 4th Floor
Sunrise, FL 33323

You may also contact the Secretary of the United States, Department of Health and Human Services:

Office for Civil Rights
U.S. Department of Health & Human Services
61 Forsyth Street, SW. - Suite 3B70 Atlanta, GA 30323
(404) 562-7886; (404) 331-2867 (TDD)
(404) 562-7881 FAX
www.hhs.gov/ocr

WE WILL NOT TAKE ANY ACTION AGAINST YOU FOR FILING A COMPLAINT.

1301 International Parkway
Suite 400
Sunrise, Florida 33323

1-866-796-0530
TDD/TTY 1-800-955-8770
SunshineHealth.com
@SunHealthFL

©2018 Sunshine State Health Plan. All Rights Reserved.