CHOICES TO MAKE

Most people in Medicaid must enroll in a health plan. If you are one of those people, you will get a letter telling you the name of your health plan. You have 120 days to choose another plan if you want to change plans. Your letter will tell you how to change plans.

If you are enrolled in a health plan, you will also receive a membership card from your plan. Always take your health plan’s membership card with you when you receive medical care. Contact your plan if you have questions about your health plan’s membership card.

WHAT IS ON THE CARD

The front of your Florida Medicaid gold card shows your name and a card identification number called the Card Control Number. This is not your Medicaid number, but this number will allow your provider to check your eligibility before providing services. The back of the card tells your provider how to get your Florida Medicaid number and check your current eligibility. The phone numbers on the back of the card are for provider use only. Do not call the numbers on the back of the card.

The information on your health plan’s membership card will be different. Please contact your health plan for questions about your membership card.

YOUR FLORIDA MEDICAID IDENTIFICATION NUMBER

Your Florida Medicaid identification number is not on your gold card. Your Florida Medicaid number is kept in your Florida Medicaid file. Any provider can use your gold card or health plan’s membership card to check the Florida Medicaid file to find out if you are eligible for Florida Medicaid services.
FLORIDA MEDICAID COVERED SERVICES
Services of doctors, advanced registered nurse practitioners, physician assistants, chiropractors, podiatrists, prescribed drugs, licensed and certified nurse midwives, durable medical equipment and medical supplies, family planning, emergency and non-emergency transportation, dialysis, some dental care, vision, hospice, transplant, rural and federally qualified health centers, home health, laboratory and X-ray services, community mental health services, County Health Department services, inpatient and outpatient hospital services and nursing facility services. Limitations and prior authorizations may apply to some of these services.

FLORIDA MEDICAID SERVICES FOR CHILDREN UNDER AGE 21
In addition to the above, services for children also include: comprehensive health screenings, full dental care, therapies, private duty nursing, personal care, medical foster care, early intervention, prescribed pediatric extended care centers, community based services, behavior analysis and school-based services.

KEEP THE CARD
Your gold card is a permanent identification. Even if your Florida Medicaid eligibility ends, you should always keep your gold card. If you become eligible again, you can use the same gold card.

You may throw your health plan’s membership card away if your eligibility ends. You will receive a new membership card from your health plan when you become eligible again.

PROTECT THE CARD
Be careful with your gold card and health plan’s membership card. NEVER LET ANYONE BORROW YOUR CARDS. Protect your cards from damage. Don’t write on the cards. Protect the dark strip on the back side. Keep your cards with your other important cards, like your driver’s license or your Medicare card.

CARRY YOUR CARD
Always take your gold card or health plan’s membership card with you whenever you go to a doctor, hospital, pharmacy, or need any medical service. Carry your card with you at all times in case you need emergency medical care.

OTHER INSURANCE
If you have other insurance that may cover some or all of your medical care and you receive services from a Medicaid provider, be sure to tell the Medicaid provider about the other insurance. Other insurance includes Medicare, Champuss, Worker’s Comp., a Medicare supplement, accident insurance or any insurance that provides medical coverage.

OUT OF STATE
If visiting outside of Florida, Florida Medicaid will pay only for emergency care, or care that has been arranged and approved by Florida Medicaid ahead of time. If an out-of-state provider is willing to accept Florida Medicaid, let that provider use your gold card or health plan membership card to verify your eligibility.

APPEAL RIGHTS
You have the right to appeal any denial, reduction or termination of services. Call our Medicaid Helpline at 1-877-254-1055 for questions about your rights.

FRAUD
You must not give or loan your gold card or health plan’s membership card to any other person. If anyone offers you money or non-Medicaid items in return for using your card or recommends medical care that you do not need or that seems more often than normal, or tries to get you to become a patient, report this to our Medicaid Fraud Hotline at 1-888-419-3456.

CALL THE PROVIDER FIRST
Call your provider if you have a question about any medical bill charged to you. Make sure they have your Florida Medicaid number and know to bill Florida Medicaid. If you are enrolled in a health plan, make sure your provider is part of your health plan’s network.

NO CHARGE
Providers may not charge you for checking your eligibility.

CALL THE PROVIDER FIRST
Florida Medicaid will not pay a provider when you are not eligible to receive services. Florida Medicaid will not pay a provider if the service is not covered. Florida Medicaid will not pay a provider when you have met the limit for a medical service that has a limit. Call our Medicaid Helpline at 1-877-254-1055 if you have questions about covered services and service limits.

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IF YOU MOVE
If you move, you must notify the Department of Children and Families or the Social Security Office. If you leave Florida to live in another state, your Florida Medicaid eligibility stops.

BEFORE YOU GET MEDICAL CARE
A provider is someone who gives you a medical or related service. Be sure to ask the doctor, pharmacy or other provider if they will accept Florida Medicaid as payment before services are given, or you may have to pay.

You must make sure that the services you are going to receive are covered by Florida Medicaid. Always show your gold card, or health plan’s membership card before you get medical care. Show your card in the pharmacy before you have prescriptions filled.

CO-PAYMENTS
Adults may be required to pay part of the cost of their medical care through a small co-payment for some services. Any required co-payments should be paid to your provider. If you do not have your co-payment, the doctor cannot refuse to see you for your medical care. Call our Medicaid Helpline at 1-877-254-1055 if you have questions about which services require co-payment.

If you are enrolled in a health plan, you may not have to pay a co-payment. Contact your health plan for questions about co-payments.

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