

Statewide Medicaid Managed Care (SMMC) Policy Transmittal 15-17
RE: Changes in Notice of Action for MediKids Enrollees
July 14, 2015
Attachment: Chart of Required Changes to Notice of Action for MediKids Enrollees

Change Set #	Page #	Language in Letter	Changes in Language in Letter	Comment on Change
1	Page #2 <i>Located at the very top of the page.</i>	<p align="center">Right to Request a Plan Appeal and/or Request a State Medicaid Fair Hearing</p> <p>If you do not agree with this decision, you have the right to request an appeal from <<MANAGED CARE PLAN>>. You also have the right to request a Medicaid fair hearing from the state. When you ask for an appeal, <<MANAGED CARE PLAN>> has a different health care professional review the decision that was made. When you ask for a fair hearing, a hearing officer who works for the state reviews the decision that was made.</p>	<p align="center">Right to Request a Plan Appeal and/or Request a State Medicaid Fair Hearing</p> <p>If you do not agree with this decision, you have the right to request an appeal from <<MANAGED CARE PLAN>>. You also have the right to request a Medicaid fair hearing from the state. When you ask for an appeal, <<MANAGED CARE PLAN>> has a different health care professional review the decision that was made. When you ask for a fair hearing, a hearing officer who works for the state reviews the decision that was made.</p>	<p><u>Required</u>; deletion of all content about DCF State Medicaid Fair Hearings because this is not applicable to MediKids enrollees.</p>

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2	Page #2 & Page #3 <i>Located at the very bottom of page #2 and the top of page #3.</i>	<p>How to Ask for a Fair Hearing:</p> <p>You do not need to go through the appeal process before you ask for a fair hearing. You can ask for a fair hearing by calling or writing. You may ask for a fair hearing any time up to 90 days from the date on this letter, or up to 90 days after you get our decision on your appeal.</p> <p><u>You may ask for a fair hearing by calling (850) 488-1429 or writing to:</u></p> <p>MAIL:</p> <p>Department of Children and Families Office of Appeal Hearings Building 5, Room 255 1317 Winewood Boulevard Tallahassee, FL 32399-0700</p> <p>FAX: (850) 487-0662</p> <p>EMAIL: Appeal_hearings@dcf.state.fl.us</p> <p>Your provider can ask for a fair hearing for you, but you must give your written approval to the provider.</p>	<p>How to Ask for a Fair Hearing:</p> <p>You do not need to go through the appeal process before you ask for a fair hearing. You can ask for a fair hearing by calling or writing. You may ask for a fair hearing any time up to 90 days from the date on this letter, or up to 90 days after you get our decision on your appeal.</p> <p>You may ask for a fair hearing by calling (850) 488-1429 or writing to:</p> <p>MAIL:</p> <p>Department of Children and Families Office of Appeal Hearings Building 5, Room 255 1317 Winewood Boulevard Tallahassee, FL 32399-0700</p> <p>FAX: (850) 487-0662</p> <p>EMAIL: Appeal_hearings@dcf.state.fl.us</p> <p>Your provider can ask for a fair hearing for you, but you must give your written approval to the provider.</p>	<p><u>Required</u>; deletion of all content about DCF State Medicaid Fair Hearings because this is not applicable to MediKids enrollees.</p>

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3	<p>Page #3</p> <p>Located about the middle of the page.</p>	<p>How to Ask for your Services to Continue:</p> <p>If you are now receiving the service that was reduced, suspended or terminated, you have the right to keep getting those services until a final decision is made in an appeal or fair hearing. You MUST file your appeal or request for a fair hearing AND ask for continued services within these time frames:</p> <p><i>For an appeal:</i></p> <p>File the appeal with <<MANAGED CARE PLAN>> no later than 10 days after this letter was mailed OR no later than 10 days after the first day our action will take place, whichever is later. You can ask for an appeal by phone. If you do this, you must then also make a request in writing. Be sure to tell us that you want your services to continue.</p>	<p>How to Ask for your Services to Continue:</p> <p>If you are now receiving the service that was reduced, suspended or terminated, you have the right to keep getting those services until a final decision is made in an appeal or fair hearing. You MUST file your appeal with your child's managed care plan <<MANAGED CARE PLAN>>or request for a fair hearing AND ask for continued services within these time frames:</p> <p><i>For an appeal:</i></p> <p>File the appeal with <<MANAGED CARE PLAN>> no later than 10 days after this letter was mailed OR no later than 10 days after the first day our action will take place, whichever is later. You can ask for an appeal by phone. If you do this, you must then also make a request in writing. Be sure to tell us that you want your services to continue.</p>	<p><u>Required</u>; deletion of all content about DCF State Medicaid Fair Hearings because this is not applicable to MediKids enrollees.</p>

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4	Page #3 <i>Located towards the bottom of page #3.</i>	<p><i>For a fair hearing:</i></p> <p>File the request with the Office of Appeal Hearings no later than 10 days after this letter was mailed or before the first day our action will take place, whichever is later. Be sure to tell the hearing officer that you want your services to continue.</p> <p>If your services are continued, there will be no change in your services until a final decision is made in your appeal or fair hearing.</p> <p>If your services are continued and our decision is upheld in an appeal or fair hearing, we may ask that you pay for the cost of those services. We will not take away your Medicaid benefits. We cannot ask your family or legal representative to pay for the services.</p>	<p><i>For a fair hearing:</i></p> <p>File the request with the Office of Appeal Hearings no later than 10 days after this letter was mailed or before the first day our action will take place, whichever is later. Be sure to tell the hearing officer that you want your services to continue.</p> <p>If your services are continued, there will be no change in your services until a final decision is made in your appeal or fair hearing.</p> <p>If your services are continued and our decision is upheld in an appeal or fair hearing, we may ask that you pay for the cost of those services. We will not take away your MediKidsMedicaid benefits. We cannot ask your family or legal representative to pay for the services.</p>	<p><u>Required</u>; deletion of all content about DCF State Medicaid Fair Hearings because this is not applicable to MediKids enrollees.</p>

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5	Page #4 <i>Located at the top of the page.</i>	<p>Right to Request a Review from the Subscriber Assistance Program</p> <p>If you do not like our appeal decision, you have one year after you get the final decision letter to request a review by the Subscriber Assistance Program (SAP). You must finish your appeal process first. If you ask for a fair hearing, you cannot have a SAP review. To ask for a SAP review, call (888) 419-3456 (toll-free) or send your request to:</p> <p style="padding-left: 40px;">Agency for Health Care Administration Subscriber Assistance Program 2727 Mahan Drive, Mail Stop #26 Tallahassee, FL 32308</p>	<p>Right to Request a Review from the Subscriber Assistance Program</p> <p>If you do not like our appeal decision, you have one year after you get the final decision letter to request a review by the Subscriber Assistance Program (SAP). You must finish your appeal process first. If you ask for a fair hearing, you cannot have a SAP review. (There is an exception in cases where the Agency determines the child's life is in imminent and emergent jeopardy. In such cases, the Chair of the Panel may within 24 hours of notification to the Managed Care Organization and enrollee convene an emergency hearing.) To ask for a SAP review, call (888) 419-3456 (toll-free) or send your request to:</p> <p style="padding-left: 40px;">Agency for Health Care Administration Subscriber Assistance Program 2727 Mahan Drive, Mail Stop #26 Tallahassee, FL 32308</p>	<p><u>Required</u>; deletion of all content about DCF State Medicaid Fair Hearings because this is not applicable to MediKids enrollees.</p>

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6	Page #4 <i>Last paragraph of this page.</i>	If you have questions, call us at <<PHONE>> or <<TTY NUMBER>>. For more information on your rights, review the Grievance and Appeal section in your Member Handbook. It can be found online at: <<WEB ADDRESS>>.	If you have questions, call us at <<PHONE>> or <<TTY NUMBER>>. For more information on your rights, review the Grievance and Appeal section in your Member Handbook. It can be found online at: <<WEB ADDRESS>>.	<u>Required</u> ; deletion of all content about DCF State Medicaid Fair Hearings because this is not applicable to MediKids enrollees.