THANK YOU FOR CHOOSING COVENTRY HEALTH CARE OF FLORIDA, INC.

GENERAL INFORMATION

This handbook may be available in other formats such as Spanish and Braille free of charge. For more information, call our Customer Service Department toll free at 1-800-441-5501.

The Health Plan provides different types of communication for the hearing and visually impaired and for members that speak other languages free of charge. To find out more about these services please call our Customer Service Department toll free at 1-800-441-5501.

If you are hearing impaired, call 7-1-1 Relay

Este libro esta disponible en Español y Braille.
Para recibirlo, llame gratis al 1-800-441-5501.

For information about our performance and financial information, go to www.coventryflmcd.com.

The Health Plan pays different doctors in your plan in many ways. This is known as a Physician Incentive Plan and your doctor may be paid each time he or she sees you or your doctor may be paid a certain set amount each month for each member. You can contact us to get any other information you want, including how we pay your doctor but the amount of the payments are private. Please feel free to call our Customer Service Department.

For information about our structure and operation, go to www.floridahealthstat.com.

To change your address, call the Department of Children and Families at 1-866-762-2237 or go to http://www.myflorida.com/accessflorida/ or call the Social Security Administration at 1-800-772-1213 (hearing impaired call TTY 1-800-325-0778) or go to www.socialsecurity.gov/changeofaddress.

HOURS OF OPERATION

CUSTOMER SERVICE

Customer Service
Pharmacy
Monday-Friday 8:00 am - 7:00 pm
Monday-Friday 8:00 am - 7:00 pm

ROUTINE HEALTH CARE

Doctors
Specialists
By Appointment - hours vary
With a “Referral” - by appointment - hours vary

AFTER HOURS

For care, call your doctor

For emergencies: Go to an urgent care center for minor problems
Go to a hospital or call 911 for serious problems

For questions, call our Customer Service Department and leave a message
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AHCA APPROVAL: 3/13/15
WELCOME TO COVENTRY HEALTH CARE OF FLORIDA

BECOMING A MEMBER

To join our plan, you must have Medicaid. Please call Choice Counseling at 1-877-711-3662. Membership begins on the first day of any calendar month.

If you don’t pick a plan, the State will pick one for you.

ALL NEW MEMBERS

In order to get the best care, fill out the Medical Release Form and the Health Risk Assessment Form in this packet and send them back to us. If you have not chosen a doctor for yourself and your family, please choose one now. It is important to schedule a first visit with your doctor. You can call Customer Service to choose your doctor.

OPEN ENROLLMENT

You can join a plan when you first get Medicaid. There are also 60 days each year when you can change plans.

For more information, call your local Medicaid office.

Miami-Dade, Monroe
Aging and Disabilities Resource Centers
(305) 593-3000 or 1-800-953-0555
(305) 670-6500 or 1-800-963-5337

Enrollment:

If you are a mandatory enrollee required to enroll in a plan, once you are enrolled in COVENTRY HEALTH CARE OF FLORIDA or the state enrolls you in a health plan, you will have 120 days from the date of your first enrollment to try the Managed Care Plan. During the first 120 days you can change Managed Care Plans for any reason. After the 120 days, if you are still eligible for Medicaid, you will be enrolled in the plan for the next eight months. This is called “lock-in.”

Open Enrollment:

If you are a mandatory enrollee, the state will send you a letter 60 days before the end of your enrollment year telling you that you can change plans if you want to. This is called “open enrollment.” You do not have to change Managed Care Plans. If you choose to change plans during open enrollment, you will begin in the new plan at the end of your current enrollment year. Whether you pick a new plan or stay in the same plan, you will be locked into that plan for the next 12 months. Every year you can change Managed Care Plans during your 60-day open enrollment period.
DISENROLLMENT

How do I change plans?

You can change plans for any reason during:

- Your initial 120-day enrollment period
- Your 60-day annual open enrollment period

Some people can join a plan at any time. They are:

- SSI recipients under the age of 19
- Foster care children
- Children in subsidized adoption arrangements
- Children enrolled in CMS
- American Indians

If you are a mandatory enrollee and you want to change plans after the initial 120-day period ends or after your open enrollment period ends, you must have a state-approved good cause reason to change plans. The following are state-approved cause reasons to change Managed Care Plans:

1. The enrollee does not live in a region where the Managed Care Plan is authorized to provide services, as indicated in FMMIS.

2. The provider is no longer with the Managed Care Plan.

3. The enrollee is excluded from enrollment.

4. A substantiated marketing or community outreach violation has occurred.

5. The enrollee is prevented from participating in the development of his/her treatment plan/plan of care.

6. The enrollee has an active relationship with a provider who is not on the Managed Care Plan’s panel, but is on the panel of another Managed Care Plan. “Active relationship” is defined as having received services from the provider within the six months preceding the disenrollment request.

7. The enrollee is in the wrong Managed Care Plan as determined by the Agency.

8. The Managed Care Plan no longer participates in the region.
(9) The state has imposed intermediate sanctions upon the Managed Care Plan, as specified in 42 CFR 438.702(a)(3).

(10) The enrollee needs related services to be performed concurrently, but not all related services are available within the Managed Care Plan network or the enrollee’s PCP has determined that receiving the services separately would subject the enrollee to unnecessary risk.

(11) The Managed Care Plan does not, because of moral or religious objections, cover the service the enrollee seeks.

(12) The enrollee missed open enrollment due to a temporary loss of eligibility.

(13) Other reasons per 42 CFR 438.56(d)(2) and s. 409.969(2), F.S., including, but not limited to, poor quality of care; lack of access to services covered under the Contract; inordinate or inappropriate changes of PCPs; service access impairments due to significant changes in the geographic location of services; an unreasonable delay or denial of service; lack of access to providers experienced in dealing with the enrollee’s health care needs; or fraudulent enrollment.

c. Voluntary enrollees may disenroll from the health plan at any time.

Some Medicaid recipients can change health plans whenever they choose, for any reason. For example, people who are eligible for both Medicaid and Medicare benefits and children who receive SSI benefits can change plans at any time for any reason. To find out if you can change plans, call the Enrollment Broker at 1-877-711-3662.

If you have any problems, please call our Customer Service Department.

Will I be able to enroll again if I change plans?

Yes, call Choice Counseling at 1-877-711-3662.

Can the Plan disenroll me?

The Plan cannot disenroll you. The Plan can request the Agency disenroll you if you:

- Lose Medicaid
- Move out of the service area
- Let someone else use your ID card
- Let someone else use your Florida Medicaid Gold Card
- Are admitted to a correctional facility
- Don’t follow the recommended plan of care
- Die
- Enroll in another plan

Can I still be a member if I don’t have Medicaid?
No. If you don’t have Medicaid, you can’t enroll.

**REINSTATEMENT PROCESS**

**What happens if I lose Medicaid?**

If you lose Medicaid and get it again within one hundred eighty (180) days, you will automatically be reinstated to our Plan. If you need help re-enrolling, call Choice Counseling at 1-877-711-3662. We will tell you in writing when you are reinstated.

We will give you the same doctor unless:

- The doctor is no longer available
- You live in a different area
- You ask for another doctor

**YOUR MEMBER ID CARD**

You will get an ID card in the mail. Show it to get care. Your card has information you need to get care. Keep it with you at all times.

When you go to a doctor, hospital or pharmacy, you will need your card. Never let anyone else use it. If you lose your card, call our Customer Service Department.

**WHAT IF I WAS ASSIGNED BY THE STATE MEDICAID PROGRAM?**

If you don’t pick a plan, the state will pick one for you. If they pick us, we will give you to a doctor near your home. If you want another doctor, call our Customer Service Department. All family members can have the same doctor or can have different doctors. You can change your doctor at any time.

**How to Get Care After Normal Office Hours**

If you need care after hours or on the weekend, call your doctor. Coventry doctors provide 24-hour coverage for our members. This means they may use an answering service or another doctor on-call for these times.

Our 24-Hour Nurse Line is available for your medical questions when you can not reach your doctor at 1-888-607-8180.

To find urgent care centers near you, visit our website at [www.coventryflmcd.com](http://www.coventryflmcd.com).

**HOW TO GET CARE/COST SHARING**

Your care is provided by doctors, hospitals and other health care workers. Some of your care may need
our approval. We will pay for the care if it’s approved. If it’s not approved, you may have to pay for it. You do not have to get approval for emergency services. We will pay for emergency services.

Claims and Co-Payments

You do not need to submit a claim. There are zero copays for Medicaid covered benefits.

Financial Compensation – Doctors Make the Decisions

We do not pay more money to doctors for deciding if you do or don’t need care. We only pay doctors for the care you get.

QUALITY PERFORMANCE MEASURES and MEMBER SATISFACTION

It is important to Coventry Health Care of Florida that our members are happy with their care and customer service. We look at several member service areas annually to see how happy our members are and ways to improve service:
--doctors
--customer service
--member satisfaction

You can also ask for information about our plan’s quality performance indicators. Please call our Customer Service Department at 1-800-441-5501

Quality Improvement Program

Our Quality Improvement (QI) program helps us to be sure that we meet high standards for safety and quality. We always look for ways to be better. As part of the QI program, the Plan helps you take care of your health and get the best service.

The QI program looks at ways to better members:

- Satisfaction
- Safety
- Services
- Access to doctors

Our goals are to:

- Make sure that we use good ways to check our services
- Have a team to work on this
- Look at quality problems
- Be aware of our members’ culture and language needs
- Make sure that we meet state and federal laws
- Meet all requirements of health care accreditation
All doctors and staff must keep all information private. We look at the QI program every year to be sure it meets guidelines. The results help us make the work plan for next year. If you have any questions, please call the Customer Service number on your card.

**Cultural Competency helps you to understand your care**

All Coventry doctors have to follow the Cultural Competency plan. The plan will help you if you

(a) Have any special needs  
(b) Cannot see good  
(c) Cannot hear good  
(d) Cannot read or understand something, and/or  
(e) Do not speak English.

The plan has a foreign language interpretation service and other systems that can help you for free. To receive these services, call Member Services at 1-800-441-5501.

**WHICH DOCTOR SHOULD I GO TO?**

The name and phone number of your doctor is on your ID card. Your doctor will help you with all of your health care. You must use doctors in our network. Any services provided by a doctor that is not our network must be approved by us before you get the services. You may call customer service to request authorization to use a doctor that is not in our network. A list of the doctors in our network may be found in the Provider Directory.

For some care, your doctor will send you to a specialist. You must use our doctors except in an emergency.

If you want to change your doctor, call our Customer Service Department or go to our website, [www.coventryflmcd.com](http://www.coventryflmcd.com). You may request to change your PCP at any time. Our Provider Directory is available on-line at [www.coventryflmcd.com](http://www.coventryflmcd.com) and is updated at least monthly. You can get a hard copy of the Provider Directory by calling our Customer Service Department.

Some doctors can’t perform some services because of religious or moral beliefs. If there’s a change in the doctor’s services based on moral or religious beliefs, we will tell you within 90 calendar days after the change. For counseling or services that we don’t cover because of moral or religious views, we don’t need to provide information on how and where to get it.

**WHAT IF I NEED TO SEE A SPECIALIST?**

For some care, you may need to get a “Referral” from your doctor. If you don’t get a referral and you see a doctor that is not in our network, you will have to pay for the visit.

**HOW WILL THE DOCTOR KNOW WHAT HEALTH PLAN I HAVE?**
We will tell your doctor that you are a member. When you go to the doctor, show your card. Your name, your doctor’s name and your doctor’s phone number are on the card.

**GETTING APPROVAL FOR SERVICES**

Your doctor will call the health plan to get approval for some services. Your doctor will let you know which services need to be approved before you receive them. You do not have to get approval for emergency services or post-stabilization services.

**Out of Network Services**

If we cannot provide a covered service that is needed in our network, we will cover these services out-of-network.

If we approve a member to go out of network, we will ensure the cost is no greater to the member than in our network.

Call Customer Service for more information.

**WHAT DOES MEDICALLY NECESSARY MEAN?**

Your doctor will help you get services that are medically necessary as listed:

a) Prevent illness and condition
b) Treat pain and body problems
c) Agree with Medical Standards
d) Are provided in a safe place for the service

**WHEN CAN I SEE THE DOCTOR?**

You can see your doctor right away. Call to make an appointment. The phone number is on your card. Call if you need to cancel the appointment.

If your doctor leaves our plan, you can get care from the doctor for up to 6 months if you are in an active course of treatment that is medically necessary.

If you are pregnant, you can stay with your doctor until you have the baby.

**Continuity of Care**

If you are an enrollee that is currently in active care with your doctor, we will help you with your coordination of care without requiring additional authorizations.

We will continue to cover the care you are receiving for 60 days from your enrollment date with no cost to you.
Please call us at: 1-800-441-5501, (TTY/TDD 7-1-1 Relay), from 8am to 7pm for more information.

**WHAT IF I HAVE AN EMERGENCY?**

Call your doctor or after hours go to an urgent care center for minor problems. Go to a hospital nearest to you or call 911 for emergencies. Call your doctor and us if you go to the hospital. You do not have to get prior authorization from the health plan for emergency or post-stabilization services.

**WHAT IF I AM OUTSIDE THE SERVICE AREA?**

Go to the hospital. Call your doctor and us as soon as you can.

**WHAT IF I AM PREGNANT?**

If you are pregnant or think you are pregnant, call your doctor.

**NEWBORN ENROLLMENT**

You must enroll the baby with the Florida Department of Children and Families Services before your baby is born to make sure your baby has Medicaid. Also, call our Customer Service Department to enroll your baby. Please call the Florida Department of Children and Families Services and our Customer Service Department when your baby is born.

You can pick a doctor for the baby as soon as you become pregnant or we can pick one for you. The Florida Department of Children and Families Services will give us your baby's Medicaid number. Notify the Florida Department of Children and Families Services if you are pregnant.

**Women’s Services**

Women visits are important for good health for adult women. Annual mammograms and cervical cancer screenings (Pap test) are important steps in maintaining a woman’s health. Contact your PCP for more information. Female members also have direct access, without referral, to a women’s health specialist (OB/GYN) within the network for covered care necessary to provide routine and preventive health care services.

**SECOND OPINION**

If you want a second medical opinion about your health care, call your doctor and request one. Your doctor will review your second medical opinion request and decide on a treatment plan that is best for you. If you choose one of our doctors, we will pay for the second medical opinion. If you choose a doctor that is not ours and one of our doctors is available, you may have to pay all or part of the cost. If we don’t have a doctor in our network for your second medical opinion, we will pay for the second medical opinion.

**KEEPING HEALTH INFORMATION SAFE**
We must protect your health information as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH). We might share your health information with others if it’s urgent. It may also be given out if required by law. If we need to share your information, we will code it so it stays safe.

You can let others see your health information by completing a Health Information Release Form. Call Customer Service if you need help.

**BENEFITS**

**AMBULANCE SERVICES**

You can get emergency transportation to hospitals.

**BEHAVIORAL HEALTH CARE**

For all other members, care is offered through PsychCare, prior authorization or referral by a PCP is not required. Community doctors will see you on an outpatient basis within one (1) day for Urgent Care, within one (1) week for Routine Care, within one (1) month for Well Care or the doctor will provide inpatient care at hospitals listed in the directory. We can provide you with the names of doctors and can help you make an appointment. You may call customer service to request authorization to use a doctor that is not in the health plan’s network. A list of the doctors in the health plan’s network may be found in the Provider Directory.

If you are not happy with the doctor or case manager assigned to you, you can ask to see another one. Call our Customer Service Department for assistance at 1-800-441-5501.

For emergencies, diagnosis, and after hours coverage in or out of the service area you may use any hospital or other setting, or call PsychCare at 1-800-221-5487. You do not have to get prior authorization or a referral from your doctor for emergency or post-stabilization services.

The following feelings can indicate you need help:

- Sadness that won’t go away
- Feelings of hopelessness or helplessness
- Feelings of guilt or worthlessness
- Trouble sleeping
- Poor appetite or weight loss
- Loss of interest in things you enjoy
- Trouble concentrating
- Irritability
- Headaches, stomach aches or backaches that won’t go away
If you need help, call your doctor. You can get help 24 hours a day. If your doctor is not available, we will find another doctor for you. If you are in danger of hurting yourself or someone else, call 911 or have someone take you to the nearest emergency room.

Covered Care Summary

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<th>COMMUNITY MENTAL HEALTH CARE</th>
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<td><strong>Assessments:</strong></td>
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<tr>
<td>Psychiatric Evaluations</td>
<td>2 visits per year.</td>
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<td>Brief Behavioral Health Status Evaluation</td>
<td>2 1/2 hours of evaluation per year.</td>
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<td>Psychiatric Review of Records</td>
<td>2 reviews per year.</td>
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<td>In-Depth Assessment</td>
<td>1 assessment per year.</td>
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<tr>
<td>Bio-psychosocial Evaluation</td>
<td>1 evaluation per year.</td>
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<tr>
<td>Psychological Testing</td>
<td>40 quarter-hour units per year.</td>
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<td>Limited Functional Assessment</td>
<td>3 limited assessments per year.</td>
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<td>Treatment Plan Development</td>
<td>1 per year.</td>
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<tr>
<td><strong>Health and Psychiatric Care:</strong></td>
<td></td>
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<tr>
<td>Medication Management</td>
<td>Must meet your health needs.</td>
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<tr>
<td>Brief Individual Medical Psychotherapy</td>
<td>16 quarter-hour units per year.</td>
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<td>Group Medical Therapy</td>
<td>18 quarter-hour units per year.</td>
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<td>Behavioral Health Screening Care</td>
<td>2 screenings per year.</td>
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<tr>
<td>Behavioral Health Care</td>
<td>2 screenings per year.</td>
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<tr>
<td>Methadone or Buprenorphine Administration</td>
<td>52 times per year.</td>
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<td><strong>Behavioral Health Therapy:</strong></td>
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<tr>
<td>Individual and Family</td>
<td>104 quarter-hour units per year.</td>
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<tr>
<td>Group Therapy</td>
<td>156 quarter-hour units per year.</td>
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<td>Behavioral Health Day Care</td>
<td>190 hour units per year.</td>
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<tr>
<td><strong>Community Support and Rehabilitative Care:</strong></td>
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<tr>
<td>Psychosocial Rehabilitative Care</td>
<td>1,920 quarter-hour units combined for both.</td>
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<td>Clubhouse Care</td>
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<tr>
<td><strong>Therapeutic Behavioral On-Site Care for Children and Adolescents:</strong></td>
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<tr>
<td>Therapeutic Care</td>
<td>36 quarter-hour units per month.</td>
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<tr>
<td>Behavior Management</td>
<td>36 quarter-hour units per month.</td>
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<tr>
<td>Therapeutic Support</td>
<td>128 quarter-hour units per month.</td>
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<tr>
<td><strong>Hospital Care:</strong></td>
<td>Emergent care only.</td>
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<td>Emergency Room</td>
<td>45 day limit – Adults</td>
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<tr>
<td>Inpatient</td>
<td>Children/Adolescents up to 365 days a year.</td>
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<tr>
<td><strong>Case Management:</strong></td>
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<tr>
<td>Targeted Case Management</td>
<td>344 quarter-hour units per month.</td>
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<tr>
<td>Intensive Case Management (Team)</td>
<td>48 quarter-hour units per month.</td>
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</table>
CIRCUMCISION

Available up to 13 weeks of age.

DENTAL

Call Managed Care of North America (MCNA) at 1-800-494-6262.

DOCTOR VISITS

Your doctor manages all of your health care needs. We will pay for your visits to doctors in our network.

EMERGENCY CARE

A doctor can be called 24 hours a day. If you need emergency care, go to an urgent care center or hospital or call 911.

FAMILY PLANNING

You can go to family planning classes or get materials. Ask your doctor for more information. You may obtain family planning services from any participating Medicaid doctor without prior authorization.

HEALTH SCREENINGS

You will receive a schedule for check-ups and shots. You can get health screenings through your doctor. Please get the health screenings you need within the 90 days of becoming a member. If more testing is needed, your doctor will tell you.

See the Preventive Care Guidelines for more information.

HEALTHY START PROGRAMS

Programs to improve pregnancy outcomes and infant health.

HEARING

You can get medically necessary hearing evaluations and diagnostic testing every 2 years. Care is provided as stated in the Medicaid Hearing Services Coverage and Limitations Handbook.

HOME HEALTH CARE AND MEDICAL EQUIPMENT

You can get home health care and medical equipment if your doctor orders it.

HOSPITAL CARE
We cover inpatient hospital services including medical supplies, diagnostic tests, therapeutic services and all supplies and equipment to provide the appropriate treatment of patients.

NOTE:

For recipients age 21 and older, inpatient hospital services are limited to 45 days.

For recipients under the age of 21, there is no limit. The health plan will cover 45 days of inpatient hospital services during each state fiscal year. The state will cover inpatient hospital services after 45 days.

OUTPATIENT CARE

We cover outpatient hospital services including medical supplies, nursing care, therapeutic services and drugs. Some outpatient hospital services are limited to $1,500 for adults age 21 and older. There is no limitation for children 20 years of age or younger.

LABORATORY AND X-RAYS

Your doctor will tell you if you need these services. Some care may require a referral.

POST-STABILIZATION CARE

You can get post-stabilization care within or outside the plan network if:

- We pre-approved it
- We did not respond to the doctor’s request within 1 hour after it was made
- We could not be contacted for approval
- The care followed an emergency and was medically necessary

PRESCRIPTION DRUGS

The Managed Care Plan’s psychotropic drug informed consent requirements for enrollees under age thirteen (13) as provided for in s. 409.912(51), F.S. You can get medicine (including unlimited generic drugs) at area drug stores and supermarkets. If you are outside the area and have to pay for medicine, we will pay you back.

You must fill out the “Informed Consent for Psychotherapeutic Medication” attestation form; or the Department of Children and Families CF1630 form; or provide the court order for the drug.

The finished form must be given to the pharmacy with every new order for a psychotherapeutic drug.

SPECIALTY CARE

Talk to your doctor if you or your child needs special care. Some care may require a referral.
THERAPY

Children under the age of 21 can get physical, speech, occupational or respiratory therapy. Adults can get physical or respiratory therapy.

TRANSPORTATION

For emergencies, call 911.

For non-emergency transportation and transportation services call TMS at 1-866-201-9972.

If you have any questions, call our Customer Service Department.

VISION

You can get Medicaid-approved eye exams, eyeglasses and medically necessary contact lenses. Call our Customer Service Department at 1-800-441-5501.

Non-Covered Services

There are some things that Coventry Health Care does not cover. These include:
• Care for which you do not have a referral, except for self-referral services and emergency care.
• Care from out-of-network providers who are not prior-approved, except for emergency or family planning services.
• Services that are not medically necessary.

For other services not covered, please call Customer Service.

For care available under the Medicaid State Plan but not covered by Coventry call your Medicaid Area Office at 1-800-953-0555.

QUALITY ENHANCEMENTS

To learn more about these programs, call your doctor or our Customer Service Department.

SUBSTANCE ABUSE

DOMESTIC VIOLENCE

PREGNANCY PROGRAMS – PRENATAL and POSTPARTUM

CHILDREN’S PROGRAMS

HELP THEM THRIVE, BIRTH TO FIVE – NUTRITION/BREASTFEEDING
Call WIC at 1-800-342-3556.
HEALTH SCREENINGS, PREVENTION AND EARLY INTERVENTION
May include:
• medical history
• physical exam
• nutritional assessment
• developmental assessment
• updating of routine immunizations
• laboratory tests (including blood lead screening)
• vision, hearing, and dental screenings*
• health education, diagnosis and treatment
• referral and follow up as appropriate

*Vision and hearing screening are provided according to an established periodicity schedule. A dental screening referral is provided for recipients beginning at age three, or earlier if indicated.

HEALTHY BEHAVIORS PROGRAM
We offer programs to our members who want to stop smoking, lose weight, or address any substance abuse problems. We also offer prenatal/postpartum programs. We reward members who join and meet certain goals. Call customer service at 1-800-441-5501 to learn more about these programs.

Community Programs
Sometimes it is helpful for you to work with some other agencies in your community. They might be able to help with services that are not covered on our plan. Coventry Health Care can help you get in touch with some of these services. They can help you with care that will keep you healthy.

New Technologies
Doctors and health care companies are creating new technologies. This can be anything from a new test to new machines. The Plan has processes on how to look and judge new devices.

When we find out about new devices, we look over the new information. We may also ask experts for their views. Coventry matches the information with known standards. We base our decisions on making sure you have the right care.

DISEASE MANAGEMENT
Coventry Healthcare has disease management programs for enrollees who have serious conditions. These programs give educational support. These services are set up by you and your doctor.

Enhanced Case Management
If you have a serious health problem, you may join our Enhanced Case Management program. You will
work with nurses who are trained in enhanced case management. They help you and your doctors with your needs. They also plan the right services. Call the Customer Service number on your Member ID card to reach a Case Manager.

**Utilization Management**

Utilization Management (UM) helps make sure you get the right services. You may call the Customer Service number on your card to ask questions.

**We want to help you be as healthy as you can.**

Our Disease Management Program is designed to help you manage lasting illnesses and diseases. We mail you materials to help you manage your condition.

**How can a member enroll in the program?**

You are signed up for the disease management program when you have a lasting illness. You can sign up or close the case whenever you want. Call a Customer Service Representative at 1-800-441-5501; 7-1-1 Relay, for more information.

**Utilization Review Process**

Our goal is to make sure you get medically necessary care and services in the right setting. No Coventry employee or doctor is rewarded in any way for making decisions about what care you should or should not get. Coventry also makes sure our providers give you quality care.

If you are hearing or speech impaired use your TTY, or dial 711 on your phone. You will be transferred to a Service operator. Or call the Florida TDD/TTY number at 1-800-955-8770.

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**GRIEVANCE & APPEALS PROCESS**

A grievance is a formal complaint about a doctor or service. An appeal is a formal complaint about a service that is denied.

A grievance may be filed orally or in writing within one year of the incident.

An appeal may be filed orally or in writing within thirty (30) days of receiving the notice of action. If the appeal is filed orally (except for an expedited appeal), it must be followed up with a written notice within ten (10) calendar days of calling in your appeal.

Call 1-800-441-5501, Monday – Friday, 8:00 am - 7:00 pm. TTY 7-1-1 Relay

Write Grievance & Appeals Dept., 1340 Concord Terrace, Sunrise, FL 33323
Right to Request a Plan Appeal and/or Request a State Medicaid Fair Hearing

If you do not agree with this decision, you have the right to request an appeal from Coventry Health Care of Florida. You also have the right to request a Medicaid fair hearing from the state. When you ask for an appeal, Coventry Health Care of Florida 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.

NOTE: MediKids enrollees are not eligible to participate in the Medicaid Fair Hearing process.

How to Ask for an Appeal:

You can ask for an appeal in writing or by calling us. Your case manager can help you with this, if you have one. We must receive the request within 30 days of the date of this letter. Here is where to call or send your request:

Coventry Health Care of Florida
1340 Concord Terrace
Sunrise, FL 33323
(800) 422-7335
(877) 542-6964 Fax

Your written request for an appeal should include the following information:
- Your name
- Your member number
- A phone number where we can reach you or your legal representative

You may also include the following information if you have it:
- Why you think we should change the decision
- Any medical information to support the request
- Who you would like to help with your appeal

Within five days of getting your appeal, we will tell you in writing that we got your appeal unless you ask for an expedited (fast) appeal. We will give you an answer to your appeal within 45 days of you asking for an appeal.

How to Ask for an Expedited (Fast) Appeal if Your Health is At Risk:

You can ask for an “expedited appeal” if you or your provider think that waiting 30 days for a decision could put your life, health, or your ability to attain, maintain, or regain maximum function in danger. You can call or write us, but you need to make sure that you ask us to expedite the appeal. We may not agree that your appeal needs to be expedited, but you will be told of this decision. We will still process your appeal under normal time frames. If we do need to expedite, you will get our decision within three working days after we receive the appeal request. This is true whether you asked for the appeal by phone or in writing.
For more information:

Call 1-800-441-5501, Monday - Friday from 8:00 am - 7:00 pm, TDD 7-1-1 Relay

Write Grievance & Appeals Dept., 1340 Concord Terrace, Sunrise, FL 33323

How to Ask for a Fair Hearing:

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. You may ask for a fair hearing by calling (850) 488-1429 or writing to:

Department of Children and Families
Office of Appeal Hearings
Building 5, Room 255
1317 Winewood Boulevard
Tallahassee, FL 32399-0700
FAX: (850) 487-0662
EMAIL: Appeal_hearings@dcf.state.fl.us

Your provider can ask for a fair hearing for you, but you must give your written approval to the provider.

How to Ask for your Services to Continue:

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:

For an appeal:
File the appeal with Coventry Health Care no later than 10 days after the notice of action 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.

For a fair hearing:
File the request with the Office of Appeal Hearings no later than 10 days after the notice of action 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.

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.

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.

Right to Request a Review from the Subscriber Assistance Program
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:

Agency for Health Care Administration  
Subscriber Assistance Program  
2727 Mahan Drive, Mail Stop #26  
Tallahassee, FL 32308

If you have questions, call us at 855-219-6671 or 7-1-1 Relay.

**LIVING WILL AND ADVANCE DIRECTIVES**

**What should I know about a Living Will?**

Living Wills and Advanced Directives let you have your wish about life support including the right to accept or refuse medical or surgical treatment and the right to make these advance directives. If you are seriously ill and can’t speak for yourself, you can pick someone to speak for you. Ask your doctor for more information. If you make a Living Will, give a copy of it to your doctor.

You have the right to direct your care by giving your doctors written instructions about how you want them to handle your medical care if you become unable to make decisions for yourself. The legal documents that you can use to give your directions in advance in these situations are call advance directives. Written information about advance directives are available for members upon request by calling customer service. If there are any changes in the state law, we will tell you as soon as possible, but no later than 90 calendar days after the effective change.

It is your choice whether you want to fill out an advance directive. According to law, no one can deny you care or discriminate against you based on whether or not you have signed an advance directive. If you have signed an advance directive, and you believe that a doctor or hospital has not followed the instructions in it, you may file a complaint with the Agency for Health Care Administration (AHCA) by calling 1-888-419-3456 between the hours of 8:00 a.m. to 7:00 p.m., Monday through Friday.

**MEMBER RIGHTS & RESPONSIBILITIES**

We have adopted the Florida Member's Bill of Rights and Responsibilities. You can request a copy of it from your doctor.

**RIGHTS**

You have the right to have your privacy protected

You have the right to a response to questions and requests
You have the right to know who is providing services to you

You have the right to know the services that are available, including an interpreter if you don't speak English

You have the right to know the rules and regulations about your conduct

You have the right to be given information about your health

You have the right to get service from out-of-network providers

You have the right to get family planning services from any participating Medicaid provider without prior authorization

You have the right to be given information and counseling on the financial resources for your care

You have the right to know if the provider or facility accepts the assignment rate

You have the right to receive an estimate of charges for your care

You have the right to receive a bill and to have the charges explained

You have the right to be treated regardless of race, national origin, religion, handicap, or source of payment

You have the right to be treated in an emergency

You have the right to participate in experimental research

You have the right to file a grievance if you think your rights have been violated

You have the right to information about our doctors

You have the right to be treated with respect and with due consideration for your dignity and privacy

You have the right to receive information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand

You have the right to participate in decisions regarding your health care, including the right to refuse treatment

You have the right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation

You have the right to request and receive a copy of your medical records and request that they be amended or corrected
You have the right to be furnished health care services in accordance with federal and state regulations
You are free to exercise your rights, and the exercise of those rights does not adversely affect the way the health plan and its providers or the State agency treat you
You have the right to make a complaint or appeal about the health plan or the care it provides.
You have the right to make a recommendation regarding the health plan’s member rights and responsibilities.

RESPONSIBILITIES

You should provide accurate and complete information about your health
You should report unexpected changes in your condition
You should report that you understand your care and what is expected of you
You should follow the treatment plan recommended
You should keep appointments
You should follow your doctor’s instructions
You should make sure your health care bills are paid
You should follow health care facility rules and regulations

FRAUD, ABUSE & OVERPAYMENT

If you know of any fraud, abuse or overpayment, call Customer Service. We will document the information and investigate it.

To report suspected fraud and/or abuse in Florida Medicaid, call the Consumer Complaint Hotline toll-free at 1-888-419-3456 or complete a Medicaid Fraud and Abuse Complaint Form, which is available online at https://apps.ahca.myflorida.com/inspectorgeneral/fraud_complaintform.aspx.

If you report suspected fraud and your report results in a fine, penalty, or forfeiture of property from a doctor or other health care provider, you may be eligible for a reward through the Attorney General’s Fraud Rewards Program (toll-free 1-866-966-7226 or 850-414-3990). The reward may be up to 25 percent (25%) of the amount recovered, or a maximum of $500,000 per case (Florida Statutes Chapter 409.9203). You can talk to the Attorney General’s Office about keeping your identity confidential and protected.

Here are some examples of fraud and abuse:

Sending a bill for a more expensive service than given
Sending a bill more than once for the same service
Sending a bill for services not given
Forging a receipt
Using someone else’s Medicaid card or number
Filing a claim for a service or medicine not given

**Reporting Abuse, Neglect, And Exploitation**

If you are victim of abuse, neglect or exploitation, or you suspect someone you know is a victim of abuse, neglect or exploitation, report this immediately by calling the toll-free abuse hotline at 1-800-96-ABUSE.

**IMPORTANT REMINDERS**

Call your doctor before getting care

In an emergency, go to the nearest hospital or call **911**. Call your doctor and us as soon as possible

Keep your ID card and Florida Medicaid Gold Card with you at all times

Call to cancel an appointment with your doctor if you are unable to go

Call Customer Service at 1-800-441-5501 for questions about your care

Call Pharmacy Customer Service at 1-866-847-8279 for questions about drug coverage

Answer all of the questions and sign all of the forms that need to be completed

For drug coverage problems, call our Medicaid Ombudsman/Hernandez Ombudsman at 1-888-853-2636, Monday - Friday from 8:00 am to 7:00 pm

Call your Florida Department of Children and Families Case Worker if you are moving to another county or state

Call our Customer Service Department if you need help changing your membership information or want to change your doctor

If you have any questions, call our Customer Service Department.

Thank you for choosing us for your health care needs. We look forward to hearing from you!

**Coventry Health Care of Florida, Inc.**
1340 Concord Terrace
Sunrise, FL 33323
Please check the chart below to see if you or your family member is due for a check-up, test or shot. Call your doctor to make an appointment. Your doctor will make sure you get the right health care.

Remember; see your doctor within 90 days of joining the plan. If you need assistance with scheduling or transportation, call Customer Service at 1-800-441-5501.

### Preventive Health Guidelines
#### Newborns up to 21 Years

<table>
<thead>
<tr>
<th>Age</th>
<th>Check-ups, Screenings, and Immunizations Recommended</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 2 weeks</td>
<td>Child Health Check-up, Hepatitis B shot, Hearing screen (if not already done)</td>
</tr>
<tr>
<td>1 month</td>
<td>Child Health Check-up, Hepatitis B shot (catch-up)</td>
</tr>
<tr>
<td>2 months</td>
<td>Child Health Check-up, Hepatitis B shot, Rotavirus shot, Diphtheria/Tetanus/Pertussis (DTaP) shot, Haemophilus influenza type B (Hib) shot, Pneumococcal (PCV) shot, Polio (IPV) shot.</td>
</tr>
<tr>
<td>4 months</td>
<td>Child Health Check-up, Rotavirus, DTaP, Hib, PCV</td>
</tr>
<tr>
<td>6 months</td>
<td>Child Health Check-up, Rotavirus, DTaP, Hib, PCV, yearly flu shot beginning at 6 months – 5 years old</td>
</tr>
<tr>
<td>9 months</td>
<td>Child Health Check-up, Hemoglobin test, Blood lead screening test (either at 9 months or 12 months)</td>
</tr>
<tr>
<td>12 months</td>
<td>Child Health Check-up, Blood lead screening test (catch-up), Hepatitis A, Chicken Pox shot, PCV, Hib (either at 12 months or at 15 months)</td>
</tr>
<tr>
<td>15 months</td>
<td>Child Health Check-up, DTaP, Hib (catch-up), Measles/Mumps/Rubella (MMR) shot</td>
</tr>
<tr>
<td>18 months</td>
<td>Child Health Check-up, Hepatitis A</td>
</tr>
<tr>
<td>2 years</td>
<td>Child Health Check-up, Blood lead screening test</td>
</tr>
<tr>
<td>3 years</td>
<td>Child Health Check-up; Begin routine vision test, hearing test, blood pressure check, and dental visits</td>
</tr>
<tr>
<td>4 - 6 years</td>
<td>Yearly Child Health Check-up; MMR/DTaP/IPV/chicken pox booster shots <strong>once</strong> between 4 – 6 years of age; Urine test at age 5, yearly dental visit</td>
</tr>
<tr>
<td>7 – 10 years</td>
<td>Child Health Check-up at ages 8 and 10, yearly dental visit</td>
</tr>
<tr>
<td>11-12 years</td>
<td>Yearly Child Health Check-up; Adult Tetanus/Pertussis (Tdap) shot, Human Papillomavirus shot (3 shot series for females only), Meningococcal (MCV4) shot, Measles/Mumps/Rubella (MMR) booster</td>
</tr>
<tr>
<td>13 to 21 years</td>
<td>Yearly Child Health Check-up; Urine test at age 16, catch-up immunizations, yearly dental visit</td>
</tr>
</tbody>
</table>
# Preventive Health Guidelines

## Adults - 21 and Older

<table>
<thead>
<tr>
<th>Age</th>
<th>Test / Shot</th>
<th>How Often?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>21 - 39</strong></td>
<td>Pelvic Exam and Pap Test - Women</td>
<td>Pelvic exam every year. Pap test yearly (or every 3 years after having three normal yearly Pap tests.)</td>
</tr>
<tr>
<td></td>
<td>Blood Pressure Check, Obesity Screen</td>
<td>At least once every 5 years</td>
</tr>
<tr>
<td></td>
<td>Cholesterol and Lipids Test - Men over 35 or anyone with diabetes</td>
<td>At least every 5 years.</td>
</tr>
<tr>
<td></td>
<td>Chlamydia Screen – Women</td>
<td>Yearly until age 25 for women who are sexually active</td>
</tr>
<tr>
<td></td>
<td>Hepatitis B Screen – Pregnant Women</td>
<td>At first prenatal visit</td>
</tr>
<tr>
<td></td>
<td>Tetanus-Diphtheria Shot (Tdap)</td>
<td>Once every ten years</td>
</tr>
<tr>
<td></td>
<td>Gardasil (HPV shot) - Women</td>
<td>3 shot series for women up to age 26.</td>
</tr>
<tr>
<td><strong>40 - 49</strong></td>
<td>Pelvic Exam and Pap Test - Women</td>
<td>Pelvic exam every year. Pap test yearly (or every 3 years after having three normal yearly Pap tests.)</td>
</tr>
<tr>
<td></td>
<td>Mammogram - Women</td>
<td>Every 1 – 2 years</td>
</tr>
<tr>
<td></td>
<td>Blood Pressure Check, Obesity Screen</td>
<td>At least once every 2 years</td>
</tr>
<tr>
<td></td>
<td>Cholesterol and Lipids Test – Men over 35 and Women over 45</td>
<td>At least every 5 years, yearly if you have diabetes.</td>
</tr>
<tr>
<td></td>
<td>Tetanus-Diphtheria Shot (Tdap)</td>
<td>Once every 10 years</td>
</tr>
<tr>
<td><strong>50 - 64</strong></td>
<td>Pelvic Exam and Pap Test - Women</td>
<td>Pelvic exam every year. Pap test yearly (or every 3 years after having three normal yearly Pap tests)</td>
</tr>
<tr>
<td></td>
<td>Mammogram - Women</td>
<td>Yearly</td>
</tr>
<tr>
<td></td>
<td>Stool test for blood</td>
<td>Yearly</td>
</tr>
<tr>
<td></td>
<td>Sigmoidoscopy or Colonoscopy</td>
<td>Begin screening at age 50.</td>
</tr>
<tr>
<td></td>
<td>Blood Pressure Check, Obesity Screen</td>
<td>At least once every 2 years</td>
</tr>
<tr>
<td></td>
<td>Cholesterol and Lipids Test</td>
<td>At least every 5 years, yearly if you have diabetes</td>
</tr>
<tr>
<td></td>
<td>Flu shot</td>
<td>Yearly</td>
</tr>
<tr>
<td></td>
<td>Shingles shot</td>
<td>Once after turning age 60</td>
</tr>
<tr>
<td></td>
<td>Tetanus Diphtheria shot (Td)</td>
<td>Once every 10 years</td>
</tr>
<tr>
<td><strong>Age 65 and older</strong></td>
<td>Mammogram - Women</td>
<td>Yearly until age 70.</td>
</tr>
<tr>
<td></td>
<td>Stool test for blood</td>
<td>Yearly</td>
</tr>
<tr>
<td></td>
<td>Sigmoidoscopy or Colonoscopy</td>
<td>Routinely</td>
</tr>
<tr>
<td></td>
<td>Blood Pressure, Obesity Screen</td>
<td>Yearly</td>
</tr>
<tr>
<td></td>
<td>Cholesterol and Lipids Test</td>
<td>At least every 5 years, yearly if you have diabetes</td>
</tr>
<tr>
<td></td>
<td>Flu shot</td>
<td>Yearly</td>
</tr>
<tr>
<td></td>
<td>Shingles shot</td>
<td>Once after turning age 60</td>
</tr>
<tr>
<td></td>
<td>Tetanus Diphtheria shot (Td)</td>
<td>Once every 10 years</td>
</tr>
<tr>
<td></td>
<td>Pneumococcal Shot</td>
<td>Once after turning age 65</td>
</tr>
</tbody>
</table>

This is just a guide. It does not replace your doctor’s advice. Talk to your doctor to make sure you get the right care.

References:
- American Academy of Pediatrics ([www.aap.org](http://www.aap.org))
- Centers for Disease Control Advisory Committee on Immunization Practices (ACIP) ([www.cdc.gov](http://www.cdc.gov))
Health Care Advance Directives

The Patient’s Right to Decide

Introduction

Every competent adult has the right to make decisions concerning his or her own health, including the right to choose or refuse medical treatment.

When a person becomes unable to make decisions due to a physical or mental change, such as being in a coma or developing dementia (like Alzheimer’s disease), they are considered incapacitated. To make sure that an incapacitated person’s decisions about health care will still be respected, the Florida legislature enacted legislation pertaining to health care advance directives (Chapter 765, Florida Statutes). The law recognizes the right of a competent adult to make an advance directive instructing his or her physician to provide, withhold, or withdraw life-prolonging procedures; to designate another individual to make treatment decisions if the person becomes unable to make his or her own decisions; and/or to indicate the desire to make an anatomical donation after death.

By law hospitals, nursing homes, home health agencies, hospices, and health maintenance organizations (HMOs) are required to provide their patients with written information, such as this pamphlet, concerning health care advance directives. The state rules that require this include 58A-2.0232, 59A-3.254, 59A-4.106, 59A-8.0245, and 59A-12.013, Florida Administrative Code.

Questions About Health Care Advance Directives

What is an advance directive?
It is a written or oral statement of the kind of medical care you want or do not want if you become unable to make them yourself and/or it can express your wish to make an anatomical donation after death. Some people make advance directives when they are diagnosed with a life-threatening illness. Others put their wishes into writing while they are healthy, often as part of their estate planning.

Three types of advance directives are:

· A Living Will
· A Health Care Surrogate Designation
· An Anatomical Donation

You might choose to complete one, two, or all three of these forms. This pamphlet provides information to help you decide what will best serve your needs.

What is a living will?
It is a written or oral statement of the kind of medical care you want or do not want if you become unable to make your own decisions. It is called a living will because it takes effect while you are still living. You may wish to speak to your health care provider or attorney to be certain you have completed the living will in a way that your wishes will be understood.
What is a health care surrogate designation?
It is a document naming another person as your representative to make medical decisions for you if you are unable to make them yourself. You can include instructions about any treatment you want or do not want, similar to a living will. You can also designate an alternate surrogate.

Which is best?
Depending on your individual needs you may wish to complete any one or a combination of the three types of advance directives.

What is an anatomical donation?
It is a document that indicates your wish to donate, at death, all or part of your body. This can be an organ and tissue donation to persons in need, or donation of your body for training of health care workers. You can indicate your choice to be an organ donor by designating it on your driver’s license or state identification card (at your nearest driver’s license office), signing a uniform donor form (seen elsewhere in this pamphlet), or expressing your wish in a living will.

Am I required to have an advance directive under Florida law?
No, there is no legal requirement to complete an advance directive. However, if you have not made an advance directive, decisions about your health care or an anatomical donation may be made for you by a court-appointed guardian, your wife or husband, your adult child, your parent, your adult sibling, an adult relative, or a close friend.

The person making decisions for you may or may not be aware of your wishes. When you make an advance directive, and discuss it with the significant people in your life, it will better assure that your wishes will be carried out the way you want.

Must an attorney prepare the advance directive?
No, the procedures are simple and do not require an attorney, though you may choose to consult one. However, an advance directive, whether it is a written document or an oral statement, needs to be witnessed by two individuals. At least one of the witnesses cannot be a spouse or a blood relative.

Where can I find advance directive forms?
Florida law provides a sample of each of the following forms: a living will, a health care surrogate, and an anatomical donation. Elsewhere in this pamphlet we have included sample forms as well as resources where you can find more information and other types of advance directive forms.

Can I change my mind after I write an advance directive?
Yes, you may change or cancel an advance directive at any time. Any changes should be written, signed and dated. However, you can also change an advance directive by oral statement; physical destruction of the advance directive; or by writing a new advance directive.

If your driver’s license or state identification card indicates you are an organ donor, but you no longer want this designation, contact the nearest driver’s license office to cancel the donor designation and a new license or card will be issued to you.

What if I have filled out an advance directive in another state and need treatment in Florida?
An advance directive completed in another state, as described in that state's law, can be honored in Florida.
What should I do with my advance directive if I choose to have one?

• If you designate a health care surrogate and an alternate surrogate be sure to ask them if they agree to take this responsibility, discuss how you would like matters handled, and give them a copy of the document.

• Make sure that your health care provider, attorney, and the significant persons in your life know that you have an advance directive and where it is located. You also may want to give them a copy.

• Set up a file where you can keep a copy of your advance directive (and other important paperwork). Some people keep original papers in a bank safety deposit box. If you do, you may want to keep copies at your house or information concerning the location of your safety deposit box.

• Keep a card or note in your purse or wallet that states that you have an advance directive and where it is located.

• If you change your advance directive, make sure your health care provider, attorney and the significant persons in your life have the latest copy.

If you have questions about your advance directive, you may want to discuss these with your health care provider, attorney, or the significant persons in your life.

Additional Information Regarding Health Care Advance Directives

Before making a decision about advance directives, you might want to consider additional options and other sources of information, including the following:

• As an alternative to a health care surrogate, or in addition to, you might want to designate a durable power of attorney. Through a written document, you can name another person to act on your behalf. It is similar to a health care surrogate, but the person can be designated to perform a variety of activities (financial, legal, medical, etc.). You can consult an attorney for further information or read Chapter 709, Florida Statutes.

• If you choose someone as your durable power of attorney be sure to ask the person if he or she will agree to take this responsibility, discuss how you would like matters handled, and give the person a copy of the document.

• If you are terminally ill (or if you have a loved one who is in a persistent vegetative state) you may want to consider having a pre-hospital Do Not Resuscitate Order (DNRO). A DNRO identifies people who do not wish to be resuscitated from respiratory or cardiac arrest. The pre-hospital DNRO is a specific yellow form available from the Florida Department of Health (DOH). Your attorney, health care provider, or an ambulance service may also have copies available for your use. You, or your legal representative, and your physician sign the DNRO form. More information is available on the DOH website, www.doh.state.fl.us (type DNRO in the website’s search engine) or by calling (850) 245-4440.

When you are admitted to a hospital the pre-hospital DNRO may be used during your hospital stay or the hospital may have its own form and procedure for documenting a Do Not Resuscitate Order.

• If a person chooses to donate, after death, his or her body for medical training and research the donation will be coordinated by the Anatomical Board of the State of Florida. You, or your survivors, must arrange with a local funeral home, and pay, for a preliminary embalming and transportation of the body to the Anatomical Board located in Gainesville, Florida. After being used for medical education or research, the body will ordinarily be cremated. The cremains will be returned to the loved ones, if requested at the time of donation, or the Anatomical Board will spread the cremains over the Gulf of Mexico. For further information, contact the Anatomical Board of the State of Florida at (800) 628-2594 or www.med.ufl.edu/anatbd.
• If you would like to read more about organ and tissue donation to persons in need you can view the Agency for Health Care Administration’s website www.fdhc.state.fl.us (Click on “Site Index,” then scroll down to “Organ Donors”) or the federal government site www.organdonor.gov. If you have further questions, you may want to talk with your health care provider.

• Various organizations also make advance directive forms available. One such document is “Five Wishes” that includes a living will and a health care surrogate designation. “Five Wishes” gives you the opportunity to specify if you want tube feeding, assistance with breathing, pain medication, and other details that might bring you comfort such as what kind of music you might like to hear, among other things. You can find out more at:

   Aging with Dignity  www.agingwithdignity.org
   (888) 594-7437

Other resources include:

   American Association of Retired Persons (AARP)  www.aarp.org
   (Type “advance directives” in the website’s search engine)

   Partnership for Caring  www.partnershipforcaring.org
   (800) 989-9455

Your local hospital, nursing home, hospice, home health agency, and your attorney or health care provider may be able to assist you with forms or further information.

   (Under Reports and Guides) (888) 419-3456
Living Will

Declaration made this ___ day of ________________, 2___, I, ____________________________, willfully and voluntarily make known my desire that my dying not be artificially prolonged under the circumstances set forth below, and I do hereby declare that, if at any time I am mentally or physically incapacitated and

_____ (initial) I have a terminal condition,

or _____ (initial) I have an end-stage condition,

or _____ (initial) I am in a persistent vegetative state,

and if my attending or treating physician and another consulting physician have determined that there is no reasonable medical probability of my recovery from such condition, I direct that life-prolonging procedures be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care or to alleviate pain.

I do ____, I do not ____ desire that nutrition and hydration (food and water) be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying.

It is my intention that this declaration be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and to accept the consequences for such refusal.

In the event I have been determined to be unable to provide express and informed consent regarding the withholding, withdrawal, or continuation of life-prolonging procedures, I wish to designate, as my surrogate to carry out the provisions of this declaration:

Name ________________________________________________

Street Address __________________________________________

City ______________________ State __________ Phone _________

I understand the full import of this declaration, and I am emotionally and mentally competent to make this declaration.

Additional Instructions (optional): ________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

(Signed) ________________________________________________

Witness ______________________________________________

Street Address _________________________________

City ______________ State __________

Phone ______________

Witness ______________________________________________

Street Address _________________________________

City ______________ State __________

Phone ______________

At least one witness must not be a husband or wife or a blood relative of the principal.
Designation of Health Care Surrogate

Name: ____________________________________________________________

In the event that I have been determined to be incapacitated to provide informed consent for medical treatment and surgical and diagnostic procedures, I wish to designate as my surrogate for health care decisions:

Name
Street
City __________________ State ______ Phone

Address

If my surrogate is unwilling or unable to perform his or her duties, I wish to designate as my alternate surrogate:

Name
Street
City __________________ State ______ Phone

Address

If my surrogate is unwilling or unable to perform his or her duties, I wish to designate as my alternate surrogate:

Name
Street
City __________________ State ______ Phone

Address

I fully understand that this designation will permit my designee to make health care decisions and to provide, withhold, or withdraw consent on my behalf; or apply for public benefits to defray the cost of health care; and to authorize my admission to or transfer from a health care facility.

Additional instructions (optional):

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

I further affirm that this designation is not being made as a condition of treatment or admission to a health care facility. I will notify and send a copy of this document to the following persons other than my surrogate, so they may know who my surrogate is.

Name __________________________________________________________

Name __________________________________________________________

Signed _________________________________________________________

Date __________________________

Witnesses 1. ___________________________________________________

2. ___________________________________________________________

At least one witness must not be a husband or wife or a blood relative of the principal.
Uniform Donor Form

The undersigned hereby makes this anatomical gift, if medically acceptable, to take effect on death. The words and marks below indicate my desires:

I give:

(a) _____ any needed organs or parts;

(b) _____ only the following organs or parts [specify the organ(s) or part(s)]:


for the purpose of transplantation, therapy, medical research, or education;

(c) _____ my body for anatomical study if needed. Limitations or special wishes, if any:


[If applicable, list specific donee]

Signed by the donor and the following witnesses in the presence of each other:

Donor’s Signature __________________________________ Donor’s Date of Birth ______________

Date Signed __________ City and State ____________________________________________

Witness __________________________________________________

Witness __________________________________________________

Street ___________________________ Address ___________________________

City ___________________________ State ___________________________

City ___________________________ State ___________________________
The card below may be used as a convenient method to inform others of your health care advance directives. Complete the card and cut it out. Place in your wallet or purse. You can also make copies and place another one on your refrigerator, in your car glove compartment, or other easy to find place.

**Health Care Advance Directives**

I, ___________________________  
have created the following Advance Directives:

___ Living Will  
___ Health Care Surrogate Designation  
___ Anatomical Donation  
___ Other (specify) ___________________

---------------- FOLD ----------------

**Contact:**  
Name ___________________________  
Address ___________________________  
__________________________________  
__________________________________  
Phone ___________________________  
Signature _________________________ Date _____

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Your Privacy Matters

In compliance with the Health Insurance Portability and Accountability Act (HIPAA), Coventry Health Care, Inc., and each member of the Coventry Health Care family of companies (an “Affiliate”), is sending you important information about how your medical and personal information may be used and about how you can access this information. Please review the Notice of Privacy Practices carefully. If you have any questions, please call the Member Services number on the back of your membership identification card.

Notice of Privacy Practices
Effective: 4/14/2003 (Revised 7/27/2012)

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

A. Our Commitment to Your Privacy
We understand the importance of keeping your personal and health information secure and private. We are required by law to provide you with this notice. This notice informs you of your rights about the privacy of your personal information and how we may use and share your personal information. We will make sure that your personal information is only used and shared in the manner described. We may, at times, update this notice. Changes to this notice will apply to the information that we already have about you as well as any information that we may receive or create in the future. Our current notice is posted at www.cvty.com. You may request a copy at any time. Throughout this notice, examples are provided. Please note that all of these examples may not apply to the services we provide to your particular health benefit plan.

B. What Types of Personal Information Do We Collect?
To best service your benefits, we need information about you. This information may come from you, your employer, or other payors or health benefits plan sponsors, and our Affiliates. Examples include your name, address, phone number, and Social Security number, date of birth, marital status, employment information, or medical history. We also receive information from health care providers and others about you. Examples include the health care services you receive. This information may be in the form of health care claims and encounters, medical information, or a service request. We may receive your information in writing, by telephone, or electronically.

C. How Do We Protect the Privacy of Your Personal Information?
Keeping your information safe is one of our most important duties. We limit access to your personal information to those who need it. We maintain appropriate safeguards to protect it. For example, we protect access to our buildings and computer systems. Our Privacy Office also assures the training of our staff on our privacy and security policies.

D. How Do We Use and Share Your Information for Treatment, Payment, and Health Care Operations?
To properly service your benefits, we may use and share your personal information for “treatment,” “payment,” and “health care operations.” Below we provide examples of each. We may limit the amount of information we share about you as required by law. For example, HIV/AIDS, substance abuse, and genetic information may be further protected by law. Our privacy policies will always reflect the most protective laws that apply.

- **Treatment:** We may use and share your personal information with health care providers for coordination and management of your care. Providers include physicians, hospitals, and other caregivers who provide services to you.

CHCH9001-3ENG (Rev. 7-27-2012)
• **Payment:** We may use and share your personal information to determine your eligibility, coordinate care, review medical necessity, pay claims, obtain external review, and respond to complaints. For example, we may use information from your health care provider to help process your claims. We may also use and share your personal information to obtain payment from others that may be responsible for such costs.

• **Health care operations:** We may use and share your personal information as part of our operations in servicing your benefits. Operations include credentialing of providers; quality improvement activities; accreditation by independent organizations; responses to your questions, or grievance or external review programs; and disease management, case management, and care coordination. We may also use and share information for our general administrative activities such as pharmacy benefits administration; detection and investigation of fraud; auditing; underwriting and rate-making; securing and servicing reinsurance policies; or in the sale, transfer, or merger of all or a part of a Coventry company with another entity. For example, we may use or share your personal information in order to evaluate the quality of health care delivered, to remind you about preventive care, or to inform you about a disease management program.

We may also share your personal information with providers and other health plans for their treatment, payment, and certain health care operation purposes. For example, we may share personal information with other health plans identified by you or your plan sponsor when those plans may be responsible to pay for certain health care benefits.

E. **What Other Ways Do We Use or Share Your Information?**

We may also use or share your personal information for the following:

• **Medical home / accountable care organizations:** We may work with your primary care physician, hospitals and other health care providers to help coordinate your treatment and care. Your information may be shared with your health care providers to assist in a team-based approach to your health.

• **Health care oversight and law enforcement:** To comply with federal or state oversight agencies. These may include, but are not limited to, your state department of insurance or the U.S. Department of Labor.

• **Legal proceedings:** To comply with a court order or other lawful process.

• **Treatment options:** To inform you about treatment options or health-related benefits or services.

• **Plan sponsors:** To permit the sponsor of your health benefit plan to service the benefit plan and your benefits. Please see your employer’s plan documents for more information.

• **Research:** To researchers so long as all procedures required by law have been taken to protect the privacy of the data.

• **Others involved in your health care:** We may share certain personal information with a relative, such as your spouse, close personal friend, or others you have identified as being involved in your care or payment for that care. For example, to those individuals with knowledge of a specific claim, we may confirm certain information about it. Also, we may mail an explanation of benefits to the subscriber. Your family may also have access to such information on our Web site. If you do not want this information to be shared, please tell us in writing.

• **Personal representatives:** We may share personal information with those having a relationship that gives them the right to act on your behalf. Examples include parents of an unemancipated minor or those having a Power of Attorney.

• **Business associates:** To persons providing services to us and who assure us that they will protect the information. Examples may include those companies providing your pharmacy or behavioral health benefits.

• **Other situations:** We also may share personal information in certain public interest situations. Examples include protecting victims of abuse or neglect; preventing a serious threat to health or safety;
tracking diseases or medical devices; or informing military or veteran authorities if you are an armed forces member. We may also share your information with coroners; for workers’ compensation; for national security; and as required by law.

F. What About Other Sharing of Information and What Happens If You Are No Longer Enrolled?
We will obtain your written permission to use or share your health information for reasons not identified by this notice and not otherwise permitted or required by law. If you withdraw your permission, we will no longer use or share your health information for those reasons.

We do not destroy your information when your coverage ends. It is necessary to use and share your information, for many of the purposes described above, even after your coverage ends. However, we will continue to protect your information regardless of your coverage status.

G. Rights Established by Law

• **Requesting restrictions:** You can request a restriction on the use or sharing of your health information for treatment, payment, or health care operations. However, we may not agree to a requested restriction.

• **Confidential communications:** You can request that we communicate with you about your health and related issues in a certain way, or at a certain location. For example, you may ask that we contact you by mail, rather than by telephone, or at work, rather than at home. We will accommodate reasonable requests.

• **Access and copies:** You can inspect and obtain a copy of certain health information. We may charge a fee for the costs of copying, mailing, labor, and supplies related to your request. We may deny your request to inspect or copy in some situations. In some cases denials allow for a review of our decision. We will notify you of any costs pertaining to these requests, and you may withdraw your request before you incur any costs. You may also request your health information electronically and it will be provided to you in a secure format.

• **Amendment:** You may ask us to amend your health information if you believe it is incorrect or incomplete. You must provide us with a reason that supports your request. We may deny your request if the information is accurate, or as otherwise allowed by law. You may send a statement of disagreement.

• **Accounting of disclosures:** You may request a report of certain times we have shared your information. Examples include sharing your information in response to court orders or with government agencies that license us. All requests for an accounting of disclosures must state a time period that may not include a date earlier than six years prior to the date of the request and may not include dates before April 14, 2003. We will notify you of any costs pertaining to these requests, and you may withdraw your request before you incur any costs.

H. To Receive More Information or File a Complaint

Please contact Member Services to find out how to exercise any of your rights listed in this notice, or if you have any questions about this notice. The telephone number or address is listed in your benefit documents or on your membership card. If you believe we have not followed the terms of this notice, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with the Secretary, write to 200 Independence Avenue, S.W. Washington, D.C. 20201 or call 1-877-696-6775. You will not be penalized for filing a complaint. To contact us, please follow the complaint, grievance, or appeal process in your benefit documents.

i For purposes of this notice, the pronouns "we", "us" and "our" and the name "Coventry" refers to Coventry Health Care, Inc. and its licensed affiliated companies.

ii Under various laws, different requirements can apply to different types of information. Therefore, we use the term "health information" to mean information concerning the provision of, or payment for, health care that is individually identifiable. We use the term "personal information" to include both health information and other nonpublic identifiable information that we obtain in providing benefits to you.