

Sponsored by
Buena Vista Medicaid
Vista Healthplan, Inc.

GENERAL INFORMATION

This handbook may be available in other formats such as Spanish and Braille. For more information, call our Customer Service Department toll free at 1-866-847-8235.

Este libro esta disponible en Español y Braille.
Para recibirlo, llame gratis al 1-866-847-8235.

If you are hearing impaired, call toll free 1-888-444-7352

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

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/>.

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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WELCOME TO BUENA VISTA MEDICAID

Quality health care at your fingertips!

BECOMING A MEMBER

To join our plan, you must have Medicaid. Please call Medicaid Options at 1-888-367-6554. 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.

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 - 1-800-953-0555

Tallahassee - 1-800-248-2243

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

YOUR MEMBER ID CARD

You will get an ID card in the mail. You will need to show it to get health care. Your card has important information on it. 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 assign you to a doctor near your home. If you want a different doctor, call our Customer Service Department. You may choose to have all family members served by the same doctor or you may choose different doctors. You can change your doctor at any time.

HOW TO GET CARE/COST SHARING

Your care is provided by doctors, hospitals and other health care workers. We must approve all of your care. We will pay for the care if it's approved. If it's not approved, you may have to pay for it.

QUALITY PERFORMANCE INDICATORS

You can ask for information about our plan's quality performance indicators. Call our Customer Service Department.

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.

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.vistahealthplan.com. Our on-line Provider Directory is updated at least monthly.

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 CARE 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.

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.

WHAT IF I HAVE AN EMERGENCY?

Call your doctor or go to an urgent care center for minor problems. Go to a hospital or **call 911** for emergencies. Call your doctor and us if you go to the hospital.

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 it's born to make sure it has Medicaid. Also, call our Customer Service Department.

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 #.

We will cover your baby's health care for 3 months after it's born unless:

- You disenroll your baby
- Your baby loses Medicaid
- Your baby is enrolled in the Children's Medical Services Program

You must enroll your baby with us by 4 months of age to get care.

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 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, you may have to pay all or part of the cost.

PROTECTED HEALTH INFORMATION

In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), we have procedures to keep your protected health information (PHI) safe. Your name, address, telephone, social security, and date of birth won't be given to anyone unless necessary for your health or if required by state or federal law. If we need to give out your information, we will code it to keep it safe.

You can let others see your health records by completing a HIPAA Authorization for Release of Protected Health Information Form. Call our Customer Service Department for more information.

BENEFITS

AMBULANCE SERVICES

You can get emergency transportation to hospitals.

BEHAVIORAL HEALTH CARE

HomeSafeNet (HSN)/Florida Safe Families Network

Children enrolled in the HomeSafeNet/Florida Safe Families Network program will have all behavioral health care services covered directly through Florida Medicaid or Child Welfare Prepaid Mental Health Plans. These services include inpatient, outpatient psychiatric, community mental health, and case management services.

For all other members, care is offered through PsychCare. Community doctors will see you on an outpatient basis or 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. Call our Customer Service Department.

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.

For emergencies in and out of the service area or diagnosis, call PsychCare at 1-800-221-5487.

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

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

CIRCUMCISION

Available up to 12 weeks of age.

DENTAL

Children under age 21 in South Florida should call Atlantic Dental, Inc. (ADI) at 1-800-964-7811. Children under age 21 in North Florida should call Medicaid Options at 1-888-367-6554.

Adults age 21 and over can get 2 exams a year, 1 regular cleaning every 6 months, 2 deep cleanings a year, x-rays (intraoral & bitewing) every 3 years, clear fillings and 2 periodontal scalings & root planings a year.

Call CompBenefits at 1-800-848-3480. TTY call 1-877-553-4327.

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.

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.

HEARING

You can get medically necessary hearing evaluations and diagnostic testing every 3 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 care, outpatient care, diagnostic tests, oxygen and emergency room care. For adults age 21 and older, reimbursement is limited to 45 days. There is no limit on the number of days for recipients 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.

OVER-THE-COUNTER SUPPLIES

You can get over-the-counter personal care items up to \$25 per month per household. Mail your order form or go to your local Navarro Pharmacy.

To report orders that have not been received, call 1-866-847-8279. TTY: 1-800-977-6747, Monday - Friday from 8:00 am -7:00 pm.

If you move, call our Customer Service Department.

POST-STABILIZATION CARE

You can get post-stabilization care if:

- It was approved
- 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

If out-of-network, we may not cover it.

PRESCRIPTION DRUGS

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.

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

As of March 1, 2008, the State of Florida Medicaid Program will give you rides to your doctor's office. Call the phone number for the transportation service in your county:

Broward	1-866-867-0729 or 954-357-8494
Miami-Dade	1-866-726-1457 or 786- 469-5044
Hendry	239-768-2900
Gadsden	850-627-9958
Jefferson	850-997-1323
Leon	850-891-5199
Liberty	850-643-2524
Madison	850-973-4418
Wakulla	850-926-7145

If you have any questions, call our Customer Service Department. For emergencies, call **911**.

VISION

You can get unlimited eye exams and up to 2 pairs of eyeglasses per year. Contact lenses are available if as stated in the Medicaid Vision Service Coverage and Limitations Handbook.

QUALITY BENEFIT ENHANCEMENTS

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

STOP SMOKING – “COMMITTED QUITTERS PROGRAM”

SUBSTANCE ABUSE

DOMESTIC VIOLENCE

PREGNANCY PROGRAMS – PRE/POST

CHILDREN'S PROGRAMS

HELP THEM THRIVE, BIRTH TO FIVE – NUTRITION/BREASTFEEDING
Call WIC at 1-800-342-3556.

SHOTS AND HEALTH SCREENINGS

PREVENTION AND EARLY INTERVENTION

DISEASE MANAGEMENT

For chronic health conditions

DISENROLLMENT

How do I change plans?

You can change plans for any reason during:

- Your initial 90-day enrollment period
- Your 60-day annual open enrollment period

You can change plans for “good cause” at any other time.

If you have any problems, please call our Customer Service Department. You can change plans by calling Medicaid Options at 1-888-367-6554.

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

Yes, call Medicaid Options at 1-888-367-6554.

Can the Plan disenroll me?

Yes, 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 long term care facility, hospice, or correctional facility
- Don't follow the recommended plan of care
- Miss 3 appointments in a row in a 6-month period
- 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 sixty (60) days, you will automatically be reinstated to our Plan. If you need help re-enrolling, call Medicaid Options at 1-888-367-6554. 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

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.

You can file a grievance or an appeal up to one year after the incident.

Call 1-800-422-7335, Monday – Friday, 8:00 am - 6:00 pm. TTY 1-888-444-7352

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

NOTE: If you call, you still need to send a written request within 30 days.

We can assist you with the filing of a grievance or appeal or a doctor can file for you. No action will be taken against the doctor. During the process, you can examine your health records and other documents.

Once you have filed, you are not required to follow up.

We will resolve your grievance and provide notice of our decision within 30 days. We will resolve your appeal and provide notice of our decision within 45 days. If more time or more information is needed, we will let you know.

SUBSCRIBER ASSISTANCE/MEDICAID FAIR HEARING:

If you don't agree with the decision, you or your doctor can:

- Ask for a review by the Subscriber Assistance Program (within 1 year)

Agency for Health Care Administration
Bureau of Managed Health Care
Building 1, Room 339
2727 Mahan Drive

Tallahassee, Florida 32308
1-850-921-5458
-Ask for a Medicaid Fair Hearing (within 90 days)

Office of Public Assistance Appeals Hearings
1317 Winewood Boulevard
Building 5, Room 203
Tallahassee, FL 32399-0700
1-850-488-1429

NOTE: If you ask for a Medicaid Fair Hearing, you give up the right to Subscriber Assistance.

Care will continue at no cost. However, if the final decision is not in your favor, you may have to pay for care.

QUICK REVIEW:

A quick review is necessary when your life or health status is in danger. You or your doctor can file a quick review either verbally or in writing. We will make a decision within 72 hours or sooner as the health condition requires. We can also help you with the filing of a quick review.

For more information:

Call 1-800-422-7335 Monday - Friday from 8:00 am - 6:00 pm/TDD 1-888-444-7352

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

LIVING WILL AND ADVANCE DIRECTIVES

What should I know about a Living Will?

Living Wills and Advance Directives let you have your wish about life support. 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 there are any changes in the state law, we will tell you within 90 days. If you make a Living Will, give a copy of it to your doctor.

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 be treated with courtesy and respect

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 refuse any treatment, except as otherwise provided by law

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

You have the right to get family planning services 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

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 suspect fraud, abuse, or overpayment, call our Customer Service Department. We will document the information and tell our Internal Audit and Fraud Prevention Department.

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 1-866-847-8235 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!

BUENA VISTA MEDICAID

Vista Healthplan, Inc.
1340 Concord Terrace
Sunrise, FL 33323

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