



Better Health

Better Choices, Better Doctors. . . Better Health.



**2009 - 2010
ENROLLEE HANDBOOK
Broward County Medicaid**



Dear Enrollee:

Welcome to Better Health! We are glad to have you as an Enrollee in our plan.

The Enrollee Handbook helps you and your family to get the care that you need. Please take the time to learn about your benefits. This will help you to make better choices.

We will also send you an enrollee id card. Please keep this with you at all times. It lets your providers know that you are an enrollee of Better Health.

Please make sure that your name and PCP are correct on the card. If there are any errors, please call Enrollee Services at (800) 514-4561 or call TDD Florida Relay 711. We are here from 8:00 am- 7:00 pm on Monday through Friday. We are here to help you.

Please remember to recertify your Medicaid benefits. This is very important for you and your family. If your Medicaid benefits are about to end, please call Access Florida at (866) 762-2237.

Thank you for joining our plan.

Best Regards,

Peter Jimenez
Chief Operating Officer
Better Health



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IMPORTANT PHONE NUMBERS AND ADDRESSES

Better Health

8701 SW 137th Avenue, Suite 200
Miami, FL 33183

(800) 514-4561

Better Health

Enrollee & Provider Service Helpline:

(800) 514-4561

Grievance & Appeals:

(800) 514-4561

TDD (For the hearing and speech impaired):

TDD Florida Relay 711

Fax Number

(877) 915-0553

Recertify Medicaid Benefits Access Florida

(866) 762-2237

Mental Health Crisis (24 Hours)

(305) 630-1400

(800) 221-5487

Dental Services (Providers only)

(800) 964-7811

Transportation (Non-emergency)

(866) 867-0729

Medicaid Local Medicaid Office
Agency for Health Care Administration
Area 10 Broward County

(954) 202-3200

(866) 875-9131

Medicaid Choice Counseling Helpline

(866) 454-3959

Department of Children and Families

(800) 962-2873

Enhanced Benefits Reward\$ Program

(866) 421-8474



Medicaid Fair Hearing:

(850) 488-1429

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

Beneficiary Assistance Program:

(888) 419-3456

Building 1, MS #26
2727 Mahan Drive
Tallahassee, Florida 32308

Fraud and Abuse Hotline:

Agency Consumer Complaint Hotline Number
Florida Attorney General Hotline Number

(888) 419-3456

(866) 966-7226

Stop Smoking

(800) 514-4561

If you are ready to stop smoking, call Better Health Enrollee Services for a list of programs nearest you.

Alcohol or Substance Abuse

If you have a problem with alcohol or drugs, talk to your PCP. You can also get substance abuse help from these 12-step programs:

Alcoholics Anonymous – Broward

(954) 462-0265

(800) 821-4357

Narcotic Anonymous – Broward

(954) 476-9297

(800) 488-3784

Alcohol and Drug Help Line

(800) 821-4357

Domestic Violence - Broward

(954) 761-1133

Is someone hurting you? You are not alone. You have choices. Call the Florida Domestic Violence Hotline at 800-500-1119 anytime, 24 hours a day, and seven days a week.

Poison Control

(800) 222-1222

Call the national poison center if you think you or your child has been poisoned.

Better Health Membership

Better Health is a Provider Service Network (PSN). A PSN is a plan that was made by a group of health care providers. We give access to health care to Medicaid recipients.

Condition of Enrollment and Medicaid Reform

Temporary Assistance for Needy Families (TANF) and Supplemental Security Income (SSI) recipients must enroll with a reform health plan unless

- you have Medicare,
- another coverage,
- or you reside in a long-term facility,
- or are enrolled in a Medicaid program with limited benefits.

You should speak with your Choice Counselor at (866) 454-3959.

Eligible Medicaid recipients are given 30 days from their effective date to choose a reform health plan. If recipients do not choose within 30 days, the State will choose one for you.

When you choose a health plan you are enrolled on your Medicaid effective date. You have 90 days to change your health plan. If you do not change your plan, you have to remain with Better Health for 9-months.

Open enrollment is a yearly process. You may choose another plan during open enrollment period. We hope you stay with us.

Enrollment:

If you are a mandatory enrollee required to enroll in a plan, once you are enrolled in Better Health or the state enrolls you in a health plan, you will have 90 days from the date of your first enrollment to try the plan. During the first 90 days you can change health plans for any reason. After 90 days, if you are still eligible for Medicaid, you will be enrolled in the plan for the next nine 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 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 health plans during your 60-day open enrollment period.

Disenrollment:

If you are unhappy with Better Health please let us know. We want to fix the problem. Call Enrollee Services at (800) 514-4561.

If you are a mandatory enrollee and you want to change plans after the initial 90-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 health plans:

- (1) The enrollee moves out of the county, or the enrollee's address is incorrect and the enrollee does not live in a county where the plan is authorized to provide services.
- (2) The provider is no longer with the Health 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.
- (6) The enrollee has an active relationship with a provider who is not on the Health Plan's panel, but is on the panel of another health plan.
- (7) The enrollee is in the wrong health plan as determined by the Agency.
- (8) The Health Plan no longer participates in the county.
- (9) The state has imposed intermediate sanctions upon the Health Plan, as specified in 42 CFR 438.702(a)(3).

To find out if you can change plans, call the Choice Counselor 1-(866) 454-3959.

Please note that Better Health may disenroll you for the following reasons:

- Letting someone else use your Enrollee ID card.
- Behaving in a disruptive or abusive manner that affects how our providers care for your others.
- Moving out of Broward County or if you do not live in your assigned county.
- Loss of Medicaid eligibility.
- Determination that you are not eligible to participate in the plan.

Newborn Enrollment

If you think you are pregnant, call your PCP. They will refer you to an OB/GYN. Please call Better Health at (800) 514-4561. We can help with your prenatal care.

One of our case managers can help you get the care you need. Your PCP and Better Health will notify the Department of Children and Families (DCF) that you are pregnant. The baby will be given a Medicaid ID number.

As soon as you have your baby, call Better Health so that we can notify DCF. DCF will review your baby's Medicaid benefits. They will activate the baby's Medicaid ID number.

You can pick a pediatrician for your baby. Do this as soon as you know you are pregnant. If you have not selected a pediatrician, we can help you pick one.

Your baby will stay on your Better Health plan until they

- lose eligibility,
- or you disenroll the child.

To disenroll your baby from Better Health, call Medicaid Choice Counselors at (866) 454-3959.

Better Health will provide coverage for your baby. This will only be for the first 3 months of your baby's life. It is your responsibility to call your Choice Counselor to get Medicaid benefits for your baby.

WIC

The Women, Infant and Children (WIC) Program gives help for

- all pregnant women,
- breast-feeding women,
- postpartum women,
- infants,
- children up to 5 years of age.

Contact your Medicaid Choice Counselor at (866) 454-3959 for more details.

Choosing Your PCP

Better Health Enrollee's are asked to choose a Primary Care doctor (PCP). The PCP becomes your medical home. The PCP will assist with your medical care. If needed, the PCP will refer you to other Better Health providers.

Each Enrollee in the family can choose the same or a different PCP. If you do not choose a PCP, Better Health will pick one for you.

Your PCP's name is on your ID card. You can change your PCP by calling Better Health Enrollee Services at (800) 514-4561.

Continuation of Care

If your provider leaves Better Health while you are in active care, you may

- continue seeing this provider through the end of your treatment. This is only for the services which you were getting at the time of the providers termination; or
- until you select another Better Health provider; or
- during the next enrollment period

None of these options can continue pass 6 months.

Medicaid Reinstatement Process

Better Health will remind you to renew your Medicaid benefits. You may get a letter or phone call from us.

Please call Access Florida at (866) 762-2237. Don't lose your benefits.

Loss of Medicaid Eligibility

If you are no longer receiving Medicaid benefits, you will have to leave Better Health. If you get back your Medicaid benefits within 180 days, you will become a Better Health Enrollee again.

You will be with the Better Health PCP you had before. If they are not available, you will have to pick another PCP.

What's on My Better Health Enrollee ID Card



Be sure to carry your ID card with you. Don't lose it. It is important to keep with you. If you need a new ID Card or Handbook, call Better Health Enrollee Services at (800) 514-4561.

You need this card to let providers know you are a Better Health enrollee.

Here's what's on the card

1. **Enrollee Name** – the name of the Medicaid recipient on the plan.
2. **Enrollee Number** – your ID number. Please use this when you call Enrollee Services or make doctor's appointments.
3. **Effective Date** – your effective date with Better Health.
4. **PCP Name** – the name of your primary care doctor.
5. **PCP Phone Number** – the telephone number of your primary care doctor.
6. **PCP Address** – the location of their office.
7. **Behavioral Health Phone Number** – telephone number for behavioral health care services.
8. **Dental Services** – staff will assist your dentist with your benefits. .
9. **Transportation** – if you need to be transported to a provider's office.
10. **Hearing Impaired Phone Numbers** – phone number for members who need a TDD.

Copy of ID Card

			
Member Name: JOHN DOE	Group: 00014	Nombre de Miembro: JOHN DOE	No. de grupo: 00014
ID No.: 000000001*01	Effective Date: 12/12/2005	No. De identificación: 000000001*01	No. De identificación de Medicaid:
Medicaid No.:		Fecha Efectivo: 12/12/2005	
PCP Name: PCPName		Nombre del Medico Primario: PCPName	
PCP Phone Number: 800-555-1212		No. De teléfono del PCP: 800-555-1212	
PCP Address: PCPAddr1		Dirección del Medico: PCPAddr1	
		PCPAddr2	
		PCPAddr3	
Enrollee Services: 800-514-4561	Providers Call: 800-514-4561	Servicio al Cliente: 800-514-4561	Llamadas de Proveedores: 800-514-4561
	<small>Vin #: 013352 PCN #: P035013352 Group ID#: FLMEDICAID</small>		<small>Vin #: 013352 PCN #: P035013352 Group ID#: FLMEDICAID</small>
Salud Mental: 800-221-5487		Behavioral Health: 800-221-5487	
Dental: (Proveedores solamente) 877-468-5581		Dental: (Providers Only) 877-468-5581	
Transporte: 866-867-0729		Transportation: 866-867-0729	
Pre-Certificación y Autorización: 866-522-7742		Pre-Certification & Authorization: 866-522-7742	
Utilice una Farmacia Participante de Medicaid		Utilize Medicaid Participating Pharmacies	
Envie los reclamos a: First Service Administrators 3035 Lakeland Hills Blvd. Lakeland, FL 33805-2225 800-226-3155 EDI # 59276		Send Claims to: First Service Administrators 3035 Lakeland Hills Blvd. Lakeland, FL 33805-2225 800-226-3155 EDI # 59276	
Emergencia/ Cuidado Urgente: Llame a su línea local de emergencia 911, si está capacitado, ó recurra a la localidad de emergencia más cercana. Si esperar no es contraproducente a su salud, llame a su Medico. Notifique a su Medico tan pronto sea posible luego de su tratamiento.		Emergency/Urgent Care: Call your local emergency hotline 911. If available, go to the nearest emergency facility. If a delay would not be serious to your health, call your doctor. Notify your doctor as soon as possible after treatment.	

Getting to know your PCP

Do not wait until you are sick to get to know your PCP. It is important to visit your PCP within the 30 days of joining Better Health. It's OK to visit your PCP even if you're not sick when you join the plan.

Your PCP will make sure you receive the care you need. You must call your PCP every time you need medical care. Medicaid and Better Health will not pay for any care or supplies that your PCP does not authorize. If you go to a provider who does not belong to the Better Health network, we will not pay for the service.

There are some services where you do not have to call your PCP. Please look at the Covered Services Section in the handbook. For example, emergency room services or mental health needs.

If you are pregnant, you may select an OB/GYN in the Better Health network as your PCP. He or she will organize your medical care while you are pregnant. See your PCP right away if you are pregnant or think you are pregnant. Getting care early in your pregnancy will help to protect the health of you and your baby.

If you have HIV or AIDS, you may select an infectious disease specialist as your PCP.

Medical Release Form

When you visit your PCP for the first time, please be sure to sign a medical release form. They need your medical records from your former PCP. A signed medical release approves Better Health to release medical information to the Federal and State governments or their duly appointed agents.

First PCP Appointment

When you call your PCP's office, tell them that you are a new Enrollee of Better Health. If you need help getting your medical records transferred to your new PCP, call Better Health Enrollee Services (800) 514-4561 Monday through Friday (8:00AM-7:00PM).

Canceling an Appointment

If you need to cancel your appointment, please call your PCP as soon as possible. Try to call at least one day before your appointment. Calling ahead to cancel your appointment gives someone else a chance to see the doctor in your place.

Changing Your PCP

If you want to change your PCP or get a listing of other PCPs, call Better Health Enrollee Services (800) 514-4561. They will tell you the date when you can start seeing your new PCP. You will be sent a new card with your new PCP's information. Use the new card when you go to see your newly assigned PCP.

Notice of Changes

If anything changes in your covered services, Better Health will let you know. We will send you a letter about the change.

If you change your address or phone number, call Better Health Enrollee Services (800) 514-4561. Also call your Choice Counselor.

If you move out of Broward County you will be disenrolled from Better Health, but you may still be eligible for Medicaid.

Better Health Providers

Better Health Enrollees can get information their doctors by calling Better Health's Enrollee Services at (800) 514-4561. The Better Health network includes physicians, nurse practitioners, physician assistants and other licensed medical and mental health specialties.

The PCP you pick will help you with all your healthcare needs, including referring you to specialists in the Better Health network.

Better Health will not make payments for any services you get from doctors and other medical specialties that do not belong to the network. The only exception is for emergency services and mental health needs.

Specialty Providers/Out of Network

If you think you need to see a specialist, call your PCP first. Many times, your PCP will be able to help you. If your PCP thinks you should see a specialist, they will refer you to one.

By joining Better Health, you have agreed to receive your all of your healthcare from our network providers. If you go outside the network without a referral from you PCP, you may be responsible for the bill.

Second Medical Opinion

You have the right to a second medical opinion. This happens if you need surgery or have a serious illness. You may want to see another doctor in the network. You must first contact your PCP to arrange for a referral. If you do not get the referral, you may be responsible for the bill.

Please call Better Health Enrollee Services to find out if the doctor's treatment is a covered service.

Routine Checkups

Regular checkups, tests and immunizations are important to your health. This is also important to your family's health. Learn what you can do to stay healthy.

Child Health Checkup Program (CHCUP)

Your child should have routine checkups. Please review these guidelines. As a parent or caregiver, it is up to you to make sure that your child visits their PCP on a routine basis. Your child should get well care visits at these ages

- Newborn
- 1-month old
- 2-months old
- 4-months old
- 6-months old
- 9-months old
- 12-months old
- 15-months old
- 18-months old
- 24-months old
- After 24-months, please take your child to the PCP every year for a well care visit.

Better Health will cover services that are done at the time of these visits:

- Lab tests (including lead screening)
- Unclothed physical exams
- Health and development history
- Routine immunizations
- Nutritional assessments
- Developmental assessments
- Hearing screenings
- Dental screenings (beginning at age 3, or younger if medically necessary)
- Health education
- Vision screenings

Prenatal Care

See your PCP right away if you are pregnant or call them if you think that you are pregnant. Getting care early in your pregnancy will help to protect the health of you and your baby.

Your PCP will refer you to an OB/GYN. It is important to see your OB/GYN for regular visits. Better Health offers prenatal care for all eligible pregnant women. Better Health includes Florida's Health Start prenatal and infant risk screenings.

As soon as you know you are pregnant and immediately after your baby is born, please call your DCF Choice Counselor and Better Health Enrollee Services so one of our case managers can help you get the care you need.

Preventive Guidelines

To help you stay healthy, Better Health is sharing this services. These services are from the U.S. Preventive Services Task Force. Enrollees who are at high risk for a disease; or have symptoms of a disease may need additional services. Your PCP will help you make these choices.

Coverage may differ from these guidelines. Call Better Health Enrollee Services at (800) 514-4561 for questions about your coverage.

Children 10 and Younger

The charts below outline the screenings and immunizations your child needs.

<u>Type of Medical Screening</u>	<u>Timing of Screening</u>
Child Checkup Visits	Within three days of initial hospital discharge At 1, 2, 4, 6, 9, 12, 18 and 24 months of age At 3, 4, 5, 6, 7, 8 and 10 years of age
Height and Weight	With each checkup
Cholesterol Screening	Periodically*
Head Circumference	With each checkup through 24 months of age
Blood Pressure	Periodically* throughout childhood
Hearing Screening	Before initial neonatal hospital discharge At 2 and 4 years of age, and with every checkup thereafter.

Vision Screening

At 3 and 4 years of age, and with every checkup thereafter.

State Metabolic Screening
(Includes T4 and/or TSH, PKU)

Between 2 and 6 days of age
At hospital discharge, if later than 6 days

Lead Screening

At 9, 12 and 24 months of age
Between 3 and 6 years of age, if not already done

***Frequency should be discussed with your Provider.**

Type of Immunizations

When To Be Immunized

DTaP or DTP

Five immunizations:

One at 2 months
One at 4 months
One at 6 months
One between 15 and 18 months
One between 4 and 6 years

Polio

Four immunizations:

One at 2 months
One at 4 months
One between 6 and 18 months
One between 4 and 6 years

MMR

Two immunizations:

Two between 12 and 15 months
One between 4 and 6 years
Or by 11 to 12 years of age, if not already received

H Influenza type B (Hib)

Three or four immunizations:

One at 2 months
One at 4 months
One at 6 months

Hepatitis A

Two immunizations:

One between 12 and 23 months
A second one six months later
(If previously not vaccinated, give two immunizations six months apart)

Hepatitis B

Three or four immunizations:

One before newborn hospital discharge
 One between 1 and 2 months
 One between 6 and 8 months
 All three immunizations should be completed by 18 months.
 A fourth may be given at 4 months, if combined vaccines are used.

Pneumococcal Conjugate Vaccine

Four immunizations:
 One at 2 months
 One at 4 months
 One at 6 months
 One between 12 and 15 months

Type of Immunizations

When To Be Immunized

Varicella

One immunization:
 Between 12 and 18 months (or older children who have not received the vaccination and have no history of chicken pox)

Rotavirus

Three immunizations:
 One at 3 months
 One at 4 months
 One at 6 months

Children (11 to 20 Years)

The charts below outline the screenings and immunizations young adults need.

Type of Medical Screening

Timing of Screening

Checkup

Every year

Pap Test

Every year in sexually active female or beginning At 18 years of age

Chlamydia Screening

Routine* screening recommended for all sexually Active females and males

Rubella Serology or Vaccination History

Recommended for all females of childbearing age

Cholesterol Screening

Periodically*

***Frequency should be discussed with your doctor.**

<u>Type of Immunization</u>	<u>When to Be Immunized</u>
Tetanus-diphtheria (Td)	Boosters between 11 and 16 years of age, and every 10 Years* thereafter
Hepatitis A	Two doses six months apart, if not previously immunized
Hepatitis B	One dose at current or next visit, second dose one month later, and third dose six months later, if not previously immunized
MMR	Received by 6 years of age for more information, see schedule on page 12

<u>Type of Immunization</u>	<u>When to Be Immunized</u>
Varicella (Chicken Pox)	Between 11 and 12 years of age, if susceptible to
Rubella	Administered after age 12 to females who are not pregnant

*** Other Health Preventions**

Females who are planning to become pregnant or are capable of becoming pregnant, should take multivitamins with folic acid.

Adults (over 21Years)

The chart below outlines the screenings adults need.

<u>Type of Medical Screening</u>	<u>Timing of Screening</u>
Height and Weight	Periodically*
Blood Pressure	Periodically*

Total Cholesterol Screening	Periodically* Males between 35 and 64 years of age Females between 45 and 64 years of age
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Chlamydia	Routine screening recommended for all sexually active females*
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Rubella Serology Vaccination History	Recommended for all females of childbearing age
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Cholesterol Screening	Periodically*
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Fecal Occult Blood Test	Annually* beginning at age 50
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Sigmoidoscopy	Every three to five years beginning at age 50
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<u>Type of Medical Screening</u>	<u>Timing of Screening</u>
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Pap Test	Every year in sexually active females or beginning at 18 years of age
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PSA Test	Males 40 years or older
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Mammogram	Recommended annually for all women beginning at 40
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Disease Management

Better Health provides information about the following chronic illnesses:

- HIV/AIDS
- Hypertension (High Blood Pressure)
- Diabetes
- Asthma
- Congestive Heart Failure (CHF)

Your PCP and a Better Health case manager will work with you. We will create a plan to help control your illness. This will improve your quality of life. Better Health will contact you if you qualify for these programs.

Please call Enrollee Services at (800) 514-4561 or call TDD Florida Relay 711. They can give you a copy of our quality programs. This data is for our disease management programs. As a new PSN, we are looking forward to sharing our quality study.

Better Health Cultural Competency

Non-Discrimination

Better Health provides services to people of all

- cultures,
- races,
- ethnic backgrounds,
- and religions.

This is in a way that

- recognizes values,
- understands and respects the value of all people.

Better Health protects and guards the dignity of every Enrollee.

Cultural Competency Requirements- Helping You to Understand Your Care

Better Health providers will give our Enrollees access to someone who speaks your language. This service is free of charge to our Enrollees. These services will help you to know your medical needs.

The provider is required to be aware of and comply with Better Health's Cultural Competency requirements. Oral interpretation services will be provided to any enrollee that needs this service.

Better Health will provide information that will help you. You may have

- special needs,
- be visually impaired,
- or have limited reading skills.

We are here to help you. Call Enrollee Services at (800) 514-4561.

Different types of Medical Care

Routine Care

Have you seen your PCP this year? If not, this is routine care. Call and make an appointment.

Do you feel sick? Can't go to school or work? Then call your PCP for an appointment. This too is routine care.

After Hours or Urgent Medical Care

Sometimes you may have a problem that is serious. It may not need a trip to the ER. If your PCP office is closed, you can use another Better Health PCP or an urgent care center.

Some examples of urgent care are

- Sore throats
- Back pain
- Headaches
- Fevers
- Minor injuries
- Flu
- Ear aches
- Minor wounds
- Frequent urination
- Insect bites

Emergency Care (ER)

This is a medical problem that needs to be treated right away by a doctor. We cover care for emergencies wherever you are. Call 911 or go to your closest ER.

Some examples of care in the ER are

- Miscarriage or pregnancy problems
- Rape
- Open wound where you can see the bone
- Overdose
- Severe pain
- Severe burns

You do not have to contact Better Health for an approval in an emergency. Call 911 or go to the closest emergency room.

If you are not sure if you need to go to the emergency room, then call your PCP. Please give the ER your ID card.

If you are hospitalized because of an emergency, please tell the hospital to call Better Health Enrollee Services within 24 hours of admission. If you are admitted to a hospital that is not in the Better Health network, you may be transferred to hospital in Better Health's provider network.

Out-of-Area Emergencies

Go to the nearest ER for care. Enrollees can use any hospital for emergency services. Please call your PCP within (24) hours of going to the ER so they can help you get the care you need.

All services, except for emergencies, must be authorized to ensure payment. If the facility does not accept your Better Health card, you may receive a bill. If you receive a bill, send the bill and copies of all supporting documents related to the hospital, treatment and procedure to:

Better Health
c/ o First Service Administrators
3035 Lakeland Hills Blvd.
Lakeland, FL 33805-2225

Access to Behavioral Health Services

Behavioral health services you can get include inpatient and outpatient hospital services and psychiatric doctor services. You and your children can also get a wide range of mental health and case management services. You can get these services in the community, in your home and in schools. Some of the services include:

- Individual, family, and group therapy
- Social rehabilitation
- Day treatment for adults and children
- Evaluations
- Treatment planning

Call (800) 221-5487 if you want to know more. The Staff will be happy to help you.

What To Do If You Are Having A Problem:

If you are having any of the following feelings or problems, you should contact a Behavioral Health Provider:

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

You do not need to call your PCP for a referral to a behavioral health provider. An approval for services will be given at the time you call the provider. If you use a provider without getting an approval, you will have to pay the bill.

What to do in an Emergency, of if you are out of the (Better Health) service area

First, decide if you are having a true behavioral health emergency. Do you think that you are a danger to yourself or others? Call: 911” or go the nearest emergency room for attention if you think you are in danger of harming yourself or others. Follow these steps even if the emergency facility is not in the Plan’s service area.

If you need emergency Behavioral Health help outside the plan’s service area, please tell the plan by calling the number on your ID card. You should also call your PCP if you can and follow-up with your doctor within 24 to 48 hours. For out-of area emergency care, when you are stable, plans will be made for transfer to an in-network facility.

Obtaining Behavioral Health Services

If you need help finding a Behavioral Health Provider in your area, you can call (PsychCare) Behavioral Health Services at **(800) 221-5487**.

You will be given the names of several providers in your local community from which you can choose to call for an appointment. You can also choose a different behavioral health care coordinator or direct service behavioral health care provider within the Plan if one is available.

Behavioral Health Limitations and Exclusions

Adults can get up to 45 inpatient days a year and unlimited outpatient behavioral health services with Medicaid. Medicaid does not include a benefit for substance abuse treatment.

If you or a family member has a substance abuse problem, you should call your local Medicaid provider. You can also ask our Behavioral Health staff to help you with a referral.

The following services are not covered by the plan:

- Specialized therapeutic Foster Care
- Therapeutic Group Care Services
- Behavioral Health Overlay Services
- Community Substance Abuse Services
- Residential Care
- Sub-acute Inpatient Psychiatric Program (SIPP) Services
- Clubhouse Services
- Comprehensive Behavioral Assessment; and
- Florida Assertive Community Treatment Services (FACT)

After Hours Care

If you need care after regular office hours (except for emergencies), you must contact your behavioral health provider. Providers are required to have coverage for patients 24 hours a day, seven days a week.

Always call your behavioral health provider. Identify yourself as a Better Health Enrollee. Your PCP or mental health provider can give you directions by

- telephone
- prescribe medication
- ask you to come to his or her office
- refer to an emergency facility or another provider for care
- ask you to make an appointment during regular office hours.

You also may seek healthcare at a participating urgent care facility.

Urgent Care Facilities

Sometimes you may have a medical problem that is not serious, but your provider's office is closed. If your PCPs' office is closed, you can use select Behavioral Health Providers who have later office hours. You also can use urgent care centers.

Hospital Care

As a Better Health Enrollee, you may receive health care at participating hospitals. If you need to go to the hospital, keep the following in mind:

- Hospital care is required within the service area, your PCP will arrange for admission to a Better Health hospital.
- Make sure your PCP admits you to a Better Health hospital.
- Hospital services, including inpatient (overnight stay) and outpatient (one day only) services require your PCP to notify Better Health.
- Better Health will pay claims for covered services at participating hospitals when your PCP has notified Better Health.
- Please call Better Health Enrollee Services if you have any questions about prior approvals.
- Better Health will pay claims for emergency medical conditions. (Please read Medical Emergency Care on Page 21 for more information.)
- Show your Better Health Enrollee ID card when you are admitted to the hospital.

Enrollee Services

The Better Health Enrollee Services staff is here to help you. They can answer all your questions from 8:00 am- 7:00 pm on Monday-Friday. They will

- Explain your covered services
- Replace Enrollee ID cards
- Make changes to your address and telephone numbers
- Change your PCP
- Send you a provider directory
- Provide information on our corporate structure
- Assist you when you become pregnant and when your baby is born
- Listen and help you with a problem
- Provide our quality performance ratings
- Describe our quality benefit enhancements
- Provide free interpreter services for all foreign languages
- Help with grievance and appeal questions

Covered Services

As a Provider Service Network, Better Health provides access to care for medical, dental and behavioral health services. The full list of services and coverage can be found in the Florida Medicaid Summary of Services handbook. You may receive covered services from a participating Better Health provider.

Please remember that the provider network changes from time to time. It is your responsibility to make sure that your PCP or health care provider participates in the plan. You can look in your provider directory or use the most current directory from our website at www.betterhealthflorida.com or call Enrollee Services at (800) 514-4561 or call TDD Florida Relay 711

If one of the providers in our network does not want to perform a service or make a referral of service because of moral or religious objections, neither the provider nor Better Health is required to provide information on how and where to obtain the service.

Below is a list of services that are covered under Florida Medicaid and Better Health

<ul style="list-style-type: none">• All services that are covered and are medically necessary under Florida Medicaid• Ambulatory Surgical Centers• Behavioral Health Services• Birth Center Services• Child Health Check-Up• Chiropractic Services• Community Behavioral Health Services• County Health Department Clinic Services• Dental services for Adults and Children• Dialysis services in a freestanding center• Durable Medical Equipment and Medical Supplies• Family planning• Federally Qualified Health Centers• Hearing Services	<ul style="list-style-type: none">• Home Health Services• Hospital inpatient services• Hospital outpatient services• Laboratory, including independent Laboratory Services• Licensed Midwife Services•• Physician visits (as described below)• Podiatry Services• Prescription Drugs• Therapy Services- Occupational• Therapy Services- Physical• Therapy Services- Respiratory• Therapy Services- Speech Language• Transplant Services- Organ and Bone Marrow• Transportation Services• Vision Services• X-ray Services including portable x-rays
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Physician services include services rendered by a licensed physician, advanced registered nurse practitioner, or physician's assistant.

Enrollees do not need a referral for these services only

- PCP visits

- Family planning
- Federally Qualified Health Center (FQHC)
- Chiropractic Services (10- visits per calendar year)
- Dermatology (5-visits per calendar year)
- Immunizations provided by the county health department
- Podiatric Services (5-visits per calendar year)
- School Based Services
- Well woman exam with an OB/GYN (1- per calendar year)

ALL other services MUST have a referral from your PCP.

To access any benefits that are available under the Medicaid State Plan, please refer to the Florida Medicaid Summary of Services.

What is a Referral or Authorization?

A referral means you go somewhere other than your PCP for a service. Referrals may be written or by phone. Some must be approved by your doctor or Better Health.

Your PCP will take care of any referrals you need. We want you go get the care you need.

Some things that can happen are:

Prior authorization: Also called an approval. This means your PCP calls Better Health first. Then you can go to a specialist.

Concurrent Review: This means Better Health reviews your care as you get it.

Retrospective Review: This means Better Health checks your medical records after you have gotten care.

Case Management: This is when a trained clinical person works with you and your PCP. They help you get the care you need.

Referrals can take up to ten (10) days. Most of the time it is faster. This is for nonemergency problems.

If it's urgent we take care of it in (48) hours or less. Some kinds of emergency referrals are done on the phone.

If a referral has not been approved, we will send you a letter You or your PCP may not agree with Better Health's decision. You have the right to appeal. That means someone else looks at the decision. Go to Grievance and appeals section for next steps.

Enhanced Benefits Reward\$ Program

Florida Medicaid has a new program called the Enhanced Benefits Reward\$ Program. This program is designed to reward you for taking part in activities that can improve your health. These activities, known as healthy behaviors, will earn credits that you can later use to buy health-related items at the pharmacy. As an enrollee of Better Health you do not have to do anything to enroll in this program.

Beneficiaries with disabilities can receive these materials in alternative formats upon request at no additional charge. These formats include, but are not limited to: Braille, large print, CD-ROMs, and audiotapes. To receive these services contact:

Enhanced Benefits Call Center
1-(866) 421-8474

What is a Healthy Behavior?

Examples of approved healthy behaviors include dental, vision and primary care PCP visits for adults and children. Other healthy behaviors include such things as getting flu shots and participating in stop smoking classes or alcohol and drug treatment programs.

For a list of current, approved healthy behaviors, call the Enhanced Benefits Call Center at **1-(866) 421-8474** or go to the Florida Medicaid Web site at:

http://ahca.myflorida.com/Medicaid/Enhanced_Benefits/index.shtml

Earning Credits

You may earn credit for each healthy behavior. Each behavior has different limits during the year.

- The maximum credit is \$125 per year. (July 1 through June 30)
- Deposits will be recorded on the first day of each month
- It may take up to 90 days after you complete a healthy behavior for the credits to show up in your account.
- You may also call the Enhanced Benefits Call Center to find out if you have credits.

The program records your participation in two ways:

- When you visit the PCP and have a procedure that is an approved healthy behavior, your PCP reports this to Better Health so you will earn your credits.
- You submit an Enhanced Benefits Universal Form to Better Health that shows you participated in an approved healthy behavior not covered by Better Health.

Using your credits

- You must provide your Florida Medicaid ID number and a picture ID.
- Credits in your account may be used to buy certain health-related items at the pharmacy

- The list of health related products and supplies are provided on the Florida Medicaid Web site at:
http://ahca.myflorida.com/Medicaid/Enhanced_Benefits/index.shtml
- You can't use your credits until the program sends you a letter stating that credits are in your account.
- It may take up to 90 days after you complete a healthy behavior for the credits to show up in your account.
- You may use your credits at any Florida Medicaid-participating pharmacy.

Five easy steps to earn and use credits

1. You join an approved healthy behavior.
2. You or your PCP submit a completed Enhanced Benefits Universal Form or a claim to Better Health.
3. Better Health reports and submits information to Florida Medicaid.
4. Medicaid approves your credits and updates your account. You will get a statement in the mail.
5. You may begin using the credits you may have earned to buy approved items from the purchase lists.

Enhanced Benefits Universal Form

The Enhanced Benefits Universal Form is used to record an approved healthy behavior. These are not covered by Better Health. Such healthy behaviors include

- disease management programs
- alcohol and drug treatment programs
- programs to stop smoking
- weight loss and exercise programs
- flu shots for adults.

You can find out which of these programs are free by calling Better Health Enrollee Services at (800) 541-4561

The Enhanced benefits Universal Form is available on the Florida Medicaid Reform Web site at:

http://ahca.myflorida.com/Medicaid/Enhanced_Benefits/index.shtml

or call the **Enhanced Benefits Call Center: 1-(866) 421-8474**

Enrollee Rights and Responsibilities

As a Better Health Enrollee, you have certain rights and responsibilities that are important for you to understand. They do not change your healthcare plan coverage. If you have any questions about your healthcare coverage, call Better Health Enrollee Services.

You Have the Right To:

- Be treated with respect and in a manner that recognizes your need for privacy and dignity.

- Get help or an answer in a prompt, kind, and responsible manner.
- Know the name of your healthcare PCP or other Better Health PCPs treating you.
- Know the rules and regulations that apply to your condition.
- Get access to medical treatment or provide, regardless of race, national origin, religion, physical handicap or source of payment.
- Get information about your healthcare plan and any coverage.
- Get information by your healthcare provider of your diagnosis, prognosis and plan-of-treatment alternatives and risks in terms you understand.
- Get information about the PCP or medical provider in your healthcare plan.
- Get information from your healthcare professional about any treatment you may receive; to have your healthcare professional request your consent for all treatment, unless there is an emergency and your life and health are in serious danger. (If written consent is required for procedures, such as surgery, be sure, you understand the related risks and why the procedure or treatment is needed.)
- Receive, upon request, all of the information and necessary counseling on the availabilities of financial resources for your care.
- Receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.
- Be informed if the treatment that you are receiving is experimental and to be given the opportunity to consent or to refuse.
- Be informed about available patient support services, including an interpreter.
- Refuse treatment and be advised of the probable results of your decision. Better Health encourages you to discuss your objections with your healthcare professional.)
- Select a PCP of your choice from within the Better Health network of providers. If you need information on how to change your PCP, call Better Health Enrollee Services.
- Express a complaint about Better Health and/or the care you received and to receive a timely response.
- Initiate the grievance procedure if you are not satisfied with Better Health's decision regarding your complaint.
- Be informed about and to have written Advance Directives.
- Have medical records and information kept in private, except as provided by law.

- Better Health shall make information available upon request regarding the structure and operation of Better Health and any physician incentive plans as set forth in 42 CFR 438.10(g) (3).

You Have The Responsibility To:

- Learn about Better Health covered services by reading and referring to the Enrollee handbook. Please call Better Health Enrollee Services when you have questions or concerns about your coverage at (800) 514-4561 or call TDD Florida Relay 711.
- Understand fully the information provided by Better Health about your healthcare coverage.
- Know the proper use of Better Health's services and procedures.
- Provide your PCP or any Better Health provider correct and complete information about your health.
- Present your Better Health Enrollee ID card when receiving services and not allow the illegal use of your Enrollee ID card.
- Treat all Better Health PCPs and other medical providers and staff respectfully and courteously and to follow their' rules on patient care and conduct.
- Consult your PCP for his or her direction prior to receiving healthcare unless it is an emergency and your life and health are in serious danger.
- Keep your appointments and call your PCP or any other healthcare provider of Better Health office if you will be late or unable to keep an appointment.
- Pay all charges for non-covered services.
- Establish a continuous and satisfactory relationship with your PCP.
- Ask questions of your PCP or any healthcare provider of Better Health and understand the results if you refuse to comply.
- Provide honest and complete information to those providing care and to Better Health.
- Express your opinions, concerns or complaints to your healthcare provider and to Better Health Enrollee Services.
- Notify your Better Health PCP or any other health care provider of any advance directives you may have. Give your assigned PCP your Advance Directives.

Grievances and Appeals

As an Enrollee of Better Health, you have the right to file a grievance or appeal.

Grievance Process:

A grievance is an expression of dissatisfaction. An example could be how your PCP or another health care provider of Better Health treated you, or how you are unhappy with the quality of care provided.

You have one year from the date the event happened to file a grievance.

You can file a grievance in writing or you can call Better Health Enrollee Services (800) 514-4561 another person – for example, your PCP, a friend or relative – can send your grievance and act on your behalf as long as you approve it in writing.

We will need your name, Enrollee ID number, telephone number and address, and the reason for your grievance. We will start processing your grievance the day you call. We will not take any negative action against you or your PCP for filing a grievance.

The Better Health Enrollee Services Representative will try to help and resolve your concern during the phone call. If you are not satisfied with the resolution, you can request a Grievance Form from Enrollee Services (800) 514-4561 Monday through Friday (8:00AM-7:00PM). The Enrollee Services Representative can help you complete it. You can mail the form to the address below:

**Better Health
Grievance and Appeals
8701 SW 137th Avenue, Suite 200
Miami, FL 33183**

When the Better Health Grievance Coordinator receives your grievance, he or she will send you a letter within 5 business days to let you know your letter was received. The coordinator may need to get more information and your medical records.

Your grievance will be reviewed and a decision will be made. You will get an answer from us within 90 days from the day Better Health receives your grievance, or sooner if your health condition requires. It will be in writing. We will let you know if we need more time to resolve your grievance and will notify you in writing within five business days to explain the reason for the delay. You can ask that your benefits continue while you are waiting for our response.

Filing an Appeal

An appeal can be filed when you are not happy with a decision that Better Health has made and you ask us to review the decision. You can appeal when one of the following occurs:

- We issue a denial or limitation of a requested services, type of service or level of service
- We reduce, suspend or terminate a previously authorized service
- We deny a whole or partial payment of a service (claims are denied)

- We fail to provide a service in a timely manner as defined by regulations
- We deny the right to assess services outside the network if the Enrollee lives in a rural area with only one managed care organization
- We deny services that were ordered by an authorized provider
- The authorization period has not expired

You must file within 30 days from the date of our decision. Call Better Health Enrollee Services to file an appeal. A Better Health Enrollee Services representative will assist you in filing an appeal.

If you are not satisfied with the outcome, you may call the Better Health Grievance Coordinator directly at (800) 514-4561 Monday through Friday (8:00AM-7:00PM). He or she can provide you with a grievance, appeal form, and help you complete it. Another person – for example, your provider, friend or relative – can send your appeal and act on your behalf as long as you approve it in writing.

Mail the letter to:

**Better Health
Grievance and Appeals
8701 SW 137th Avenue, Suite 200
Miami, FL 33183**

You will be given enough time to provide the information necessary to support your appeal case. You can do this in writing or in person. We will resolve the appeal within 45 days from the day we receive the appeal, or sooner if your health requires. Services will continue upon appeal of a suspended authorization and you, the Enrollee, may have to pay in case of an adverse ruling. We will let you know if we need more time to resolve your grievance and will notify you in writing within five business days to explain the reason for the delay.

Filing an Expedited Appeal

If we make a decision that you are not happy with and you want to file an appeal, but feel that the time for this appeal could be a danger to your life or health or cause you to be injured, you or your provider may ask for a fast review. Fast reviews also are called expedited appeals. Expedited appeals can be done by phone or in writing. You and your provider will get the answer in writing within 72 hours. For fast reviews call, Better Health Enrollee Services at (800) 514-4561 Monday through Friday (8:00AM-7:00PM).

When we receive your request for an expedited appeal, we will decide if your appeal requires a fast review. If we decide that your appeal does not need a fast review, we will let you know in writing by letter and then process your appeal as a regular appeal. Call Better Health Enrollee Services if you need more information on expedited appeals.

Medicaid Fair Hearing

If you are not satisfied with our decision after our Better Health Grievance Committee has reviewed your appeal, you have the right to request a Medicaid Fair Hearing. If you request a hearing, you may continue to receive your benefits from us until a decision is made at the hearing.

If you request a Medicaid Fair Hearing review and want your benefits to continue, you must file your request within 10 business days from the date we sent you our letter or within 15 business days if you send your request by U.S. mail. If the Medicaid Fair Hearing determines that our decision was right, you may have to pay for the cost of the continued service. You or your provider may request a Medicaid Fair Hearing within 90 days from the date of our letter. To request a Medicaid Fair Hearing, write to:

**Office of Public Assistance Appeals Hearing
1317 Winewood Boulevard
Building 5, Room 203
Tallahassee, FL 32399-0700**

Please include in your letter the following information: the plan name (Better Health), your name, your Enrollee ID number, contact information and the reason for your appeal.

Beneficiary Assistance Program

You also have the right to request a review by the Beneficiary Assistance Program because of the quality of the healthcare services you received or matters of contract between you and Better Health. You must request this review within one-year from the receipt of our decision letter. If you request a Medicaid Fair Hearing review, the Beneficiary Assistance Program will not review your grievance. To file a grievance, write or call the Agency for Health Care Administration.

**Agency for Health Care Administration
Beneficiary Assistance Program
2727 Mahan Drive
Building 1, MS 26
Tallahassee, FL 32308
Phone: (850) 921-5458
Toll-free: (888) 419-3456**

Please be sure your letter includes the following information: the plan name (Better Health), your name, your Enrollee ID number, contact information and the reason for your grievance.

Advance Directives

You have the right to decide:

All adults in healthcare facilities, such as hospitals, nursing homes, hospices, home health agencies and health maintenance organizations, have certain rights under Florida law.

You have the right to file an advance directive, which says, in advance, what kind of treatment you want or do not want when you have special, serious medical conditions that would stop you from telling your provider how you want to be treated. For example, if you were taken to a healthcare facility in a coma, would you want the facilities staff to know your specific wishes about decisions affecting your treatment? An advance directive will let the providers know how you want your healthcare to be handled.

What is an advance directive?

An advance directive is a written or oral statement that is made and witnessed in advance of serious illness or injury. It tells others how you want healthcare (including mental health) decisions made when you are not able to make them yourself. There are two forms of an advance directive: (1) a living will and (2) a healthcare surrogate designation.

An advance directive allows you to state your choices about healthcare, or to name someone to make those choices for you, if and when you become unable to make decisions about your healthcare treatment for yourself. An advance directive can enable you to make decisions about your future healthcare treatment.

What is a living will?

A living will generally states the kind of healthcare 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. Florida's law provides a suggested form to use for a living will. You may use it or some other form. You may wish to speak to an attorney or provider to be certain you have completed the living will so that your wishes will be understood.

What is a healthcare surrogate designation?

A healthcare surrogate designation is a signed, dated and witnessed paper naming another person – such as a husband, wife, daughter, son or close friend – as your agent. This person will be the one who will make healthcare decisions for you if you should become unable to make them for yourself.

You can include instructions about any treatment you want or wish to avoid. Florida law provides a suggested form to use for the designation of a healthcare surrogate. You may use it or some other form. You may wish to name a second person as a backup to stand in if your first choice is not available.

You may wish to have both a living will and a healthcare surrogate designation, or you may want to combine them into a single document that describes treatment choices in a variety of situations and names someone to make healthcare decisions for you should you be unable to make these decisions for yourself.

Do I have to write 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 or designated a healthcare surrogate, healthcare decisions may be made for you by a court-appointed guardian, your spouse, your adult child, your parent, your adult sibling, and adult relative or a close friend, in that order. This person would be called a "proxy."

Can I change my mind after I write a living will or designate a healthcare surrogate?

Yes, you may change or cancel these documents anytime. Any change should be written, signed and dated. You also can change and advance directive by oral statement.

What if I filled out an advance directive in another state and need treatment in a healthcare facility in Florida?

An advance directive completed in another state, in compliance with the other state's law, can be honored in Florida.

What should I do with my advance directive if I choose to have one?

Make sure that someone, such as your provider, lawyer, or family Enrollee, knows that you have an advance directive and where it is located. Consider the following:

- If you have designated a healthcare surrogate, give a copy of the written designation form or the original to that person.
- Give a copy of your advance directive to your provider for your healthcare file.
- Keep a copy of your advance directive in a place where it can easily be found.
- Keep a cards or note in your purse or wallet stating that you have an advance directive and where it is located.

If you change your advance directive, make sure your provider, lawyer and/or family Enrollee has the latest copy.

Please note you have the right to choose a new healthcare provider in situations when a healthcare provider cannot honor the advance directive wishes of his or her patients because of objections of conscience. For more information, ask those in charge of your care or contact Better Health Enrollee Services.

If for any reason the advance directive law changes, Better Health will provide those changes to the Enrollees within 90 days after the changes take place.

Enrollee Privacy

Information regarding HIPAA relative to the Enrollee's personal health information (PHI) and records is important to Better Health. There are several ways we protect your records:

- Enrollee's sign a release of medical records. This means you give us permission to get your healthcare records when researching a quality matter of healthcare inquiry.
- Better Health has written and implemented policies and procedures that protect the privacy of your data. This type of data can only be released to a person or organization that has been provided with your written consent. A signed medical release authorizes Better Health to release medical information to the federal and state governments or their duly appointed agents.
- Contracts between Better Health and its healthcare providers include terms concerning the privacy of your records.

Better Health is committed to maintaining the privacy of your records and data. If you have any questions regarding this information, please contact Better Health Enrollee Services.

Complaints

Complaints to the Federal Government

If you believe that your privacy rights have been violated you have the right to file a complaint with the federal government. You may contact:

**Office of Civil Rights
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201**

**Phone: (866) 627-7748
TDD: (866) 788-4989
E-mail: ocrprivacy@hhs.gov**

You will not be penalized for filing a complaint with the federal government.

Complaints and Communications to Better Health

If you want to exercise your rights under this notice, communicate with us about privacy issues or file a complaint about us, you can call or write to Better Health. You will not be penalized for filing a complaint. Enrollees may also obtain information from Better Health regarding quality performance indicators, including beneficiary information:

**Better Health, LLC
Compliance Officer
8701 SW 137th Avenue, Suite 200
Miami, FL 33183**

Please call Better Health Enrollee Services (800) 514-4561 (M-F) 8:00AM-7:00PM.

Copies of this Notice

You have the right to receive an additional copy of this notice anytime. Please call or write to us at the address above to request a copy.

Reporting Fraud, Abuse or Overpayment

Enrollees may contact the Florida Office of the Inspector General to report suspected fraud and/or abuse in the Florida Medicaid system. You can either

- Call the Consumer Complaint toll-free hotline at 1-(888) 419-3456 or
- Complete a Medicaid Fraud and Abuse Complaint Form, which is available online at https://ahcaxnet.fdhc.state.fl.us/InspectorGeneral/fraud_complaintform.aspx

Your identity will be protected.

Better Health will report fraud, abuse or overpayment to the Bureau of Managed Healthcare, Medicaid Program Integrity and Medicaid Fraud Control Unit.

Better Health has a Compliance Officer who will be accountable for all fraud and abuse.

Better Health's Compliance Officer can be contacted at:

**Better Health
Compliance Officer**
8701 SW 137th Ave, Suite 200
Miami, FL 33183

Toll Free **877-253-9251**
call TDD Florida Relay 711
Fax (877) 915-0553

Better Health will investigate any unusual incidents such as:

- Falsified encounter or service reporting
- A pattern of overstated reports or up coded levels of service
- Falsifying or destroying clinical record documentation
- Misrepresentation of medical information to justify Enrollee referrals
- False statements as it applies to credentialing or re credentialing information
- Charging Enrollees' for covered services