

Member Handbook

A copy of the member handbook should be given to new enrollees at the initial meeting with the Medicaid Managed Care Organization (MCO) Case Manager. The member handbook has important and helpful information for understanding how to use managed care. Among other things, the handbook explains:

- the services (also referred to as “benefits”) that are provided by the MCO including the amount and length of time that the services are provided;
- how to get the services provided by the MCO, including any procedures needed for obtaining approval of a prescribed service;
- how and where to get any services provided by the State;
- how transportation is provided;
- what emergency services are provided and how to get emergency services;
- information about which providers you can go to, including if/when you can go to a provider who is not in your MCO’s network (the word “network” refers to those providers who have signed up with the MCO to provide services to the MCO’s enrollees);
- the process for filing grievances when you are unhappy with your MCO;
- the difference between a grievance and an appeal;
- the process for filing an appeal when you don’t agree with a decision made by the MCO to deny, reduce or end a service, and the requirement (with some exceptions) that your appeal must first go to the MCO before you appeal to the state Medicaid Agency;
- the right to continued services pending the outcome of an appeal if services are reduced or terminated;
- the right to a fair hearing with the Florida Medicaid Agency (AHCA) if the MCO does not grant your appeal.