

## About FloridaLawHelp.org

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This brochure is for general education only. It is not intended to be used to solve individual problems.



The Florida Bar Foundation,  
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## FloridaLawHelp.org

To locate your local legal aid or legal services office, please visit us on the web at

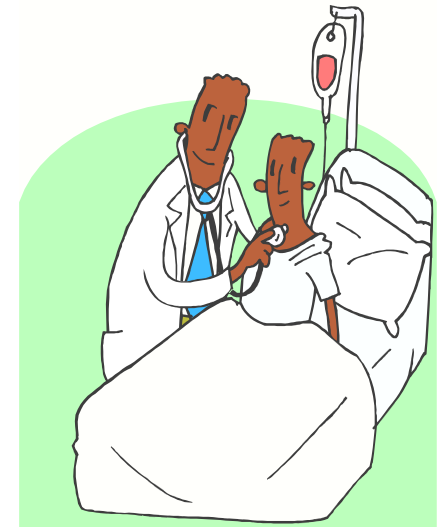
[www.floridalawhelp.org](http://www.floridalawhelp.org)

Your local legal aid or legal services office can be located through either the “Find Local Help” or “Directory” links at the top of the page.

If you don't have access to the internet, consult your local Directory Assistance for the number of the legal aid or legal services office nearest to you.

## FloridaLawHelp.org

# IMPORTANT INFO FOR MEDICAID RECIPIENTS IN MANAGED CARE



**If you are in a Medicaid managed care plan (MediPass or an HMO) and the plan refuses to provide a medical or mental health service you need, you have the right to contest that decision.**

**Here's how.**



**If my Medicaid Managed Care Plan denies me a service I need, what can I do to protest this decision?**

**You should file both a grievance and a Medicaid fair hearing request.**

**How do I file a grievance?**

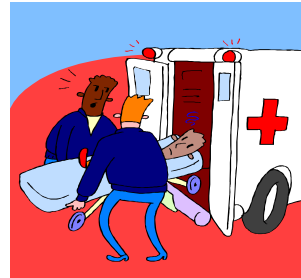
**If you are in an HMO, you should contact the *grievance coordinator* and ask for a grievance form. Complete the form, date it and return it to the HMO. Instead of using the grievance form, you can send a dated complaint letter to the HMO stating that the letter is a grievance. Be sure to keep a copy of the written grievance for your records. If you hand-deliver the complaint, make a note of the name of the person who takes it and the date.**

**If you are in the MediPass pro-**

**gram, you must file a dated, written complaint with the local MediPass counselor. Be sure to keep a copy of the written grievance for your records. If you hand-deliver the complaint, make a note of the name of the person who takes it and the date.**

**What happens after I file the grievance?**

**Both the HMO and the MediPass programs have sixty (60) days to make a decision on your grievance, and an additional thirty (30) days if they must gather information from outside their service area.**



**How do I request a fair hearing?**

**You can write, call or send a fax to:**

**Office of Appeal Hearings  
Dept. of Children & Families  
Building 5 – Room 203  
1317 Winewood Boulevard  
Tallahassee, FL 32399-0662  
Phone (850) 488-1429  
Fax (850) 487-0662**

**If you write, be sure to explain what action/decision the HMO or the MediPass program has made**

**that you want to contest. Date the letter and keep a copy for your records. If you call, make a note of the date and the name of the person with whom you spoke.**

**What happens after I request a fair hearing?**

**The Medicaid agency has ninety (90) days from the date you file a fair hearing to make a decision. You will have an opportunity to appear before a state hearing officer and explain your need for the services that the HMO or MediPass wants to deny.**

**Why should I request both a grievance and a fair hearing at the same time?**

**If an HMO or MediPass acts to terminate or reduce a Medicaid-funded service you have been receiving when you file a fair hearing, you have the right to continue receiving that service at least until your case is heard and decided. You also have the right to have your case decided by a hearing officer with no connection to the HMO or MediPass program. By filing a grievance at the same time, you are giving the HMO or MediPass another chance to correct the problem quickly without the need to have a hearing.**

