

Welcome to Magellan Complete Care. Our goal is to help you live a healthy and happy life. We want you to get the information you need. Member Services is here for you Monday through Friday, 8 a.m. to 7 p.m., Eastern time, except on state holidays.

Please call us to update your address, county, and phone number. If you would like to communicate with us by mail for free, please use the attached self-addressed stamped envelope. You will also need to update your address and phone number with the Department of Children and Families by calling 1-866-762-2237 as well as the Office of Social Security at 1-800-772-1213.

Your new member Welcome Kit includes your Member ID card and a copy of the HIPAA Privacy Notice. Your Member ID card replaces your Medicaid card. Please keep it in a safe place. You will need to show your Member ID card every time you receive service. If your name is spelled wrong, please give us a call, we will be glad to fix it for you. If your Member ID card is lost or stolen, please call us or visit our website at www.MCCofFL.com to request a new card.

Your Member Handbook is available online at www.MCCofFL.com. You can also call us and we will mail it to you. The Member Handbook will teach you about your benefits. Please read it carefully. Most of your questions will be answered in the handbook. If you can't find the answer in the handbook, please call us.

As a new member of Magellan Complete Care, we have assigned you to a Primary Care Provider (PCP). Your primary care provider will help you with all of your medical needs. When needed, they will refer you to other providers. Please do not visit the other providers without the OK from your PCP. Please call your PCP to make an appointment. Your first office visit should be within the next 30 days. If you need help making the appointment, please call us at 1-800-327-8613 (TTY 711) and we will be happy to help you.

If you would like to change the PCP that was assigned to you, please click the Find a Provider tab on our website, www.MCCofFL.com or call Member Services at 1-800-327-8613 (TTY 711).

We can help you send your medical records to your new PCP. Please fill out the attached Authorization to Use and Disclose form. This form gives us your okay to ask your previous PCP to send your medical records to your new PCP.

You can search for a doctor on our website. To find a provider go to www.MCCofFL.com and click the Find a Provider tab. If you don't have access to a computer or need help finding a provider, we can search for you. We will be glad to send you a copy of the directory free of charge.

If you are receiving private duty nursing services and would like to report a problem with your provider, please call Member Services at 1-800-327-8613 (TTY 711). They'll help you get connected with your assigned care manager.

Some Medicaid recipients may change Managed Care Plans whenever they choose. Changes to Managed Care Plans are subject to Medicaid limitations. To find out if you may change plans, please call the Enrollment Broker at 1-877-711-3662 or www.FLMedicaidManagedCare.com.

If you are a mandatory enrollee that is required to enroll in a plan, you will have 120 days from the date of your first enrollment to try the Managed Care Plan. You can change Managed Care Plans at any time during the first 120 days. After 120 days, if you are still eligible for Medicaid, you will stay enrolled in the plan for the next eight months. This is called "lock-in".

If you are a mandatory enrollee, the State will send you a letter 60 days before the end of your enrollment year. This letter will let you know 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, you will begin in the new plan at the end of your current enrollment year. You will be locked into that plan for the next 12 months. Every year you may change Managed Care Plans during your 60-day open enrollment period without cause.

If you are a mandatory enrollee who wants to change plans after the first 120-day period ends or after your open enrollment period ends, you must have a state-approved, good cause reason to change plans. Please see your Member Handbook for a list of good cause reasons.

You may be removed from our plan if you falsify a prescription or use your Member ID card in a fraudulent way. If you lose eligibility, you may also be removed from our plan. If you get your eligibility back within the temporary loss period of 180 calendar days, you will automatically be put back on our plan.

If you have any questions, please call us at 1-800-327-8613 (TTY 711). Our Member Services staff is here for you Monday through Friday, 8 a.m. to 7 p.m., Eastern time, except on state holidays. You can also visit our website, www.MCCofFL.com, for helpful information about our plan and benefits.

Best Regards,

Member Services
Magellan Complete Care

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Magellan Complete Care is a Managed Care plan with a Florida Medicaid contract.