



Managed Care Ombudsman Committees



Division of Health Quality Assurance

Bureau of Managed Health Care

Agency for Health Care Administration
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What are they?

How do they help me?

What do I do if I need help?

The Agency for Health Care Administration (Agency) administers the Managed Care Ombudsman Committee Program.

Managed Care Ombudsman Committees (MCOC) are voluntary organizations that may be formed in any of the 11 areas of the state where the Agency has a field office.

The MCOC members serve as advocates for consumers with their managed health care plans. The MCOC can assist you by:

- helping you to understand your rights and responsibilities under your healthplan contracts,
- helping you to understand and “navigate” through your health plan’s internal grievance procedures, and
- helping you to file a grievance with the Subscriber Assistance Program when you are not satisfied with the outcome of the grievances filed with your health plan.

The MCOC can help you by . . .

contacting your managed care plan on your behalf and by working with you and the managed care plan to resolve your grievance. However, not all grievances can be resolved to the satisfaction of the consumer.

Sometimes the consumer’s managed care contract specifically excludes a particular service that the consumer would like to have. If that is the case, the MCOC can help you understand your managed care contract and why the service cannot be provided.

You may contact the Agency for Health Care Administration to file a complaint with your local MCOC.

Simply call 1-888-419-3456. This toll-free number reaches the Agency’s complaint and information call center, where an agent will take your information. Be prepared to give the agent your name, the name of your managed care plan, your address, your telephone number, your personal identification number for your managed care plan and a description of the problem you are having with your plan.

Where are the MCOCs located?

Currently, there are three fully operational MCOCs. These are located in parts of West Florida and South Florida. They cover the following 14 counties (listed in alphabetical order):

- | | |
|--------------|------------|
| Charlotte | Martin |
| Collier | Miami-Dade |
| DeSoto | Monroe |
| Glades | Okeechobee |
| Hendry | Palm Beach |
| Indian River | Sarasota |
| Lee | St. Lucie |



**EASY
AS...**

**1!
2!
3!**

What will happen to my complaint?

First, call center staff will advise you to complete your health plan's internal grievance process. If you have not been able to access that process through your plan's member services telephone number, the call center agent will give you the appropriate number to call and the name of your plan's grievance coordinator.

Second, if your area has a MCOC in operation, the call center agent will ask if you would like to have your complaint reviewed by the MCOC. If you say "yes" to this question, your complaint will be sent to the MCOC in your area for resolution. A member of the MCOC will call you to provide assistance.

Third, if you have completed your health plan's internal grievance process, and are still not satisfied with the outcome of your complaint, tell the call center agent that you would like to be transferred to the Subscriber Assistance Program. Your MCOC can also help you file the grievance with the Subscriber Assistance Program.

Be sure to read your member handbook and schedule of benefits. It is important for you to know what is covered by your insurance or health plan. It is your responsibility to know what your insurance or health plan will pay for: procedures, prescriptions, treatments, etc.

Be sure to verify that your health care practitioner is a provider for your insurance plan.

What issues are not within the authority of the MCOCs?

The MCOCs have no enforcement powers. However, members of these committees know the laws and rules that affect your managed care plan's provision of services. You will need to share a copy of your contract with the MCOC member to enable the member to get you through the plan's grievance process.

Will my complaint be confidential?

Florida Statutes require that a person's medical records remain confidential. Only the information necessary to process your complaint will be taken by the call center. If you ask to be contacted by the MCOC, the information you share with the MCOC member also remains confidential.

Would my HMO have a copy of all of my medical records?

Probably not. Unless the HMO is a staff model HMO that actually employs the physicians rather than contracting with them to provide services, it would have no reason to have copies of your medical records. Most HMOs obtain medical records only when a member files a grievance based on denial of services for medical necessity.

Can I obtain a copy of my patient records from my health care practitioner?

Yes. Section 456.057, Florida Statutes, allows a patient, or his legal representative, to obtain, in a timely manner, a copy of all reports and records relating to an examination or treatment by a health care practitioner.

Can I be charged for copies of my records?

Yes. Section 456.057, Florida Statutes, allows a health care practitioner to charge no more than the actual cost of copying, which may include reasonable staff time or an amount designated by rules provided by the regulatory board.

What happens to the health plan as a result of my complaint?

Sanctions may be imposed when the plan has demonstrated a pattern of non-compliance with state regulations and requirements.

Remember!!

Call
1-888-419-3456
to file your
managed care complaint
with the Agency.

Your MCOC is waiting
to help you!