

## Polk HealthCare Plan - Frequently Asked Questions

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<p><b>1. What is the Polk HealthCare Plan</b></p>	<p><i>The Polk HealthCare Plan is a public/private partnership that allows for a comprehensive managed health care program but is not insurance. The Polk HealthCare Plan is a government assistance program similar to a “managed care” product, and it is funded by a discretionary county-wide sales surtax pursuant to F.S.A. 212.055(7).</i></p>
<p><b>2. Who is eligible for the Polk HealthCare Plan?</b></p>	<p><i>Any Polk County resident who has limited income and assets and does not have any other type of insurance (Medicaid, Medicare or commercial). The income limits are established as income at or below 100% of the Federal Poverty Level. An individual may have an income of no more than \$11,490 gross per year and assets of no more than \$2,000. A family of four may earn up to \$23,550 gross per year, with assets of no more than \$3,000.</i></p>
<p><b>3. How and where may residents enroll in the Polk HealthCare Plan?</b></p>	<p><i>See the Updated Locations on the Website. All residents should call 863-534-5387 to schedule an appointment for any of our locations.</i></p>
<p><b>4. How long does the application/re-enrollment process take?</b></p>	<p><i>If the client provides all the necessary information for eligibility determination, the average interview takes approximately one hour, after which the case is approved or denied. In the event the client does not provide all the necessary information, then the case may be pended for up to 45 days.</i></p>
<p><b>5. How was the Polk HealthCare Plan created?</b></p>	<p><i>A public work session was held between the Polk County Board of Commissioners, County Administration and the staff of Community Health &amp; Social Services on Tuesday, July 20, 1999. The purpose of this public work session was to present the proposed Polk HealthCare Plan. The proposed Plan was approved by the Board of County Commissioners and placed on the regular agenda for Tuesday, July 27, 1999. The Board of County Commissioners, meeting in the public session, unanimously approved the Polk HealthCare Plan on Tuesday, July 27, 1999.</i></p>
<p><b>6. How is the Polk HealthCare Plan administered?</b></p>	<p><i>The Polk HealthCare Plan is administered locally by the Polk County Board of County Commissioners, Indigent Health Care Division.</i></p>
<p><b>7. Who provides health care services under this Plan?</b></p>	<p><i>The Plan is made possible through public/private partnerships, allowing for health</i></p>

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	<i>care services to be provided in the patient's local community through a county-wide network of contracted primary care physicians, specialists, hospitals, pharmacies, and other health care providers.</i>
<b>8. What hospitals in Polk County are participating in the plan?</b>	<i>Bartow Regional Medical Center, Heart of Florida Regional Medical Center, Lakeland Regional Medical Center, Lake Wales Medical Center and Winter Haven Hospital.</i>
<b>9. What services are provided under the Plan?</b>	<i>Under Polk HealthCare Plan, sponsored services will include, but are not limited to: primary care physician services, medical specialties, diagnostic testing, lab services, radiology, hospitalization, emergency room visits and medications from the Plan's approved formulary.</i>
<b>10. How do health care providers enroll in the Polk HealthCare Plan?</b>	<i>Providers who desire to enroll in the Plan, or who would like additional information, should contact Paula McGhee, Provider Relations Coordinator at 519-2003 via email at <a href="mailto:paulamcgree@polk-county.net">paulamcgree@polk-county.net</a>.</i>
<b>11. If the patient has other medical coverage, can they enroll in the Polk HealthCare Plan?</b>	<i>As of January 1, 2012, the Plan began covering county residents who met the required eligibility criteria and have Medically Needy Share of Cost. These individuals are eligible for Primary Care, limited Specialty Care and Pharmacy up to their share of cost.</i>
<b>12. How are patients who are enrolled in the Plan identified?</b>	<i>Patients enrolled in the Plan receive a colored Polk HealthCare Plan identification card. The card denotes the enrollee's primary care physician, co-payment responsibilities and other information about their Plan benefits.</i>
<b>13. How are patients assigned to a primary care physician?</b>	<i>The Case Manager/Eligibility Specialists will assist the client in their selection of a primary care physician from the network of providers. This selection may be based on personal preference or proximity to home or work. In the event the client does not select a primary care physician, one will be assigned to them based on their home address.</i>
<b>14. How are patients informed of the details of the Plan?</b>	<i>As part of the eligibility process, the Case Manager/Eligibility Specialists will provide the client with an orientation to the Plan and provide the member with a Member Hand Book. This will include the selection of a primary care physician, explanation of Plan</i>

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	<i>benefits, how, when and where to obtain services, and the patient's rights and responsibilities.</i>
<b>15. How long are patients enrolled in the Plan?</b>	<i>The length of patient enrollment will vary based on each individual's circumstances. However, this will usually be between six months and one year.</i>
<b>16. When enrollment expires, how will the patient re-enroll?</b>	<i>A patient may re-enroll in the Plan by calling 534-5387 to schedule an appointment with their assigned Social Services case manager. The re-enrollment appointment will be scheduled in a community location convenient for the enrollee.</i>
<b>17. How are primary care physicians and pharmacies notified when a new patient is enrolled or an established patient re-enrolled?</b>	<i>The Case Manager/Eligibility Specialists will fax a copy of the PHP Enrollment form to the appropriate physician. WellDyneRx receives patient eligibility data via electronic notification through our computer network.</i>
<b>18. Will Medicare recipients who meet income and asset guidelines be able to obtain prescription medications under this Plan?</b>	<i>No</i>
<b>19. Will a formal Plan orientation be conducted for providers?</b>	<i>Yes. The Plan will conduct an orientation for all new providers, to include topics such as hospital precertification, authorizations, referrals, claims processing, plan benefits and eligibility.</i>