

YOUR GUIDE TO
POLK HEALTHCARE PLAN
Better Health Is Your Choice



MEMBER HANDBOOK
Medically Needy Share of Cost



Polk County Board of County Commissioners, Indigent Health Care Division, Polk HealthCare Plan

2135 Marshall Edwards Drive, Bartow, Florida 33830

This program is funded by the 1/2¢ voter approved Sales Tax.

Administered by:

Polk County Board of County Commissioners

Indigent Health Care Division

Polk HealthCare Plan

2135 Marshall Edwards Drive - Bartow, Florida 33830

Telephone: 863-534-5387

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Welcome to the Polk HealthCare Plan

The Polk HealthCare Plan is a government assistance health care program which utilizes a managed care approach and is administered by Polk County Government. The Plan is funded through a half-cent sales tax approved by Polk County voters in 2004.

The purpose of the Plan is to provide health care to qualified, eligible, full-time, permanent Polk County residents who are not covered by health insurance and do not have any other health insurance benefits available to them. The Plan cannot pay for services if you have insurance or are eligible to have other insurance, including Full Medicaid or Medicare. Some individuals who are enrolled in the State of Florida's Medicaid-Medically Needy Share of Cost program may be eligible for limited benefits. The Polk HealthCare Plan is not a licensed insurance company.



1. Membership

Our Member Services team is ready to help you get the most from the Polk HealthCare Plan. This Handbook is provided to you to help explain your benefits, rights and responsibilities as a member in the Plan. Please read this Handbook carefully so you will have a clear understanding of your coverage. After you have read this Handbook if you still have questions or if you encounter problems obtaining health care services, call your Member Services Representative. You must call the office if you have any major changes in your life, like a new address, a change in family size, income, a change in job or you become eligible for full Medicaid benefits.

Call Member Services with any questions:

- 863-534-5387
- 8:00 am – 4:30 pm
- Monday – Friday

You can also visit our web site and submit questions at www.polk-county.net/php.

Your Plan ID Card

You will get a Polk HealthCare Plan identification card once your eligibility has been determined. You will also get a pharmacy identification card. Your pharmacy card will be mailed to you within 15 to 20 working days of the date you become eligible. Please note that all coverage begins on the 1st or the 15th day of the month following the month you are determined to be eligible, and ends on the last day of the month for which you are eligible to receive care. **You need to keep both your Plan ID card and Pharmacy ID card with you at all times.**

Each family member will get his or her own Polk HealthCare Plan and Pharmacy ID card. When you get your ID cards, please check everything on the cards to make sure there are no errors. If there is an error on the Plan ID card, call the Plan's Member Services Representative, at 863-534-5387. If there is an error on the pharmacy ID card, please call the pharmacy's customer service at 1-877-602-7655. The Polk HealthCare Plan has four benefit plans. Your card is different, based on your plan type.

Things to Know About Your Plan ID Card

- Take your Plan ID card to each doctor's appointment
- Take your pharmacy ID card with you to get a prescription filled
- The ID cards can only be used by the member whose name is on the card. Do not let anyone else use your card! If you do, you will have to pay for their costs and will lose your eligibility for the Polk HealthCare Plan.

What is on the Polk HealthCare Plan ID card?

Some of the things on the card:

- Member's name
- Effective date - this is when you can use your card
- Polk HealthCare Plan ID number
- Primary Care Provider (PCP) name and phone number
- Basic co-pay amounts

On the back of the card:

- Polk HealthCare Plan information and phone numbers

Polk HealthCare Plan – Medically Needy Share of Cost – Essential

 <p>Polk County Indigent Health Care Tax-Polk HealthCare Plan MEDICAL CARD – SHARE OF COST MEDICAID</p> <p>Case #: _____ Worker Code: _____</p> <p>Member Name: _____</p> <p><u>MEDICALLY NEEDED SHARE OF COST - ESSENTIAL CARE CHOICES</u></p> <p>Co-pays: PCP/Office Visit: \$1.00 ~ Pharmacy Co-pays: \$1.00 generic \$5.00 brand. Other co-pays identified in member schedule</p> <p>Eligibility Period: _____ to _____</p> <p>Primary Care Physician: _____ PCP Office Phone#: _____</p>	<p><u>NOTICE TO MEMBER:</u> Carry this card with you at all times. It must be presented each time you require any medical service. This card is not transferable and is only valid for the eligibility period listed on the front. <i>Do not alter this card or share this card with others as you will lose governmental assistance provided by Polk County Indigent Health Care Tax.</i></p> <p><u>NOTICE TO PROVIDERS:</u> This member has State of Florida, Medically Needy Share of Cost Medicaid. Once this individual meets their Share of Cost, the provider must bill Medicaid. <i>This individual is not covered for hospital based services.</i> This individual is only covered for PCP visits, Specialty visits and medications up to their Share of Cost Amount.</p> <p>FAILURE TO COMPLY WILL AFFECT PAYMENT OF BENEFITS</p> <p>Polk HealthCare Plan Inquiries: (863) 533-1111 ~ Member Eligibility Appointments: (863) 534-5387</p> <p>Mail Claims to: Polk County Indigent Health Care Tax, 2135 Marshall Edwards Drive, Bartow, FL 33830</p>
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Polk HealthCare Plan – Medically Needy Share of Cost - Chronic

FRONT OF CARD

BACK OF CARD

 <p>Polk County Indigent Health Care Tax-Polk HealthCare Plan MEDICAL CARD – SHARE OF COST MEDICAID</p> <p>Case #: _____ Worker Code: _____</p> <p>Member Name: _____</p> <p><u>MEDICALLY NEEDED SHARE OF COST - CHRONIC CARE CHOICES</u></p> <p>Co-pays: PCP/Office Visit: \$1.00 ~ Pharmacy Co-pays: \$0.00 generic \$3.00 brand. Other co-pays identified in member schedule</p> <p>Eligibility Period: _____ to _____</p> <p>Primary Care Physician: _____ PCP Office Phone#: _____</p>	<p><u>NOTICE TO MEMBER:</u> Carry this card with you at all times. It must be presented each time you require any medical service. This card is not transferable and is only valid for the eligibility period listed on the front. <i>Do not alter this card or share this card with others as you will lose governmental assistance provided by Polk County Indigent Health Care Tax.</i></p> <p><u>NOTICE TO PROVIDERS:</u> This member has State of Florida, Medically Needy Share of Cost Medicaid. Once this individual meets their Share of Cost, the provider must bill Medicaid. <i>This individual is not covered for hospital based services.</i> This individual is only covered for PCP visits, Specialty visits and medications up to their Share of Cost Amount.</p> <p>FAILURE TO COMPLY WILL AFFECT PAYMENT OF BENEFITS</p> <p>Polk HealthCare Plan Inquiries: (863) 533-1111 ~ Member Eligibility Appointments: (863) 534-5387</p> <p>Mail Claims to: Polk County Indigent Health Care Tax, 2135 Marshall Edwards Drive, Bartow, FL 33830</p>
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Plans and Plan Coverage

The first step for members is to be given a Primary Care Provider. Since you are also enrolled in the Medically Needy Share of Cost program your Primary Care Provider must accept Medicaid. Your PCP will take care of all your basic medical needs. As your “medical home,” your Primary Care Provider will provide health services directly to you and will coordinate other necessary health services through a referral to another provider, after receiving authorization from the Plan. You must get a referral from your PCP before you can get any care from a specialist, unless it is an emergency.

The Polk HealthCare Plan has been developed to provide for the greatest quality of care for eligible Plan members based on health plan industry standards for quality of care and cost effectiveness. The health plan is divided into two (2) primary benefits packages. The “Essential Care Choices” benefits package will provide a base level of coverage needed for all Plan members, and the “Chronic Care Choices” benefits package provides the base level of coverage, as well as more targeted coverage for certain chronic disease conditions. Please see the Cost Sharing/Co-Pay sheet in the Appendix. Also included in the Appendix is the Soft/Hard Limit sheet which defines coverage limits.

Essential Care Choices

Basic Coverage. This benefits package includes the basic coverage for all Plan members and is anticipated to cover most conditions for the healthiest in our population. This plan will cover preventive health screenings and wellness programs. This plan has a **PCP** co-pay of **\$1.00** per office visit. Most office visits by **specialty care** doctors have a **\$5.00** co-pay. There are new co-pays for several of the services you receive such as lab and x-ray. Please see Cost Sharing/Co-Pay sheet in the Appendix for additional information on services and co-pays.

Chronic Care Choice

Case Management. The Polk HealthCare Plan recognizes that individuals with chronic illnesses are the most medically vulnerable of our population and that these individuals require intensive care. This plan has a **PCP** co-pay of **\$1.00** per office visit. Most **specialty care** visits will have a **\$5.00** co-pay. However for certain illnesses some specialty care visits will have a **\$3.00** co-pay. Please see Cost Sharing/Co-Pay sheet in the Appendix for additional information on services and co-pays. Consequently, members will receive case management for the following conditions:

- Diabetes
- Congestive Heart Failure
- Coronary Artery Disease
- Asthma
- Chronic Obstructive Pulmonary Disorder (COPD)

Case management by nursing personnel will ensure that these members' medical needs and care are coordinated. The Polk HealthCare Plan's Member Services will continue to keep you enrolled in the Plan for a specified eligibility period as long as you meet the eligibility guidelines. Where members are eligible for additional services by other community providers, they will be referred and their care coordinated by a Member Services associate to ensure continuity of care.

Your plan is identified on your enrollment card. You must be sure your plan covers the type of care you are seeking. If you are not sure if the service is covered, contact a Member Services Representative at **863-534-5387**.

Primary Care Provider (PCP)

As a Polk HealthCare Plan member, you will be assigned a Primary Care Provider (PCP). You may be assigned one of the following to be your PCP:

- General Practitioner
- Internal Medicine Physician
- Family Physician

Provider is a word we use in this Handbook. The word **provider** in this handbook means a person who practices medicine. A **primary care provider** is a Doctor, an Advanced Registered Nurse Practitioner, or a Physician Assistant. A provider may also include Specialist, Labs and Ancillary services.

Your PCP will work with you to get to know your health history. Your PCP will take care of all your basic covered medical needs and make referrals when needed. Your Primary Care Physician is responsible for coordinating your basic covered medical needs and will provide checkups to help keep you well. Your PCP will also provide treatment when you are ill.

All members of the plan can get covered routine preventive health screenings and care based on your age. Your Primary Care Physician can refer you for covered necessary laboratory, x-ray, and other routine diagnostic tests.

Your PCP can arrange for you to see a covered specialist when medically necessary. These services must be pre-authorized and will be covered only until you meet your Medicaid Share of Cost. Health services which are not provided directly by your PCP will be referred for specialty care and should be prior authorized by the Plan's Medical Management section. Referrals **must** be authorized in advance by the Plan prior to an office visit or treatment by a specialist. Pre-Service requests should be completed by the Plan's Medical Management section within 10 working/business days.

Do not make your own arrangements to see another physician without an authorization. If you do, your service will not be covered and you will be personally responsible for the bill.

You will be assigned a PCP, who accepts Medicaid, based on where you live and your needs. We will consider your preference and the availability of the PCP. You can have one PCP for the entire family, or you can have a different PCP for each family member. **You should always call your PCP's office when you have a question about your health or medical care.** He or she may be able to help you get other services you may need.

What to Expect from Your PCP

Below are some things your PCP will do for you:

- Give you the medical services you need or set them up for you.
- Keep your medical records up-to-date.
- Give you regular physical exams, as needed.
- Give you regular immunizations (shots), if available.
- Keep track of your preventive health needs such as screenings: mammograms, pap smears, PSA, etc.
- Tell you how you can contact your PCP or another provider after hours for medical advice.
- Refer you to a specialist if you need one.
- Give you information about your health.
- Talk with you about advance medical directives. See the "Advance Health Directive (Living Will)" in the Appendix section .
- Prescribe medications when you need them.

Getting Care from Your PCP

You should call for an appointment to see your PCP as soon as you are determined eligible. You are required to notify your doctor at least 24 hours in advance if you must cancel or reschedule your appointment. Your Primary Care Physician's telephone number is located on your Plan Member ID card.

Your doctor may have a policy of charging for an appointment you do not keep without notifying them in advance. The Plan will not pay if you miss your appointment, and the physician bills you for the appointment. You will be responsible for any charges for the missed appointment.

When you call to cancel your appointment, you should make another one. **If you miss three (3) appointments without notifying your PCP within a 12 month period, you will be terminated from the Plan.** Please be on time for your appointment. Be sure to take your Plan ID card.

We recommend that you also take a copy of the Plan's approved drug list with you or tell your physician that you are a Polk Healthcare Plan member. They may have a copy of the approved drug list.

The following tells how soon you can expect to get certain types of care:

Office waiting times

You may wait about 15 to 45 minutes for your appointment.
If the PCP or other provider has an emergency, you could wait longer.

Routine appointments and preventive care

You should be given an appointment within 30 days for:

New patient visits

Routine physical exams

Health screenings

Lab tests **(Available through Lab Corp only)**

X-Rays **(Available through Advance Technology Radiology, Lakeland Open MRI, and Radiology & Imaging Specialists only)**

Urgent care

Urgent care should be used for something that needs to be looked at right away, but is not a threat to your life or limb.

You should be given an appointment with your PCP within 48 hours.

If you feel that your provider is not seeing you as stated above, please call Member Services so that the Plan can look into the reason(s) for delays.

Changing Your PCP

It is your responsibility to work with your PCP in maintaining good health. However, if you feel a change is necessary, you can be assigned to another Plan doctor. You can elect to change your PCP if you need to.

Please note that you are limited to two (2) Primary Care Physician changes in a 12 month period.

To change your PCP you must submit your request in writing to the Member Services Unit utilizing the "PCP Change Request Form". This form is available in the Appendix and online at www.polk-county.net/php.

You can mail your request to The Polk HealthCare Plan, Member Services, 2135 Marshall Edwards Drive, Bartow, Florida 33830. If you do not have the form you may send us a letter.

Please include your case number (found on your Plan enrollment card), your correct name (as it appears on your Driver's License), your social security number, your correct mailing address, your correct phone number and the physician you wish to change to. If the PCP change is approved, the Plan will send you a new Plan ID card that lists your new PCP.

You must continue with the old PCP until the effective date of your new PCP.

The Doctor change will only take effect on the 1st day of the month following your written request. All requests must be received by the 20th day of the month in order for the change to become effective the next month.

Once approved, you will get a new Plan ID card 10 to 15 days after we receive your request indicating your new PCP. You must present your valid Polk HealthCare Plan enrollment card to receive any services.

It is your responsibility to keep your Plan enrollment card current. To make an appointment to renew your eligibility call our Member Services appointment line at **863-534-5387**.

Other Medical Coverage

If you have other medical coverage, you are not eligible for the Polk HealthCare Plan and the Plan will need to know. Some individuals who are enrolled in the State of Florida's Medicaid-Medically Needy Share of Cost program may be eligible for limited benefits.

This helps make sure your medical bills get paid. The Polk HealthCare Plan cannot pay for services covered by any other insurance or other health plan. This includes Worker's Compensation cases, Victim of Crime Compensation, and motor vehicle accidents, etc.

If you get hurt and someone else is responsible for your injury, let the provider know at the time of the accident. You should also call Polk HealthCare Plan within 72 hours and let them know. Some examples of when you should call are if you are in a car accident or if you get hurt on the job.



2. Benefits

What is Covered?

Below are some of the services the Polk HealthCare Plan covers. Please call Member Services for more details. **Remember that certain services require a pre-service authorization.**

- Provider office visits – routine, urgent, and emergency care
- Eye exams for a medical diagnosis such as diabetes or glaucoma or an eye injury
- X-rays and laboratory services
- Immunizations (shots)
- Flu and pneumonia shots
- Prescription medicines available on our approved drug list
- Disease screenings and treatment
- Specialty care – **all members need a referral from a PCP to see a specialist**
- Primary care – **all members may receive services from any physician in the primary care office that they are assigned to.**
- LabCorp is our primary lab provider for all outpatient lab work, and we direct all patients to LabCorp.
- X-Rays and similar procedures should be done at Advance Technology Radiology, Lakeland Open MRI and Radiology & Imaging Specialists.

What is Not Covered?

The Polk HealthCare Plan is a government assistance program and not a licensed insurance company and there are medical services that are not covered under the Polk HealthCare Plan. The following list is not meant to be all inclusive, but are examples of types of services not covered.

Some of the services **not** covered by Polk HealthCare Plan are as follows:

- Acupuncture, homeopathic or alternative medicine
- Advanced oncology, chemotherapy, drug enhancers and radiation therapy
- AIDS services
- Allergy testing and injections
- Ambulance services
- Behavioral health services
- Chiropractic services
- Cosmetic surgeries and medicines

- Dental (limited availability)
- Dialysis procedures
- Experimental procedures or medicine therapy
- Hearing tests or hearing aids
- Home health care services
- Hospice services
- Hospital Services
- Infertility work ups and treatments, surgical, medical and medications
- Inpatient rehabilitation services
- Joint replacement
- Long-term institutional care
- Most durable medical equipment
- Nutritional services by a registered Dietitian (routine care)
- Obstetric/Pregnancy care (prenatal care and delivery)
- Ophthalmology / Optometry services (eyeglasses, routine eye exams, corrective lenses or contacts)
- Organ transplants
- Orthodontia (braces, retainers and TMJ)
- Outpatient rehabilitation services
- Paternity testing
- Personal care items such as hair brushes, shampoo, toothpaste, etc.
- Personal items or services while you are in the hospital, such as television or telephone
- Preventive screening services
- Prosthetic appliances and braces
- Procedures for treatment of obesity (including surgery and medications)
- Reversal of surgeries such as tubal ligation or vasectomy
- Self-inflicted/Self-induced injuries and illnesses
- Skilled nursing care and facility services
- Sleep Studies
- Services, medicines and medical equipment that is not medically necessary
- Sex change operations or medications
- Specialty care not set up by your PCP and authorized by the Plan

- Weight management services (surgery and medications)

The Polk HealthCare Plan will not cover services that are as a result of:

- Complications from elective plastic or cosmetic surgery
- Complications from any surgery not paid for by the Plan
- Self-inflicted / self-induced injury or illness
- A motorized recreational vehicle accident / crash
- Any injury or condition obtained during the commission of a crime

The Polk HealthCare Plan is not an insurance company and you cannot:

- Enroll in the Plan if you are not a full-time, permanent Polk County resident with intent to remain.
- Enroll in the Plan if you live outside of Polk County part of the year, even if it's only for one or two months.
- Make your own medical care arrangements with specialists. The Plan will only cover Specialists when requested by your PCP and after authorization from the Plan.
- Use doctors or clinics outside of Polk County.
- Use any PCP not assigned to you.

Urgent Care ?



Urgent Care

- Anytime you think your situation needs urgent care, you should always call your PCP first. The urgent care center should be used for something that needs to be looked at right away but is not a threat to your life or limb.
- Your PCP can see if he or she can work you into their schedule. If your PCP cannot work you in, you should go to a participating urgent care center. If you are not sure if your situation needs urgent care, your PCP can help you decide what to do.

You must contact your primary care provider within 72 hours after an Urgent Care visit for follow up care.

Pharmacy



Getting Prescriptions

The Polk HealthCare Plan uses a Pharmacy Benefits Manager to administer the Pharmacy Plan so you must have your prescriptions filled at a participating pharmacy provider. You are able to use most Polk County drugstores and retail pharmacies, but it is your responsibility to verify this before filling prescriptions. There are also a few new pharmacies in Poinciana, Avon Park and Wauchula that may be used and again it is your responsibility to verify this before filling your prescription. You can also call the customer services number listed on the back of your pharmacy ID card for a provider in your area.

How do you get your prescriptions?

- Go to a participating pharmacy and give them your prescription.
- Show them your pharmacy ID card.

Pharmacy Customer Services can help you find a pharmacy by calling 1-877-602-7655.

General information about your prescriptions:

- You will get no more than a 30 day supply of any medicine at one time.
- If a generic form of the medicine is available, it will be given to you.
- You will be asked to pay a small amount (co-pay) for each prescription.
- To assist with the member's compliance of their medication regimen while they are on vacation, an additional 15 day supply of your medication will be issued once per year.
- If you are out of the county and need medication on an emergency basis, a 10 day supply can be filled only by a WellDyne retail pharmacy. This will give you some time to get back in the county to get your medication.

Where can you find a list of covered medicines?

- The list of medicines covered by the Plan is on our website at www.polk-county.net/php
- You may also find this list in the Appendix .

What medicines are not covered by Polk HealthCare Plan?

- Anything not on the approved drug list
- Over-the-counter medications

What can I do if my medication is not covered under the Polk Healthcare Plan?

Always check with your PCP about alternate medications that are covered under the Plan. If there is no alternative on the Plan's approved drug list, you may contact the MedNet Patient Assistance Program. This program is available to Plan members to assist them in applying for non-covered medications through the drug manufacturer. For more information please call 863-519-2042 or 863-701-7077.

Some non-covered medications may be available through your local pharmacies low cost generic programs. Please check with your local pharmacy for availability.

When You Need to See a Specialist?

Your PCP will refer you to a specialist for your condition as necessary. He or she will fill out a Pre-Service Request for the specialist. Specialty care requires a Pre-Service Request and authorization by the Polk HealthCare Plan.

When you are referred to and authorized to see a Specialist, your authorization will only cover the specifically requested services, and will cover only the days specifically approved on the authorization. If more visits are needed, they will be coordinated by the PCP or specialist, and require a new authorization.

Please allow 10 business days before calling to inquire about your referral. If you have questions about the referral call **Member Services at (863) 534-5387**.

You must receive specialty care from a provider contracted with the Polk HealthCare Plan that accepts Medicaid. Once you have met your share of cost the provider will be required to bill and accept Medicaid as payment for your care. If you receive care from a specialty care physician without a referral or authorization, you will be responsible for all costs associated with that care.

Your PCP will be notified if we are not able to provide an authorization. If the Polk HealthCare Plan does not cover a specialty service, the Member Services team will assist the member in exploring other options to obtain care.

When you are Out of the Service Area

- The Polk HealthCare Plan only covers services provided by contracted providers in Polk County.
- If you have an emergency, call 911, or go to the nearest emergency room.
- **Please note:** If you receive medical services outside of Polk County you will be responsible to pay the bill unless it can be covered by your Medically Needy Medicaid.



Health Management Programs

Case Management

If you have special health care needs, case management may be able to help you. Polk HealthCare Plan's case managers are registered nurses or social workers. They can help you understand major health problems and arrange care with your providers. A Plan representative will work with you and your provider to help you get the care you need.

Some examples of members who may need case management are:

- Members who need help with one or more health problems.
- Members who need help getting community resources.
- Members who have a chronic medical condition such as Asthma, Diabetes, COPD, Coronary Artery Diseases or Congestive Heart Failure.

If you think case management can help you, call 863-534-5387. A case manager will call you back to talk about your needs. Remember, being a part of case management is your choice.



Smoking Cessation Program

Community "Smoking Cessation" Resources; Community partners support Polk County citizens by providing free smoking cessation services.

The Florida Tobacco Quit-For-Life Quit Line run by the Florida Department of Public Health, offers free, confidential, comprehensive telephone counseling from 7 a.m. to 12 a.m. Monday through Thursday, and 7 a.m. to 9 p.m. on Friday, at 1-877-822-6669 (1-877-U-CAN-NOW). The following services are available to all Polk County citizens through the Quit Line:

- Counseling sessions
- Self-help materials
- Counseling and materials in English and Spanish
- Translation service for other languages
- Medication therapy assistance
- TDD service for hearing impaired

The Polk County Health Department oversees the Tobacco Prevention Program, which provides resources to the community on tobacco prevention. The program promotes the Florida Quit for Life Line and smoking cessation classes within the community, Health Department, and at local businesses.

The program is great for people in Polk County that would like to quit smoking and learn about the effects of tobacco usage.

The American Lung Association of Florida provides smoking cessation services that include the American Lung Association's Lung Help Line at 1-800-LUNG-USA and "Freedom from Smoking" Online, a free program available 24/7 at www.lungfla.org. Local American Lung Association contact information is 1333 West Colonial Drive, Orlando, Florida, 32804-7133. Telephone: (407) 425-5864; Fax: (407) 425-2876; and E-mail: alafcentral@lungfla.org.



Diabetes Wellness Tips

We encourage you to take steps to keep your diabetes under control and follow your doctor's instructions. We want you to learn as much as you can about your diabetes. To help manage your diabetes, you should try to keep your weight within the normal range, eat a diabetic friendly diet and get some exercise every day. Because so much of taking care of yourself and your diabetes is up to you, the more you learn, the better you will be able to understand your condition.

To learn more about diabetes, attend a Certified Diabetic Education Class and refresher classes every 6 months thereafter. You should take a diabetes education class like the one offered through the Polk County Health Department (863-519-7900x1023), one of the local hospitals or by contacting a Diabetes Education Coordinator (863-519-2010) with the Plan.

A Diabetes Education Coordinator may work with you and your PCP to help keep your diabetes from controlling your life. If you have any questions about the program, please call a Diabetes Education Coordinator at 863-519-2010.



Weight Management

Where necessary, Plan members who receive the Chronic Care Choices benefits package will receive assistance with weight management. Measurement of body weight will be conducted by the primary care physician's office. Member compliance will be measured by the PCP on routine visits to his office.

The Plan may refer you to a Registered Dietitian (RD). An RD can provide personalized dietary advice taking into account your health status (such as other medical conditions), lifestyle, and food likes and dislikes.

The Plan will coordinate with other community partners to ensure the availability of weight measurement and weight management tools and education at health fairs. Educational information will be provided on the Polk HealthCare Plan website, and through Member newsletters. Additionally, information regarding diabetic weight management education classes and health expos will be advertised on the website www.polk-county.net/php.

3. Member Rights and Responsibilities

Rights & Responsibilities

The Polk HealthCare Plan wants you to know that you have certain rights and responsibilities. You should always be treated with respect and dignity.

As a Polk HealthCare Plan member, you have the RIGHT to:

- Receive information about the Polk HealthCare Plan, your benefits, services and providers, and your rights and responsibilities.
- Join your providers in making decisions about your health care.
- Discuss treatment options.
- Choose a person to represent you as your medical decision maker if you are unable to.
- Be assigned a primary care provider (PCP) and request a change to another PCP.
- Receive timely access to care, including referrals to specialists when medically necessary.
- Make an Advance Directive, like a living will.
- File a grievance or complaint with the Plan about a provider or the Plan itself.
- Ask your provider questions about the care you receive.
- Ask your provider questions about his or her instructions.

As a Polk HealthCare Plan member, you have the RESPONSIBILITY to:

- Take your photo ID and your Polk HealthCare Plan ID card, to all medical appointments.
- Be honest with providers and treat them with respect, courtesy and kindness.
- Get regular medical care from your PCP, your “medical home.”
- Get a referral from your PCP before seeing a specialist.
- Follow the instructions and plans for care that you have agreed on with your providers.
- Provide information that the Polk HealthCare Plan and providers need to care for you.
- Understand your health problems and work with your providers as much as possible to decide treatment goals.
- Make good decisions about your health and things that affect your health.
- Make appropriate co-payments for services and prescriptions.
- Follow the policies and procedures of the Polk HealthCare Plan.
- Tell us if you suspect fraud or misuse of Polk HealthCare Plan ID card or benefits by a member or provider.
- Obtain medication from network providers.

Tell the Polk HealthCare Plan and your providers of any changes that may affect your membership, health care needs or access to benefits. Some examples are as follows:

- You become pregnant.
- Your address or telephone number changes.
- You or your spouse are covered by another health plan.
- You have a special medical concern.
- Your family size changes.
- Your income changes, such as job loss, new job, return to work, lawsuit settlement, assets.
- Keep appointments with providers and call to cancel appointments when you cannot be there. You need to know your provider's appointment cancellation policy.
- Call your non-emergency transportation provider three (3) days before your appointment; provide them with information about date, time and location.

You are required to notify your Member Services Representative if you are injured in the following:

- a motorized vehicle accident
- a fall
- on the job
- injury as a result of a victim of crime
- during the commission of a crime

Your Member Services Representative will require you to provide the police or incident reports and if you are a victim of crime, you must file for Victim of Crime Compensation. **Services could be delayed, denied or not paid for by the Plan if you do not notify the Plan as required.** Injuries relating to motorized recreational vehicle accidents including ATV, Dirt bikes, etc., are not covered by the Plan.

As stated in Florida Statute 212.055(7)(d), the Polk HealthCare Plan is a "payor of last resort". This means you must fully apply for and use all other benefits that may be available such as Medicaid, Medicare, Automobile Insurance, Homeowners Insurance, Private Insurance, Victim of Crime Compensation, Workers' Compensation, KidCare, and Medicaid's Medically Needy (share of cost) program, etc.

If you apply for a program and do not cooperate with them, you will not be eligible for the Polk HealthCare Plan.

If you have questions about your rights and responsibilities, call Member Services at 863-534-5387.

IMPORTANT THINGS FOR YOU TO KNOW

The Polk HealthCare Plan is not an insurance company and there are no premiums or deductibles. You are required to make a small co-payment for office visits to your Primary Care Provider, Specialist, for prescriptions, Emergency Room Services and other services. A schedule of your co-payments for office visits, pharmacy, and other services is available in the Appendix. The co-payment for Emergency Room Services is **\$25.00**.

The Polk HealthCare Plan is not an insurance company and your coverage can be **terminated** for any of the following reasons:

- Failure to provide required eligibility documentation.
- Providing false eligibility information, through either misinformation or by omitting information.
- Voluntary termination – you no longer wish to participate.
- Misconduct such as altering Plan enrollment cards, allowing someone else to use your enrollment card, acts or threats of violence to Plan associates or providers, or verbal abuse of associates or providers.
- Altering written prescriptions, forgery of a prescription, abuse of prescription or illegal drug use.
- Repeated inappropriate use of Emergency Room services.
- If three (3) different Plan providers request that you be removed from their MEMBER panel.
- Approval of Medicaid, Medicare or private insurance coverage.
- Failure to report other payer source.
- Approval of eligibility for Supplemental Security Income (SSI).
- Income or assets above the Plan limits.
- Failure to meet residency requirement (must be a full-time, permanent Polk County resident).
- Placement in a Nursing Home or care facility.

- Incarceration.
- Death.
- Failure to be employed for 12 months without a Physician’s Disability Statement that lists a medical condition that prevents you from doing any type of work.
- Failure to keep three (3) scheduled PCP provider appointments within a twelve (12) month period without notifying the provider in advance of the cancellation.
- Failure to meet the requirements of the “Member Contract for Care.”
- Failure to report changes in income, assets, name, address or household composition, etc.
- Failure to apply for other benefits you may be entitled to including, but not limited to, Social Security Disability (SSD), Supplemental Security Income (SSI), Vocational Rehabilitation, Unemployment Compensation, Workers’ Compensation, Medicaid, Medicaid-Medically Needy, Victim of Crime Compensation, Medicare, Private Health insurance offered through an employer, Polk Works Job Search, etc.

If You Have a Complaint or Want to File an Appeal

Complaint

We hope that you will always be satisfied with the Polk HealthCare Plan and our health care providers. If you are not happy, please let us know.

When you have **questions or concerns**:

Call Member Services at 863-534-5387 between 8:00 a.m. and 4:30 p.m., Monday through Friday.

You may also come to our office or write us a letter

Polk HealthCare Plan
Member Services
2135 Marshall Edwards Drive
Bartow, Florida 33830

In your letter be sure to include:

1. Your first and last name
2. Your member ID card number
3. Your address and telephone number
4. What you are unhappy about

If you would rather have someone speak for you, let us know. Another person can act for you with written consent.

If your concern is **more serious** and you want to **file a complaint**:

Call Member Services at 863-534-5387 between 8:00 a.m. and 4:30 p.m., Monday through Friday.

You may also come to our office or write us a letter

Polk HealthCare Plan
Member Services
2135 Marshall Edwards Drive
Bartow, Florida 33830

If you write us a letter be sure to include:

1. Your first and last name
2. Your member ID card number
3. Your address and telephone number
4. What you are unhappy about

If you would rather have someone speak for you, let us know. Another person can act for you with written consent.

Appeal

If you are not happy with a decision made by Polk HealthCare Plan, you may file an appeal with the Polk HealthCare Plan. You will not lose your Polk HealthCare Plan membership or health care benefits just because you file an appeal.

Filing an Appeal with Polk HealthCare Plan

An appeal is a request to review an action taken by the plan. This review makes us look again at the denied action. You must request this review in writing within 60 calendar days of the action.

Actions occur when the Polk HealthCare Plan:

1. Denies payment for the care you want
2. Denies payment for care and you may have to pay for it
3. Ends payment for care that has already been approved
4. Terminates you from the Plan
5. Decreases the amount of care we sponsor

Who may file an appeal?

- A Polk HealthCare Plan member
- A person named by the Polk HealthCare Plan member to act as representative of the member
- A provider or a provider acting for a member

You must give written permission to have someone else file an appeal for you. Contact us if you need help. We will assist you in filing an appeal.

What must be included in the written request for an appeal?

A written request that is not made on a designated Plan form must include the following:

- Appeal Date
- Member's Name
- Member's Plan Identification Number
- The reason for your appeal
- Specific Date(s) of service
- Name and signature of the party or the representative of the party
- Contact telephone number

What happens after you file an appeal?

When you file an appeal, we will send you a letter within 10 calendar days. The letter will let you know that we have received your appeal.

After you have filed your appeal, you can still send us anything related to your appeal.

If at any time during the appeal process, you need more time to give us things related to your appeal, you may request up to 10 more calendar days. This request must be in writing and sent to the Polk HealthCare Plan Member Services Section.

If we feel we cannot give you a fair decision within the required 30 calendar day time period, we may add up to 15 calendar days to our review time. We will send you a letter to let you know this.

Within 30 calendar days after we get your appeal or within 45 calendar days if extra time is needed, we will send you a letter with our decision.

Medical Appeals

The Plan's Medical Director will first review the appeal. If he does not overrule the initial decision to deny the service, the Plan will send the clinical appeal to a second provider, who will review your appeal.

Expedited (Faster) Appeals

You can request an expedited appeal if your appeal is about care that you believe is medically necessary and needed soon. If your request does not qualify for an expedited appeal, it will become a regular appeal. You can make your request by calling 863-533-1111 and ask for the Appeals Coordinator. We will let you know of the decision within 72 hours.

What if I am still not happy?

If you are still dissatisfied with our decision on your appeal, you may request an administrative review. You or your provider may request an administrative review within 60 calendar days of the date of the initial appeal decision.

Administrative reviews are completed within 15 calendar days and are final. The Plan has no additional appeal levels.



PARTICIPATING URGENT CARE CLINICS

DOCTOR TODAY URGENT CARE

4435 US Highway 98 N Suite B
Lakeland, Florida 33809
(ph) 863-858-8010/(fx) 863-858-8005

700 First Street
Winter Haven, FL 33880
(ph) 863-858-8000/(fx) 863-291-0500

Hours of operation: Monday – Friday 8:00 am to 8:00 pm - Saturday and Sunday 9:00 am to 5:00 pm

FIRST HELP URGENT CARE

1801 N Crystal Lake Drive
Lakeland, FL 33801
(ph) 863-937-8886/(fx) 863-937-8892
Hours of Operation: Monday – Sunday 8:00 am to 8:00 pm

320 First Street SE
Winter Haven, FL 33880
(ph) 863-299-8485/(fx) 863-293-8450
Hours of Operation: Monday, Wednesday, Friday, Saturday, Sunday 7:45 am to 6:30 pm –
Tuesday and Thursday 7:30 am to 9:00 pm

235 N. Commonwealth Avenue
Polk City, FL 33868
(ph) 863-984-8000/(fx) 863-293-8450
Hours of Operation: Monday—Friday 8:00 am to 6:00 pm
Saturday and Sunday 8:30 am to 5:30 pm



Can we answer any questions?

Please Call These Numbers

<u>Healthcare / Treatment</u>	<ul style="list-style-type: none">• Primary Care Physician or their Nurse• The phone number for your PCP is on the front on your Plan ID card
<u>Medications / Pharmacy</u>	<ul style="list-style-type: none">• WellDyne 1-877-602-7655• Primary Care Physician or their Nurse• The phone number for your PCP is on the front on your Plan ID card
<u>Eligibility / Member Services</u>	<ul style="list-style-type: none">• Member Services 863-534-5387

Notes



**POLK HEALTHCARE PLAN
BENEFITS DESIGN PACKAGE
MEDICALLY NEEDY SHARE OF COST**

Covered Services	Essential Costsharing/Copays	Hard Limits	Chronic Costsharing/Copays	Hard Limits	Other Limits
	MEDICALLY NEEDY SHARE OF COST ESSENTIAL CARE CHOICES	MEDICALLY NEEDY SHARE OF COST ESSENTIAL CARE CHOICES	MEDICALLY NEEDY SHARE OF COST CHRONIC CARE CHOICES	MEDICALLY NEEDY SHARE OF COST CHRONIC CARE CHOICES	
	(Subject to Written Pre-Service Approval)		(Subject to Written Pre-Service Approval)		
Allergy Services	\$5.00 copay	4 visits	\$5.00 copay	4 visits	
Cardiology Services	\$5.00 copay	6 visits	\$3.00 copay	9 visits	
Cardiothoracic Surgery	\$5.00 copay	6 visits	\$3.00 copay	9 visits	Medical necessity required for all surgeries
Dental Services	Not Covered		Not Covered		
Dermatology Services	\$5.00 copay	6 visits	\$5.00 copay	9 visits	
Diagnostic Services					
CT Scans	Not Covered		Not Covered		
MRI	Not Covered		Not Covered		
Nuclear Medicine Studies	Not Covered		Not Covered		
PET Scans	Not Covered		Not Covered		
Ultrasound	\$5.00 per Ultrasound	2 per body part per year	\$5.00 per Ultrasound	2 per body part per year	
X-rays	\$3.00 per X-ray		\$3.00 per X-ray		
Ear, Nose, & Throat Services	\$5.00 copay	6 visits	\$5.00 copay	9 visits	
Endocrinology Services	\$5.00 copay	4 visits	\$3.00 copay	9 visits	
Gastroenterology Services	\$5.00 copay	4 visits	\$5.00 copay	9 visits	*Hep C special benefit (4/12 & 4/12)
General/Vascular Surgery Services	\$5.00 copay	6 visits	\$5.00 copay	9 visits	Medical necessity required for all surgeries
Gynecology Services	\$5.00 copay	6 visits	\$5.00 copay	9 visits	One (1) annual well-woman exam
Hematology/Oncology Services	\$5.00 copay	4 visits	\$3.00 copay	9 visits	Chemotherapy & Radiation Therapy are not covered
Hospital Services					
Hospital Services - Inpatient	Not Covered		Not Covered		
Hospital Services - Outpatient	Not Covered		Not Covered		
Hospital Services - Emergency Room	Not Covered		Not Covered		
Infectious Disease Services	Not Covered		Not Covered		
Laboratory Services	\$0.00 copay		\$0.00 copay		
Nephrology Services	\$5.00 copay	4 visits	\$3.00 copay	9 visits	
Neurology Services	\$5.00 copay	6 visits	\$5.00 copay	9 visits	
Neurosurgery Services-office visit only	\$5.00 copay	6 visits	\$5.00 copay	6 visits	
Nutritional Counseling (Registered Dietician)	Not Covered		Not Covered		
Ophthalmology/Optomety Services	\$5.00 copay	6 visits	\$5.00 copay	9 visits	Eye Injury and Disease only; Member should see an optometrist prior to seeing an ophthalmologist
Retinal Services	\$5.00 copay	12 visits	\$5.00 copay	12 visits	
Orthopedic Services	\$5.00 copay	6 visits	\$5.00 copay	9 visits	
Pain Management Services	\$10.00 copay	6 visits	\$10.00 copay	6 visits	Subject to Written Prior Authorization
Physical Therapy/Occupational Therapy/Speech Therapy	Not Covered		Not Covered		
Plastic Surgery (Non-Cosmetic)	\$5.00 copay	4 visits	\$5.00 copay	4 visits	Non-cosmetic services only (For Wounds and Flaps, Blepharoplasties)
Podiatry Services	\$5.00 copay	6 visits	\$5.00 copay	9 visits	
Prescription Drugs	\$1 copay for generic \$5.00 copay for brand	All drugs provided via Plan WellDyne Formulary	\$0 copay for generic \$3.00 copay for brand	All drugs provided via Plan WellDyne Formulary	Formulary Drugs Only
Preventive Screening Services					
Primary Care Services	\$1.00 copay	NA	\$1.00 copay	NA	
Pulmonology Services	\$5.00 copay	4 visits	\$3.00 copay	9 visits	
Rheumatology Services	\$5.00 copay	6 visits	\$5.00 copay	9 visits	Hyperbaric oxygen treatments not covered
Specialized Wound Care Services (Hospital)	Not Covered		Not Covered		
Transportation Services	No Copay for In-Network visit		No Copay for In-network visit		
Urgent Care	\$1.00 copay	NA	\$1.00 copay	NA	
Urology Services	\$5.00 copay	9 visits	\$5.00 copay	12 visits	

Assumption: All services must be medically necessary and will be subject to written Pre-Service Approval unless they are identified as exempt in Exhibit B of the provider's contract, the "Exemption List Not Requiring Pre-Service Approval".

Assumption: All services rendered on the same date of service will be counted as one visit, with the exception of labs and x-rays. Providers must obtain Pre-Service Approval subject to Plan rules for purposes of payment.

Assumption: All surgeries, procedures, imaging, and PT/OT will be subject to written Pre-Service Approval unless they are identified in Exhibit B of the provider's contract, the "Exemption List Not Requiring Pre-Service Approval".

DISCLAIMER: The benefits plan design may be revised periodically. The latest version will be posted to the Polk HealthCare Plan Website. EFF DATE 08/01/2013

June 2013

Polk Health Care Plan Formulary Drug List

The Polk Health Care Plan Formulary Drug List is a guide within select therapeutic categories for clients, plan members and health care providers. **Generics should be considered the first line of prescribing.** If there is no generic available, there may be more than one brand-name medicine to treat a condition. These preferred brand-name medicines are listed to help identify products that are clinically appropriate and cost-effective. Generics listed in therapeutic categories are for representational purposes only. This list represents brand products in CAPS, branded generics in upper- and lowercase *italics*, and generic products in lowercase *italics*.

PLAN MEMBER

Your benefit plan provides you with a prescription benefit program administered by WellDyneRx. Ask your doctor to consider prescribing, when medically appropriate, a preferred medicine from this list. Take this list along when you or a covered family member sees a doctor.

Please note:

- To avoid the full cost payment associated with non-formulary drugs, please ask your prescriber to refer to this preferred drug list when prescribing medications for you and your dependents. Substitution of generic products is mandatory when available.
- For more information regarding your prescription benefit coverage and copay, please visit PolkHCP.welldynex.com or contact a WellDyneRx Member Service representative.
- Any brand drug for which a generic product becomes available may be designated as a non-preferred product.
- Max benefit is \$800 per prescription.

HEALTH CARE PROVIDER

Your patient is covered under a prescription benefit plan administered by WellDyneRx. As a way to help manage health care costs, authorize generic substitution whenever possible. If you believe a brand-name product is necessary, consider prescribing a brand name on this list.

Please note:

- The member's prescription benefit plan may have a different copay for specific products on the list.
- You can visit PolkHCP.welldynex.com to get the most up to date information on the Formulary and copays.

<p>ANTIDIABETIC AGENTS</p> <p>INSULINS LEVEMIR NOVOLIN NOVOLIN 70/30 NOVOLOG NOVOLOG MIX 70/30</p> <p>ORAL glimepiride glipizide glipizide ext-rel glipizide-metformin glyburide glyburide-metformin glyburide-micronized metformin metformin ext-rel</p> <p>SUPPLIES BAYER BREEZE 2 TEST STRIPS AND KITS QL BAYER MICROLET LANCETS QL MONOJECT INSULIN SYRINGES QL</p>	<p>ALLERGY, COUGH AND COLD</p> <p>ANTIHISTAMINE / DECONGESTANTS cypheptadine diphenhydramine hydroxyzine HCl hydroxyzine pamoate promethazine</p> <p>EXPECTORANT AND COUGH PRODUCTS dextromethorphan-brompheniramine-pseudoephedrine guaifenesin</p> <p>NASAL CORTICOSTEROIDS fluticasone</p> <p>ANTH-INFECTIVE AGENTS</p> <p>ANTHELMINTICS ALBENZA</p> <p>ANTIBIOTICS CEPHALOSPORINS cefadroxil ceftriaxone cephalexin</p>	<p>MACROLIDES azithromycin clarithromycin erythromycin</p> <p>PENICILLINS amoxicillin amoxicillin-clavulanate dicloxacillin penicillin VK</p> <p>QUINOLONES ciprofloxacin</p> <p>SULFONAMIDES sulfamethoxazole-trimethoprim</p> <p>TETRACYCLINES doxycycline hydrate minocycline tetracycline</p> <p>ANTIFUNGALS nystatin</p> <p>ANTIMIRALS acyclovir</p> <p>MISCELLANEOUS metronidazole</p>	<p>AUTONOMIC & CENTRAL NERVOUS SYSTEM AGENTS</p> <p>ANALGESICS, NONSTEROIDAL ANTI-INFLAMMATORY ibuprofen indomethacin ketorolac tromethamine QL meloxicam naproxen piroxicam</p> <p>ANTICONSULSANTS carbamazepine clonazepam divalproex sodium delayed-rel gabapentin lamotrigine phenobarbital phenytoin valproic acid</p> <p>ANTIPARKINSON AGENTS benztropine carbidopa-levodopa selegiline trihexyphenidyl</p>	<p>ANXIOLYTICS, SEDATIVES & HYPNOTICS alprazolam buspirone HCl chloral hydrate lorazepam temazepam triazolam</p> <p>CEREBRAL STIMULANTS amphetamine dextroamphetamine methylphenidate methylphenidate ext-rel</p> <p>DMARDs azathioprine hydroxychloroquine leflunomide methotrexate</p> <p>MIGRAINE AGENTS isometheptene-dichlorophenazone-acetaminophen sumatriptan QL</p> <p>PAIN MANAGEMENT Post-surgical generic pain medication is available with prior authorization (PA) for a period of 15 days after surgery.</p>
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Your specific prescription benefit plan design may not cover certain categories or all strengths of medications listed, regardless of their appearance in this document. For specific information contact a WellDyneRx Member Service Representative at (877) 802-POLK (7866)

PSYCHO-THERAPEUTIC AGENTS

ANTIDEPRESSANTS

amitriptyline
bupropion
bupropion or
citalopram
doxepin
fluoxetine
imipramine
mirtazapine
nortriptyline
paroxetine hcl
sertraline
trazodone
venlafaxine

ANTIMANIC AGENTS

lithium carbonate

ANTIPSYCHOTIC AGENTS

chlorpromazine
fluphenazine hcl
haloperidol
thioridazine
thiothixene

CARDIOVASCULAR AGENTS

ALDOSTERONE ANTAGONISTS

spironolactone

ANGIOTENSIN II RECEPTOR ANTAGONISTS

losartan ST/ QL
AVALIDE ST/ QL
AVAPRO ST/ QL

ACE INHIBITORS

benazepril
captopril
enalapril maleate
lisinopril
quinapril
ramipril

ANTI-ADRENERGIC AGENTS – BETA-ADRENERGIC BLOCKERS

atenolol
carvedilol
metoprolol
metoprolol succinate
ext-rel
propranolol

ANTI-ADRENERGIC BLOCKERS CENTRALLY ACTING

clonidine
ANTI-ADRENERGIC BLOCKERS PERIPHERALLY ACTING
doxazosin
prazosin

ANTIARRHYTHMICS

amiodarone
digoxin

ANTICOAGULANTS / ANTITHROMBOTICS

clopidogrel
ticlopidine
warfarin

ANTILIPEMICS

gemfibrozil
lovastatin
pravastatin
simvastatin

CALCIUM CHANNEL BLOCKERS

amlodipine
diltiazem
nifedipine
nifedipine ext-rel
verapamil
verapamil ext-rel

COMBINATION ANTIHYPERTENSIVES

amlodipine-benazepril

DIURETICS

amiloride
bumetanide
furosemide
hydrochlorothiazide
metolazone
triamterene
hydrochlorothiazide

VASODILATORS

dipyridamole
hydralazine
isosorbide dinitrate
minoxidil
nitroglycerin
nitroglycerin-transdermal
NITROSTAT

CONTRACEPTIVES

MONOPHASIC

apri
aviane
cryselle-28
june1
lessina-28
levora
low-ogestrel
microgestin fe
mononessa
nortel
portia-28
previfem
sprintec 28
zovia

BIPHASIC

kaniva

TRIPHASIC

oesia
enpresse-28
nortel
trinessa
tri-previfem
tri-sprintec
trivora-28
velvet

PROGESTIN ONLY

nora-be

CORTICOSTEROIDS

cortisone acetate
prednisone

DERMATOLOGICALS

ANTIBIOTICS

metronidazole
nupirocin
silver sulfadiazine

TOPICAL ANTI-INFLAMMATORY AGENTS

desonide
diflorasone diacetate
flucinolone acetonide
flucocinonide
hydrocortisone
triamcinolone acetonide

OTHER

DERMATOLOGICALS
nystatin-triamcinolone
permethrin
selenium sulfide
shampoo

ELECTROLYTES

POTASSIUM REPLACEMENT

potassium chloride
K-LOR-CON

GASTROINTESTINAL AGENTS

ANTIEMETIC / ANTIVERTIGO

medizine
prochlorperazine
maleate
promethazine
trimethobenzamide

ANTISPASMODIC / GI MOTILITY

belladonna alkaloids-phenobarbital
chloridiazepoxide-difenidol
dicyclomine
diphenoxylate-atropine
metoclopramide

ANTIULCER

cimetidine
pantoprazole
ranitidine
sucralfate

OTHER GI PRODUCTS

hydrocortisone
lactulose
sulfasalazine
sulfasalazine EC

GOUT AGENTS

allopurinol

HORMONES

ANTIESTROGENS / ANTIANDROGENS

finasteride
flutamide
tamoxifen

ESTROGENS

estradiol
estropipate

PROGESTINS

medroxyprogesterone

OPHTHALMICS

ANTI-GLAUCOMA AGENTS

atropine sulfate
brimonidine

ANTI-INFECTIVE / ANTI-VIRAL AGENTS

erythromycin
gentamicin
neomycin-polymyxin B- bacitracin
neomycin-polymyxin B-gramicidin
ofloxacin
sulfacetamide
trifluridine

ANTI-INFECTIVE AND ANTI-INFLAMMATORY COMBINATIONS

neomycin-polymyxin B-dexamethasone oint
tobramycin-dexamethasone solution
TOBRADEX OINT

ANTI-INFLAMMATORY AGENTS

diclofenac sodium
flurbiprofen sodium
prednisolone acetate
prednisolone sodium phosphate 1%

BETA-BLOCKERS

carteolol
levobunolol
timolol

CARBONIC ANHYDRASE INHIBITORS

dozalamide

OSTEOPOROSIS AGENTS

alendronate

OTICS

ANTI-INFECTIVE AND ANTI-INFLAMMATORY COMBINATIONS

neomycin-polymyxin B-hydrocortisone

RESPIRATORY/ ASTHMA

ANTI-ASTHMATIC AGENTS

CORTICOSTEROIDS

QVAR

SYMPATHOMIMETICS

albuterol
metaproterenol
FORADIL
PROAIR HFA

XANTHINE DERIVATIVES

theophylline anhydrous

SKELETAL MUSCLE RELAXANTS

baclofen
cyclobenzaprine
diazepam
methocarbamol

THYROID AND ANTITHYROID AGENTS

levothyroxine
propylthiouracil
levothroid

URINARY AGENTS

nitrofurantoin
oxybutynin
phenazopyridine
potassium citrate
trimethoprim

VAGINAL PREPARATIONS

metronidazole
nystatin
PREMARIN

MISCELLANEOUS AGENTS

cyclophosphamide
pentoxifylline

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QUICK REFERENCE DRUG LIST

A

acyclovir
ALBENZA
albuterol
alendronate
allopurinol
alprazolam
amlodipine
amiodarone
amitriptyline
amiodipine
amlodipine-benazepril
amoxicillin
amoxicillin-clavulanate
amphetamine-

dextroamphetamineapri
atenolol
atropine sulfate
AVALIDE ST/ QL
AVAPRO ST/ QL
aviane
azathioprine
azithromycin

B

baclofen
BAYER BREEZE 2
TEST STRIPS AND
KITS QL
BAYER MICROLET
LANCETS QL
belladonna alkaloids-
phenobarbital
benazepril
benztropine
brimonidine
bumetanide
bupropion
bupropion sr
buspirone hcl

C

captopril
carbamazepine
carbidopa-
levodopa
carteolol
carvedilol
cefadroxil
cefdinir
cephalexin
cesia
chloral hydrate
chlordiazepoxide-
clidinium
chlorpromazine
cimetidine
ciprofloxacin
citalopram
clarithromycin
clonidine

clonazepam
clonidine
cortisone acetate
cryselle-28
cyclobenzaprine
cyclophosphamide
cycloproheptadine

D

desonide
dextromethorphan-
brompheniramine-
pseudoephedrine
diazepam
diclofenac sodium
dicloxacillin
dicyclonine
diflorasone diacetate
digoxin
diiltiazem
diphenhydramine
diphenoxylate-atropine
dipyridamole
divalproex
sodium delayed-rel
dorzolamide
doxazosin
doxepin
doxycycline hyclate

E

enalapril maleate
enpresse-28
erythromycins
estradiol
estropipate

F

finasteride
fluocinolone acetonide
fluocinonide
fluoxetine
fluphenazine HCl
flurbiprofen sodium
flutamide
fluticasone
FORADIL
furosemide

G

gabapentin
gemfibrozil
gentamicin
glimepiride
glipizide
glipizide ext-rel
glipizide-metformin
glyburide
glyburide-metformin
glyburide-micronized
guaifenesin

H

haloperidol
hydralazine
hydrochlorothiazide
hydrocortisone

hydroxychloroquine
hydroxyzine HCl
hydroxyzine pamoate

I

ibuprofen
imipramine
indomethacin
isometheptene-
dichloralphenazone-
acetaminophen
isosorbide dinitrate

J

junel

K

kariva
ketorolac
ketorolac
tromethamine QL
KLOR-CON

L

lactulose
lamotrigine
leflunomide
lessina-28
LEVEMIR
levobunolol
levora
levothroid
levothyroxine
lisinopril
lithium carbonate
lorazepam
losartan ST/ QL
lovastatin
low-ogestrel

M

meclizine
medroxyprogesterone
meloxicam
metaproterenol
metformin
metformin ext-rel
methocarbamol
methotrexate
methylphenidate
methylphenidate ext-rel
metoclopramide
metolazone
metoprolol
metoprolol succinate
ext-rel
metronidazole
microgestin fe
minocycline
minoxidil
mirtazapine
MONOJECT INSULIN
SYRINGES QL
mononessa
mupirocin

N

naproxen
neomycin-polymyxin B
bacitracin

neomycin-polymyxin B
dexamethasone oint
neomycin-polymyxin B-
gramicidin
neomycin-polymyxin B-
hydrocortisone
nifedipine
nifedipine ext-rel
nitrofurantoin
nitroglycerin
nitroglycerin transdermal
NITROSTAT
nora-be
nortrel
nortriptyline
NOVOLIN
NOVOLIN70/30
NOVOLOG
NOVOLOG MIX 70/30
nystatin
nystatin-triamcinolone

O

ofloxacin
oxybutynin

P

pantoprazole
paroxetine HCl
penicillin VK
pentoxifylline
permethrin
phenazopyridine
phenobarbital
phenytoin
piroxicam
portia-28
potassium chloride
potassium citrate
pravastatin
prazosin
prednisolone
acetate
prednisolone
sodium
phosphate 1%
prednisone
PREMARIN
previfem
PROAIR HFA
prochlorperazine
maleate
promethazine
propranolol
propylthiouracil

Q

quinapril
QVAR

R

ramipril
ranitidine

S

selegiline
selenium sulfide shampoo
sertraline
silver sulfadiazine
simvastatin
spironolactone
sprintec 28
sucralfate
sulfacetamide
sulfamethoxazole
trimethoprim
sulfasalazine
sulfasalazine ec
sumatriptan QL

T

tamoxifen
temazepam
tetracycline
theophylline anhydrous
thionidazine
thiothixene
ticlopidine
timolol
TOBRADEX OINT
tobramycin
dexamethasone
solution
trazodone
triamcinolone acetonide
triamterene
hydrochlorothiazide
triazolam
trifluridine
trihexyphenidyl
trimethobenzamide
trimethoprim
trinessa
tri-previfem
tri-sprintec
trivora-28

V

valproic acid
velivet
venlafaxine
verapamil
verapamil ext-rel

W

warfarin

Z

zovia

FOR YOUR INFORMATION: Generics should be considered the first line of prescribing. Any brand drug for which a generic product becomes available may be designated as a non-preferred product. The member's prescription benefit plan may have a different copay for specific products on the list. Listed products may be available generically in certain strengths or dosage forms. Dosage forms on this list will be consistent with the category and use where listed. Contact a WellDyneRx Member Service Representative at (877) 602-POLK (7655) for more information.

¹Copayment, copay or coinsurance means the amount a member is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

PA Prior Authorization

QL Quantity Limits apply

ST Step Therapy required

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber.

Your specific prescription benefit plan design may not cover certain categories or all strengths of medications listed, regardless of their appearance in this document. For specific information, contact a WellDyneRx Member Service Representative at (877) 602-POLK (7655)



POLK HEALTHCARE PLAN Medically Needy Share of Cost Member Contract for Care

The Polk HealthCare Plan (hereafter referred to as ‘the Plan’) is a managed health care program administered by Polk County Government in accordance with Florida Law (F.S. 212.055(7)) and Polk County Ordinance (03-89). The Plan is funded through a half-cent sales tax approved by Polk County voters in 2004. The Plan is not a licensed insurance company and is available only to eligible full-time, permanent, Polk County residents and is the payor of last resort. Because your county sponsored “Polk HealthCare Plan” is the payor of last resort, you will be required to apply for and fully utilize **ALL** benefits you may be eligible for including Medicaid, Medicare, Auto Insurance, etc. This means that the County Polk HealthCare Plan will only pay for services when you are not eligible for other benefits.

The Plan’s goal is to provide quality, cost-effective and broad health care services to low-income Polk County residents who do not have and cannot obtain other health insurance coverage.

I, _____, enter into this Agreement with the Polk HealthCare Plan to receive taxpayer-funded health services and furthermore,

I certify:

1. I am an established, permanent, full-time Polk County resident with intent to remain.
2. I am not covered by, and do not have meaningful access to, any other health insurance.
3. My income is at or below 100% of Federal Poverty Level (FPL).
4. I meet the asset limits set by the Plan.
 - A. \$2,000 for household of one.
 - B. \$3,000 for household of two or more.
 - C. Excluded from assets:
 - 1) Homestead property
 - 2) One personal vehicle
5. I am an individual between 19-64 years old.
6. I am a United States citizen, or a lawfully admitted alien.
7. I have a Social Security card that is valid for employment and a valid photo ID.

I agree:

1. That I am receiving benefits paid for by Polk County taxpayers and I am responsible for following the Polk HealthCare Plan rules.
2. To recognize that the benefits made available to me are not governed by the same rules as commercial health insurance companies.
3. To report any increase of assets or income to the Plan within 15 days of changes.
4. To report any changes in my name within 15 days of changes.

POLK HEALTHCARE PLAN, 2135 MARSHALL EDWARDS DRIVE, BARTOW, FL, 33830

(Revised 4/11, 9/11, 7/12, 7/13)

Member Contract for Care-Continued

5. To report any changes in household size within 15 days of changes.
6. To report any changes of benefits received, such as Medicaid, Medicare, private insurance, Workers' Compensation, settlements, Victim of Crime Compensation, auto insurance, etc. within 15 days of change.
7. To report any change of address to the Plan within 15 days of changes.
8. To notify the Plan if I relocate to another county, state or country within 15 days of moving.
9. To apply for any other benefits I may be eligible for.
10. To obtain transportation for my appointments and/or provide notice to the Plan's transportation service **seven** days prior to the appointment.
11. To attend my scheduled appointments and to notify my provider ahead of time to cancel if I am unable to keep my appointment with the understanding that I may lose my right to coverage under the Plan if I miss three scheduled appointments in a one year period without notifying my provider of cancellation.
12. To allow the exchange of Personal Health Information (PHI) as it relates to coordination of medical care and benefits. (For example, doctors, nurses, Plan staff, etc.)
13. To follow doctors' care plans including, but not limited to, medications, testing, appointments, patient education classes, following physician's advice, etc.
14. To advise my physicians of all treatment provided and medications prescribed by any other practitioner who may be caring for me.
15. To allow the exchange of Personal Health Information (PHI) and other pertinent information with the Plan's Community Partners through the CareScope Community Database System as it relates to care and benefits

I acknowledge that by signing my name or placing my mark on this form, I am verifying that I understand my rights and responsibilities and have read, received and/or have had explained to me the following forms, declarations and releases as an enrollee in the Plan and agree to such.

- Authorization to Release Protected Health Information (PHI)
- Authorization for Release of Information
- Reimbursement Form
- Polk HealthCare Plan Member Handbook
- HIPAA and Privacy Act Statement
- CareScope Consent Form

I understand that the Plan may end my coverage for these reasons:

- 1.Repeated noncompliance or misconduct:
 - A.Changing Plan enrollment card.
 - B.Allowing someone else to use my enrollment card.
- C.Acts or threats of violence to Plan staff or providers.

POLK HEALTHCARE PLAN, 2135 MARSHALL EDWARDS DRIVE, BARTOW, FL, 33830

(Revised 4/11, 9/11, 7/12, 7/13)

Member Contract for Care-Continued

- D.Changing written prescriptions.
- E.Prescription or illegal drug abuse.
- F.Forgery of a prescription.
- G.Disruptive or verbal abuse of staff or providers.
- H.Inappropriate use of Emergency Room.
- I.Three different Plan providers dismiss you from their patient panel.

2.Abuse or mistreatment of Plan benefits, rules and/or polices.

3.Failure to report other payor sources, such as Worker’s Compensation, Medicaid, Medicare, Private insurance, settlements, Victims of Crime Compensation, auto insurance, etc.

4.Incarceration.

5.Failure to be employed during 12 consecutive months, if appropriate, without a doctor’s statement or job search record.

I acknowledge that I, and/or any family member in my household who may have been determined eligible for the Plan, was enrolled based on the information I provided at my interview.

I certify that the information I presented is true and correct to the best of my knowledge.

I understand that if I willfully withheld and/or gave wrong information on purpose for my gain, I may be required to pay in full, for any medical services I/we received while under the Plan.

I agree to conform with and abide by the policies for the Plan set forth in this contract on this _____ day of _____, 20 ____, at _____,

Polk County, Florida.

Member Signature

Member Signature

Member Services Representative Signature

ORIGINAL ON FILE WITH THE POLK HEALTHCARE PLAN
POLK HEALTHCARE PLAN, 2135 MARSHALL EDWARDS DRIVE, BARTOW, FL, 33830

Polk County
Board of County Commissioners
NOTICE OF PRIVACY PRACTICES
Effective April 14, 2004



Contact Information
Polk HealthCare Plan, Privacy Officer
2135 Marshall Edwards Drive
Bartow, Florida 33830-6732

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAYBE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) we are required to maintain the privacy of your Protected Health Information (PHI) and provide you with notice of our legal duties and privacy practices with respect to your Protected Health Information (PHI). Polk County Board of County Commissioners (BoCC) is also required to abide by the terms of the version of this Notice currently in effect.

Uses and Disclosures of PHI

Polk County BoCC may use PHI for the purposes of treatment, payment, and health care operations, in most cases without your written permission. Examples of our use of your PHI:

For Treatment: This includes such things as obtaining verbal and written information about your medical condition and treatment from you as well as from others, such as doctors and nurses who give orders to allow us to provide treatment to you. We may give your PHI to other health care providers involved in your treatment, and may transfer your PHI via radio or telephone to the hospital or dispatch center.

For Payment: This includes any activities we must undertake in order to get reimbursed for the services we provide to you, including such things as submitting bills to insurance companies, making medical necessity determinations and collecting outstanding accounts.

For Health Care Operations: This includes quality assurance activities, licensing, and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures, as well as certain other management functions.

Reminders for Scheduled Transports and Information on other Services: We may also contact you to provide you with a reminder of any scheduled appointments for non-emergency ambulance and medical transportation, or to provide information about other services.

Use and Disclosure of PHI Without Your Authorization

Polk County BoCC is permitted to use PHI without your written authorization, or opportunity to object, in certain situations, and unless prohibited by a more stringent state law, including:

- For the treatment, payment or health care operations activities of another health care provider who treats you;
- For health care, facility directory, and legal compliance activities;
- To a family member, other relative, clergy, or close personal friend or other individual involved in your care if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection, and in certain other circumstances where we are unable to obtain your agreement and believe the disclosure is in your best interests;
- To a public health authority in certain situations as required by law (such as to report abuse, neglect or domestic violence);
- For health oversight activities including audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the health care system;
- For judicial and administrative proceedings as required by a court or administrative order, or in some cases in response to a subpoena or other legal process;
- For law enforcement activities in limited situations, such as when responding to a warrant;
- For military, national defense and security and other special government functions;
- To avert a serious threat to the health and safety of a person or the public at large;

- For workers' compensation purposes, and in compliance with workers' compensation laws;
- To coroners, medical examiners, and funeral directors for identifying a deceased person, determine cause of death, or carrying on their duties as authorized by law;
- If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ donation and transplantation;
- For research projects, but this will be subject to strict oversight and approvals;
- We may also use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Any other use or disclosure of PHI, other than those listed above will only be made with your written authorization. You may revoke your authorization at any time, in writing, except to the extent that we have already used or disclosed medical information in reliance on that authorization.

Patient Rights

As a patient, you have a number of rights with respect to your PHI, including:

The right to access, copy or inspect your PHI.

This means you may inspect and obtain a copy of most of the medical information about you that we maintain. We will normally provide you with access to this information within 30 days of your request. We may also charge you a reasonable fee for copies of any medical information that you have the right to access. In limited circumstances, we may deny you access to your medical information, and you may appeal certain types of denials. We have available forms to request access to your appeal rights. You also have the right to receive confidential communications of your PHI. If you wish to inspect and obtain a copy of your medical information, you should contact the Privacy Officer in the unit that provided your service.

The right to amend your PHI. You have the right to ask us to amend written medical information that we may have about you. We will generally amend your information within 60 days of your request and will notify you when we have amended the information. We are permitted by law to deny your request to amend your medical information only in certain circumstances, like when we believe the information you have asked us to amend is correct.

If you wish to request that we amend the medical infor-

mation that we have about you, you should contact the Privacy Officer in the unit that provided your service.

The right to request an accounting. You may request an accounting from us of certain disclosures of your medical information that we have made in the six years prior to the date of your request. We are not required to give you an accounting of information we have used or disclosed for purposes of treatment, payment of health care operations, or when we share your health information with our business associates, like our billing service or a medical facility from/to which we have transported you. We are also not required to give you an accounting of our uses of protected health information for which you have already given us written authorization. If you wish to request an accounting, contact the Privacy Officer in the unit that provided your service.

The right to request that we restrict the uses and disclosures of your PHI. You have the right to request that we restrict how we use and disclose your medical information that we have about you. Polk County BoCC is not required to agree to any restrictions you request, but any restrictions agreed to by Polk County BoCC in writing are binding on Polk County BoCC.

Internet, and the Right to Obtain Copy of Paper Notice on Request. We will prominently post a copy of this Notice in our facility and on our web site at www.polk-county.net. You may request a paper copy of the Notice.

Revisions to the Notice. Polk County BoCC reserves the right to change the terms of this Notice at any time, and the changes will be effective immediately and will apply to all protected health information that we maintain. Any material changes to the Notice will be promptly posted in our facilities and posted to our web site, if we maintain one. You can get a copy of the latest version of this Notice by contacting the Privacy Officer in the unit that provided your service.

Your legal Rights and Complaints. You also have the right to complain to us, or to the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint with us or to the government. Should you have any questions, comments or complaints you may direct all inquiries to the Privacy Officer in the unit that provided your service.

How to File a Formal Complaint

If you believe that your privacy rights have been violated, please submit your formal complaint **in writing** to:

Polk County Board of County Commissioners Attn:
HIPAA Compliance Officer Drawer CA07, P.O. Box



Healthcare Advance Directive

Please note the attached information is for informational purposes only. It was produced and distributed by the Florida Agency for Health Care Administration. It was downloaded from the following website www.FloridaHealthFinder.gov.

This website also contains other valuable information.

Polk County Board of County Commissioners

Risk Management Division

Polk HealthCare Plan

2135 Marshall Edwards Drive - Bartow, Florida 33830

Telephone: 863-534-5387



Health Care Advance Directives The Patient's Right to Decide

Every competent adult has the right to make decisions concerning his or her own health, including the right to choose or refuse medical treatment.

When a person becomes unable to make decisions due to a physical or mental change, such as being in a coma or developing dementia (like Alzheimer's disease), they are considered incapacitated. To make sure that an incapacitated person's decisions about health care will still be respected, the Florida legislature enacted legislation pertaining to health care advance directives (Chapter 765, Florida Statutes). The law recognizes the right of a competent adult to make an advance directive instructing his or her physician to provide, withhold, or withdraw life-prolonging procedures; to designate another individual to make treatment decisions if the person becomes unable to make his or her own decisions; and/or to indicate the desire to make an anatomical donation after death.

By law hospitals, nursing homes, home health agencies, hospices, and health maintenance organizations (HMOs) are required to provide their patients with written information, such as this pamphlet, concerning health care advance directives. The state rules that require this include 58A-2.0232, 59A-3.254, 59A-4.106, 59A-8.0245, and 59A-12.013, Florida Administrative Code.

Questions About Health Care Advance Directives

What is an advance directive?

It is a written or oral statement about how you want medical decisions made should you not be able to make them yourself and/or it can express your wish to make an anatomical donation after death. Some people make advance directives when they are diagnosed with a life-threatening illness. Others put their wishes into writing while they are healthy, often as part of their estate planning.

Three types of advance directives are:

- A Living Will
- A Health Care Surrogate Designation
- An Anatomical Donation

You might choose to complete one, two, or all three of these forms. This pamphlet provides information to help you decide what will best serve your needs.

What is a living will?

It is a written or oral statement of the kind of medical care you want or do not want if you become unable to make your own decisions. It is called a living will because it takes effect while you are still living. You may wish to speak to your health care provider or attorney to be certain you have completed the living will in a way that your wishes will be understood.

What is a health care surrogate designation? It is a document naming another person as your representative to make medical decisions for you if you are unable to make them yourself. You can include instructions about any treatment you want or do not want, similar to a living will. You can also designate an alternate surrogate.

Which is best? Depending on your individual needs you may wish to complete any one or a combination of the three types of advance directives.

What is an anatomical donation?

It is a document that indicates your wish to donate, at death, all or part of your body. This can be an organ and tissue donation to persons in need, or donation of your body for training of health care workers. You can indicate your choice to be an organ donor by designating it on your driver's license or state identification card (at your nearest driver's license office), signing a uniform donor form (seen elsewhere in this pamphlet), or expressing your wish in a living will.

Am I required to have an advance directive under Florida law? No, there is no legal requirement to complete an advance directive. However, if you have not made an advance directive, decisions about your health care or an anatomical donation may be made for you by a court-appointed guardian, your wife or husband, your adult child, your parent, your adult sibling, an adult relative, or a close friend.

The person making decisions for you may or may not be aware of your wishes. When you make an advance directive, and discuss it with the significant people in your life, it will better assure that your wishes will be carried out the way you want.

Must an attorney prepare the advance directive?

No, the procedures are simple and do not require an attorney, though you may choose to consult one. However, an advance directive, whether it is a written document or an oral statement, needs to be witnessed by two individuals. At least one of the witnesses cannot be a spouse or a blood relative.

Where can I find advance directive forms?

Florida law provides a sample of each of the following forms: a living will, a health care surrogate, and an anatomical donation. Elsewhere in this pamphlet we have included sample forms as well as resources where you can find more information and other types of advance directive forms.

Can I change my mind after I write an advance directive?

Yes, you may change or cancel an advance directive at any time. Any changes should be written, signed and dated. However, you can also change an advance directive by oral statement; physical destruction of the advance directive; or by writing a new advance directive.

If your driver's license or state identification card indicates you are an organ donor, but you no longer want this designation, contact the nearest driver's license office to cancel the donor designation and a new license or card will be issued to you.

What if I have filled out an advance directive in another state and need treatment in Florida?

An advance directive completed in another state, as described in that state's law, can be honored in Florida.

What should I do with my advance directive if I choose to have one?

If you designate a health care surrogate and an alternate surrogate be sure to ask them if they agree to take this responsibility, discuss how you would like matters handled, and give them a copy of the document.

Make sure that your health care provider, attorney, and the significant persons in your life know that you have an advance directive and where it is located. You also may want to give them a copy.

Set up a file where you can keep a copy of your advance directive (and other important paperwork). Some people keep original papers in a bank safety deposit box. If you do, you may want to keep copies at your house or information concerning the location of your safety deposit box.

Keep a card or note in your purse or wallet that states that you have an advance directive and where it is located.

If you change your advance directive, make sure your health care provider, attorney and the significant persons in your life have the latest copy.

If you have questions about your advance directive you may want to discuss these with your health care provider, attorney, or the significant persons in your life.

More Information On Health Care Advance Directives

Before making a decision about advance directives you might want to consider additional options and other sources of information, including the following:

- As an alternative to a health care surrogate, or in addition to, you might want to designate a durable power of attorney. Through a written document you can name another person to act on your behalf. It is similar to a health care surrogate, but the person can be designated to perform a variety of activities (financial, legal, medical, etc.). You can consult an attorney for further information or read Chapter 709, Florida Statutes.
- If you choose someone as your durable power of attorney be sure to ask the person if he or she will agree to take this responsibility, discuss how you would like matters handled, and give the person a copy of the document.
- If you are terminally ill (or if you have a loved one who is in a persistent vegetative state) you may want to consider having a pre-hospital Do Not Resuscitate Order (DNRO). A DNRO identifies people who do not wish to be resuscitated from respiratory or cardiac arrest. The pre-hospital DNRO is a specific yellow form available from the Florida Department of Health (DOH). Your attorney, health care provider, or an ambulance service may also have copies available for your use. You, or your legal representative, and your physician sign the DNRO form. More information is available on the DOH website, www.doh.state.fl.us or www.MyFlorida.com (type DNRO in these website search engines) or call (850) 245-4440.
- When you are admitted to a hospital the pre-hospital DNRO may be used during your hospital stay or the hospital may have its own form and procedure for documenting a Do Not Resuscitate Order.
- If a person chooses to donate, after death, his or her body for medical training and research the donation will be coordinated by the Anatomical Board of the State of Florida. You, or your survivors, must arrange with a local funeral home, and pay, for a preliminary embalming and transportation of the body to the Anatomical Board located in Gainesville, Florida. After being used for medical education or research, the body will ordinarily be cremated. The cremains will be returned to the loved ones, if requested at the time of donation, or the Anatomical Board will spread the cremains over the Gulf of Mexico. For further information contact the Anatomical Board of the State of Florida at (800) 628-2594 or www.med.ufl.edu/anatbd.
- If you would like to read more about organ and tissue donation to persons in need you can view the Agency for Health Care Administration's website <http://ahca.MyFlorida.com> (Click on "Site Map" then scroll down to "Organ Donors") or the federal government site www.OrganDonor.gov. If you have further questions you may want to talk with your health care provider.
- Various organizations also make advance directive forms available. One such document is "Five Wishes" that includes a living will and a health care surrogate designation. "Five Wishes" gives you the opportunity to specify if you want tube feeding, assistance with breathing, pain medication, and other details that might bring you comfort such as what kind of music you might like to hear, among other things.

You can find out more at:

Aging with Dignity www.AgingWithDignity.org

(888) 594-7437

Other resources include:

American Association of Retired Persons (AARP)

www.aarp.org

(Type "advance directives" in the website's search engine)

Your local hospital, nursing home, hospice, home health agency, and your attorney or health care provider may be able to assist you with forms or further information.

Brochure: End of Life Issues

www.FloridaHealthFinder.gov

(888) 419-3456

Living Will

Declaration made this _____ day of _____, 2____, I, _____, willfully and voluntarily make known my desire that my dying not be artificially prolonged under the circumstances set forth below, and I do hereby declare that, if at any time I am mentally or physically incapacitated and

_____(initial) I have a terminal condition,

or _____(initial) I have an end-stage condition,

or _____(initial) I am in a persistent vegetative state,

and if my attending or treating physician and another consulting physician have determined that there is no reasonable medical probability of my recovery from such condition, I direct that life-prolonging procedures be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care or to alleviate pain.

I do ____, I do not ____ desire that nutrition and hydration (food and water) be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying.

It is my intention that this declaration be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and to accept the consequences for such refusal.

In the event I have been determined to be unable to provide express and informed consent regarding the withholding, withdrawal, or continuation of life-prolonging procedures, I wish to designate, as my surrogate to carry out the provisions of this declaration:

Name _____
Street Address _____
City _____ State _____ Phone _____

I understand the full import of this declaration, and I am emotionally and mentally competent to make this declaration.

Additional Instructions (optional):

(Signed) _____

Witness _____
Street Address _____
City _____ State _____
Phone _____

Witness _____
Street Address _____
City _____ State _____
Phone _____

At least one witness must not be a husband or wife or a blood relative of the principal.

Definitions for terms on the Living Will form:

“End-stage condition” means an irreversible condition that is caused by injury, disease, or illness which has resulted in progressively severe and permanent deterioration, and which, to a reasonable degree of medical probability, treatment of the condition would be ineffective.

“Persistent vegetative state” means a permanent and irreversible condition of unconsciousness in which there is: The absence of voluntary action or cognitive behavior of any kind and an inability to communicate or interact purposefully with the environment.

“Terminal condition” means a condition caused by injury, disease, or illness from which there is no reasonable medical probability of recovery and which, without treatment, can be expected to cause death.

These definitions come from section 765.101 of the Florida Statutes. The Statutes can be found in your local library or online at www.leg.state.fl.us.

Designation of Health Care Surrogate

Name: _____

In the event that I have been determined to be incapacitated to provide informed consent for medical treatment and surgical and diagnostic procedures, I wish to designate as my surrogate for health care decisions:

Name _____
Street Address _____
City _____ State _____ Phone _____
Phone: _____

If my surrogate is unwilling or unable to perform his or her duties, I wish to designate as my alternate surrogate:

Name _____
Street Address _____
City _____ State _____ Phone _____

I fully understand that this designation will permit my designee to make health care decisions and to provide, withhold, or withdraw consent on my behalf; or apply for public benefits to defray the cost of health care; and to authorize my admission to or transfer from a health care facility.

Additional instructions (optional):

I further affirm that this designation is not being made as a condition of treatment or admission to a health care facility. I will notify and send a copy of this document to the following persons other than my surrogate, so they may know who my surrogate is.

Name _____

Name _____

Signed _____

Date _____

Witnesses

1. _____

2. _____

At least one witness must not be a husband or wife or a blood relative of the principal.

Uniform Donor Form

The undersigned hereby makes this anatomical gift, if medically acceptable, to take effect on death. The words and marks below indicate my desires:

I give:

(a) _____ any needed organs or parts

(b) _____ only the following organs or parts for the purpose of transplantation, therapy, medical research, or education:

(c) _____ my body for anatomical study if needed. Limitations or special wishes, if any:

Signed by the donor and the following witnesses in the presence of each other:

Donor's Signature _____ Donor's Date of Birth _____

Date Signed _____ City and State _____

Witness _____
Street Address _____
City _____ State _____

Witness _____
Street Address _____
City _____ State _____

You can use this form to indicate your choice to be an organ donor. Or you can designate it on your driver's license or state identification card (at your nearest driver's license office).

The card below may be used as a convenient method to inform others of your health care advance directives. Complete the card and cut it out. Place in your wallet or purse. You can also make copies and place another one on your refrigerator, in your car glove compartment, or other easy to find place.

Health Care Advance Directives	
I, _____	
have created the following Advance Directives:	
___	Living Will
___	Health Care Surrogate Designation
___	Anatomical Donation
___	Other (specify) _____
----- FOLD -----	
Contact:	
Name	_____
Address	_____ _____ _____
Phone	_____
Signature	_____ Date _____

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