

# Your Guide to the Polk HealthCare Plan



Member Handbook



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# Welcome to the Polk HealthCare Plan

The Polk County Board of County Commissioners Indigent Health Care Division manages the Polk HealthCare Plan (PHP). This healthcare plan is intended to serve those who are caught in the gap between not qualifying for Medicaid, but not being able to afford “Obamacare” (The Affordable Care Act).

The Polk HealthCare Plan is not insurance, and it will not pay for healthcare services if you have insurance, Medicaid or Medicare, or qualify for like programs. The healthcare plan is intended for people who have no other choice for care.

## **How the Polk HealthCare Plan is Made Possible**

In 2004, the residents of Polk County voted to approve a half-cent sales surtax (F.S. 212.0055 (7) that would benefit this program and other county healthcare programs for the indigent population. Since the half-cent sales surtax was imposed in 2004, the Indigent HealthCare Division has worked with doctors and clinics to provide healthcare services for qualifying individuals. Through this network of providers in our community we are able to manage the delivery of primary care, specialty care and hospital services to those who need it.

# MEMBERSHIP

Our team is available to help you understand and use the Polk HealthCare Plan (PHP) to meet your healthcare needs. Please read this handbook carefully. It will give you information about the benefits, coverage and the rights and responsibilities you have as a member of the healthcare plan. After you read this handbook, if you still have questions or if you encounter problems obtaining health care services, call a Member Services representative.

You can also visit our website at [www.polk-county.net/boccsite/Departments/Health-Services/](http://www.polk-county.net/boccsite/Departments/Health-Services/) or submit questions via email at [phpeligibility@polk-county.net](mailto:phpeligibility@polk-county.net).

If you have any major changes in your life, including a new address, a change in family size, income or a change in job you must notify Member Services.

**Member Services**  
**(863) 534-5387**  
**8:00 a.m. - 4:30 p.m.**  
**Mon. - Fri.**

## Your Polk HealthCare Plan Enrollment Card

Each healthcare plan member will get their own Polk HealthCare Plan enrollment and pharmacy identification card, even if there is more than one person per household on the healthcare plan. Your pharmacy identification card will be mailed to you within 15 to 20 working days of the date you become eligible. You need to keep both your enrollment card and pharmacy identification card with you at all times. **All coverage begins on the first 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.**

The Polk HealthCare Plan has two benefit plans. **Your card is different, based on your plan type.** When you get your cards, please check everything on the cards to make sure the information is correct. If there is an error please call the respective card's customer service number.

**Polk HealthCare Plan enrollment card, call Member Services representative at (863) 534-5387.**

**Pharmacy identification card, call Pharmacy Benefits Customer Service at 1 (877) 602-7655.**

## Things to Know About Your Plan Enrollment Card

- Take your enrollment card to each doctor's appointment
- Take your pharmacy identification card with you to get a prescription filled
- The 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.

 <p><b>Indigent Health Care Division</b> <b>Polk HealthCare Plan</b> Enrollment Card</p> <p>Case #: _____ Worker Code: _____</p> <p>Member Name: _____</p> <p><b><u>Essential Care Choice</u></b></p> <p><small>S1 Primary Care / S25 ER / Rx= S1 Generic / S5 Brand Name</small></p> <p><small>OTHER COPAYS IDENTIFIED IN MEMBER SCHEDULE</small></p> <p>Eligibility Period: _____ to _____</p> <p>Primary Care Physician: _____</p> <p>PCP Office Phone #: _____</p>	<p><b><u>NOTICE TO MEMBER:</u></b></p> <p>Carry this card with you at all times to be used with contracted providers of the Polk HealthCare Plan, within Polk County, Florida. It must be presented each time you require any medical service. This card is not transferrable and is only valid for the eligibility period listed on the front. <i>Do not alter or share this card with others as you will lose your coverage from the Polk HealthCare Plan.</i></p> <p><b><u>NOTICE TO PROVIDERS:</u></b></p> <p>All hospital-based services, specialty care visit and outpatient services/procedures require prior authorization. Emergency room visits and emergency admissions require Plan notification within one business day of the treatment and/or admission.</p> <p><b><u>FAILURE TO COMPLY WILL AFFECT PAYMENT OF BENEFITS</u></b></p> <p><b>Polk HealthCare Plan Inquiries:</b> (363) 533-1111 <b>Member Eligibility Appointments:</b> (863) 534-5387</p> <p><b>Mail Claims to:</b> Polk HealthCare Plan, 2135 Marshall Edwards Drive, Bartow, FL 33830</p>
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## What is on the Polk HealthCare Plan enrollment card?

Some of the things on the card:

- Member's name
- Eligibility Period starts when coverage with the PHP begins. You can start using your card through the end date
- Polk HealthCare Plan case number (sometimes referred to as member ID)
- Primary Care Provider/Facility name and phone number
- Basic copay amounts
- Information and phone numbers

On the back of the card:

- Polk HealthCare Plan's contracted Urgent Care Centers

 <p><b>Indigent Health Care Division</b> <b>Polk HealthCare Plan</b> Enrollment Card</p> <p>Case #: _____ Worker Code: _____</p> <p>Member Name: _____</p> <p><b><u>Chronic Care Choice</u></b></p> <p><i>\$1 Primary Care / \$25 ER / Rx= \$0 Generic / \$3 Brand Name</i></p> <p><i>OTHER COPAYS IDENTIFIED IN MEMBER SCHEDULE</i></p> <p>Eligibility Period: _____ to _____</p> <p>Primary Care Physician: _____</p> <p>PCP Office Phone #: _____</p>	<p><b><u>NOTICE TO MEMBER:</u></b></p> <p>Carry this card with you at all times to be used with contracted providers of the Polk HealthCare Plan, within Polk County, Florida. It must be presented each time you require any medical service. This card is not transferrable and is only valid for the eligibility period listed on the front. <i>Do not alter or share this card with others as you will lose your coverage from the Polk HealthCare Plan.</i></p> <p><b><u>NOTICE TO PROVIDERS:</u></b></p> <p>All hospital-based services, specialty care visit and outpatient services/procedures require prior authorization. Emergency room visits and emergency admissions require Plan notification within one business day of the treatment and/or admission.</p> <p><b><u>FAILURE TO COMPLY WILL AFFECT PAYMENT OF BENEFITS</u></b></p> <p><b>Polk HealthCare Plan Inquiries:</b> (363) 533-1111 <b>Member Eligibility Appointments:</b> (863) 534-5387</p> <p><b>Mail Claims to:</b> Polk HealthCare Plan, 2155 Marshall Edwards Drive, Bartow, FL 33830</p>
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## Plans and Plan Coverage

The Polk HealthCare Plan provides the greatest quality of care for members based on industry standards for quality of care and cost effectiveness. The healthcare plan is divided into two primary benefits packages.

### Essential Care Choice (Basic Coverage)

This benefits package includes basic coverage for all healthcare plan members and covers most conditions. The healthcare plan covers preventive health screenings and wellness programs. This benefits package has a copay of \$1 to the primary care provider per office visit. Most specialty care office visits have a \$5 copay. There are additional copays for other services. Please see Cost Sharing/Copay sheet in the additional information section of the Member Handbook for more information on services and copays.

### Chronic Care Choice (Chronic Coverage)

This benefits package recognizes that individuals with certain chronic illnesses require a higher level of care. This benefits package has a PCP copay of \$1 per office visit. Most specialty care visits will have a \$5 copay; however, for certain illnesses some specialty care visits will have a \$3 copay. Please see Cost Sharing/Copay sheet in the additional information section of the Member Handbook for additional information on services and copays.

Members that are placed in the Chronic Care Choices program may receive case management for the following conditions:

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

When a member is eligible for additional services by other community providers, a member services representative will refer the member to that agency for care.

Your plan is identified on your enrollment card. Before making a doctor's appointment unless it is your PCP, 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.

## GETTING STARTED WITH YOUR PRIMARY CARE PROVIDER

The first step for members is to choose or be assigned a Primary Care Provider (PCP). Provider is a word we use to define 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 specialists, labs and additional services.

As a Polk HealthCare Plan member, you could have one of the following types of physicians:

- General Practitioner
- Internal Medicine Physician
- Family Physician

Your primary care provider will be considered your **medical home, which means this is the office or place you receive the majority of your medical care.** Your medical home is your home-base for care, so always check in with your PCP unless you are experiencing an emergency.



You may choose a PCP from our directory which can be found on the website, or if you prefer to be assigned a PCP, a member services specialist can match you with one 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.

### Your Primary Care Physician will:

- Give you regular physical exams or check-ups as needed
- Prescribe medications when you need them
- Provide covered preventive health screenings for gender and age group based care
- Give you regular immunizations (shots), when necessary
- Provide you the medical services you need or coordinate them for you
- Keep your medical records up-to-date
- Refer you to a specialist, if you need one
- Arrange medical care at participating Polk County hospitals or urgent care clinics when needed
- Tell you how you can contact them or another provider after hours



Any service your PCP does not directly provide to you will require authorization. Your doctor will send a request for authorization to the healthcare plan. Once authorized by the Medical Management section, your doctor will be notified. You will be notified by your doctor that your request has been authorized or approved.

Referrals must also be authorized in advance by the Polk HealthCare Plan prior to an office visit or treatment by a specialist. Authorization requests should be completed by the healthcare plan's Medical Management section within 10 working/business days.

You should always call your doctor's office when you have a question about your health or medical care. They will likely be able to help you get other services you may need.

**Please 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.

## What to Expect:

### Office Waiting Times

You may wait about 15 to 45 minutes for your appointment. If the doctor 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, Highland MRI, and Radiology & Imaging Specialists only)

### Getting Care from Your PCP

Remember, your primary care physician's telephone number is located on your enrollment card. Schedule an appointment to see your PCP as soon as you are eligible by calling the number on your card. After the initial appointment, use the number on your enrollment card to call to make future appointments when you think you may need to see your doctor.

You can have unlimited visits with your PCP, and your PCP can refer you for covered necessary laboratory, x-ray and other routine diagnostic tests. Your doctor can arrange for you to see a covered specialist when medically necessary as well as any required hospitalization or outpatient treatments by requesting authorization from the healthcare plan.

### Canceling or Rescheduling Your Appointment

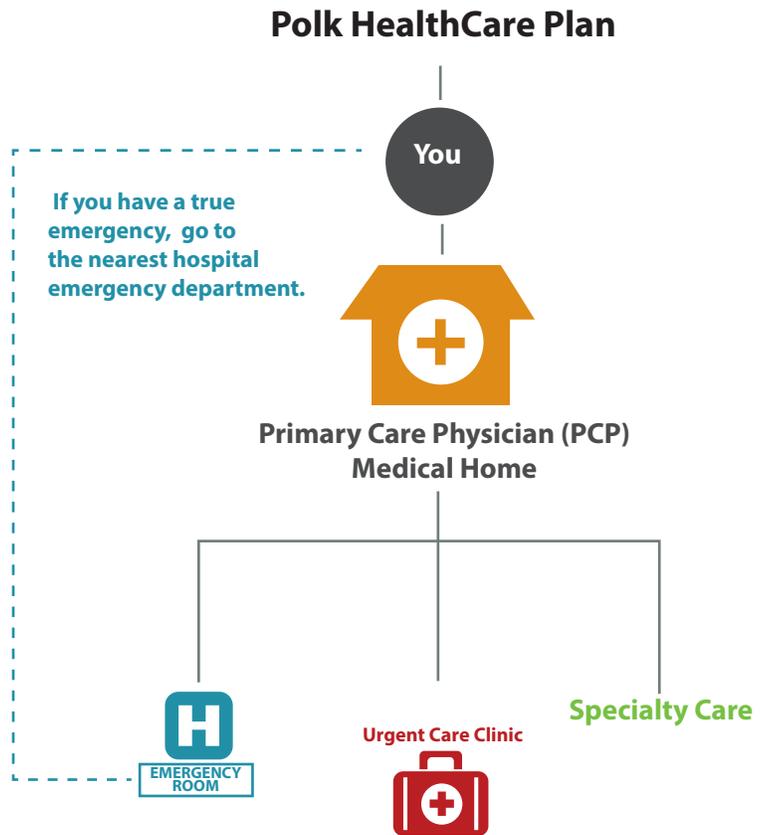
If you must cancel or reschedule your appointment, you are required to notify your doctor at least 24 hours in advance. Your doctor may have a policy of charging for an appointment you do not keep without notifying them in advance. The healthcare plan will not pay if you miss your appointment and the physician bills you. 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 appointments within a 12 month period without notifying your PCP, you will be terminated from the healthcare plan. Please be on time for your appointments and be sure to take your Plan enrollment card.

We recommend that you also take a copy of the healthcare 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.

### Urgent Care Instead of Office Visit

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; however, if your PCP is unavailable you may use a participating Urgent Care Clinic. See page 19 for a listing of Urgent Care Clinics.



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

### **Changing Your Primary Care Provider**

It is your responsibility to work with your PCP in maintaining your good health. If you feel a change is necessary, you can elect to be assigned to another Polk HealthCare Plan doctor.

**Please note that you are limited to two Primary Care Physician changes in a 12-month period.**

To change your PCP, you must submit your request in writing to Member Services by:

- Using the Primary Care Physician Change Request form. This form is available in the additional information section of the Member Handbook and online at [www.polk-county.net](http://www.polk-county.net)
- Mailing your written request, if you do not have the form, to The Polk HealthCare Plan, Member Services, 2135 Marshall Edwards Drive, Bartow, Florida 33830. Please include your case number (found on your enrollment card), your correct name (as it appears on your driver license), your correct mailing address, your correct phone number and the physician you wish to change to.

If the PCP change is approved, the Polk HealthCare Plan will send you a new enrollment card 10 to 15 days after we receive your request indicating your new PCP. You must continue with the old PCP and old enrollment card until the effective date of your new PCP on your new enrollment card.

The doctor change will only take effect on the first day of the month following your written request. All requests must be received by the 25th day of the month in order for the change to become effective the next month.

It is your responsibility to keep your enrollment card current. To make an appointment to renew your eligibility, call Member Services at (863)534-5387.

### **Other Medical Coverage**

If you have other medical coverage, you are not eligible for the Polk HealthCare Plan. If you are or become covered under another healthcare plan, notify the Polk HealthCare Plan immediately.

The Polk HealthCare Plan cannot pay for services covered by any other insurance or other health plan. This includes Workers' Compensation cases, insurance through your employer, Victim of Crime Compensation, and motor vehicle accidents, etc. The Polk HealthCare Plan is the "payor of last resort."

If you get hurt and someone else is responsible for your injury, let whoever is treating you at the time of the accident know that you are a Polk HealthCare Plan member, but it is not responsible for payment of services. You should also call Polk HealthCare Plan within 72 hours and let them know. Examples would be if you are in a car accident or if you get hurt on the job. This does not terminate your Polk HealthCare Plan enrollment but allows the healthcare plan to better coordinate your care and payment.

## **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 requires advance authorization from the Polk Healthcare Plan.

- Specialty care requires all members have a referral from a PCP to see a specialist
- Primary care is authorized for all members to receive services at their medical home from their PCP
- Provider office visits – routine, urgent and emergency care
- Hospital services, including outpatient surgery, diagnostic and therapeutic services
- Hospital Emergency Room services up to \$1500 within the county fiscal year (October 1 through September 30) with authorization

- Hospital stays including a semiprivate room, medical services, surgery, anesthesiology, prescription medicines, up to six days per admission with a maximum of 30 total days within the county fiscal year (October 1 through September 30) with authorization
- Eye exams for a medical diagnosis such as diabetes, glaucoma or an eye injury
- X-Rays, MRI and similar procedures should be done at Advance Technology Radiology, Lakeland Open MRI, Highland MRI, and Radiology & Imaging Specialists
- Laboratory services- LabCorp is our primary lab provider for all outpatient lab work, and we direct all members to LabCorp
- Immunizations (shots)
- Flu and pneumonia shots, when available through your PCP
- Prescription medicines available on our approved drug list
- Disease screenings and treatment

### **What is Not Covered?**

Because the Polk HealthCare Plan is not an insurance company, there are medical services that are not covered. The following is a list of some, but not all, services not covered.

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

- 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 healthcare services
- Hospice 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 obesity treatment and/or weight management services (including surgery and medications)
- Reversal of surgeries such as tubal ligation or vasectomy
- 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

The Polk HealthCare Plan will **not** cover services that are 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 will **not** cover:

- Unauthorized specialist visits
- Doctors, clinics or hospitals outside Polk County
- Emergency room visit for non-emergency care such as prescription refills, colds, the flu, etc. The emergency room is for serious accidents or sudden illness. Remember life or limb threatening.
- Use of any PCP not assigned to you

## Urgent Care or Emergency Care?

### Urgent Care

- If you are not sure if your situation needs urgent care, your doctor can help you decide what to do. Your doctor can attempt to work you into their schedule. 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.
- If your PCP cannot work you in, you should go to a participating urgent care center.

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

### Emergency Care

- The Polk HealthCare Plan defines emergency care as treatment for potential life-threatening or limb threatening complications, which means that you believe that you could die or lose a limb (e.g. arm, hand, leg, etc.) and that the treatment you need cannot be given in a regular doctor's office or urgent care setting.
- Emergencies need treatment at once. The Polk HealthCare Plan provides coverage of eligible expenses for necessary emergency care up to \$1,500 per fiscal year (October 1 through September 30). If you have an emergency, go to the nearest hospital emergency department.

**You must contact your primary care provider within 72 hours after an Emergency Room visit for follow up care.**

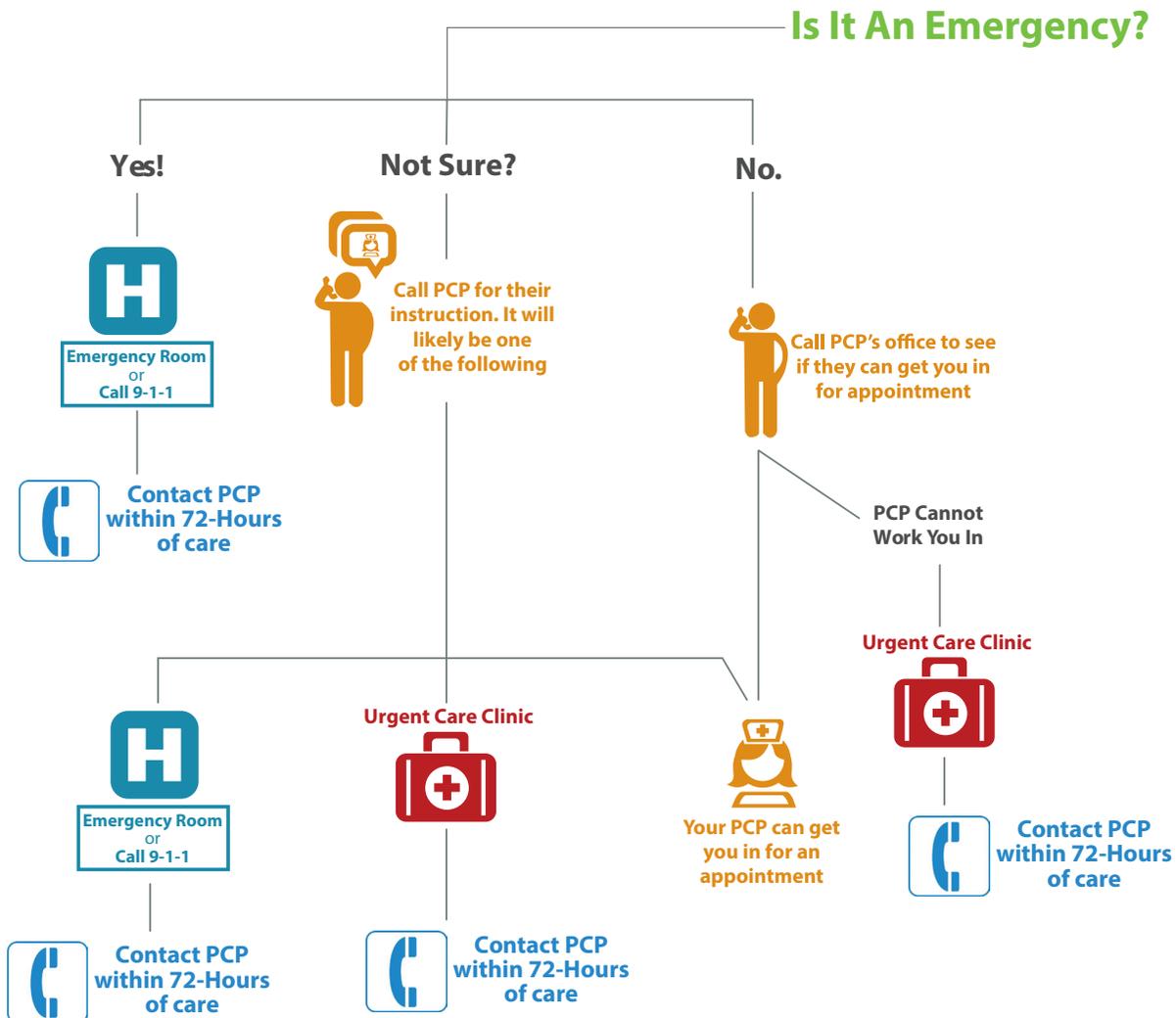
The Polk HealthCare Plan covers emergency care only in Polk County. Services rendered by non-network

providers or hospitals outside of Polk County are not covered under the Polk HealthCare Plan. It will be your responsibility to pay the bill.

If your visit is not a true emergency (for example if it is a cold, the flu, sore throat, to get medication refilled, or a pregnancy test), the Polk HealthCare Plan will not pay, and you will be responsible for the bill. After your first non-compliant emergency room visit, you will be counseled on the coverage rules. If this behavior continues you will lose your healthcare plan membership.

If you are unsure if what you are experiencing is an emergency, call your PCP listed on the front of your enrollment card.

Again, go to the emergency room when you think a medical situation that if not treated right away, could become life or limb threatening. The Emergency Room staff will decide how soon you will be seen.



Here are some examples of when you might go to the emergency room:

- Bad cuts or burns
- Heavy bleeding, excessive, out of the ordinary
- Blackouts
- Chest pain
- Choking
- Convulsions (seizures)
- Danger of loss of life or limb (such as an arm or a leg)

- Difficulty breathing/shortness of breath
- Head or eye injuries
- Loss of speech
- Paralysis (unable to move)
- Poisoning
- Possible broken bones

There are times when it is hard to know if your situation is an emergency. If you are unsure, call your doctor. They can help you decide if emergency care is needed. Be ready to tell your PCP as much as you know about the medical problem. Be sure to tell him or her:

- The extent of the problem
- How long you or another family member has had the problem
- What has been done for the problem so far

Your PCP may ask other questions. They can help you decide:

- If you need an appointment at their office
- If you should go to the Urgent Care Center
- If you should go to the Emergency Room

Write the names of all your family's PCPs and their phone numbers where you will be able to find them. The PCP number is on your healthcare plan enrollment card.

## 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 pharmacies in Poinciana, Avon Park and Wauchula that may be used but 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 identification card for a provider in your area.

### How do you get your prescriptions?

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, then it will be given to you.
- You will pay a small amount (copay) for each prescription.
- To assist with your medication regimen while you are on vacation, an additional 15-day supply of your medication can 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 by a 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 medicine?

- Our website at [www.polk-county.net](http://www.polk-county.net)
- An attachment or the additional information section of your Member Handbook.

## **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 healthcare plan. If there is no alternative on the healthcare plan's approved drug list, you may contact the MedNet Patient Assistance Program. This program is available to Polk HealthCare Plan members to assist them in applying for non-covered medications through the drug manufacturer. For more information please call (863)413-2620 x17094.

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**

If necessary, your PCP will refer you to a specialist. They will fill out an authorization request for the specialist. Specialty care requires 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 your primary care physician.

You must receive specialty care from a provider contracted with the Polk HealthCare Plan. 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 ways to get care.

## **When you are Out of the Service Area**

- The Polk HealthCare Plan is a local program and only covers services provided by contracted providers in Polk County.
- If you have an emergency, call 911, or go to the nearest emergency room.

**If you receive medical services outside of Polk County you will be responsible for paying the bill.**

## **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.

Members who may need case management 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 and community partners support Polk County residents 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 (877) 822-6669 (1-877-U-CAN-NOW). The following services are available to all Polk County residents 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

Florida's Department of Health in Polk County oversees the Tobacco Prevention Program. The program promotes the Florida Quit for Life Line and smoking cessation classes within the community, the Department of Health, 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. For more information, contact the Florida's Department of Health in Polk County at (863) 519-7900 x 1054.

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](http://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](mailto: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 or refresher class, arrange for a diabetes support nurse to work with you and your PCP to help get your condition under control, or if you have any questions about the program, call our Diabetes support nurse with the Polk Healthcare Plan at (863) 519-2041.

### **Weight Management**

Many chronic health conditions are affected by diet and weight. We encourage all members to eat a healthy diet and exercise according to your doctor's instructions. Measurement of body weight will be conducted by your primary care physician's office. Member compliance will be measured by the PCP on routine visits to their office.

The healthcare plan may refer you to a nutrition specialist. A nutrition specialist can provide personalized dietary advice taking into account your health status (such as other medical conditions), lifestyle, and food likes and dislikes.

Educational information will be provided on the Polk HealthCare Plan website and through member newsletters. Additionally, information regarding diabetic management education classes and health expos will be shared on the website [www.polk-county.net](http://www.polk-county.net).

## **MEMBER RIGHTS AND RESPONSIBILITIES**

### **Rights and Responsibilities**

The Polk HealthCare Plan wants you to know that you have rights and responsibilities, and you should always feel treated with respect and dignity from us and providers.

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 healthcare
- 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 Polk HealthCare Plan about a provider or the healthcare plan itself
- Ask your provider questions about the care you receive
- Ask your provider questions about their instructions

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

- Take your photo identification and your Polk HealthCare Plan enrollment card to all medical appointments
- Be honest with providers and treat them with respect, courtesy and kindness
- Get regular medical care from your PCP at 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 copayments 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 enrollment card or benefits by a member or provider
- Obtain services and medication from network providers

Tell the Polk HealthCare Plan and your providers of any changes that may affect your enrollment, healthcare needs or access to benefits. Some examples are:

- 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 seven 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:

- As a result of a motorized vehicle accident

- Injured in a fall
- On the job
- From a crime
- During a crime you commit

A customer services representative will require you to provide the police or incident reports. If you are a victim of crime, you must file for Victim of Crime Compensation. Services could be delayed, denied or not paid by the healthcare plan if you do not notify us as required. Injuries relating to motorized recreational vehicle accidents including ATV, dirt bikes, etc., are not covered by the Polk HealthCare 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 first 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 so there are no premiums or deductibles. You are required to make a small copayment for office visits to your primary care provider, specialist, for prescriptions, Emergency Room services and other services. A schedule of your copayments for office visits, pharmacy, and other services is available in the forms section of the Member Handbook. The copayment for Emergency Room services is \$25.

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 enrollment cards, allowing someone else to use your enrollment card, acts or threats of violence to healthcare plan staff or providers, or verbal abuse to healthcare plan staff or providers, including obscene language
- Altering written prescriptions, forgery of a prescription, abuse of prescription or illegal drug use
- Inappropriate use of Emergency Room services, three times
- Three different healthcare 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 healthcare 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 which prevents you from doing any type of work based on social security disability criteria.
- Failure to be employed for 12 months without proof of an active work search.
- Failure to keep three scheduled PCP provider appointments within a 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 or cooperate 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
  - Child Support
  - Victim of Crime Compensation
  - Medicare
  - Private health insurance offered through an employer
  - CareerSource Polk

## If You Have A Complaint Or Want To File An Appeal

### Complaint

We hope you will always be satisfied with the Polk HealthCare Plan and our healthcare 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:

- Your first and last name
- Your case number (found on your enrollment card)
- Your address and telephone number
- Why you are dissatisfied

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:

- Your first and last name
- Your case number
- Your address and telephone number
- Why you are unhappy

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. You will not lose your Polk HealthCare Plan enrollment 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 healthcare 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:

- Denies payment for the care you want
- Denies payment for care where you may have to pay for it
- Ends payment for care that has already been approved
- Terminates you from the Plan
- 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 Polk HealthCare Plan form must include the following:

- Appeal Date
- Member's Name
- Member's case number
- Reason for appeal
- Specific date(s) of service
- Name and signature of the member or the representative of the member
- 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 information 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 Polk HealthCare Plan's medical director will first review the appeal. If they do not overrule the initial decision to deny the service, the healthcare 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 satisfied with the outcome?**

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 healthcare plan has no additional appeal levels.



## QUESTIONS? CALL THESE NUMBERS

### HEALTHCARE/TREATMENT/ AUTHORIZATION/ REFERRAL

- Primary Care Physician or their nurse
- The phone number for your PCP is on the front of your healthcare plan enrollment card

### MEDICATIONS/PHARMACY

- WellDyne 1(877) 602-7655
- Primary Care Physician or their nurse
- The phone number for your PCP is on the front of your healthcare plan enrollment card

### ELIGIBILITY/MEMBER SERVICES

- Member Services (863) 534-5387

### CLAIMS QUESTIONS

- Claims Section (863) 533-1111

## PARTICIPATING URGENT CARE CLINICS

### AUBURNDALE

#### Doctor Today Urgent Care

101 Magnolia Ave., Auburndale, FL 33823

Phone: (863) 858-8000

Hours of Operation:

Mon. - Fri. 10:00 a.m. to 7:00 p.m.

### BARTOW

#### Doctor Today Urgent Care

1045 US Highway 17 S, Bartow, FL 33830

Phone: (863) 533-4222

Hours of Operation:

Mon. - Fri. 10:00 a.m. to 6:00 p.m.

### HAINES CITY

#### Doctor Today Urgent Care

602 US Hwy 17/92 N, Haines City, FL 33844

Phone: (863) 858-8000

Hours of Operation:

Mon. - Fri. 10:00 a.m. to 6:00 p.m.

### LAKELAND

#### Doctor Today Urgent Care

4435 US Highway 98 N Suite B, Lakeland, FL 33809

Phone: (863) 858-8000

Hours of Operation:

Mon. - Fri. 8:00 a.m. to 8:00 p.m.

Sat. & Sun. 9:00 a.m. to 5:00 p.m.

### First Help Urgent Care

1801 N. Crystal Lake Dr., Lakeland, FL 33801

Phone: (863) 937-8886

Hours of Operation:

Mon. - Fri. 8:00 a.m. to 6:15 p.m.

Sat. & Sun. 8:30 a.m. to 5:45 p.m.

### POLK CITY

#### First Help Urgent Care

235 N. Commonwealth Ave., Polk City, FL 33868

Phone: (863) 984-8000

Hours of Operation:

Mon. - Fri. 8:30 a.m. to 4:30 p.m.

Sat. 9 a.m. to 12:30 p.m.

### WINTER HAVEN

#### Doctor Today Urgent Care

700 First Street, Winter Haven, FL 33880

Phone: (863) 858-8000

Hours of Operation:

Mon. - Fri. 8:00 a.m. to 8:00 p.m.

Sat. & Sun. 9:00 a.m. to 5:00 p.m.

### First Help Urgent Care

320 1st St. SE, Winter Haven, FL 33880

Phone: (863) 299-8485

Hours of Operation:

Mon. - Sun. 7:45 a.m. to 6:00 p.m.

## PARTICIPATING HOSPITALS

### Bartow Regional Medical Center

2200 Osprey Boulevard, Bartow, FL 33830

Phone: (863) 533-8111

### Heart of Florida Regional Medical Center

U.S. Highway 27 North, Davenport, FL 33837

Phone: (863) 422-4971

### Lakeland Regional Health Medical Center

1324 Lakeland Hills Boulevard, Lakeland, FL 33805

Phone: (863) 687-1100

### Lake Wales Medical Center

410 South 11th Street, Lake Wales, FL 33853

Phone: (863) 676-1433

### Winter Haven Hospital

200 Avenue F Northeast, Winter Haven, FL 33881

Phone: (863) 293-1121

# QUICK LOOK

## COVERED SERVICES

Allergy Services (see exclusions)  
Cardiology Services  
Cardiothoracic Surgery  
Dermatology Services  
Diagnostic Services (at Plan contracted providers only)  
CT Scan  
MRI  
PET Scan  
Ultrasound  
X-ray  
Ear, Nose, & Throat Services  
Endocrinology Services  
Gastroenterology Services  
General/Vascular Surgery Services  
Gynecology Services  
Hematology/Oncology Services (see exclusions)  
Hospital Services - Inpatient  
Hospital Services - Outpatient  
Hospital Services - Emergency Room  
Infectious Disease Services (Inpatient only)  
Laboratory Services (at Plan contracted laboratories only)  
Nephrology Services  
Neurology Services  
Neurosurgery Services  
Nutritional Counseling by Registered Dietitian (Chronic Ill)  
Ophthalmology/Optometry Services (Eye Disease & Injury)  
Orthopedic Services  
Pain Management Services  
Physical Therapy/Occupational Therapy/Speech Therapy  
Plastic Surgery (Non-Cosmetic Only)  
Podiatry Services  
Prescription Drugs (See Formulary)  
Preventive Screening Services  
Mammogram Screen  
Bone Density DexaScan  
Lipid Profile  
Primary Care Services  
Pulmonology Services  
Rheumatology Services  
Specialized Wound Care Services (Hospital Only)  
Transportation Services  
Urology Services

## NOT COVERED SERVICES

Acupuncture, homeopathic or alternative medicine  
Advanced oncology, chemotherapy, drug enhancers & radiation therapy  
AIDS Services  
Allergy Testing or Injections  
Ambulance Services  
Behavioral Health Services  
(including drug rehabilitation services)  
Chiropractic Services  
Cosmetic Surgery  
Dialysis Services  
Durable Medical Equipment  
(Not covered except listed exceptions)  
Experimental/Investigational Procedures/Medicine  
Hearing Aids  
Screening Hearing Tests  
Home Health Care Services  
Hospice Services  
Infertility Services  
(work ups and treatments, surgical, medical and medications)  
Inpatient Rehabilitation Services  
Joint Replacement  
Laser Therapy for Psoriasis  
Long-term Institutional Care  
Non-emergent services in Emergency Room setting  
Nutritional Services by a Registered Dietitian (Routine Care)  
Obstetrics/Pregnancy Care  
Ophthalmology/Optometry  
(Eyeglasses/Routine Eye Exams, corrective lenses or contacts)  
Organ Transplants  
Orthodontia (Braces, Retainers)  
Outpatient Infusion Therapy  
Paternity testing  
Personal Care Items/Services  
Procedures for Treatment of Obesity  
(Including surgery and meds)  
Prosthetic Appliances and Braces  
Reversal of Surgeries (Tubal ligation or vasectomy)  
Self-inflicted/Self-induced injuries and illnesses  
Skilled Nursing Facility Services  
Sleep Studies  
Temporomandibular Joint Disorder Services (TMJ)  
Weight Management Services (Surgery and Medication)

**DISCLAIMER: The benefits plan design may be revised periodically and posted to the Polk HealthCare Plan website.  
EFFECTIVE 7/15/2014**

# EMERGENCY ROOM?

**If you believe you need emergency medical care, get to an emergency room or call 911, but if you are not sure it is an emergency, call your primary care doctor.**

Polk HealthCare Plan members, the following lists are meant to be helpful when you need to make a decision to go to the emergency room.

## What is considered an emergency?

- You could die if you don't get help right away
- You could be hurt permanently (disabled)
- Severe bodily injury
- Uncontrolled bleeding
- Loss of consciousness
- Severe or constant vomiting or diarrhea
- Pain or pressure in your chest or abdomen
- Any condition that you feel is life threatening
- Unexpected numbness, weakness or confusion
- Difficulty breathing that is not improving quickly
- Unexpected trouble speaking or changes in vision
- Sudden severe headache (with no history of migraines)
- Severe reaction to an insect bite/sting, to medication or food

**REMINDER:** If you do go to the emergency room, do not forget to call your primary care doctor within 72 hours after the emergency to let them know what happened and to arrange for follow up care, if needed.

## What is considered a non-emergency?

- Earaches
- Moderate fever
- Pregnancy test
- Prescription refill(s)
- Menstrual cramps
- You want a second opinion
- Sexually transmitted disease(s)
- Lower back pain without an injury
- Minor cuts with controlled bleeding
- Sunburns or other minor burns without blisters
- Minor upper respiratory problems, cough or sore throat
- Insomnia, unless there is a physical problem causing pain
- Minor rashes and sore throats not accompanied by a fever
- Headache(s) (such as migraines) for which you have a history
- Chronic conditions that are no worse than usual at the time of the visit
- To have a condition evaluated because you have a pending disability claim

## Why you shouldn't go to the emergency room when it is not really an emergency

- Your ER copay is \$25 and the copay for your PCP or an Urgent Care Clinic is only \$1.
- You will probably spend a lot more time there than you would at an urgent care clinic or doctor's office.
- You will get care from a doctor who has probably never seen you before. It's always best to get as much of your care as you can from a doctor who knows and understands you.
- Inappropriate use of the Emergency Room could put your participation in the Polk HealthCare Plan at risk.
- You must pay for non-covered and non-emergent services.
- Once you reach \$1500 in covered ER services, the healthcare plan no longer covers you for the Emergency Room and you must pay for services received.

# Essential Care Choice Plan

## (Cost Sharing/Copay Sheet)

	Copay	Hard Limits	
Allergy Services	\$5	4 visits	
Cardiology Services	\$5	6 visits	
Cardiothoracic Surgery	\$5	6 visits	Medical necessity required for all surgeries
Dental Services			1 visit annually (if dental contract cap has not been reached)
Dermatology Services	\$5	6 visits	
<b>Diagnostic Services</b>			
CT Scan	\$5 per CT Scan	2 per body part per yr.	
MRI	\$10 per MRI	3 MRIs per year	
Nuclear Medicine Studies	\$5 Nuclear Study		
PET Scans	\$20 per PET Scan	2 PET Scans per year	
Ultrasound	\$5 per Ultrasound	2 per body part per yr	
X-Rays	\$3 per X-ray		
Ear, Nose, & Throat Services	\$5	6 visits	
Endocrinology Services	\$5	4 visits	
*Gastroenterology Services	\$5	4 visits	*Hep C special benefit (4/12 & 4/12)
General/Vascular Surgery Services	\$5	6 visits	Medical necessity required for all surgeries
Gynecology Services	\$5	6 visits	One (1) annual well-woman exam
Hematology/Oncology Services	\$5	4 visits	Chemotherapy & Radiation Therapy are not
<b>Hospital Services</b>			
Hospital Services- Inpatient	\$0 copay upon admission- hospital charges above healthcare plan limit of 6 days per inpatient hospital admission & 30 days per plan FY may be charged to individual patient.		Limited to 6 days per inpatient hospital admission and 30 days per plan fiscal year
Hospital Services- Outpatient			Limited to 24 hours for surgeries/procedures and up to 48 hours for admissions
Hospital Services- Emergency Room	\$25 per visit unless admitted		\$1500 annual cap per member; Emergent condition required to demonstrate medical necessity
Infectious Disease Services	\$0		Hospital setting only
Laboratory Services	\$0		
Nephrology Services	\$5	4 visits	
Neurology Services	\$5	6 visits	
Neurosurgery Services	\$5	6 visits	
Nutritional Counseling (Registered Dietician)	\$5	1 visit	
Ophthalmology/Optometry Services	\$5	6 visits	Eye injury and disease only; member should see an optometrist prior to seeing an ophthalmologist
Retinal Services	\$5	12 visits	
Orthopedic Services	\$5	6 visits	
Pain Management Services	\$10	6 visits	Subject to written prior authorization
Physical Therapy/Occupational Therapy/Speech Therapy	\$5	9 visits per body part per plan per FY 36 visits total body per plan FY	Subject to written prior authorization
Plastic Surgery (Non-Cosmetic)	\$5	4 visits	Non-cosmetic services only (For wounds and flaps, blepharoplasties)
Podiatry Services	\$5	6 visits	
Prescription Drugs	\$1 for Generic \$5 for Brand	All drugs provided via Plan WellDyne Formulary	Formulary Drugs Only
<b>Preventive Screen Services</b>			
Primary Care Services	\$1	NA	
Pulmonology Services	\$5	4 visits	
Rheumatology Services	\$5	6 visits	
Specialized Wound Care (Hospital)	\$5	9 visits per body part per year	Hyperbaric Oxygen treatments not covered
Transportation Services	No copay in-network visit		
Urgent Care	\$1	NA	
Urology Service	\$5	9 visits	

# Chronic Care Choice Plan

## (Cost Sharing/Copay Sheet)

	Copay	Hard Limits	
Allergy Services	\$5	4 visits	
Cardiology Services	\$3	9 visits	
Cardiothoracic Surgery	\$3	9 visits	Medical necessity required for all surgeries
Dental Services			1 visit annually (if dental contract cap has not been reached)
Dermatology Services	\$5	9 visits	
<b>Diagnostic Services</b>			
CT Scan	\$5 per CT Scan	2 per body part per yr	
MRI	\$10 per MRI	3 MRIs per year	
Nuclear Medicine Studies	\$5 Nuclear Study		
PET Scans	\$20 per PET Scan	2 PET Scans per year	
Ultrasound	\$5 per Ultrasound	2 per body part per yr	
X-Rays	\$3 per X-ray		
Ear, Nose, & Throat Services	\$5	9 visits	
Endocrinology Services	\$3	9 visits	
*Gastroenterology Services	\$5	9 visits	*Hep C special benefit (4/12 & 4/12)
General/Vascular Surgery Services	\$5	9 visits	Medical necessity required for all surgeries
Gynecology Services	\$5	9 visits	One (1) annual well-woman exam
Hematology/Oncology Services	\$3	9 visits	Chemotherapy & Radiation Therapy are not
<b>Hospital Services</b>			
Hospital Services- Inpatient	\$0 copay upon admission- hospital charges above plan limit of 6 days per Inpatient hospital admission & 30 days per plan FY may be charged to individual patient.		Limited to 6 days per inpatient hospital admission and 30 days per plan fiscal year
Hospital Services- Outpatient			Limited to 24 hours for surgeries/procedures and up to 48 hours for admissions
Hospital Services- Emergency Room	\$25 per visit unless admitted		\$1500 annual cap per member; Emergent condition required to demonstrate medical necessity Hospital setting only
Infectious Disease Services	\$0		
Laboratory Services	\$0		
Nephrology Services	\$3	9 visits	
Neurology Services	\$5	9 visits	
Neurosurgery Services	\$5	6 visits	
Nutritional Counseling (Registered Dietician)	\$5	1 visit	
Ophthalmology/Optomety Services	\$3	9 visits	Eye injury and disease only; member should see an optometrist prior to seeing an ophthalmologist
Retinal Services	\$5	12 visits	
Orthopedic Services	\$5	9 visits	
Pain Management Services	\$10	6 visits	Subject to written prior authorization
Physical Therapy/Occupational Therapy/Speech Therapy	\$3	9 visits per body part per plan per FY 36 visits total body per plan FY	Subject to written prior authorization
Plastic Surgery (Non-Cosmetic)	\$5	4 visits	Non-cosmetic services only (For wounds and flaps, blepharoplasties)
Podiatry Services	\$3	9 visits	
Prescription Drugs	\$0 for Generic \$3 for Brand	All drugs provided via Plan WellDyne Formulary	Formulary Drugs Only
<b>Preventive Screen Services</b>			
Primary Care Services	\$1	NA	
Pulmonology Services	\$3	9 visits	
Rheumatology Services	\$5	9 visits	
Specialized Wound Care (Hospital)	\$5	15 visits per body part per year	Hyperbaric Oxygen treatments not covered
Transportation Services	No copay in-network		
Urgent Care	\$1	NA	
Urology Service	\$5	12 visits	

# 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](http://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 \$600 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](http://PolkHCP.welldynex.com) to get the most up to date information on the Formulary and copays.

### ANTIDIABETIC AGENTS

#### INSULINS

LEVEMIR  
NOVOLIN  
NOVOLIN 70/30  
NOVOLOG  
NOVOLOG MIX 70/30

#### ORAL

*glimpiride*  
*glipizide*  
*glipizide ext-rel*  
*glipizide-metformin*  
*glyburide*  
*glyburide-metformin*  
*glyburide-micronized*  
*metformin*  
*metformin ext-rel*

#### SUPPLIES

BAYER BREEZE 2 TEST STRIPS AND KITS **QL**  
BAYER MICROLET LANCETS **QL**  
MONOJECT INSULIN SYRINGES **QL**

### ALLERGY, COUGH AND COLD

#### ANTIHISTAMINE / DECONGESTANTS

*cyproheptadine*  
*diphenhydramine*  
*hydroxyzine HCl*  
*hydroxyzine pamoate*  
*promethazine*

#### EXPECTORANT AND COUGH PRODUCTS

*dextromethorphan-brompheniramine-pseudoephedrine*  
*guaifenesin*

#### NASAL CORTICOSTEROIDS

*fluticasone*

### ANTHINFECTIVE AGENTS

#### ANTHELMINTICS

ALBENZA

#### ANTIBIOTICS CEPHALOSPORINS

*cefadroxil*  
*cefdinir*  
*cephalexin*

### MACROLIDES

*azithromycin*  
*clarithromycin*  
*erythromycin*

### PENICILLINS

*amoxicillin*  
*amoxicillin-clavulanate*  
*dicloxacillin*  
*penicillin VK*

### QUINOLONES

*ciprofloxacin*

### SULFONAMIDES

*sulfamethoxazole-trimethoprim*

### TETRACYCLINES

*doxycycline hyclate*  
*minocycline*  
*tetracycline*

### ANITFUNGALS

*nystatin*

### ANTIVIRALS

*acyclovir*

### MISCELLANEOUS

*metronidazole*

### AUTONOMIC & CENTRAL NERVOUS SYSTEM AGENTS

#### ANALGESICS, NONSTEROIDAL ANTI-INFLAMMATORY

*ibuprofen*  
*indomethacin*  
*ketorolac tromethamine QL*  
*meloxicam*  
*naproxen*  
*piroxicam*

#### ANTICONVULSANTS

*carbamazepine*  
*clonazepam*  
*divalproex sodium delayed-rel*  
*gabapentin*  
*lamotrigine*  
*phenobarbital*  
*phenytoin*  
*valproic acid*

#### ANTIPARKINSON AGENTS

*benztropine*  
*carbidopa-levodopa*  
*selegiline*  
*trihexyphenidyl*

### ANXIOLYTICS, SEDATIVES & HYPNOTICS

*alprazolam*  
*bupirone HCl*  
*chloral hydrate*  
*lorazepam*  
*temazepam*  
*triazolam*

### CEREBRAL STIMULANTS

*amphetamine dextroamphetamine*  
*methylphenidate*  
*methylphenidate ext-rel*

### DMARDs

*azathioprine*  
*hydroxychloroquine*  
*leflunomide*  
*methotrexate*

### MIGRAINE AGENTS

*isometheptene-dichloralphenazone-acetaminophen*  
*sumatriptan QL*

### PAIN MANAGEMENT

Post-surgical generic pain medication is available with prior authorization (PA) for a period of 15 days after surgery.

**PSYCHO-THERAPEUTIC AGENTS****ANTIDEPRESSANTS**

amitriptyline  
bupropion  
bupropion sr  
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  
junel  
lessina-28  
levora  
low-ogestrel  
microgestin fe  
mononessa  
nortrel  
portia-28  
previfem  
sprintec 28  
zovia

**BIPHASIC**

kariva

**TRIPHASIC**

cesia  
enpresse-28  
nortrel  
trinessa  
tri-previfem  
tri-sprintec  
trivora-28  
velivet

**PROGESTIN ONLY**

nora-be

**CORTICOSTEROIDS**

cortisone acetate  
prednisone

**DERMATOLOGICALS****ANTIBIOTICS**

metronidazole  
mupirocin  
silver sulfadiazine

**TOPICAL ANTI-INFLAMMATORY AGENTS**

desonide  
diflorasone diacetate  
fluocinolone acetonide  
fluocinonide  
hydrocortisone  
triamcinolone acetonide

**OTHER DERMATOLOGICALS**

nystatin-triamcinolone  
permethrin  
selenium sulfide  
shampoo

**ELECTROLYTES****POTASSIUM REPLACEMENT**

potassium chloride  
KLOR-CON

**GASTROINTESTINAL AGENTS****ANTIEMETIC / ANTIVERTIGO**

meclizine  
prochlorperazine  
maleate  
promethazine  
trimethobenzamide

**ANTISPASMODIC / GI MOTILITY**

belladonna alkaloids-phenobarbital  
chlordiazepoxide-clidinium  
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 / ANTIVIRAL 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**

dorzolamide

**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 ANTIHYROID AGENTS**

levothyroxine  
propylthiouracil  
levothroid

**URINARY AGENTS**

nitrofurantoin  
oxybutynin  
phenazopyridine  
potassium citrate  
trimethoprim

**VAGINAL PREPARATIONS**

metronidazole  
nystatin  
PREMARIN

**MISCELLANEOUS AGENTS**

cyclophosphamide  
pentoxifylline

# QUICK REFERENCE DRUG LIST

## A

acyclovir  
**ALBENZA**  
 albuterol  
 alendronate  
 allopurinol  
 alprazolam  
 amiloride  
 amiodarone  
 amitriptyline  
 amlodipine  
 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  
 benzotropine  
 brimonidine  
 bumetanide  
 bupropion  
 bupropion sr  
 buspirone hcl

## C

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

clonazepam  
 clonidine  
 cortisone acetate  
 cryselle-28  
 cyclobenzaprine  
 cyclophosphamide  
 cyproheptadine

## D

desonide  
 dextromethorphan-  
 brompheniramine-  
 pseudoephedrine  
 diazepam  
 diclofenac sodium  
 dicloxacillin  
 dicyclomine  
 diflorasone diacetate  
 digoxin  
 diltiazem  
 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  
 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  
 thioridazine  
 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.

<sup>1</sup>Copayment, 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.





## POLK HEALTHCARE PLAN

### Member Contract for Care

The Polk HealthCare Plan (hereafter referred to as 'the Plan') is a managed healthcare 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 surtax 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 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 healthcare 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:**

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

**I agree:**

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

## Member Contract for Care-Continued

- To report any changes of benefits received, such as Medicaid, Medicare, private insurance, Workers' Compensation, settlements, Child Support, Victim of Crime Compensation, auto insurance, etc. within 15 days of change.
- To report any change of address to the Plan within 15 days of changes.
- To notify the Plan if I relocate to another county, state or country within 15 days of moving.
- To apply for any other benefits I may be eligible for and fully cooperate with the entity to obtain benefits.
- To obtain transportation for my appointments and/or provide notice to the Plan's transportation service seven days prior to the appointment.
- 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.
- To allow the exchange of Personal Health Information (PHI) as it relates to payment, treatment, and coordination of medical care and benefits. (Example, doctors, nurses, Plan staff, etc.)
- To follow doctors' care plans including, but not limited to, medications, testing, appointments, patient education classes, following physician's advice, etc.
- To advise my physicians of all treatment provided and medications prescribed by any other practitioner who may be caring for me.
- 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, benefits and services.

**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 Plan Enrollment card.
- C. Acts or threats of violence to Plan staff or providers, or verbal abuse to Plan staff or providers, including obscene language.
- D. Changing written prescriptions.
- E. Prescription or illegal drug abuse.
- F. Forgery of a prescription.
- G. Inappropriate use of Emergency Room, three times.
- H. Three different Plan providers dismiss you from their patient panel.

2. Abuse or mistreatment of Plan benefits, rules and/or policies.
3. Failure to report other payor sources, such as Workers' 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 proof of an active job search.

**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 and the Plan has the right to verify my information.

**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 and my health coverage will end.

**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 INDIGENT HEALTHCARE DIVISION**  
POLK HEALTHCARE PLAN, 2135 MARSHALL EDWARDS DRIVE, BARTOW, FL, 33830



POLK HEALTHCARE PLAN  
Member & Social Services Section  
2135 Marshall Edwards Drive  
Bartow, Florida 33830  
Phone: (863) 534-5387  
Fax: (863) 534-7519

## PRIMARY CARE PHYSICIAN CHANGE REQUEST

Member Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Case #: \_\_\_\_\_

Phone #: \_\_\_\_\_

I am requesting to change my primary care physician (PCP)

From: \_\_\_\_\_

To \_\_\_\_\_

Location: \_\_\_\_\_

My reason for requesting this change is: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that if the change is approved, the Plan will send me a new Polk HealthCare Plan card that lists my new PCP and that the new doctor change will only take effect on the first day of the month following my written request. I also understand my request must be received, by your office, by the 25th day of the month in order for the change to become effective the next month. Once I am approved, I will get a new Polk HealthCare Plan card 10 to 15 days after you have received my request indicating the new PCP.

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

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  
Telephone: (863)533-1111

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE 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 healthcare operations activities of another healthcare provider who treats you;
- For healthcare, 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 information 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](http://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 inquires 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 9005 Bartow, FL 33831-9005



The Polk HealthCare Plan is funded by the half-cent voter approved sales surtax. The program is administered by the Polk County Board of County Commissioners Indigent HealthCare Division.

**2135 Marshall Edwards Drive, Bartow, FL 33830**  
**863-534-5387**