



Polk HealthCare Plan

Member Handbook

(863) 533-1111 | www.polk-county.net/php



Polk HealthCare Plan and Indigent Health Care Administrative Offices

2135 Marshall Edwards Drive, Bartow, FL 33830

Customer Service (863) 533-1111

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Welcome to the Polk HealthCare Plan

About the Plan

Polk County's Indigent Health Care Program manages and administers the Polk HealthCare Plan. The Polk HealthCare Plan partners with medical providers and clinics in the community to offer healthcare services at little or no cost to members.

The Polk HealthCare Plan (PHP) is not insurance and cannot pay for services covered by insurance or other health plans. This includes Workers' Compensation cases, insurance through your employer, Victim of Crime Compensation, Medicare, Medicaid and motor vehicle accidents, etc.

The Polk HealthCare Plan is made possible through a voter-approved indigent health care half-cent sales surtax (F.S. 212.0055 (7)).

Notify the Plan

To remain in compliance with your Contract for Care you must report any of the following changes to customer service representatives or a case manager within 15 days of the change:

- Increase in income
- Change of name, phone and/or address
- Change in household size (including pregnancy)
- Changes to benefits received or other medical coverage

Other Medical Coverage

If you have other medical coverage, Medicaid, Medicare, disability or employer insurance, then 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.

Injured

If you get hurt and someone else is responsible for your injury, e.g. injured on the job, car accident, etc., let whoever is treating you at the time of the accident know that you are a Polk HealthCare Plan member. The plan is not responsible for payment of services.

Your Polk HealthCare Plan Membership Card and Pharmacy Identification Card

Every plan member will receive their own Polk HealthCare Plan membership card and pharmacy identification card once enrolled. You will need to present your membership card and pharmacy identification card any place you receive care or fill a prescription.

When you receive your cards, please check to make sure the information on them is correct. If there is an error on either card, please call the customer service number on the card. The cards can only be used by the person listed 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.

Coverage Begins

Coverage begins on the first or 15th day of the month based on date of enrollment. Coverage ends the last day of the month you are eligible for services.

Benefits

As a PHP member, it is important for you to know what benefits and services are covered and that certain services require advance authorization from the plan. Our team is available to help you understand and use the Polk HealthCare Plan to meet your healthcare needs.

Getting Care through the Polk HealthCare Plan

PHP partners with local providers, clinics and hospitals in Polk County to form a network of care for its members. If you receive services from any providers, lab or pharmacy outside of the PHP network, or receive services without the required advance authorizations, e.g. Primary Care Provider (PCP) changes or Specialty Care referrals, the plan will not pay the claims and you will be responsible for all costs.

Out-of-County Care

Care received outside of Polk County and PHP Provider Network is not covered by the plan.

Canceling or Rescheduling Appointments

You are required to notify the provider you are seeing at least 24 hours in advance of the appointment scheduled, if you must cancel or reschedule an appointment.

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

If you miss three appointments within a 12-month period without notifying your PCP, you will lose your PHP coverage.

Covered Benefits Overview

Primary Care

A primary care provider is a healthcare professional who practices general medicine. A PCP can be a doctor, an advance practice registered nurse or a physician assistant. Prior to enrollment completion, members choose or are assigned a primary care provider based on their preferences and needs.

[Getting Established with a Primary Care Provider](#)

Once a primary care provider is selected and assigned, members should schedule an appointment to get established as a patient at their office. The first visit allows your PCP the opportunity to get to know your medical history and needs. Do

not wait to be sick to make your first appointment.

Your Primary Care Provider's office will be the place where you receive most of your medical care. Your PCP will be your go to provider for the following:

- Annual physical exams and preventive screenings
- Sick visits or check-ups as needed
- Prescriptions
- Immunizations (shots)
- Referral to a specialist

[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 PCP in the Polk HealthCare Plan provider network. Note: You are limited to two Primary Care Physician changes in one plan year.

To change your PCP, you must submit your request in writing to customer service by using the Primary Care Physician change request form.

This form is available online at www.polk-county.net/php and by calling (863) 533-1111 to have one mailed to you.

If the PCP change is approved, the Polk HealthCare Plan will send you a new membership card 10 to 15 days after we receive your request, indicating your new PCP. The PCP change will 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.

Specialty Care

If you have a specific health issue, condition, injury or disease you may need to see a specialist. If necessary, your primary care provider will refer you to one for care.

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 and/or who is out of the PHP provider network, you will be responsible for all costs associated with that care.

Specialty Care visits are limited. Please verify with customer services or refer to the copay chart for limits.

Behavioral Healthcare

If you have a mental health concern or substance use issue, behavioral healthcare providers can assist you. You do not need a referral from your PCP to see a mental health or substance abuse provider. The benefit covers a variety of services, evaluations, assessments, therapies (individual, family, group, etc.), counseling, psychiatric support and medication management.

Urgent Care

If you are experiencing a non-life-threatening emergency (ex: broken bone, hives, STDs, etc.) or you cannot get an appointment with your PCP and need to see a medical professional, you should go to a participating urgent care center. Urgent Care Clinic locations are listed on your Polk HealthCare Plan membership card.

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 your PCP's office or an urgent care setting.

The 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.

PHP only covers emergency care provided in Polk County. Members are responsible for the cost of services provided by non-network providers and hospitals outside of Polk County. If your visit is not a threat to life or limb (if it is a cold, the flu, sore throat, medication refill, or a pregnancy test, etc.), PHP will not pay for the cost of services.

Note: Improper use of the emergency care benefit may result in termination of plan membership and hospital bills you are responsible for paying.

Plan Types and Coverage

The healthcare plan is divided into two primary types of coverage: Essential Care Choice and Chronic Care Choice Coverage. Your plan type is identified on your enrollment card. If making a medical appointment with a provider other than your PCP, be sure your plan covers those services. If you are not sure if the service is covered, contact a customer service representative at (863) 533-1111 or refer to the charts below.

If you require services not covered by the plan, a customer services representative will refer you to that partner agency that can help.

Essential Care Choice (Basic Coverage)

This Essential Care Choice plan provides basic coverage for all healthcare plan members and covers most conditions. PHP covers preventive health screenings and wellness programs.

Essential Care Choice Service and Description	In-Network Polk HealthCare Plan Provider	Plan Year Benefit Limit(s)
Preventive/Annual Screenings (Office visit and eligible services received at the same time as the preventive service or screenings)	\$0	1 visit/test per plan year for: Pap smear, colonoscopy, prostate exam, routine annual exam
Primary Care Physician Office Visits	\$1 copay	Primary Care Physicians (PCP) are family providers, internal medicine providers, and general practitioners. Note: Services rendered by PCP, not assigned to the member, will not be covered
Urgent Medical Care	\$1 copay	No limit
Emergency Services/Emergency Room Services - Medical Emergency Only	\$25 copay	\$1,500 annual cap per member; emergent condition required to demonstrate medical necessity
Hospital Care - Inpatient	\$0 copay	6 days per admission and up to 30 days per plan year
Pain Management	\$10 copay	
Hospital Care - Outpatient	\$0 copay	Limited to 24 hours
Physical Therapy - Outpatient	\$3 copay	36 visits
Speech Therapy - Outpatient	\$3 copay	36 visits
Occupational Therapy - Outpatient	\$3 copay	36 visits

Behavioral Healthcare		
Visits	\$1 copay	Limits for visits vary based on services provided. Please contact (863) 533-1111 for specifics.

Nuclear Medicine Studies		
Bone Density Test	\$5 copay	2 tests

Labs and Imaging		
Bloodwork	\$0 copay Bloodwork covered only if rendered by Labcorp	No limit
X-Rays	\$3 copay	No limit
CT Scans	\$5 copay	4 scans
MRI/MRA	\$10 copay	3 MRIs/MRAs
PET Scan	\$20 copay	2 tests
Ultrasound	\$5 copay	6 ultrasounds

Specialty Care	Requires referral from Primary Care Physician	
Cardiology Services	\$5 copay	Limit 20 visits combined
Cardiothoracic Surgery	\$5 copay	
Dermatology Services	\$5 copay	
Ear, Nose & Throat Services	\$5 copay	
Endocrinology Services	\$5 copay	
Gastroenterology Services	\$5 copay	
General/Vascular Services	\$5 copay	
Gynecology Services	\$5 copay	
Nephrology Services	\$5 copay	
Neurosurgery Services	\$5 copay	
Ophthalmology/Optometry Services (Eye injury and disease only)	\$5 copay	
Retinal Services	\$5 copay	
Orthopedic Services	\$5 copay	
Plastic Surgery (Non-Cosmetic)	\$5 copay	
Podiatry Services	\$5 copay	
Pulmonology Service	\$5 copay	
Rheumatology Services	\$5 copay	
Urology Services	\$5 copay	
Wound Care (Hyperbaric Oxygen treatment not covered for wound care)	\$5 copay	

Chronic Care Choice (Chronic Coverage)

The Chronic Care Choice plan recognizes that some individuals who have certain chronic illnesses require additional coverage for services. Case management options are available for the following chronic conditions:

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

Chronic Care Choice Service and Description	In-Network Polk HealthCare Plan Provider	Plan Year Benefit Limit(s)
Preventive/Annual Screenings (Office visit and eligible services received at the same time as the preventive service or screenings)	\$0	1 visit/test per plan year for: Pap smear, colonoscopy, prostate exam, routine annual exam
Primary Care Physician Regular office visit/sick visit	\$1 copay	Primary Care Physicians (PCP) are family providers, internal medicine providers, and general practitioners. Note: Services rendered by PCP, not assigned to the member, will not be covered
Urgent Medical Care	\$1 copay	No limit
Emergency Services/Emergency Room Services - Medical Emergency Only	\$25 copay	\$1,500 annual cap per member; emergent condition required to demonstrate medical necessity
Hospital Care - Inpatient	\$0 copay	6 days per admission and up to 30 days per plan year
Pain Management	\$10 copay	
Hospital Care - Outpatient	\$0 copay	Limited to 24 hours
Physical Therapy - Outpatient	\$3 copay	36 visits
Speech Therapy - Outpatient	\$3 copay	36 visits
Occupational Therapy - Outpatient	\$3 copay	36 visits

Behavioral Healthcare

Visits	\$1	Limits for visits vary based on services provided. Please contact (863) 533-1111 for specifics.
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Nuclear Medicine Studies

Bone Density Test	\$5 copay	2 tests
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Labs and Imaging

Bloodwork	\$0 copay Bloodwork - covered only if rendered by Labcorp	No limit
X-Rays	\$3 copay	No limit
CT Scans	\$5 copay	4 scans
MRI/MRA	\$10 copay	3 MRIs/MRAs
PET Scan	\$20 copay	2 tests
Ultrasound	\$5 copay	6 ultrasounds

Specialty Care	Requires referral from Primary Care Physician	
Cardiology Services	\$3 copay	Limit 20 visits combined
Cardiothoracic Surgery	\$3 copay	
Dermatology Services	\$5 copay	
Ear, Nose & Throat Services	\$5 copay	
Endocrinology Services	\$3 copay	
Gastroenterology Services	\$5 copay	
General/Vascular Services	\$5 copay	
Gynecology Services	\$5 copay	
Nephrology Services	\$3 copay	
Neurosurgery Services	\$5 copay	
Ophthalmology/Optometry Services (Eye injury and disease only)	\$3 copay	
Retinal Services	\$3 copay	
Orthopedic Services	\$5 copay	
Plastic Surgery (Non-Cosmetic)	\$3 copay	
Podiatry Services	\$3 copay	
Pulmonology Service	\$3 copay	
Rheumatology Services	\$5 copay	
Urology Services	\$5 copay	
Wound Care (Hyperbaric Oxygen treatment not covered for wound care)	\$3 copay	

Prescriptions

The Polk HealthCare Plan uses a Pharmacy Benefits Manager to administer the pharmacy plan and keep the cost of medications low and predictable.

The plan only covers medications listed on the approved drug list formulary. Over-the-counter medications are not covered.

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

If you have questions or to obtain a copy of the approved drug list/formulary visit www.polk-county.net/php or call customer service at (863) 533-1111.

Filling Your Prescriptions

You must have your prescriptions filled at a participating pharmacy provider to get medications filled at the copay cost listed. You can use most drugstores and retail pharmacies in Polk County and a few outside of Polk in Poinciana, Avon Park and Wauchula, but it is your responsibility to verify with the pharmacy before filling prescriptions. You can call the customer services number listed on the back of your Pharmacy Identification card to help you identify a participating pharmacy in your area.

Extra Medication for Planned Out-of-County Travel

To assist with your medication regimen while you are away from home, an additional 15-day supply of your medication can be issued once per year.

Emergency Refill when Out-of-County

If you are not in Polk County and need medication, a 10-day emergency supply can be filled by a retail pharmacy. This emergency option is intended to allow you time to get back in the county to get your medication filled at a participating pharmacy and should only be utilized in cases of unplanned, emergency situations.

Essential Care Choice Plan Prescription Drugs	Non-Participating Pharmacy	Participating Pharmacy Provider	
Generic Medications	No Coverage	\$1 Copay	Formulary Drugs Only (Medication List)
Brand name Medications	No Coverage	\$5 Copay	Formulary Drugs Only (Medication List)

Chronic Care Choice Plan Prescription Drugs	Non - Participating Pharmacy	Participating Pharmacy Provider	
Generic Medications	No Coverage	\$0 Copay	Formulary Drugs Only (Medication List)
Brand name Medications	No Coverage	\$3 Copay	Formulary Drugs Only (Medication List)

Note: Pharmacies should fill the generic of medications when available.

Medications Not Covered by the Plan

Health Council of West Central Florida (MedNet) Patient Assistance Program

Always check with your PCP about alternate medications that are covered under the healthcare plan. If there is no alternative on the PHP's approved drug list/formulary, 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.

If You Have Dissatisfaction or a Complaint

Call customer service at (863) 533-1111 between 8:00 a.m. and 5:00 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 Member ID number (found on your enrollment card)
- Your address and telephone number
- Why you are dissatisfied or submitting a complaint

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

Filing a Claims Appeal

An appeal is a request to review an action taken by the plan or the medical provider. This review makes us look again at the claims denied action.

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?

- Appeal Date
- Member's Name
- Copy of invoice/bill from the provider
- Reason for appeal
- Specific date(s) of service

How to submit an appeal

Call customer service at (863) 533-1111 between 8:00 a.m. and 5:00 p.m., Monday through Friday.

You may also come to our office, send us a fax: (863) 534-7519, or write us a letter:

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

Notice of Privacy Practices

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of a list of your medical services	<ul style="list-style-type: none">• We do not produce medical records and/or collect diagnoses. You can ask to see or get an electronic or paper copy of a list of your medical services that were funded by the indigent health care sales surtax. Ask us how to do this.• We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
Ask us to correct your list of medical services	<ul style="list-style-type: none">• You can ask us to correct the list of medical services that you think is incorrect or incomplete.• We may deny your request, but we'll tell you why in writing within 60 days.
Request confidential communications	<ul style="list-style-type: none">• You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.• We will say yes to all reasonable requests.
Ask us to limit what we use or share	<ul style="list-style-type: none">• You can ask us not to use or share certain health information for treatment, payment, or our operations.• We are not required to agree to your request, and we may say no if it would affect your care, or a law requires us to share that information.
Get a list of those with whom we've shared information	<ul style="list-style-type: none">• You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.• We will include all the disclosures except for those about treatment, payment, and healthcare operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of this privacy notice	<ul style="list-style-type: none">• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
Choose someone to act for you	<ul style="list-style-type: none">• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.• We will make sure the person has this authority and can act for you before we take any action.
File a complaint if you feel your rights are violated	<ul style="list-style-type: none">• You can file a complaint if you feel we have violated your rights by contacting us using the information in this handbook.• You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/• We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

OUR USES and DISCLOSURES

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treat you

Your health information may be accessed within the shared data information system by other professionals using the system who are treating you.

Example: A doctor treating you for an injury accesses the share data information system to learn more about health services you received by other contracted providers who use the system.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: Contracted providers using the shared data information system may use health information about you to manage your treatment and services.

Reimburse for your services

We can use and share your health information to reimburse contracted providers for services rendered to you by the provider.

Example: We use health information your providers send us so we may properly reimburse the providers for their services.

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

<p>Help with public health and safety issues</p>	<p>We can share health information about you for certain situations such as:</p> <ul style="list-style-type: none"> • Preventing disease • Helping with product recalls • Reporting adverse reactions to medications • Reporting suspected abuse, neglect, or domestic violence • Preventing or reducing a serious threat to anyone’s health or safety
<p>Comply with the law</p>	<p>We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.</p>
<p>Respond to organ and tissue donation requests</p>	<p>We can share health information about you with organ procurement organizations.</p>
<p>Work with a medical examiner or funeral director</p>	<p>We can share health information with a coroner, medical examiner, or funeral director when an individual dies.</p>
<p>Address workers’ compensation, law enforcement, and other government requests</p>	<p>We can use or share health information about you:</p> <ul style="list-style-type: none"> • For workers’ compensation claims • For law enforcement purposes or with a law enforcement official • With health oversight agencies for activities authorized by law • For special government functions such as military, national security, and presidential protective services



POLK
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