



Pinellas County Health Plan Client Handbook

(Revised, April 2010)

The Pinellas County Health Plan (PCHP) is a primary care and prevention focused health care program for eligible Pinellas County residents. **This is not a health insurance plan.**

Please read this handbook carefully. It will tell you what you need to know about this program.

For more information, visit the PCHP Web Site at
<http://www.pinellascounty.org/humanservices/medical-home.htm>

IMPORTANT INFORMATION

My Medical Home

Name: _____

Address: _____

Phone: _____

Hours of Operation: _____

My Pharmacy

Address: _____

Phone: _____

Other Providers: _____

PCHP Expiration Date

My eligibility for PCHP will expire on: _____

I can renew my eligibility on: _____

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PINELLAS COUNTY HEALTH PLAN

Welcome to the Pinellas County Health Plan.

In October 2008, the Pinellas County Department of Health and Human Services partnered with the Pinellas County Health Department and Community Health Centers of Pinellas, Inc. to provide prevention focused health care in “medical homes” to eligible Pinellas County residents.

The Pinellas County Health Plan (PCHP) is a program for eligible uninsured, low-income adults in Pinellas County. People in this plan can be seen by a PCHP health care provider for free. This means that you will not have to wait in long lines at the emergency room for minor problems (like a sore throat). Now, you can go to a “medical home,” like a doctor’s office, for all of your basic health care needs.

This is a Department of Health and Human Services program. It is funded by Pinellas County. Services may change at any time. To understand what is currently covered by this plan, please read this handbook carefully.

You have the right to receive considerate, respectful and compassionate care in a safe setting regardless of your age, gender, race, national origin, religion, sexual orientation, disabilities or other protected status.

MY MEDICAL HOME

Your medical home is your first stop for all your non-emergency health care needs. Your medical home will be through the Pinellas County Health Department or Community Health Centers of Pinellas, Inc. See page 13 for a complete list of medical homes. Walk-ins may be available.

We want your medical home provider to get a chance to get to know you and plan for your care. **You can only change your medical home provider one time per enrollment year.**

WHAT DOES MY PLAN COVER?

Basic Services

The providers in your medical home will help you with all your basic health care needs. Some screenings, lab work, and prescriptions are part of this basic care. If you are enrolled in Medically Needy Share of Cost (MNSOC), you can only get basic services through this program (no specialty services).

Laboratory Services – Read carefully!

If you are enrolled in a Health Department or subcontractor Medical Home, your primary care laboratory services will be provided at a LabCorp facility.

If you are enrolled in a Community Health Center of Pinellas Medical Home, your primary care laboratory services will be provided at a Quest facility.

All laboratory services ordered by a specialty physician will be provided at a LabCorp facility.

Please ask your provider for a current list of participating laboratory facilities. The County will **not** pay for labs performed at incorrect facilities.

Specialty Services

Specialty services are more advanced treatments that can not be done by your provider in your medical home. Some limited specialty services may be provided as part of this plan. However, **there are many services the plan does not cover**. For example, certain types of cancer and most pain medications are not covered by this program. Please see the PCHP Covered Services Grid on pages 5-7 for a complete description. Your medical home provider will decide if you need specialty services.

All services received outside the medical home must be pre-authorized. **If you receive services from a specialist without a referral, this plan will not pay.** You may be asked to report your assets and sign a release of information form before you are able to get services outside your medical home.

Other Services

There are also case managers in your medical homes. These people will help you with personal concerns like transportation and housing. Nurses can help you manage illnesses such as diabetes or high blood pressure.



Emergency room services and transportation to the emergency room are not part of this plan. If you go to the emergency room, this plan will not pay for your visit.

PCHP COVERED SERVICES GRID

This table shows most, but not all covered and uncovered services. The services described here **must** be approved by the provider in your medical home. Services are subject to change and dependent on available funding and provider availability. Please ask your medical home provider if you have any questions about the following:

SERVICES	PINELLAS COUNTY HEALTH PLAN (PCHP) COVERAGE
GENERAL BENEFIT:	<p style="color: red;">Focus on primary care, wellness and prevention. Members do not pay a premium or copay. Coverage for services provided in Pinellas County only.</p>
ABORTIONS	No Coverage
ACUPUNCTURE, BIOFEEDBACK, CHELATION THRAPY, CHIROPRACTIC, HYPNOTISM, HERBAL THERAPY, MASSAGE	No Coverage
ACUTE (EMERGENCY CARE)	No Coverage
ALCOHOL AND SUBSTANCE ABUSE ER/INPATIENT	<ul style="list-style-type: none"> • No Hospital/ ER coverage for services related to intoxication or use of illicit drugs, nor for alcohol related illnesses. • Drug screening is covered.
AMBULATORY SURGERY CENTERS	Procedures authorized only at participating hospitals' facilities.
BEHAVIORAL HEALTH, INCLUDING PSYCHIATRIC CARE, ALCOHOL & SUBSTANCE ABUSE TREATMENT	Medical home screens and completes referral when appropriate.
CANCER TREATMENT	<ul style="list-style-type: none"> • Covered for primary site only, no coverage for recurrence, metastasis or GI non-colorectal diagnoses (esophagus, hepatobiliary, pancreatic, small intestine). ▪ Prescription Assistance Programs (PAP) will be used for: chemotherapy agents, other medications used to treat cancer cells as well as those medications to counteract the side effects of therapy, such as damage to bone marrow/blood cells, digestive and reproductive tract lining and hair follicles, nausea and vomiting. The PCHP Formulary does not include these medications and the Plan will not reimburse unless the PAP option is not available and must be pre-authorized through Utilization Management (UM). ▪ The PCHP will reimburse for injectable items such as normal saline, heparin sodium, diphenhydramine HCL, mannitol and selected generic medications.
CARDIAC REHABILITATION	<ul style="list-style-type: none"> • Coverage before the 180th day after open heart surgery, MI, or medically necessary care justified by a specialist. • Authorized only at in-network physician office or network hospital.
CARDIAC DIAGNOSTIC TESTING	<ul style="list-style-type: none"> • Requires authorization for all tests, including but not limited to stress testing, nuclear testing, and cardiac catheterizations. • The medical homes are responsible for providing the onsite EKG.

SERVICES	PINELLAS COUNTY HEALTH PLAN (PCHP) COVERAGE
CARPAL OR TARSAL TUNNEL SURGERY	No Coverage
CIRCUMCISIONS	Medically Necessary Only
DENTAL	<ul style="list-style-type: none"> • Extractions and relief of pain only. • No preventive or screening services. • Medical home completes referral to contracted dental provider.
DIALYSIS	No Coverage
DURABLE MEDICAL EQUIPMENT	Limitations and exclusions exist, BayCare System vendor.
EMERGENCY ROOM	No Coverage See Acute (Emergency Care)
EATING DISORDER TREATMENT	No Coverage
EXPERIMENTAL DRUGS/THERAPY/PROCEDURES	No Coverage
EYE CARE	<ul style="list-style-type: none"> • Medically related vision problems such as diabetic retinopathy, eye injuries, or cataracts are covered. • Diabetic members may be authorized to see an ophthalmologist for annual eye exams. • All other requests will be limited to eye injuries, surgeries, and medically related vision problems. Eye glasses and screening exams are not a covered benefit.
FLU VACCINES AND OTHER ADULT IMMUNIZATIONS	Provided in medical home based on national guidelines
GENETIC COUNSELING AND TESTING	No Coverage
GENDER IDENTIFICATION DISORDERS	Not covered including gender reassignment surgery and medication therapy.
HEARING CARE	<ul style="list-style-type: none"> • Routine hearing exams are NOT covered; refer to Deaf Service CTR • Medically related hearing problems, such as ear infections or ear injuries are covered, as well as hearing services involved with such hearing problems • Authorizations will be made only for medically related hearing problems such as ear infections or injuries to ENT.
HEPATITIS C	No Coverage
HOME HEALTH	Limitations and exclusions exist, BayCare System vendor
HOSPITAL (INPATIENT)	Coverage only at participating hospitals.
HYGIENE	No Coverage

SERVICES	PINELLAS COUNTY HEALTH PLAN (PCHP) COVERAGE
INFERTILITY	No Coverage
INFUSION THERAPY	<ul style="list-style-type: none"> • Authorization for infusion of fluids and antibiotics through contracted home health vendor. • Authorization for medical necessity at physician's office and network hospital only for other types of infusion such as chemotherapy.
LABORATORY	<ul style="list-style-type: none"> • Included with encounter rate for medical home. • Specialty network to use PinCHD contract with Lab Corp. No coverage for laboratory services provided at the specialty provider's office
MRI/CT/PET	<ul style="list-style-type: none"> • 1 per body part, annually. • Note: cervical, thoracic, lumbar and sacral spine are considered separate body parts.
NURSING HOME	No Coverage
OBSTETRICAL/FERTILITY	<p>No Coverage. Refer pregnant women to Department of Children and Families and community providers</p>
OCCUPATIONAL, PHYSICAL AND SPEECH THERAPY (OUTPATIENT)	Physical therapy, occupational therapy, and speech therapy have a combined limit of thirty (30) treatments per calendar year
ORGAN HARVESTING AND TRANSPLANTS	No Coverage
ORTHOPEDIC/NEURO SURGERY	<ul style="list-style-type: none"> • Limited coverage, focus on acute injuries, exacerbations or neurological deficits. • No spinal surgery for chronic issues. • Joint replacement on case by case basis. • See also Pain Management.
PAIN MANAGEMENT, ACUTE	<ul style="list-style-type: none"> • Covered for acute injury, dental, and pre and post surgical. • Prescription coverage for controlled substances including Tramadol is limited to short term events only.
PAIN MANAGEMENT, CHRONIC	<ul style="list-style-type: none"> • Chronic pain management is defined as 6 months or more in duration and is not covered; exception is current hematology/ oncology diagnosis/ treatment. • See above for controlled substance and Tramadol prescription coverage limitation. • No coverage for back surgeries unless acute injury or significant neurological deficit. • Trigger point and Synvisc injections are allowed for clients who have failed conservative management treatment plan, review required. • Maximum of 3 Epidural Steroid Injections in a 12 month period.
PHYSICAL THERAPY	See Occupational Therapy.
PRESCRIPTIONS	<ul style="list-style-type: none"> • Prescription coverage uses a generic based formulary with a contracted vendor • Brand name medications are typically obtained through a Prescription Assistance Program (PAP), locally administered through MedNet. http://www.healthcouncils.org/html/hc_mednet_benefits.html • Controlled substances prescriptions, including Tramadol, are restricted. See Pain Management.

SERVICES	PINELLAS COUNTY HEALTH PLAN (PCHP) COVERAGE
	<ul style="list-style-type: none"> • Oncology Medications <ul style="list-style-type: none"> ➤ Prescription Assistance Programs (PAP) will be used for: chemotherapy agents, other medications used to treat cancer cells as well as those medications to counteract the side effects of therapy, such as damage to bone marrow/blood cells, digestive and reproductive tract lining and hair follicles, nausea and vomiting. The PCHP Formulary does not include these medications and the Plan will not reimburse unless the PAP option is not available and must be pre-authorized through Utilization Management (UM). ➤ The PCHP will reimburse for injectable items such as normal saline, heparin sodium, diphenhydramine HCL, mannitol and selected generic medications.
PROSTHETICS	Limitations and exclusions exist, BayCare System vendor.
RADIOLOGY AND OTHER DIAGNOSTIC TESTING	<ul style="list-style-type: none"> • Authorize at participating network free standing facilities or hospital. • May be done at participating doctor's office if at same rate as free standing facility. • See MRI/CT/PET for limitations.
SCREENINGS(BREAST, CERVICAL, PROSTATE, COLORECTAL, BONE DENSITY ETC	Provided at medical home unless specialty imaging required; frequency based on national guidelines.
SECOND OPINIONS	No Coverage
SEXUAL DYSFUNCTION	No Coverage
SLEEP DISORDERS INCLUDING INSOMNIA AND OBSTRUCTIVE SLEEP APNEA	No Coverage
SPECIALTY CARE	Limitations and exclusions exist, asset test may be required.
SPEECH THERAPY	See Occupational Therapy
STERILIZATION PROCEDURE INCLUDING REVERSAL	No Coverage, refer to PinCHD (727) 462-MALE.
SURGICAL PROCEDURES	<ul style="list-style-type: none"> • Must be medically necessary and not for cosmetic purposes. Cosmetic surgery includes, but is not limited to: implants, augmentation, reduction, scar revision, hair transplants, lifts/stretches/injections, weight loss or reconstructive surgery • Repeat procedures (primary surgery/procedure failure) are not covered.
TEMPORO MANDIBULAR JOINT SYNDROME	No Coverage
TOTAL PARENTERAL NUTRITION	No Coverage
WOUND CARE	<ul style="list-style-type: none"> • Debridement of wounds can be authorized at physician's office or outpatient surgery at a network facility. • No hospital wound care centers should be authorized. • Hospital coverage for burns.

BEHAVIOR

Clients enrolled in the PCHP are expected to behave in a responsible and mature manner in all facilities, offices and pharmacies associated with the health plan. Before enrolling in the PCHP, all clients must sign the PCHP Behavior Agreement (last page of this handbook). This is an agreement to follow the behavioral expectations of this program. In addition, clients are expected to comply with all policies of their medical homes and may be dismissed from their medical home for non-compliance. **Eligibility will be rescinded immediately for clients who have committed fraud and are found ineligible for assistance.** Dismissed clients are allowed a 30 day grace period after the medical home dismissal to be seen on an emergency basis, when appropriate.

Examples of behaviors which may result in termination by PCHHS include:

- Rude, disruptive or abusive behavior in any health care related or county facility, including but not limited to medical, dental, laboratory or pharmaceutical
- Appearing to be under the influence of alcohol or drugs when receiving any service
- Failure to follow your provider's recommended plan of care
- Failure to inform your provider of any treatment or medications that others prescribe
- Repeated failure to keep scheduled appointments
- Abuse of medical identification card including misrepresentation to secure pharmaceutical drugs. Included in this category are attempts by a client to secure excessive or inappropriate amounts of controlled substances or other medications
- Any illegal activity that poses potential bodily harm to self or others

FRAUD

Fraud is defined as "intentional misrepresentation by an individual or entity which results in an unauthorized benefit." **Eligibility will be rescinded immediately for clients who have committed fraud and are found ineligible for assistance.** Dismissed clients are allowed a 30 day grace period after the medical home dismissal to be seen on an emergency basis, when appropriate. If you have any questions regarding fraud or if you wish to report an area of potential fraud, please call (727) 464-8419.

INCOME & OTHER COVERAGE

Other Coverage

Eligibility for Pinellas County Health Plan (PCHP) services will be rescinded at the end of the present month for those who qualify for other programs that provide medical coverage (e.g. Medicaid).

Over Income

Eligibility for PCHP services will be rescinded at the end of the following month for a client who receives income during an enrollment period which places the client over the income criteria

Over Asset

PCHP reserves the right to rescind eligibility for specialty and hospital services at the end of the following month for clients who are found to have assets in excess of program limits. Eligibility for PCHP primary care, prevention, behavioral health, pharmacy and dental services will not be rescinded.

DISMISSALS

All clients are responsible for providing their medical home with a valid address that can be used for communication purposes. The Pinellas County Department of Health and Human Services (PCHHS) is responsible for disenrolling clients from the PCHP.

A certified letter will be sent to the client informing him/her of the department's final decision and subsequent action. It is **NOT** essential that the letter include the reason for the departmental action, this is discretionary and dependent on the situation. The client will also be informed in the letter of his/her right to appeal.

- Disenrollment from PCHP is permanent, unless successfully appealed.
- Clients dismissed from PCHP may not receive any services, including prescription services.
- Clients dismissed from PCHP may not receive Mobile Medical Unit services

APPEALS

The Appeals Process is the first step in resolving a client's stated dissatisfaction with a department action regarding canceling eligibility. The appeals process is available to clients who are dismissed from the PCHP (as described above), or are found not eligible for PCHP by contracted medical home eligibility staff.

The hearing process is the second step and is initiated only if the appeal does not result in a decision favorable to the client and only if requested by the client. An appeal is defined as a verbal or written statement by a client to the Customer Service/QA/Fraud Team Leader. It must be received within 10 business days of the date the department action letter is sent to the client.

Note: Eligibility criteria is not appealable. The range and type of services provided under the Pinellas County Health Plan (PCHP) are not appealable.

QUESTIONS & CONCERNS

For general information about the Pinellas County Health Plan (PCHP), please call:

PCHP Information (South County).....727-582-7781
PCHP Information (North County).....727-464-8400

If you have questions or concerns about this program, please contact your medical home case manager first.

If your issue can not be resolved by your medical home case manager or his/ her supervisor, you may call the Customer Service Supervisor at (727) 464-8419. The Customer Service Supervisor will attempt to resolve any problems you may have. Your complaint will be reviewed and you will be notified of the decision in a reasonable amount of time.

MEDICAL HOME LOCATIONS

Pinellas County Health Department & Subcontractors

Willa Carson Health Resource Center

1108 N. M. L. King Avenue, Clearwater (727) 467-9411

Tarpon Springs Health Center

301 South Disston Avenue, Tarpon Springs, (727) 942-5457

Pinellas Park Health Center

6350 76th Avenue N., Pinellas Park (727) 547-7780

St. Petersburg Health Center

205 Dr. M. L. King Street N., St. Petersburg (727) 824-6900

Rajendara A. Karkare, MD, PA

10875 Park Blvd., Suite C & D, Seminole (727) 392-8500

Turley Family Care Center

807 Myrtle Avenue, Clearwater (727) 467-2400

Bestcare Family and Geriatric

1100 S. Fort Harrison Avenue, Clearwater (727) 365-9478

Professional Health Care of Pinellas, Inc

1839 Central Avenue, St. Petersburg (727) 322-1054

Community Health Centers of Pinellas, Inc.

Johnnie Ruth Clarke Health Center

1344 22nd St. S., St. Petersburg, FL, 33712, Tel. (727) 821-6701

Community Health Centers at Largo

12420 130th Ave. N., Largo, FL, 33774, Tel. (727) 587-7729

Community Health Centers at Tarpon Springs

247 S. Huey Avenue, Tarpon Springs, FL, 34689, Tel. (727) 944-3828

Community Health Centers at Pinellas Park

6237 66th Street, Pinellas Park, FL 33781, Tel. (727) 544-2284

Community Health Centers at Clearwater

1020 Lakeview Road, Clearwater, FL 33756, Tel. (727) 461-1439

WHERE DO I GET MY PRESCRIPTIONS FILLED?

NORTH COUNTY		
Pharmacy	Address	Phone
Sweetbay Pharmacy	1360 Tampa Road Palm Harbor, FL 34683	(727) 787-3925
Sweetbay Pharmacy	2460 East Bay Drive Largo, FL 33771	(727) 535-2636
Promise Pharmacy	31818 US Hwy 19 North Palm Harbor, FL 34684	(727) 772-0500
Tarpon Discount Drugs	742 South Pinellas Ave Tarpon Springs, FL 34689	(727) 934-3400
Savon Pharmacy (Albertsons)	10500 Ulmerton Road Largo, FL 33771	(727) 581-0440
Savon Pharmacy (Albertsons)	2170 Gulf to Bay Blvd Clearwater, FL 33765	(727) 441-8482
SOUTH COUNTY		
Pharmacy	Address	Phone
Sweetbay Pharmacy	4665 66th St. North Kenneth City, FL 33709	(727) 541-4649
Sweetbay Pharmacy	2139 34th St. North St. Pete, FL 33713	(727) 323-2911
Sweetbay Pharmacy	6851 Gulfport Blvd. South Pasadena, FL 33707	(727) 344-1471
Sweetbay Pharmacy	3327 MLK (9 th) St. North St. Pete, FL 33704	(727) 894-4282
Sweetbay Pharmacy	6095 9th Ave. North. St. Pete, FL 33710	(727) 384-4914
Sweetbay Pharmacy	7491 4th St. North. St. Pete, FL 33702	(727) 528-2123
Sweetbay Pharmacy	1734 22nd St. South St. Petersburg, FL 33712	(727) 823-2309
Garon Pharmacy	8000 4th St. North St Petersburg, FL 33702	(727) 577-3170
ASAP Pharmacy	8609 66th St. North, Suite C Pinellas Park, FL 33782	(727) 548-9170
Neighborly Care Pharmacy	330 5th St. North St. Petersburg, FL 33701	(727) 892-5781

PINELLAS COUNTY HEALTH PLAN BEHAVIOR CONTRACT

Primary care will be provided in your selected medical homes. The providers in your medical home will help you with all your basic health care needs. Screenings, lab work, and prescriptions are part of this basic care. These services are free. Specialty services are more advanced treatments that can not be done by your provider in your medical home. Some limited specialty services may be provided as part of this plan. However, there are many services the plan does not cover.

Emergency room services and transportation to the emergency room are not part of this plan. If you go to the emergency room, this plan will not pay for your visit. You may receive a bill for emergency room services.

If you do not use the labs as specified, you may receive a bill for laboratory services.

You may be asked to report your assets and sign a release of information form before you are able to get services outside your medical home.

Health care is an agreement between you and your provider. This means:

- You will keep your appointment, or call 24 hours in advance to reschedule
- You will respect your medical home staff; treat them politely and courteously at all times

Clients enrolled in PCHP are expected to behave in a responsible and mature manner in all facilities, offices and pharmacies associated with the health plan.

Examples of behaviors which may result in immediate termination from PCHP include:

- Rude, disruptive or abusive behavior in any health care related or county facility, including but not limited to medical, dental, laboratory or pharmaceutical
- Appearing to be under the influence of alcohol or drugs when receiving any service
- Failure to follow your provider's recommended plan of care
- Failure to inform your provider of any treatment or medications that others prescribe
- Repeated failure to keep scheduled appointments
- Abuse of medical identification card including misrepresentation to secure pharmaceutical drugs. Included in this category are attempts by a client to secure excessive or inappropriate amounts of controlled substances or other medications
- Any illegal activity that poses potential bodily harm to self or others

You must comply with the patient Rights and Responsibilities of your "Medical Home" as explained to you at enrollment. **You can only change medical homes once within an enrollment period. You can not receive services if you are 65 years old or older.**

I acknowledge that I am voluntarily disclosing my Social Security Number to Pinellas County and authorize use of that number as data to be entered into the County computer system for identification, according to Section 102-26, Pinellas County Code. The Pinellas County Department of Health and Human Services collects my Social Security number in order to process billing and payments on my behalf as a client of the Department. My Social Security number is also used as a unique numeric identifier and may be used for search purposes. This notice is provided pursuant to Section 119.071(50) Florida Statutes (2007).

Printed Name

Client Signature

Date