



# Pinellas County Health Program

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## Provider Handbook and Standard Operating Procedures

***Provided By***

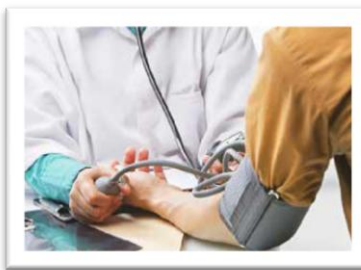
Pinellas County Human Services

***In Partnership with***

The Florida Department of Health in Pinellas County



**Updated October 2015**



# Pinellas County Health Program

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### **Pinellas County Health Program – An Overview**

The Pinellas County Health Program (PCHP) was established in 2008 by the Pinellas County Board of County Commissioners (Board) to provide quality, accessible and affordable health care services for eligible low-income, uninsured adult County residents. The Board's authority for assisting eligible citizens with medical assistances derives from Section 102.26 of the County Municipal Code, which states: "The Board of County Commissioners is hereby authorized and empowered to make rules and regulations for the administration of welfare funds establishing reasonable requirements to be met by persons applying for welfare benefits before they are entitled to receive such benefits." The Board has delegated the responsibility and authority to develop program policies and procedures to Pinellas County Human Services, the County department responsible for administering healthcare and social service programs and for connecting residents to services offered by community partners.

#### ***The Medical Home Model:***

In order to encourage and promote health and self-sufficiency, the PCHP promotes a disease management model of care through the use of medical homes. Medical homes provide each client with an ongoing relationship with a primary care provider who leads a healthcare team. The team is responsible for coordinating the client's health care needs and, when needed, arranges for care with other qualified physicians or specialists. The medical home team also emphasizes personalized care through open scheduling, expanded service hours and enhanced communication between clients, providers and staff. Care coordinators are available to help achieve the goals of continuity, health and self-sufficiency.

Pinellas County Human Services has contracted with the Florida Department of Health in Pinellas County (DOH-PINELLAS) for seven medical homes located throughout the County. In addition, primary care services are available through the Mobile Medical Unit (MMU), a full-service Federally Qualified Health Center providing Health Care for the Homeless. The MMU travels to various locations in Pinellas County according to an established schedule which is updated monthly and located at the following link:

<http://www.pinellascounty.org/humanservices/mobile-medical.htm>

#### ***Purpose of this Provider Handbook:***

This Provider Handbook outlines eligibility policies and standard operating procedures that govern the PCHP. The Handbook will be updated annually or as changes occur. Updates will be posted on the County website at the following link:

[http://www.pinellascounty.org/humanservices/health\\_providers.htm](http://www.pinellascounty.org/humanservices/health_providers.htm)

## Pinellas County Health Program

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### ***Health Program Eligibility***

Pinellas County Health Program (PCHP) eligibility is determined at the locations below:

Location	Address	Phone
St. Petersburg—County Office	647 1 <sup>st</sup> Ave. North St. Petersburg, FL 33701	(727) 582-7781
St. Petersburg—Health Dept.	205 Dr. MLK Jr. St. N St. Petersburg, 33701	(727) 824-6900
Clearwater-- County Office	2189 Cleveland St. , Suite 230 Clearwater, FL 33756	(727) 464-8400
Clearwater—Health Dept.	310 North Myrtle Ave. Clearwater, FL 33755	(727) 298-3589
Mid County-- Health Dept.	8751 Ulmerton Rd. Largo, FL 33771	(727) 524-4410
Pinellas Park—Health Dept.	6350 76th Ave. N Pinellas Park, FL 33781	(727) 545-7560
Tarpon Springs—Health Dept.	301 S. Disston Ave., Tarpon Springs, FL 34689	(727) 942-5457
Mobile Medical Unit	Various locations	(727) 432-4763

### **Eligibility Criteria:**

To be eligible for the PCHP/ MMU, clients must provide evidence that they meet the following criteria:

- Reside in Pinellas County (not residing in a correctional facility such as Pinellas County Jail).
- Be aged 18 to 64, inclusive, or an emancipated minor
- Be uninsured and not eligible for other public health insurance or medical programs. If a full-time student (≥9 credit hours or school's definition of full time), applicant must NOT be eligible for health insurance through school.
- Be a U.S. citizen, legal non-sponsored resident alien, refugee, or asylum seeker
- Be homeless or formerly homeless (Mobile Medical Unit ONLY)
- Meet County income and asset guidelines (see below). Monthly income must be at or below established County income limits, currently 100% of current year federal poverty guidelines for PCHP; 200% of Federal Poverty Guidelines for MMU. Income Guidelines are found on the County website at :  
<http://www.pinellascounty.org/humanservices/medical-home.htm>

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Eligibility is certified by HS annually based upon the date of the person's initial PCHP enrollment.

**Providers should check a client's enrollment status frequently (e.g., PCHP Full or MMU) as eligibility may change over time.**

To verify eligibility, contracted health providers should contact [pchpsupport@pinellascounty.org](mailto:pchpsupport@pinellascounty.org) to obtain access to the Community Module of the County's health database (CHEDAS) or complete the Access Authorization Form (Appendix IV).

**Providers are asked to remind clients to complete the PCHP recertification process in the last month of eligibility so as to maintain their eligibility.**

### **Fees (MMU ONLY)**

Medical services will be provided to all eligible PCHP/ MMU clients regardless of ability to pay. Clients with income below 100% of the Federal Poverty Level will pay no fee.

MMU clients with family incomes between 101 and 200 percent of the Federal Office of Management and Budget poverty guidelines shall be charged a fee on a sliding scale based on family size and income using the current year [Federal Poverty Level schedule](#).

### **Coordination of Benefits**

The County is the payer of last resort. Should a procedure or treatment be available through another source (i.e., Veterans Administration, Medicaid, Medicare, Social Security), the other potential payment source must be contacted for coordination of benefits/ payment prior to authorization with PCHP.

### ***Primary and Preventive Care in the Medical Home***

Through medical homes, qualifying individuals are eligible for clinical visits, basic laboratory services and tests, adult immunizations, electrocardiography and spirometry, wellness screening and prevention, healthy behavior, education and nutrition services, and dental services. Referral to a medical specialist may also be provided but must be pre-authorized.

Clients may be assigned to a case manager for to obtain assistance with transportation, housing or other concerns affecting them. Clients may also be enrolled in programs for chronic illnesses (i.e, diabetes or high blood pressure) and educational programs such as nutrition or smoking cessation classes.

The medical home provides basic laboratory services and tests including Clinical Laboratory Improvement Amendments (CLIA) waived tests, Complete Blood Count (CBC) with differential and platelets, Comprehensive Metabolic Profile, Lipid profile, Thyroid-stimulating hormone (TSH), Prostate-Specific Antigen (PSA), Hemoglobin A1C (HgbA1c), International Normalized Ration (INR), Urinalysis, Cervical Cytology Screening, and Fecal Immunochemical Test (FIT) or High Sensitivity Hemocult. Other laboratory services are provided via subcontract with a laboratory provider.

The following services are provided by the medical home/ MMU through subcontracted providers.

### **Specialty Laboratory**

Specialty laboratory and pathology services and tests not listed above, including those provided within the medical home, are considered specialty laboratory services. These services are provided through a subcontracted laboratory. The subcontracted specialty laboratory provider provides PCHP client data and reports as required by the County on a monthly and/or quarterly basis.

### **Behavioral Health**

The medical home provider provides behavioral health screening (mental health and substance abuse) to PCHP clients using the Behavioral Health Assessment Forms (see Appendix 1.) All new PCHP clients-- and established clients who may need services-- are screened by the medical home. The screening helps determine whether a referral to a subcontracted behavioral health provider is appropriate.

The subcontracted behavioral health provider is responsible for conducting comprehensive psychosocial assessments, developing treatment plans, providing counseling, submitting referrals to medical case reviews or psychiatric consultations, making referrals to community resources as needed, communicating with the referring physician via progress notes, and making referrals back to the medical home/ MMU for follow up care. The contracted provider may also request case consultation with primary care services teams. The behavioral health provider tracks clients referred by the PCHP/MMU and provides client data and reports required by the County according to the terms of their subcontract.

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### **Pharmacy and Prescription Assistance Program**

Pharmacy services are provided at no cost to PCHP/MMU clients through a County contract with Citizens RX, a pharmacy benefit management company. Citizens RX has a large pharmacy network of over 200 local retail pharmacies, including retail pharmacies operated by Winn Dixie, Walgreens, Publix, CVS, Target and many other independent pharmacies. For a full list of available pharmacies, please consult the link below.

[http://www.pinellascounty.org/humanservices/pdf/HS\\_Pharmacies.pdf](http://www.pinellascounty.org/humanservices/pdf/HS_Pharmacies.pdf)

Prescribed medications are limited to those medications and generic equivalents listed on the Pinellas County Health Program Pharmacy Formulary. The full list of medications on the formulary can be found at the link below. **(Please note: the Pharmacy Formulary changes from time to time and will be updated as changes occur.)**

[http://www.pinellascounty.org/humanservices/pdf/PCHP\\_Formulary.pdf](http://www.pinellascounty.org/humanservices/pdf/PCHP_Formulary.pdf)

1. County-funded pharmacy services are limited to a maximum of ten (10) medical prescriptions and five (5) non-medical prescriptions (e.g., supplies) per month with a 30 day or 90 day supply.
2. The generic equivalent form of the drug must be dispensed if available. If no generic equivalent exists, the brand name medication will be covered **if it is on the formulary**.
3. Brand medications not on the formulary must be pre-authorized.
4. Non-formulary medications prescribed during the time when a client is transitioning to free brand medications available through the Prescription Assistance Program (PAP) – MedNet- must be pre-authorized. Clients will be advised by physicians and by pharmacists to enroll in MedNet in order to continue receiving these medications. If clients are not enrolled in MedNet after three refills, they will be required to pay for these medications.
5. Temporary emergency authorization of necessary, non-formulary prescriptions may be authorized in life threatening situations. Proper justification must be submitted with the request to substantiate formulary exceptions. (See appendix page ix for Drug Exception Request Form.)
6. Many pharmacies offer discounted rates for some medications and/or free generic antibiotics and flu vaccines.
7. **PCHP does not provide medications for chronic pain management.** Prescriptions for controlled substances must be pre-authorized and will be covered only when written for acute injury /short-term pain relief, pre- or post-surgical events (neither to exceed 30 days), dental relief of pain, or for hematology-oncology clients.

Clients should be encouraged to enroll in the Prescription Assistance Program (PAP) for eligible medications, including those that are prescribed but not on the PCHP formulary such as brand medications for which no generic is available.. Eligible prescriptions are those medications provided by pharmaceutical manufacturers at no cost or discounted prices. The Medical Home provider is responsible for referring clients to the PAP for enrollment in order to receive eligible prescriptions.



### ***After Hours Access***

Clients needing medical care after 5 PM may call the After-Hours phone number to reach a physician at 727-824-6900. The client's Blue Card also includes the After-Hours phone number.

### ***Services Provided Outside the Medical Home***

#### **Medical Specialists and Specialty Care Services**

Clients must be enrolled in the PCHP/MMU, referred by the medical home/ MMU provider, and pre-approved in order to receive services from a specialist. All referrals for specialty services must be made to a contracted in-network provider. Referrals must be a medically necessary covered benefit as described in the PCHP Covered and Non-Covered Benefits, found on pages 19-26. Specialty care services that are not pre-approved but determined to be medically necessary will be assessed by the Medical Director on a case by case basis.

Management and oversight of contracted medical specialists is conducted by DOH-PINELLAS. Specialty health care services include audiology, cardiology, dermatology, endocrinology, gastroenterology, gynecology, hematology/oncology, infectious disease, nephrology, neurology, oncology, ophthalmology, orthopedics, oral surgery, physical medicine rehab, podiatry, pulmonology, radiation oncology, diagnostic radiology, rheumatology, urology and certain types of surgery. For general information and inquiries, please contact 727-824-6901.

Medical home primary care providers must request approval for specialty services. Using the most current contracted specialty care provider list from DOH-PINELLAS, the client and the medical home provider complete the specialty authorization request. While the PCHP does not cover second opinions or allow for re-assignment of specialist providers based on a client's preference, every effort is made to make referrals to specialists that are located within a reasonable distance of a client's home.

**Services not approved by DOH-PINELLAS will not be reimbursed.** In most cases, the client will be authorized for one (1) initial consultation visit with the specialist. Additional visits may be approved on a case by case basis.

#### **The Medical Home/MMU provider must:**

1. Request approval for specialty care services to be provided to the client.
2. Contact clients regarding approved or denied specialty care referrals.
3. Coordinate specialty care services with the approved specialists by faxing authorizations for approved referrals.
4. Provide referrals to specialists with the appropriate documentation.
5. Coordinate with the specialist for follow up care after the specialty care services are completed.
6. Submit additional referrals for approval if the need for an additional type of specialty care is identified. If the additional authorization request is approved, the medical home provider will contact the client instructing him/her to schedule an appointment with the approved specialist.

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### **The Specialty Care Provider must:**

1. Have a contract with DOH-PINELLAS for the PCHP.
2. Notify the DOH-PINELLAS of any changes in the specialty practice, including new physicians, new Tax ID, new name, new address or additional locations, etc. by completing the Provider Contact Information form (Appendix 5) and mailing it to DOH-PINELLAS at 205 Dr. Martin Luther King Jr. St. N., St. Petersburg, Florida 33701.
3. Schedule and provide only those services authorized by DOH-PINELLAS. Services that are not authorized but deemed necessary by the specialty provider will be assessed by DOH-PINELLAS on a case by case basis.
4. Perform approved consultation visit for eligible clients. Provider shall use additional contracted providers if necessary and justified (i.e., contracted pathologists for biopsy specimens).
5. Fax all medical reports to (727) 820-4249 in a timely manner, as follows: 1) for Routine follow-ups within 3-5 business days and 2) For Urgent care, within 1-2 business days.
6. **Agree not to hold the client responsible for payment or balance bill.**
7. Confer with and maintain communication with the referring medical home provider.
8. Inform DOH-PINELLAS within three (3) business days of any clients who fail to comply with behavioral expectations, including inappropriate no shows or clients who are discharged from the provider's practice.
9. If the need for an additional type of specialty care is identified, submit consultation reports to the DOH-PINELLAS so that additional referrals can be made and authorized.
10. Submit claims on CMS 1500 forms within 90 days/120 days from the date of service, and include the client authorization ID and the provider NPI number. Claims should be mailed to:  
Florida Department of Health, Pinellas County  
Finance 4<sup>th</sup> Floor, Accounts Receivable  
205 Dr. Martin Luther King Jr. St. N.,  
St. Petersburg FL 33701.  
Phone: 727-820-4221
11. Provide all services consistent with the covered benefits as outlined in the PCHP Provider Handbook.

**Incomplete referrals or unauthorized referrals to specialists will be denied.**

### **Ancillary Care: Services Provided in Contracted Hospitals**

Ancillary providers serve PCHP/ MMU participants while they are hospitalized, as these services are not covered by County hospital agreements. Ancillary specialty services include radiology treatment, anesthesia, laboratory, pathology and hospitalist services provided in hospitals. Management and oversight of ancillary specialty care providers is conducted by DOH-PINELLAS.

**In order for the DOH-PINELLAS to pay for ancillary services in participating hospitals, these providers must have contract agreements with DOH-PINELLAS.**

If PCHP clients are hospitalized in a non-participating hospital (no agreement with the County) facility and emergency care given by contracted ancillary providers may be considered for payment by the Medical Director on a case by case basis.

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Pre-approval is not required for ancillary services when they are provided during the course of an approved procedure or hospitalization in a **contracted** hospital. However, supporting documentation must accompany the CMS 1500 claim in order for the claim to be paid.

### **Ancillary Care: Home Health and Durable Medical Equipment**

Pinellas County currently has an agreement with BayCare Home Care, Inc. for the provision of services to eligible PCHP/ MMU participants including durable medical equipment, home health care, oxygen, infusion therapy, in-home physical, occupational and speech therapy. Physical, occupational and speech therapy have a combined limit of thirty (30) treatments in any twelve (12) month period. Medical social workers and home health aides are not covered.

To obtain authorization for DME or Home Health services:

1. Medical home or specialty care staff will gather information needed for orders and fax to BayCare Home Care Central Intake at (727) 394-6575.
2. BayCare staff will retrieve and review the referral information. If additional information or clarification is needed, they will contact the medical home or specialty provider staff directly to receive the appropriate information/documentation. If the referral is from a hospital, BayCare Home Care Central Intake will notify the hospital for any missing information needed to process the referral.
3. BayCare Home Care staff will verify client enrollment with CHEDAS.
4. Upon receipt of complete and correct information related to discharge orders, BayCare Central Intake staff will forward the request to appropriate BayCare Home Care staff who will fulfill the request.
5. Questions relating to this process or the status of referrals can be made directly to BayCare Home Care Central Intake at (727) 394-6575 (press option #3 to bypass the recording).

**Note: BayCare Home Care verifies PCHP eligibility of all patients on a monthly basis.**

### ***Hospital Services***

Pinellas County Human Services currently has agreements with six hospitals for services to PCHP/ MMU participants: Bayfront HMA, St. Anthony's, Morton Plant, Mease Dunedin, Mease Countryside, and Florida Hospital North (Tarpon). See page 16 for contact information for these hospitals. Hospital services include the following:

1. Coordination of outpatient ambulatory surgical center procedures, including diagnostic imaging, pathology, anesthesiology and other ancillary services related to outpatient procedures.
2. Provision and/or coordination of inpatient procedures including pharmacy, medical/surgical supplies, pathology, anesthesiology, diagnostic imaging, and other ancillary services.
3. Provision of inpatient services and outpatient services.
4. Provision of patient rehabilitation services for approved admissions.

**Emergency room visits are not covered by the Pinellas County Health Program.** Services provided in Emergency Observation may be covered with adequate supporting documentation.

**Hospital services must be provided by the hospitals that have signed agreements with Pinellas County.** Pre-approval is not required for hospital services. However, in order for the County to pay for hospital services, supporting documentation must be submitted with the claim form (CMS 1500).

#### **The Hospital must:**

1. Cooperate with HS staff to enroll potential clients who appear eligible for PCHP based on financial screening done at the hospital sites.
2. Provide services consistent with Interqual standards.
3. Obtain a release of information from the client and provide discharge summaries to the Medical Home/ MMU by mail. For clients who have not been assigned a medical home, hospitals will send discharge summaries to the County Medical Director at 205 Dr. Martin Luther King Jr. St. N., St. Petersburg, FL 33701.
4. Implement processes for discharge follow-up and patient tracking in order to assure appropriate communication and continuity of care between the hospital and the client's primary care medical home or the Mobile Medical Unit.

#### **The Medical Home / MMU provider must:**

1. Work with hospitals to implement processes for discharge follow-up and patient tracking in order to assure appropriate communication and continuity of care between the hospital and the client's primary care medical home or the mobile medical unit.

### **Medical Home Dismissal and Disenrollment**

All PCHP/ MMU clients are informed about their role and the expectations of the PCHP, including complying with all the policies of the medical home/ MMU. Clients are required to sign a Behavior Contract ([see Appendix 6](#)) upon enrollment. Clients may be dismissed from their medical home for non-compliance with the Behavior Contract. Pinellas County Human Services (HS) is responsible for disenrolling participants from PCHP.

#### ***Dismissal by the Medical Home***

Medical homes are responsible for informing clients of dismissal policies, and clients are also informed upon enrollment. The medical home shall have the authority to dismiss clients who violate these policies.

Dismissed clients are allowed a thirty day grace period after the medical home dismissal to be seen on an emergency basis, when appropriate.

The medical home must notify the HS Customer Service Liaison within one business day when a PCHP/ MMU client is dismissed from the medical home.

#### ***Dismissal & Disenrollment for Behavior Outside the Medical Home***

Pinellas County reserves the right to dismiss or disenroll clients from the PCHP for inappropriate behavior outside of the medical home including, but not limited to, County offices (including outreach office sites), specialty care provider offices, pharmacies, hospitals, or other health care settings.

2. Disenrollment from PCHP is permanent, unless successfully appealed.
3. Clients dismissed from PCHP may not receive any services, including prescription services.
4. Clients dismissed from PCHP may not receive Mobile Medical Unit services.
5. Eligibility for PCHP services is rescinded immediately upon dismissal from PCHP. The Medical Director may postpone the dismissal date for non medical home services based on extenuating circumstances.

#### ***Right of Appeal***

The appeals process is the first step in resolving a client's dissatisfaction with an action regarding PCHP eligibility. An appeal is defined as a verbal or written statement by a client to the Customer Service Liaison. The appeals process is also available to clients who are disenrolled or otherwise sanctioned as described above. The hearing process is the second step to the appeals process. It is initiated only if the appeal does not result in a decision agreeable to the client and only if requested by the client.

**Note: Eligibility criteria may not be appealed. The range and type of services provided under the Pinellas County Health Program may not be appealed.**

### ***Client Issues & Provider Requests for Reconsideration of Non-Covered Services***

Client concerns regarding the Pinellas County Health Program should be directed to County Customer Service Liaison at 727-582-7533.

Providers may request that a service decision be reconsidered. In order to make a request, please complete the PCHP Request for Reconsideration of Denied Medical or Pharmaceutical Service (Appendix 3) and fax it to 727-582-7884 to file a Reconsideration request.

### **Provider Reporting and Documentation**

Pinellas County Human Services has developed performance metrics and reports to monitor and evaluate client and provider utilization and outcome data. For any services that are subcontracted by PCHP/MMU providers, the subcontracted entity is responsible for ensuring that the required documentation is provided on a monthly, quarterly, or annual basis according to the terms of their subcontract.

#### ***Invoices***

Health care providers shall provide claims in an approved format on a monthly or quarterly basis according to the terms of their agreement. Invoices or claims must include supporting documentation, including the client authorization ID and the provider NPI number, and must be submitted prior to reimbursement for services.

Specialty Providers must provide claims on CMS 1500 forms and mail them to DOH-PINELLAS at  
205 Dr. Martin Luther King Jr. St. N.  
Finance 4<sup>th</sup> Floor  
Accounts Receivable  
St. Petersburg, Florida 33701

Providers must maintain financial and accounting records (including electronic storage media), all original invoices, and any other documentation to support submitted claims for a minimum of seven (7) years from the date of service.

#### ***Monthly Reports***

On a monthly basis, providers shall submit reports of cumulative data as required under the terms of their agreement utilizing the format established by the County. For PCHP, these data include client-specific data elements as outlined in the Detailed Client Report (Appendix VII).

#### ***Quarterly Reports***

On a quarterly basis, providers shall submit reports as required under the terms of their agreement with the County utilizing the format established by the County. For PCHP, these data include client-specific data elements delivered in the Florida Agency for Health Care Administration (AHCA) standard format (hospitals) and HEDIS Measures (Appendix VIII).

### **Case Management**

Medical Home Providers may be requested to participate in case management meetings from time to time with the County to review ongoing concerns such as client missed appointments. In addition, providers shall participate in additional meetings from time to time as needed to ensure the goals and initiatives of the PCHP and MMU are being met.

Specialty Care providers may also be requested to participate in case management meetings from time to time to ensure proper care for clients referred to them. Specialty care providers are also expected to confer with and maintain communication with the Medical Home provider throughout the course of treatment of clients referred to them from the Pinellas County Health Program or the Mobile Medical Unit.

### **Coordination of Services and Collaboration**

All health care providers agree to work with the County, other agencies, funders and community stakeholders to coordinate across agencies and systems, to collaborate to maximize scarce resources, to reduce duplication, to fill service gaps and to constantly improve service delivery. From time to time, either the providers and/or the County may identify cost savings or outcome improving initiatives through the analysis of operational data, and may propose changes and processes that lead to improvements.

### **PCHP Contact Information**

For more information about the Pinellas County Health Program, please use the following directory. Please note, this list is for **PROVIDER USE ONLY**. Please refer all client concerns to their assigned Health Services Case Manager or the PCHP Customer Service Liaison at (727) 582-7533. If the client does not know who their Case Manager is, they should call (727) 464-8400 in Clearwater or (727) 582-7781 in St. Petersburg.

#### ***Health Services Program Administrator***

Daisy Rodriguez.....727-464-4206

#### ***Medical Director***

Chitra Ravindra, MD.....727-824-6952

#### ***Customer Service Liaison***

Judi Anderson.....727-582-7533

#### ***Specialty Care***

General Information and Inquiries .....727-824-6901 (x4701)

#### ***Pharmacy Program***

Yvonne Gomez .....727-824-6900 (x4204)



## Pinellas County Health Program

### PCHP Medical Home Locations

Location	Address	Phone Number	Fax
St. Petersburg Health Center	205 Dr. MLK Jr. St. N St. Petersburg, 33701	(727) 824-6900 x4606	(727) 820-7285
Pinellas Park Health Center	6350 76th Ave. N Pinellas Park, FL 33781	(727) 547-7780 x7107	(727) 545-7560
Clearwater Health Center	310 North Myrtle Ave. Clearwater, FL 33755	(727) 469-5800 x5147	(727) 298-3589
Mid County Health Center	8751 Ulmerton Rd. Largo, FL 33771	(727) 524-4410 x7630	(727) 507-4348
Tarpon Springs Health Center	301 South Disston Avenue Tarpon Springs, FL 34689	(727) 942-5457	(727) 942-5467
Safe Harbor Clinic	14840 49 <sup>th</sup> Street N. Clearwater, FL 33760	(727) 453-7869	(727) 453-3541
Turley Family Health Center	807 N. Myrtle Avenue Clearwater, FL 33755	(727) 467-2400	(727) 467-2471

### Mobile Medical Unit:

Location	Address	Phone Number	Fax
Various sites throughout Pinellas County. See link for more information: <a href="http://www.pinellascounty.org/humanservices/mobile-medical.htm">http://www.pinellascounty.org/humanservices/mobile-medical.htm</a>	205 Dr. Martin Luther King Jr. Street North St. Petersburg, FL 33701	(727) 432-4763	(727) 453-3541

### PCHP Contracted Hospitals:

Location	Address	Phone Number	Fax
Mease Countryside Hospital	3231 N. McMullen-Booth Rd. Safety Harbor, FL 34695	(727) 725-6111	(727) 725-6186
Mease Dunedin Hospital	601 Main Street Dunedin, FL 34698	(727) 733-1111	(727) 734-6887
Morton Plant Hospital	300 Pinellas Street Clearwater, FL 33756	(727) 462-7000	
St. Anthony's Hospital	1200 7 <sup>th</sup> Ave. N. St. Petersburg, FL 33705	(727) 825-1100	(727) 825-1230
Bayfront HMA Health Center	701 6 <sup>th</sup> Street S. St. Petersburg, FL 33701	(727) 823-1234	
Florida Hospital North Pinellas	1395 S Pinellas Ave. Tarpon Springs, FL 34689	(727) 942-5000	

## PCHP Covered & Non-Covered Services

SERVICES	PINELLAS COUNTY HEALTH PROGRAM COVERED and NON-COVERED SERVICES
GENERAL MEDICAL BENEFITS:	<p>Primary care, wellness and prevention to include clinical visits, basic laboratory services and tests, adult immunizations, electrocardiography (EKG) and/or spirometry, wellness screening and prevention, healthy behavior education and nutrition services.</p> <p>Members do not pay a premium or co-pay.</p> <p>Coverage includes services provided in Pinellas County only.</p>
ABORTIONS	No Coverage
ACUPUNCTURE, BIOFEEDBACK, CHELATION THRAPPY, CHIROPRACTIC, HYPNOTISM, HERBAL THERAPY, MASSAGE	No Coverage
AMBULATORY SURGERY CENTERS	Procedures must be pre-approved; available only at hospital facilities or ambulatory centers that have a contract and are participating in PCHP.
BEHAVIORAL HEALTH, INCLUDING PSYCHIATRIC CARE, ALCOHOL & SUBSTANCE ABUSE TREATMENT	Screening and referral (if indicated) to subcontracted community behavioral health providers.

## PCHP Covered & Non-Covered Services

SERVICES	PINELLAS COUNTY HEALTH PROGRAM COVERED and NON-COVERED SERVICES
<p>CANCER TREATMENT*</p> <p><b>* Cancer treatment regimen including number of treatments must be pre-approved before starting cancer therapy.</b></p>	<p>Cancer treatment is covered for primary site only.</p> <p>Once metastasis is diagnosed and confirmed, clients are treated and referred to case managers for enrollment in Medicaid. Once Medicaid is confirmed, care is transitioned to Medicaid as payor.</p> <p>No coverage for secondary site or recurrence.</p> <p>The initial chemotherapy dose may be approved and subsequent chemo/ follow up shall be provided by the Prescription Assistance Program (PAP). The Prescription Assistance Program (PAP) will be used for chemotherapy agents, for other medications used to treat cancer cells, and for medications to counteract the side effects of chemotherapy, such as damage to bone marrow/blood cells, digestive and reproductive tract lining and hair follicles, nausea and vomiting.</p> <p>The PCHP Formulary does not include these medications and the PCHP will not reimburse unless the medication is not available from the PAP.</p> <p><b>All cancer medications must be pre-authorized.</b></p> <p>PCHP will reimburse for injectable items such as normal saline, heparin sodium, diphenhydramine HCL, mannitol and selected supporting and generic medications.</p>
CARDIAC REHABILITATION	Coverage must be deemed medically necessary care by a specialty or medical home physician. Authorized only at PCHP contracted (participating) physician offices or hospitals.
CARDIAC DIAGNOSTIC TESTING	The medical homes provide onsite EKG. Other testing must be pre-authorized and may be approved on a case-by-case basis.
CARPAL OR TARSAL TUNNEL SURGERY	No Coverage
CIRCUMCISIONS	Medically Necessary Only. Must be pre-authorized.
DENTAL	<p>Dental services may include dental exam, x-ray, extraction, restoration, dentures and prescriptions.</p> <p>Oral Surgery must be pre-authorized and provided by the PCHP contracted oral surgery provider.</p>
DIALYSIS	No Coverage

## PCHP Covered & Non-Covered Services

SERVICES	PINELLAS COUNTY HEALTH PROGRAM COVERED and NON-COVERED SERVICES
DURABLE MEDICAL EQUIPMENT	Limitations and exclusions exist. Contact contracted vendor (BayCare Home Care) at (727) 394-6575
EMERGENCY ROOM	No Coverage
EATING DISORDER TREATMENT	No Coverage
EXPERIMENTAL DRUGS/THERAPY/PROCEDURES	No Coverage
EYE CARE	<p>Vision screening is covered.</p> <p>Diabetic members may be authorized for annual eye exams.</p> <p>All other eye care services shall be limited to eye injuries and medically related vision problems such as diabetic retinopathy, hypertensive retinopathy, glaucoma, eye injuries, or complex cataracts. After initial screening, the provider must submit a plan for further treatment (surgery or intravitreal injections, etc.) for pre-approval.</p> <p><b>Unclassified injection medications are not covered.</b></p> <p><b>Simple cataract and nonspecific vision problems are not covered.</b></p> <p><b>Eyeglasses are not covered.</b></p>
FERTILITY	No coverage
FLU VACCINES AND OTHER ADULT IMMUNIZATIONS	Provided in medical home based on national guidelines
GENETIC COUNSELING AND TESTING	No Coverage
GENDER IDENTIFICATION DISORDERS (includes gender reassignment surgery and medication therapy)	No Coverage.
GYNECOLOGY	Provided via contract with a Specialty Care provider and must be pre-authorized.

## PCHP Covered & Non-Covered Services

SERVICES	PINELLAS COUNTY HEALTH PROGRAM COVERED and NON-COVERED SERVICES
HEARING CARE	Routine hearing exams are NOT covered; refer to Deaf Service CTR  Authorizations will be made only for medically related hearing problems such as ear infections or injuries to Ear, Nose and Throat.
HEPATITIS C	No Coverage
HOME HEALTH	Limitations and exclusions exist. Contact contracted provider. Contact BayCare Home Care at 727-394-6575 OR 800-673-4534
HOSPITAL (INPATIENT)	Coverage only at participating hospitals
HYGIENE	No Coverage
INFERTILITY	No Coverage
INFUSION THERAPY including TOTAL PARENTERAL NUTRITION	Pre-authorization needed for infusion of fluids and antibiotics through PCHP contracted vendor.  Pre-authorization needed for medical necessity at physician's office and contracted hospital only for other types of infusion such as chemotherapy.
LABORATORY	Basic labs covered and provided by medical home.  Specialty laboratory covered via (sub-contract with Quest Laboratories.  No coverage for laboratory services provided at the specialty provider's office. Exceptions may be approved on a case-by-case basis and must be pre-authorized.
MRI/CT/PET	MRI/CT/PET scans are considered separate imaging techniques.  One (1) MRI,CT, or PET scan per body part within a twelve (12) month period is covered.  Note: cervical, thoracic, lumbar and sacral spine are considered separate body parts.
NURSING HOME	No Coverage
OBSTETRICAL	Provided via referral to DOH-PINELLAS OB/Pre-Natal Clinic in Clearwater where eligibility for Medicaid is assessed. Services also provided by other Medicaid OB/Pre-Natal community providers.

## PCHP Covered & Non-Covered Services

SERVICES	PINELLAS COUNTY HEALTH PROGRAM COVERED and NON-COVERED SERVICES
OCCUPATIONAL, PHYSICAL AND SPEECH THERAPY (OUTPATIENT)	<p>Outpatient physical therapy, occupational therapy, and speech therapy have a combined limit of thirty (30) treatments in a twelve (12) month period.</p> <p>In-home therapy services are provided by contracted provider, Baycare Home Care at 727-394-6575.</p>
ORAL SURGERY	Must be pre-authorized and referred to the PCHP contracted oral surgery provider.
ORGAN HARVESTING AND TRANSPLANTS	No Coverage
ORTHOPEDIC/NEUROSURGERY	<p>See Pain Management. Limited coverage with a focus on acute injuries, exacerbations or neurological deficits.</p> <p>All spinal surgery for chronic issues and all joint replacement procedures must be pre-authorized; detailed pre-operative criteria include weight loss and other limitations. Tobacco product cessation for 60 days is required. <b>Note: Blood work will be required to document tobacco cessation prior to authorization.</b></p>
PAIN MANAGEMENT, ACUTE	<p>Covered for acute injury, dental, and pre- and post-surgical ONLY.</p> <p>Prescription coverage for controlled substances including Tramadol is limited to short term events ONLY.</p>

## PCHP Covered & Non-Covered Services

SERVICES	PINELLAS COUNTY HEALTH PROGRAM COVERED and NON-COVERED SERVICES
PAIN MANAGEMENT, CHRONIC	<p>Chronic pain management (defined as 6 months or more in duration) is NOT covered.</p> <p>Back surgeries are NOT covered unless related to an acute injury or significant neurological deficit.</p> <p>Other chronic orthopedic surgeries will be reviewed on a case by case basis; approval will be based on client's use/cessation of tobacco and alcohol and weight loss, if indicated.</p> <p>Pain management for hematology/ oncology diagnosis and treatment will be reviewed on a case by case basis and may be covered.</p> <p>Prescriptions for controlled substances including Tramadol will be covered only when written for acute injury /short-term pain relief, pre- or post-surgical events (neither to exceed 30 days), dental relief of pain, or hematology-oncology clients.</p> <p>Trigger point and Synvisc injections are allowed for clients who have failed conservative management treatment plan; prior review required.</p> <p>Maximum number of allowable steroid injections is 3 per 12 month period, with 3 month interval and with positive progress report. Note: Provider must document improvement or failure before additional injections will be approved.</p> <p>Hylagen injections must be obtained from the PAP program. PCHP will administer the medication only.</p>
PHYSICAL THERAPY	See Occupational Therapy.

## PCHP Covered & Non-Covered Services

SERVICES	PINELLAS COUNTY HEALTH PROGRAM COVERED and NON-COVERED SERVICES
PRESCRIPTION MEDICATIONS	<p>Prescription coverage is limited to the approved formulary. See link below for full list, which is updated from time to time.  <a href="http://www.pinellascounty.org/humanservices/medical-home.htm">http://www.pinellascounty.org/humanservices/medical-home.htm</a></p> <p>Prescriptions are limited to ten (10) medical prescriptions and five (5) non-medical prescriptions (i.e. supplies) per month with a 30 or 90 day supply.</p> <p><b>Prescriptions for controlled substances are NOT covered</b> unless written for acute injury /short-term pain relief or pre- or post-surgical events-neither to exceed 30 days- and for dental relief of pain or hematology-oncology clients.</p> <p>Brand name or non-covered medications must be obtained through MedNet, the Prescription Assistance Program (PAP). See link below for more information.  <a href="http://www.healthcouncils.org/html/hc_mednet_benefits.html">http://www.healthcouncils.org/html/hc_mednet_benefits.html</a></p> <p>MedNet is used for chemotherapy agents, other medications used to treat cancer cells, and medications to counteract the side effects of chemotherapy, 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 will NOT reimburse unless the PAP option is not available. All oncology medications must be pre-authorized.</p> <p>Injectable items such as normal saline, heparin sodium, diphenhydramine HCL, mannitol and selected generic medications are covered.</p>
PROSTHETICS and ORTHOTICS	<p>Limitations and exclusions exist. Contact BayCare Home Care at (727) 394-6575.</p>
RADIOLOGY AND OTHER DIAGNOSTIC TESTING	<p>Must be pre-authorized and provided at contracted facilities or hospitals.</p> <p>If pre-approved, may be provided at participating doctor's office if at same rate as free- standing facility.</p> <p>See MRI/CT/PET for other limitations on these tests.</p>



## PCHP Covered & Non-Covered Services

SERVICES	PINELLAS COUNTY HEALTH PROGRAM COVERED and NON-COVERED SERVICES
SCREENINGS (BREAST, CERVICAL, PROSTATE, COLORECTAL, BONE DENSITY, ETC.)	Provided at medical home, laboratory or imaging centers; frequency based on national guidelines.
SECOND OPINIONS	No Coverage
SEXUAL DYSFUNCTION	No Coverage
SLEEP DISORDERS INCLUDING INSOMNIA	No Coverage
SPEECH THERAPY	See Occupational Therapy
STERILIZATION PROCEDURE INCLUDING REVERSAL	No Coverage, refer to Department of Health-Pinellas at (727) 462-MALE.
SURGICAL PROCEDURES	<p>Must be medically necessary, not for cosmetic purposes. Cosmetic surgery that is not covered includes but is not limited to implants, augmentation, reduction, scar revision, hair transplants, lifts/stretches/injections, weight loss or reconstructive surgery.</p> <p><b>Repeat procedures are not covered.</b> Exceptions may be made on a case by case basis and must be pre-approved.</p> <p>Surgery post-op visits are covered in the Global period (90 days). Any visits after the global period must be pre-authorized.</p>
TEMPORO MANDIBULAR JOINT SYNDROME	No Coverage
WOUND CARE	<p>Debridement of wounds must be pre-authorized and must be provided at physician's office, outpatient surgery contracted facility or through home health provider. Hospital wound care centers may be authorized on case by case basis.</p> <p>Hospital care for burns is covered.</p>

## ***PCHP Specialty Care Providers***

**(EFFECTIVE 10-1-15; SUBJECT TO CHANGE)**

### ***Audiology Provider***

PROVIDER	PHONE	FAX	ADDRESS
THE AMERICAN INSTITUTE OF BALANCE	(727) 398-5728	(727) 398-4914	8200 BRYAN DAIRY RD, STE. 340 LARGO, FL 33777

### ***Cardiology Providers***

PROVIDER	PHONE	FAX	ADDRESS
BAYFRONT HMA PHYSICIAN MANAGEMENT LLC d/b/a BAYFRONT CARDIOVASCULAR ASSOCIATES	(727) 893-6234	(727) 553-7197	625 SIXTH AVE. SOUTH, STE 430 ST. PETERSBURG, FL 33701
MPM CARDIOLOGY SERVICES, LLC	(727) 724-8611	(727) 781-1315	646 VIRGINIA ST, STE 200 DUNEDIN, FL 34698
MPM CARDIOLOGY SERVICES, LLC	(727) 724-8611	(727) 781-1315	1840 MEASE DR, STE 200 SAFETY HARBOR, FL 34695
MPM CARDIOLOGY SERVICES, LLC	(727) 724-8611	(727) 781-1315	455 PINELLAS STREET, STE 330 CLEARWATER, FL 33756
BAY AREA HEART CENTER	(727) 544-1441	(727) 545-8263	5398 PARK STREET NORTH ST PETERSBURG, FL 33709
DHARAMRAJ, INC. d/b/a KENNETH DHARAMRAJ, MD	(727) 796-3966	(727) 796-3704	1831 N BELCHER RD, STE B-3 CLEARWATER, FL 33765
INTERVENTIONAL CARDIAC CONSULTANTS	(727) 784-6992	(727) 781-0413	3251 MCMULLEN BOOTH RD, STE 100 CLEARWATER, FL 33761
MPM DIAGNOSTIC CARDIOLOGY	(727) 754-9228	(727) 781-1315	300 PINELLAS STREET CLEARWATER, FL 33756
WEST FLORIDA CARDIOVASCULAR CENTER, INC.	(727) 786-1000	(727) 786-1055	2626 TAMPA ROAD, STE 204 PALM HARBOR, FL 34684
PEDIATRIX MEDICAL GROUP OF FLORIDA DBA PEDIATRIC CARDIOLOGY ASSOCIATES	(727) 374-9932	(727) 374-9950	840 DR. MLK JR. STREET N. SUITE 400 ST. PETERSBURG FL 33705

### ***Dermatology Providers***

PROVIDER	PHONE	FAX	ADDRESS
VIRGINIA SCHEKORRA, D.O.P.A d/b/a THE DERMATOLOGY CENTER	(727) 548-9196	(727) 545-4678	6020 PARK BLVD PINELLAS PARK, FL 33781
LEAVITT MEDICAL ASSOCIATES OF FLORIDA, INC. d/b/a ADVANCED DERMATOLOGY & COSMETIC SURGERY	(727) 393-5300	(727) 393-5301	8250 BRYAN DAIRY RD, STE 250 LARGO, FL 33777

## PCHP/MMU Specialty Care Providers

LEAVITT MEDICAL ASSOCIATES OF FLORIDA, INC. d/b/a ADVANCED DERMATOLOGY AND COSMETIC SURGERY	(727) 344-6851	(727) 345-4716	6450 38 <sup>TH</sup> AVE N ST PETERSBURG, FL 33710
LEAVITT MEDICAL ASSOCIATES OF FLORIDA, INC. d/b/a ADVANCED DERMATOLOGY AND COSMETIC SURGERY	(727) 259-7566	(727) 259-7567	1840 MEASE DR #313 SAFETY HARBOR, FL 34695
LEAVITT MEDICAL ASSOCIATES OF FLORIDA, INC. d/b/a ADVANCED DERMATOLOGY AND COSMETIC SURGERY	(727) 669-3676	(727) 669-3669	1801 N. BELCHER ROAD, SUITE B CLEARWATER, FL 33765

### *Endocrinology Providers*

PROVIDER	PHONE	FAX	ADDRESS
FLORIDA ENDOCRINOLOGY & DIABETES CENTER	(727) 216-8025	(727) 230-0693	8839 BRYAN DAIRY RD, STE 110 LARGO, FL 33777
FLORIDA ENDOCRINOLOGY & DIABETES CENTER	(727) 623-9913	(727) 803-6852	2763 1 <sup>ST</sup> AVENUE N. ST. PETERSBURG FL 33713
DIABETES CARE CENTER, INC.	(727) 450-1349	(727) 869-3688	2531 LANDMARK DR, BLD E, STE 104 CLEARWATER, FL 33761

### *Gastroenterology Providers*

PROVIDER	PHONE	FAX	ADDRESS
GASTROENTEROLOGY & ONCOLOGY ASSOC d/b/a FL DIGESTIVE SPECIALISTS	(727) 443-4299	(727) 443-0255	5767 49 <sup>TH</sup> STREET NORTH ST PETERSBURG, FL 33709
GASTROENTEROLOGY & ONCOLOGY ASSOC d/b/a FL DIGESTIVE SPECIALISTS	(727) 443-4299	(727) 443-0255	1417 S. BELCHER ROAD CLEARWATER, FL 33764
DIGESTIVE DISEASE AND CANCER INSTITUTE, P.A.	(727) 771-6135	(727) 771-2514	34653 U.S HIGHWAY 19 NORTH PALM HARBOR, FL 34684

### *Gynecology Providers*

PROVIDER	PHONE	FAX	ADDRESS
BAYFRONT HMA MEDICAL CENTER, LLC d/b/a BAYFRONT FAMILY HEALTH CENTER	(727) 893-6198	(727) 893-6978	700 SIXTH STREET SOUTH ST PETERSBURG, FL 33701

## PCHP/MMU Specialty Care Providers

### *Home Health/ Durable Medical Equipment*

PROVIDER	PHONE	FAX	ADDRESS
BAYCARE HOME CARE, INC.	(727) 394-6575 OR (800) 673-4534	(800) 676-3127	8452 118 <sup>TH</sup> AVENUE NORTH LARGO, FL 33733

### *Hematology/Oncology Providers*

PROVIDER	PHONE	FAX	ADDRESS
FLORIDA CANCER SPECIALISTS	(727) 397-9641	(727) 393-4194	8787 BRYAN DAIRY RD, STE 210 LARGO, FL 33777
FLORIDA CANCER SPECIALISTS	(727) 683-2900	(727) 683-2901	100 HIGHLAND AVE LARGO, FL 33770
FLORIDA CANCER SPECIALISTS	(727) 442-4188	(727) 446-3107	303 PINELLAS ST, STE 230 CLEARWATER, FL 33756
FLORIDA CANCER SPECIALISTS	(727) 784-6779	(727) 781-8910	3850 TAMPA RD, STE 202 PALM HARBOR, FL 34684
FLORIDA CANCER SPECIALISTS	(727) 821-0017	(727) 822-7473	1201 5 <sup>TH</sup> AVE N, STE 505 ST PETERSBURG, FL 33705
FLORIDA CANCER SPECIALISTS	(727)341-1316	(727)345-4000	1615 PASDADENA AVE S, STE 400 ST PETERSBURG, FL 33707
FLORIDA CANCER SPECIALISTS	(727) 216-1141	(727) 796-6159	3280 MCMULLEN BOOTH RD, ST 200 CLEARWATER, FL 33761
FLORIDA CANCER SPECIALISTS	(727) 447-8100	(727) 461-2603	303 PINELLAS ST, STE 330 CLEARWATER, FL 33756
FLORIDA CANCER SPECIALISTS	(727) 522-0558	(727) 521-3605	5767 48 <sup>TH</sup> STREET NORTH ST PETERSBURG, FL 33709
ANIL N. RAIKER, M.D., P.L.C. d/b/a PINELLAS CANCER CENTER	(727) 381-3761	(727) 347-9348	6499 38 <sup>TH</sup> AVENUE N, STE G1 ST PETERSBURG, FL 33710

### *Infectious Disease Providers*

PROVIDER	PHONE	FAX	ADDRESS
HELP- US HELP-U INC.	(727) 223-1070	(727) 290-4176	1701 22 <sup>ND</sup> STREET SOUTH ST. PETERSBURG, FL 33712
SUKSANONG & SUKSANONG, M.D., P.A.	(727)823-7224	(727)489-9486	1752 DR. MARTIN LUTHER KING JR. STREET NORTH ST. PETERSBURG, FL 33701
LOVE THE GOLDEN RULE INC. d/b/a LTGR	(727) 228-1650	(727) 954-6994	721 DR. MLK JR. STREET SOUTH ST. PETERSBURG, FL 33705

## PCHP/MMU Specialty Care Providers

### ***Nephrology Providers***

PROVIDER	PHONE	FAX	ADDRESS
ALAN LUSTIG, MD	(727) 821-2388	(727) 281-0078	1201 5 <sup>TH</sup> AVENUE NORTH, STE 302 ST. PETERSBURG, FL 33705
MICHEL SIEDLECKI, MD	(727) 821-2388	(727) 821-0079	1201 5 <sup>TH</sup> AVENUE NORTH, STE 302 ST. PETERSBURG, FL 33705
GERALD RIZZO, MD	(727) 821-2388	(727) 821-0087	201 5 <sup>TH</sup> AVENUE NORTH, STE 302 ST. PETERSBURG, FL 33705
NABILA NIAZ, MD, P.A.	(727) 821-2388	(727) 821-0087	1201 5 <sup>TH</sup> AVENUE NORTH, STE 302 ST. PETERSBURG, FL 33705
NEPHROLOGY CONSULTANTS OF PINELLAS, LLC	(727) 441-3724	(727) 442-2594	617 LAKEVIEW ROAD STE C CLEARWATER, FL 33756
RENAL HYPERTENSION CENTER	(727) 595-2704	(727) 596-6976	1301 2 <sup>ND</sup> AVE SW, STE 303 LARGO, FL 33770
RENAL HYPERTENSION CENTER	(727) 442-6245	(727) 447-3793	1124 LAKEVIEW RD, STE 3 CLEARWATER, FL 33756
RENAL HYPERTENSION CENTER	(727) 290-9899	(727) 290-9898	1201 FIFTH AVE. N., STE 308 ST. PETERSBURG FL 33705
RENAL HYPERTENSION CENTER	(727) 290-9899	(727) 290-9898	1700 66 <sup>TH</sup> STREET, STE 302 ST PETERSBURG, FL 33710
RENAL HYPERTENSION CENTER	(727) 712-0807	(727) 797-6973	29296 US HWY 19N, STE 3 CLEARWATER, FL 33761

### ***Neurology Providers***

PROVIDER	PHONE	FAX	ADDRESS
DAVID W MALKA, MD, P.A.	(727) 442-6463	(727) 781-7273	2595 TAMPA RD, STE J PALM HARBOR, 34684
WILLIAM HULLEY, D.O., P.A.	(727) 446-8226	(727) 446-8216	670 CLEARWATER LARGO ROAD LARGO, FL 33770
WEST COAST NEUROLOGY PA	(727) 528-2272	(727) 528-1437	4995 49 <sup>TH</sup> STREET NORTH ST PETERSBURG, FL 33709
NEUROLOGIC CARE CENTER	(727) 559-0808	(813) 886-3903	1890 WEST BAY DR, STE W-4 LARGO, FL 33770
NEUROINTERVENTIONAL ASSOCIATES, P.A.	(727) 289-7139	(727) 644-2709	335 31 <sup>ST</sup> STREET SOUTH ST PETERSBURG, FL 33712
NEUROSURGICAL ASSOCIATES OF TAMPA BAY	(727) 828-8400	(727) 828-8401	603 7 <sup>TH</sup> STREET NORTH SUITE 540 ST. PETERSBURG, FL 33701

## PCHP/MMU Specialty Care Providers

### ***Oncology Providers***

PROVIDER	PHONE	FAX	ADDRESS
BARDMOOR CANCER CENTER	(727) 320-0200	(727) 394-8934	8787 BRYAN DAIRY RD, STE 120 LARGO, FL 33777
ANIL N. RAIKER, M.D., P.L.C. d/b/a PINELLAS CANCER CENTER	(727) 381-3761	(727) 347-9348	6499 38 <sup>TH</sup> AVENUE N, STE G1 ST PETERSBURG, FL 33710
FLORIDA CANCER SPECIALISTS	(727) 397-9641	(727) 393-4194	8787 BRYAN DAIRY RD, STE 210 LARGO, FL 33777
FLORIDA CANCER SPECIALISTS	(727) 683-2900	(727) 683-2901	100 HIGHLAND AVE LARGO, FL 33770
FLORIDA CANCER SPECIALISTS	(727) 442-4188	(727) 446-3107	303 PINELLAS ST, STE 230 CLEARWATER, FL 33756
FLORIDA CANCER SPECIALISTS	(727) 784-6779	(727) 781-8910	3850 TAMPA RD, STE 202 PALM HARBOR, FL 34684
FLORIDA CANCER SPECIALISTS	(727) 821-0017	(727) 822-7473	1201 5TH AVE N, STE 505 ST PETERSBURG, FL 33705
FLORIDA CANCER SPECIALISTS	(727)341-1316	(727)345-4000	1615 PASDADENA AVE S, STE 400 ST PETERSBURG, FL 33707
FLORIDA CANCER SPECIALISTS	(727) 216-1141	(727) 796-6159	3280 MCMULLEN BOOTH RD, ST 200 CLEARWATER, FL 33761
FLORIDA CANCER SPECIALISTS	(727) 447-8100	(727) 461-2603	303 PINELLAS ST, STE 330 CLEARWATER, FL 33756
FLORIDA CANCER SPECIALISTS	(727) 522-0558	(727) 521-3605	5767 48TH STREET NORTH ST PETERSBURG, FL 33709

### ***Ophthalmology Providers***

PROVIDER	PHONE	FAX	ADDRESS
JAMES POWERS, DO, P.A d/b/a HEALTHY VISION INSTITUTE	(727) 738-5900	(727) 738-5740	603 7 <sup>TH</sup> STREET SOUTH, STE 330 ST PETERSBURG, FL 33071
JAMES POWERS, DO, P.A., d/b/a HEALTHY VISION INSTITUTE	(727) 738-5900	(727) 738-5740	2565 ENTERPRISE RD CLEARWATER, FL 33763
DON KNAPP II, MD	(727) 344-1407	(727) 344-1408	6499 38 <sup>TH</sup> AVE N, STE B1 ST PETERSBURG, FL 33710
LAZENBY & HEATH, M.D., P.A.	(727) 530-1425	(727) 535-9280	2770 EAST BAY DRIVE LARGO, FL 33771
ORLICK, BERGER, KASPER & PATEL	(727) 522-1115	(727) 522-0018	5800 49 <sup>TH</sup> ST NORTH, STE S-109 ST PETERSBURG, FL 33709
LEE SHETTLE, DO	(727) 674-2500	(727) 674-2550	13113 66 <sup>TH</sup> STREET N LARGO, FL 33773

## PCHP/MMU Specialty Care Providers

### *Ophthalmology-Glaucoma Provider*

PROVIDER	PHONE	FAX	ADDRESS
E. GEORGE ROSANELLI JR, MD	(727) 820-9542	(813) 878-2355	1955 FIRST AVE. N., STE 103 ST PETERSBURG, FL 33704
E. GEORGE ROSANELLI JR, MD	(727) 820-9543	(813) 878-2356	3002 EASTLAND BLVD, STE 1 CLEARWATER, FL 33761

### *Oral Surgery Provider*

PROVIDER	PHONE	FAX	ADDRESS
ORAL SURGERY SPECIALISTS, DR. BRUCE BERNSTEIN	(727) 323-5200	(727) 327-5919	4021 CENTRAL AVENUE ST. PETERSBURG, FL 33713

### *Orthopedic Providers*

PROVIDER	PHONE	FAX	ADDRESS
AMITABH GUPTA, M.D., P.A. d/b/a COASTAL ORTHOPEDIC & SPORTS MEDICINE	(727) 526-8000	(727) 521-2600	5800 49 <sup>TH</sup> ST N, STE 205 ST PETERSBURG, FL 33709
AMITABH GUPTA, M.D., P.A. d/b/a COASTAL ORTHOPEDIC & SPORTS MEDICINE	(727) 393-2732	(727) 521-2600	7895 SEMINOLE BLVD, STE 101 SEMINOLE, FL 33772
FLORIDA MUSCULOSKELETAL SURGICAL GROUP LLC d/b/a ALL FLORIDA ORTHOPAEDIC ASSOCIATES	(727) 527-5272	(727) 522-7412	4600 4TH ST N, ST PETERSBURG, FL 33703

### *Physical Medicine Rehab Providers*

PROVIDER	PHONE	FAX	ADDRESS
FARESE PHYSICAL THERAPY CENTER	(727) 381-5272	(727) 381-7195	3641 TYRONE BLVD ST PETERSBURG, FL 33710
FARESE PHYSICAL THERAPY CENTER	(727) 209-4545	(727) 209-4546	7005 4 <sup>TH</sup> STREET NORTH, STE 4 ST PETERSBURG, FL 33702
AMITABH GUPTA, M.D., P.A. d/b/a COASTAL ORTHOPEDIC & SPORTS MEDICINE	(727) 526-8000	(727) 521-2600	5800 49 <sup>TH</sup> ST N, STE 205 ST PETERSBURG, FL 33709
AMITABH GUPTA, M.D., P.A. d/b/a COASTAL ORTHOPEDIC & SPORTS MEDICINE	(727) 393-2732	(727) 521-2600	7895 SEMINOLE BLVD, STE 101 SEMINOLE, FL 33772

## PCHP/MMU Specialty Care Providers

### *Plastic Surgery Provider*

PROVIDER	PHONE	FAX	ADDRESS
BODY CONTOURING, INC.	(813) 489-6212	(813) 489-6214	2727 WEST DR. MARTIN LUTHER KING JR. BLVD, SUITE 500 TAMPA, FL 33607

### *Podiatry Providers*

PROVIDER	PHONE	FAX	ADDRESS
TOTAL FOOT CARE	(727) 527-1249	(727) 521-1240	7331 DR MLK STREET N ST PETERSBURG, FL 33702
FLORIDA MUSCULOSKELETAL SURGICAL GROUP LLC d/b/a ALL FLORIDA ORTHOPAEDIC	(727) 527-5272	(727) 522-7412	4600 4 <sup>TH</sup> STREET NORTH ST. PETERSBURG FL 33703
FLORIDA MUSCULOSKELETAL SURGICAL GROUP LLC d/b/a ALL FLORIDA ORTHOPAEDIC ASSOCIATES	(727) 398-6645	(727) 327-2170	9555 SEMINOLE BLVD., STE 104 SEMINOLE FL 33772
FLORIDA MUSCULOSKELETAL SURGICAL GROUP LLC d/b/a ALL FLORIDA ORTHOPAEDIC ASSOCIATES	(727) 321-4040	727) 327-2170	4423 CENTRAL AVENUE ST. PETERSBURG FL 33713

### *Pulmonology Providers*

PROVIDER	PHONE	FAX	ADDRESS
AMERICAN LUNG & SLEEP DISORDER CONSULTANTS	(727) 528-4900	(727) 528-8628	6223 66 STREET NORTH PINELLAS PARK, FL 33781
BERC SARAFIAN, MD FAACP	(727) 584-1344	(727) 584-7855	1920 WEST BAY DR, STE 6 LARGO, FL 33770
BAY AREA MEDICAL CENTER, P.A.	(727) 781-4299	(727) 781-5387	2595 TAMPA RD, STE S/T PALM HARBOR, FL 34684

### *Radiation Oncology Providers*

PROVIDER	PHONE	FAX	ADDRESS
FLORIDA CANCER SPECIALISTS	(727) 683-2900	(727) 683-2901	100 HIGHLAND AVE LARGO, FL 33770
FLORIDA CANCER SPECIALISTS	(727) 784-6779	(727) 781-8910	3850 TAMPA RD, STE 202 PALM HARBOR, FL 34684
FLORIDA CANCER SPECIALISTS	(727) 216-1141	(727) 796-6159	3280 MCMULLEN BOOTH RD, # 200 CLEARWATER, FL 33761



## PCHP/MMU Specialty Care Providers

PROVIDER	PHONE	FAX	ADDRESS
BARDMOOR CANCER CENTER	(727) 320-0200	(727) 394-8934	8787 BRYAN DAIRY RD, STE 120 LARGO, FL 33777
PINELLAS RADIATION ONCOLOGY ASSOCIATES	(727) 669-9018	(727) 669-4308	3155 N MCMULLEN BOOTH RD CLEARWATER, FL 33761
PINELLAS RADIATION ONCOLOGY ASSOCIATES	(727) 462-7220	(727) 461-8051	300 PINELLAS ST CLEARWATER, FL 33756
WELLSPRING CANCER CENTER	(727) 343-0600	(727) 329-5438	6600 66 <sup>TH</sup> ST N PINELLAS PARK, FL 33781
HENRY EARL COTMAN, MD, PA	(727) 344-5000	(727) 344-5005	6449 38 <sup>TH</sup> AVE N, STE C3-D3 ST PETERSBURG, FL 33710

### *Radiology, Diagnostic Providers*

PROVIDER	PHONE	FAX	ADDRESS
GATEWAY RADIOLOGY CONSULTANTS, P.A.	(727) 525-2121	(727) 526-5872	4800 PARK BLVD. PINELLAS PARK, FL 33781
GERALD NIEDZWIECKI M.D., P.A. d/b/a ADVANCED IMAGING & INTERVENTIONAL INSTITUTE	(727) 791-7300	(727) 723-9010	2730 N. MCMULLEN BOOTH ROAD STE 100 CLEARWATER, FL 33761
OPEN MRI OF PINELLAS, INC. d/b/a ADVANCED MEDICAL IMAGING	(727) 398-5999	(727) 231-0772	9555 SEMINOLE BLVD, STE 101 SEMINOLE, FL 33772
CENTRAL IMAGING OPEN MRI	(727) 381-4674	(727) 343-0424	6101 CENTRAL AVENUE ST PETERSBURG, FL 33710
SRAVENTURES, INC. d/b/a WESTCOAST RADIOLOGY	(727) 771-2795	(727) 450-2326	36463 US HWY 19 N PALM HARBOR, FL 34684
SRAVENTURES, INC. d/b/a WESTCOAST RADIOLOGY	(727) 446-6760	(727) 781-1310	501 SOUTH LINCOLN AVENUE CLEARWATER, FL 33756
SRAVENTURES, INC. d/b/a WESTCOAST RADIOLOGY	(727) 347-4674	(727) 344-0144	3451 66 <sup>TH</sup> ST N, STE B ST PETERSBURG, FL 33710
VYMED DIAGNOSTIC IMAGING d/b/a NATIONAL IMAGING SPECIALISTS	(727) 471-1000	(727) 471-2197	6600 66 <sup>TH</sup> ST, #B PINELLAS PARK, FL 33781
MRI ASSOCIATES OF PALM HARBOR d/b/a PALM HARBOR MRI	(727) 787-6900	(727) 787-1892	32615 US HWY 19 N, STE 4 PALM HARBOR, FL 34684
MRI ASSOCIATES OF ST. PETE d/b/a ST. PETE MRI	(727) 577-2220	(727) 577-7230	750 94 <sup>TH</sup> AVE NORTH, STE 206 ST PETERSBURG, FL 33702
ROSE RADIOLOGY CENTERS, INC.	(727) 781-3888	(727) 781-3881	4133 WOODLANDS PARKWAY PALM HARBOR, FL 34685
ROSE RADIOLOGY CENTERS, INC.	(727) 525-3800	(727) 525-0999	4551 4 <sup>TH</sup> STREET NORTH ST PETERSBURG, FL 33703
ROSE RADIOLOGY CENTERS, INC.	(727) 531-5444	(727) 531-1122	13787 S BELCHER RD, STE 300 LARGO, FL 33771

## PCHP/MMU Specialty Care Providers

TAMPA BAY IMAGING	(727) 545-9674	(727) 545-9454	7800 66 <sup>TH</sup> ST NO, STE 106 PINELLAS PARK, FL 33781
PINELLAS IMAGING CONSULTANTS, P.A.	(813) 899-6220		701 SIXTH STREET SOUTH ST. PETERSBURG FL 33701
FLORIDA MUSCULOSKELETAL SURGICAL GROUP LLC d/b/a ALL FLORIDA ORTHOPAEDIC ASSOCIATES	(727) 527-5272	(727) 456-4811	4600 4 <sup>TH</sup> STREET NORTH ST. PETERSBURG FL 33703
FLORIDA MUSCULOSKELETAL SURGICAL GROUP LLC d/b/a ALL FLORIDA ORTHOPAEDIC ASSOCIATES	(727) 398-6645	(727) 327-2170	9555 SEMINOLE BLVD., STE 104 SEMINOLE FL 33772
FLORIDA MUSCULOSKELETAL SURGICAL	(727) 527-5272	727) 522-7412	4423 CENTRAL AVENUE ST. PETERSBURG FL 33713
RADIOLOGY ASSOCIATES OF CLEARWATER, P.A.	(727) 441-3711		1106 DRUID ROAD SOUTH STE 302 CLEARWATER, FL 33756
RADIOLOGY ASSOCIATES OF ST. PETERSBURG, P.A.	(727) 825-1100		1200 SEVENTH AVE. NORTH ST. PETERSBURG, FL 33705
SHERIDAN RADIOLOGY SERVICES OF PINELLAS d/b/a PINELLAS RADIOLOGY ASSOCIATES	(800) 437-2672		1613 N. HARRISON PARKWAY, BLDG C STE 200 SUNRISE, FL 33323

### ***Rheumatology Provider***

PROVIDER	PHONE	FAX	ADDRESS
ANTONY G. SANKOORIAL, MD	(727) 797-7410	(727) 797-7411	2655 SR 580, STE 201 CLEARWATER, FL 33761

### ***Surgery (General) Provider***

PROVIDER	PHONE	FAX	ADDRESS
PINELLAS SURGICAL ASSOCIATES, INC.	(727) 526-3468	(727) 522-3369	4801 49 <sup>TH</sup> ST NORTH ST PETERSBURG, FL 33709

### ***Surgery (Vascular) Provider***

PROVIDER	PHONE	FAX	ADDRESS
BAY SURGICAL SPECIALISTS, P.A.	(727) 821-8101	(727) 825-1357	960 SEVENTH AVE. NORTH ST. PETERSBURG, FL 33701

### ***Surgery (Thoracic) Providers***

PROVIDER	PHONE	FAX	ADDRESS
BAYFRONT HMA PHYSICIAN MANAGEMENT, LLC	(727) 553-7450	(727) 553-7451 (727) 533-7421	603 SEVENTH STREET SOUTH STE 101 ST. PETERSBURG, FL 33701

## PCHP/MMU Specialty Care Providers

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### ***Surgery (Colo-Rectal) Providers***

PROVIDER	PHONE	FAX	ADDRESS
PINELLAS SURGICAL ASSOCIATES	(727) 526-3468	(727) 522-3369	4801 49 <sup>TH</sup> ST NORTH ST PETERSBURG, FL 33709

### ***Urology Providers***

PROVIDER	PHONE	FAX	ADDRESS
BAYSIDE UROLOGY	(727) 443-4505	(727) 441-9879	501 SO. LINCOLN AVE, STE 11 CLEARWATER, FL 33756
CHRISTOS POLITIS, M.D., P.A. d/b/a ST. PETE UROLOGY	(727) 822-9208	(727) 822-9211	830 CENTRAL AVENUE, SUITE 100 ST. PETERSBURG, FL 33701

### ***Pharmacy Locations***

Prescriptions for PCHP participants may be filled at over 200 local retail pharmacies. For a full list of pharmacies, please go to the following link:

[http://www.pinellascounty.org/humanservices/pdf/HS\\_Pharmacies.pdf](http://www.pinellascounty.org/humanservices/pdf/HS_Pharmacies.pdf)



## Appendix I: Pinellas County Health Program/MMU Behavioral Health Screening Form

Client Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Client phone/contact number \_\_\_\_\_

Please answer the following questions to the best of your ability. All answers will be kept private.

### I. PHQ-9 PATIENT HEALTH QUESTIONNAIRE

Over the last <b>2 weeks</b> , how often have you been bothered by any of the following problems? <i>Please circle your responses on the right.</i>	Not at all	Several days	More than half the time	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or over eating	0	1	2	3
6. Feeling bad about yourself or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking slowly that other people could have noticed. Or the opposite-being so fidgety or restless that you have been moving around a lot	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3
10. If you checked off <b>any</b> problems, how <b>difficult</b> have these problems made it for you to do your work, take care of things at home or get along with other people? <i>Please circle only one response.</i>				

Not difficult at all

Somewhat difficult

Very difficult

Extremely difficult

## Appendix I: Pinellas County Health Program: Behavioral Health Screening Form

### II. GAD-7 GENERAL ANXIETY QUESTIONNAIRE

Over the last <b>2 weeks</b> , how often have you been bothered by any of the following problems? <i>Please circle your responses on the right.</i>	Not at all	Several days	More than half the time	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

### III. MDQ – MOOD QUESTIONNAIRE

1. Has there ever been a period of time when you were not your usual self and....

... you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble? Yes No

... you were so irritable that you shouted at people or started fights or arguments? Yes No

... you felt much more self-confident than usual? Yes No

... you got much less sleep than usual and found you didn't really miss it? Yes No

... you were much more talkative or spoke much faster than usual? Yes No

... thoughts raced through your head or you couldn't slow your mind down? Yes No

... you were so easily distracted by things around you that you had trouble concentrating or staying on track? Yes No

... you had much more energy than usual? Yes No

... you were much more active or did many more things than usual? Yes No

## Appendix I: Pinellas County Health Program: Behavioral Health Screening Form

... you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	Yes	No	
... you were much more interested in sex than usual?	Yes	No	
... you did things that were usual for you or that other people might have thought were excessive, foolish or risky?	Yes	No	
... spending money got you or your family into trouble?	Yes	No	
2. If you checked <b>YES</b> to <b>more than one</b> of the above, have several of these ever happened during the same period of time?	Yes	No	
3. How much of a problem did any of these cause you – like being unable to work; having family, money or legal troubles; getting into arguments or fights? <i>Please circle only one response.</i>			
No problem	Minor problem	Moderate problem	Serious problem
4. Have any of your blood relatives (i.e. children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?	Yes	No	
5. Has a health professional ever told you that you have manic-depressive illness or bipolar disorder?	Yes	No	

### IV. SSI-SA SUBSTANCE USE QUESTIONNAIRE

The questions that follow are about your use of alcohol and other drugs. Mark the response that best fits for you. Answer the questions in terms of your experience in the **past 6 months**.

1. Have you used alcohol or other drugs? (Such as wine, beer, hard liquor, pot, coke, heroin or other opioids, uppers, downers, hallucinogens, or inhalants)	Yes	No
2. Have you felt that you use too much alcohol or other drugs?	Yes	No
3. Have you tried to cut down or quit drinking or using alcohol or other drugs?	Yes	No
4. Have you gone to anyone for help because of your drinking or drug use? (Such as Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, counselors or a drug treatment program)	Yes	No
5. Have you had any health problems? For example, have you...		
...had blackouts or other periods of memory loss?	Yes	No

**Appendix I: Pinellas County Health Program: Behavioral Health Screening Form**

...injured your head after drinking or using drugs?	Yes	No
...had convulsions, delirium tremens ("DTs")?	Yes	No
...had hepatitis or other liver problems?	Yes	No
...felt sick, shaky, or depressed when you stopped?	Yes	No
...felt "coke bugs" or a crawling feeling under the skin after you stopped using drugs?	Yes	No
...been injured after drinking or using?	Yes	No
...used needles to shoot drugs?	Yes	No
6. Has drinking or other drug use caused problems between you and your family or friends?	Yes	No
7. Has your drinking or other drug use caused problems at school or at work?	Yes	No
8. Have you been arrested or had other legal problems? (Such as bouncing bad checks, driving while intoxicated, theft, or drug possession)	Yes	No
9. Have you lost your temper or gotten into arguments or fights while drinking or using other drugs?	Yes	No
10. Are you needing to drink or use drugs more and more to get the effect you want?	Yes	No
11. Do you spend a lot of time thinking about or trying to get alcohol or other drugs?	Yes	No
12. When drinking or using drugs, are you more likely to do something you wouldn't normally do, such as break rules, break the law, sell things that are important to you, or have unprotected sex with someone?	Yes	No
13. Do you feel bad or guilty about your drinking or drug use?	Yes	No
14. Have you ever had a drinking or other drug problem?	Yes	No
15. Have any of your family members ever had a drinking or drug problem?	Yes	No
16. Do you feel that you have a drinking or drug problem now?	Yes	No



# Appendix I cont: Scoring Sheet for Behavioral Health Screening Form To Be Completed by Provider or Healthcare Professional

## I. **Depression: PHQ-9 PATIENT HEALTH QUESTIONNAIRE**

Instructions: Add scores per column for questions 1-9, then add total score. Do not score question 10.

- Scores of 0-4, no depression
- Scores of 5-9, mild depression
- Scores of 10-14, moderate depression
- Scores of 15-19, moderately severe depression
- Scores of 20-27, severe depression

**Total columns**

**Total score**

Not at all	Several days	More than half the time	Nearly every day

Scores between 5 and 9 can be safely treated in the medical home setting by a primary care provider.

Refer for scores of **10 or higher**.

Pay close attention to item 9, addressing suicidal thoughts. An answer of 3, "nearly every day", warrants a referral that should be classified as emergency and should receive a behavioral health assessment by the end of the business day.

## II. **Anxiety: GAD-7 GENERAL ANXIETY QUESTIONNAIRE**

Instructions: Add scores per column, then add total score.

- Scores of 0-4, minimal anxiety
- Scores of 5-9, mild anxiety
- Scores of 10-14, moderate anxiety
- Scores of 15-21, severe anxiety

**Total columns**

**Total score**

Not at all	Several days	More than half the time	Nearly every day

Refer for scores of **10 or higher**.

## III. **Bipolar Disorder: MDQ – MOOD QUESTIONNAIRE**

Instructions: Add scores for Question #1 (Yes=1, No=0).

A score of at least 7 is indicative of a possible bipolar spectrum disorder.

Consider the score in the context of a positive screen for depression on the PHQ-9 for purposes of treatment of bipolar depression. Refer if all the following criteria are met:

A score of **7 or higher** to Question 1 **AND** "Yes" to Question 2 **AND** "Moderate" or "Serious" to Question 3

**Total score Question 1**

Yes	No

## IV. **Drug and Alcohol Abuse: SUBSTANCE USE QUESTIONNAIRE**

Instructions: Add scores for all questions EXCEPT #1 and #15 (Yes=1, No=0). Questions 1 and 15 are not scored.

**Total score**

Yes	No

Refer for scores of **4 or higher**.

## V. **Thought Disorders**

Any suspicion that a clinician may have that a patient may have a thought disorder (auditory or visual hallucinations, delusions/fixed, unfounded, unrealistic, and peculiar beliefs, etc.) warrants a referral for behavioral health services, or at the very least a case conference between the behavioral health care manager and the Primary Care Provider or other designated medical staff.





**Appendix I cont.**  
**Behavioral Health Screening Referral Form**  
**To Be Completed by Provider or Healthcare Professional**

**Requesting Physician Information**

Requesting Physician: \_\_\_\_\_ Medical Home: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Ext: \_\_\_\_\_ Date: \_\_\_\_\_

**Client Information**

Client Label	-OR-
	Clients Name: _____
	DOB: _____ SS#: _____
	Phone #: _____

Please identify the appropriate behavioral health referral type for the above client, based on the total calculated scores for the answers reported on the behavioral health screening tools. **This form is to be given to the on-site behavioral health case manager, not the client.**

- ☐ **Emergency Referral:**
- Any instance in which the provider has reason to believe that the client is at very high risk of life-threatening, destructive, or disabling harm to self or others in the next 72 hours but is unsure about initiating the Baker Act. – OR –
  - Psychosis, only if there is reason to believe that the safety of self/others is at risk in the imminent future. – OR –
  - An answer of "3 – Nearly every day" to question 9 on the PHQ-9 tool.
- ☐ **Urgent Referral:**
- An answer of "2 – More than half the time" or "1 – Several days" to question 9 on the PHQ-9 tool. – OR –
  - A score of "severe depression" on the PHQ-9 (between 20 and 27) – OR –
  - A score of "severe anxiety" on the GAD-7 (between 15 and 21) warrant an urgent referral.
- ☐ **Routine Referral:**
- Anything else, including positive screenings for SSI-SA substance use and/or MDQ bipolar disorder.
  - Suspicions of psychosis: Any suspicion that a clinician may have that a patient may have a thought disorder – auditory or visual hallucinations, delusions/fixed, unfounded, unrealistic and peculiar beliefs, etc. (Unless there is reason to believe that the safety of self/others is at risk in the imminent future – these would be emergency referrals).

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
**Healthcare Professional Signature**

\_\_\_\_\_  
**Date**



## Appendix II: Drug Exception Request Form

From Pharmacy: \_\_\_\_\_ Phone#: \_\_\_\_\_ Fax : \_\_\_\_\_

Date Faxed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time Faxed \_\_\_\_\_AM /PM

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

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Client ID#: \_\_\_\_\_

Is this a Mobile Medical Client? \_\_\_\_ Yes \_\_\_\_ No

Name of person faxing request \_\_\_\_\_

MEDICATION	NDC#	PRESCRIBER NAME	REFILLS

Check box	Rejection Code – Why is this drug being rejected?
	Over narcotic limit of 2 prescriptions per 28 days or different drug being prescribed
	Member not active or not found
	Member DOB/Gender code incorrect
	Pharmacy input error / number dispensed / days supply
	Refill too soon or over maximum monthly supply
	Non-formulary drug / Non participating provider
	Cost of drug over max limit of \$500
	Still not able to process claim
	Change in direction
	DAW reject

Comments:

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This transmission may contain legally privileged confidential health information. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy the information after its use has been fulfilled. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.

**FAX TO ATTENTION: PHARMACY PROGRAM**  
**Phone: (727) 824-6900x4204 Fax: (727) 582-7884**



### Appendix III: Request for Reconsideration of Denied Medical or Pharmaceutical Service Form

All information must be filled in completely by the requesting physician.

Undecipherable requests will be returned to sender.

**All Information should be faxed to Department of Health in Pinellas County at 727-**

Date of Reconsideration: \_\_\_\_/\_\_\_\_/\_\_\_\_

Client Name

Client Social Security Number

TO: MEDICAL SERVICES RECONSIDERATION UNIT

**Type of Service:**

☐ Medical Service, including Specialty care

☐ Pharmaceutical Services: I hereby request reconsideration for the following specific service(s): \_\_\_\_\_

Because: \_\_\_\_\_

**\*\*Requests for reconsideration MUST be accompanied by appropriate documentation (progress notes, results of lab work and/or x-rays, evidence of prior treatment, etc). All requests for exception will be adjudicated by Department of Health in Pinellas County within 30 days from receipt of request. You will be notified by fax of decision.**

**Note:** DOH maintains ultimate responsibility for providing exceptions to any policy, service or decision. Documentation for reconsideration is to be provided by the ordering physician. DOH personnel will make adjudication within thirty days of receipt of paperwork and notify appropriate parties.

**For Completion by Staff Only:** Date received: \_\_\_\_\_ Doc Recd: ☐ PE ☐ Progress Notes

☐ Lab ☐ X-rays

☐ **PENDING** (Missing: \_\_\_\_\_)

☐ **APPROVED** ( )

☐ **Denial of Service Upheld** (Reason: \_\_\_\_\_)

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_.

**Reason for denial:**

☐ Eligibility

☐ Service limitation

☐ Not a covered service

☐ Not determined to be medically necessary

☐ Other: Specify \_\_\_\_\_



## ***Appendix IV: Form to Request Access to CHEDAS (To Add or Delete an Authorized User)***

Return to: [pchpsupport@pinellascounty.org](mailto:pchpsupport@pinellascounty.org) or fax to 727-582-7912

Name of Practice: \_\_\_\_\_

- Please DELETE the following CHEDAS user:

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

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

Email Address: \_\_\_\_\_

- Please ADD the following CHEDAS user:

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

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

City, Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

- Please UPDATE the following CHEDAS user:

New Address: \_\_\_\_\_

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

New Contact Person: \_\_\_\_\_



## ***Appendix V: Provider Contact Information for Changes or Additions (please type or print)***

### **RETURN TO:**

Department of Health in Pinellas County  
205 Dr. M. L. King St. N  
St. Petersburg FL 33709  
Attention: Tonya Gilliam

**Company Name:** \_\_\_\_\_

**Office Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

### **Contact Info:**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

## ***Appendix V cont.***

### ***Affiliated Physicians***

PLEASE TYPE OR PRINT—USE ADDITIONAL PAGES IF NECESSARY

1. Name \_\_\_\_\_  
Name of Hospital where Privileged: \_\_\_\_\_  
DEA/NPI number: \_\_\_\_\_
2. Name \_\_\_\_\_  
Name of Hospital where Privileged: \_\_\_\_\_  
DEA/NPI number: \_\_\_\_\_
3. Name \_\_\_\_\_  
Name of Hospital where Privileged: \_\_\_\_\_  
DEA/NPI number: \_\_\_\_\_
4. Name \_\_\_\_\_  
Name of Hospital where Privileged: \_\_\_\_\_  
DEA/NPI number: \_\_\_\_\_
5. Name \_\_\_\_\_  
Name of Hospital where Privileged: \_\_\_\_\_  
DEA/NPI number: \_\_\_\_\_
6. Name \_\_\_\_\_  
Name of Hospital where Privileged: \_\_\_\_\_  
DEA/NPI number: \_\_\_\_\_
7. Name \_\_\_\_\_  
Name of Hospital where Privileged: \_\_\_\_\_  
DEA/NPI number: \_\_\_\_\_



## Appendix VI: PCHP Behavior Contract

Primary care will be provided in your selected medical home. 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 provided at no cost to you. Specialty services are more advanced treatments that cannot be done by your provider in your medical home. Some limited specialty services may be provided as part of this program. However, there are many services the program does not cover.

**Emergency room services and transportation to the emergency room are not part of this program. If you go to the emergency room, this program 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.**

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

- You will keep your appointment, or call 24 hours in advance to reschedule
- You will respect all health care team 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 program.**

**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 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, including securing excessive or inappropriate amounts of controlled substances or other medications.
- Any activity that poses potential bodily harm to self or others
- Any other activity as it relates to program services such as fraud, forgery, or theft.

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 cannot 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 Human Services collect 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)).

I also acknowledge that the Pinellas County Health Program uses a secure community portal for health services outside of the medical home. Only those in our network of doctors, facilities, and hospitals may access my health information.

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Printed Name

Social Security Number

Date

---

Client Signature

Pinellas County Health & Community Services | 2189 Cleveland Street, Suite 230, Clearwater, FL 33765 | (727) 464-8400  
MH-3 PCHP Behavior Contract (v3, 11/8/11)

## Appendix VII: Monthly Detailed Client Report

Field Num	Field	Description
General Client	1 DOS	Date of Service
	2 DOB	Date of Birth
	3 Age	Age at Visit. Calculation based on date of service & date of birth
	4 Gender	Male, Female
	5 First_Name	Patient First Name
	6 Last_Name	Patient Last Name
	7 SSN	Patient SSN
	8 Zip	Zip Code for client's residential address.
	9 Homeless	Y/N
	10 Race	Code description
	11 Ethnicity	Code description
Basic Laboratory Client	12 CPT/Lab 1	CPT Code associated with ordered labs for that date of service.
	13 CPT/Lab 2	CPT Code associated with ordered labs for that date of service
	14 CPT/Lab 3	CPT Code associated with ordered labs for that date of service
	15 CPT/Lab 4	CPT Code associated with ordered labs for that date of service
	16 CPT/Lab 5	CPT Code associated with ordered labs for that date of service
	17 CPT/Lab 6	CPT Code associated with ordered labs for that date of service
	18 CPT/Lab 7	CPT Code associated with ordered labs for that date of service.
	19 CPT/Lab 8	CPT Code associated with ordered labs for that date of service
	20 CPT/Lab 9	CPT Code associated with ordered labs for that date of service
	21 CPT/Lab 10	CPT Code associated with ordered labs for that date of service
Detailed Medical Client	22 Associated Diagnosis	There are multiple ICD-9 codes associated with each of the CPT codes and all will be provided.
	23 Medical_Location	Medical Service Site
	24 Initial_Visit	Yes/No. This will be based on the County Contract Year (10/1 - 9/30).
	25 # of Visits this month	Calculate the number of encounters as of this date of service for the month. (Example - 2 visits in the month, on the first record the value will be 1 and on the second record it will be 2.)



Field Num	Field	Description
		Agreed on 4/4/14 - "year" = "County Contract Year" (10/1 - 9/30). Calculate the number of encounters as of this date of service for the year. (Example - 2 visits in the contract year, on the first record the value will be 1 and on the second record it will be 2.)
26	# of Visits in contract year	
27	Appt. Type	Pull from Appointment Schedule (Scheduled or Walk-in)
28	Reason for visit	Urgent, follow-up from ER, specialist referral,
29	BMI	Body Mass Index
		Procedure change in Admitting required to not delete missed appointments. Admitting checks off "No Show" and missed appointments can be calculated. Report at number of missed appointments for the month.
30	Number of Missed Appointments	
31	Performing Provider Last Name	Service Provider Last Name
32	Performing Provider First Name	Service Provider First Name
33	Provider Title	Limited to MD, DO, ARNP, PA
34	ICD-9 Codes	Diagnosis Codes
35	ICD-9 Codes	Diagnosis Codes
36	ICD-9 Codes	Diagnosis Codes
37	ICD-9 Codes	Diagnosis Codes
38	ICD-9 Codes	Diagnosis Codes
39	ICD-9 Codes	Diagnosis Codes
40	ICD-9 Codes	Diagnosis Codes
41	CPT Code	Procedure Code associated with this date of service.
42	CPT Code	Procedure Code associated with this date of service.
43	CPT Code	Procedure Code associated with this date of service.
44	CPT Code	Procedure Code associated with this date of service.
45	CPT Code	Procedure Code associated with this date of service.
46	CPT Code	Procedure Code associated with this date of service.
47	CPT Code	Procedure Code associated with this date of service.
48	CPT Modifier	Modifier(s) associated with the CPT Code.
49	CPT Modifier	Modifier(s) associated with the CPT Code.
50	CPT Modifier	Modifier(s) associated with the CPT Code.
51	CPT Modifier	Modifier(s) associated with the CPT Code.
52	CPT Modifier	Modifier(s) associated with the CPT Code.

Field Num	Field	Description
Dental Client	53 CPT Modifier	Modifier(s) associated with the CPT Code.
	54 CPT Modifier	Modifier(s) associated with the CPT Code.
	55 Billed Amount - Medical	Billed Encounter Rate for this Medical office visit
	56 Dental Program	Free Clinic (Volunteer), Healthy Teeth, High Risk, Relief of Pain (when available)
	57 Client Program Status	PCHP, MMU, None
	58 CDT Code 1	CDT Code associated with dental service for this date of service
	59 CDT Code 2	CDT Code associated with dental service for this date of service
	60 CDT Code 3	CDT Code associated with dental service for this date of service
		Agreed on 4/4/14 - "year" = "County Contract Year" (10/1 - 9/30). Calculate the number of only dental encounters as of this date of service for the year. (Example - 2 visits in the contract year, on the first record the value will be 1 and on the second record it will be 2.)
	61 # Visits Contract Year	
	62 Performing Provider Last Name	Service Provider Last Name
	63 Performing Provider First Name	Service Provider First Name
	64 Provider Title	Limited to DDS, DMD, DN, DH (Dental Hygienist)
	65 Dental Location	Dental Service Site
	66 Tooth Number	Tooth Number of Extracted Tooth
	67 Billed Amount - Dental	Billed Encounter Rate for this dental service
Behavioral Client	68 Date of Initial or Last Screening	Change local process - create a new service code for BEHAVIORAL SCREENING and must be entered by Primary Care staff.
	Patient Health Questionnaire (PHQ-9)	Raw Score
	General Anxiety Questionnaire (GAD-7)	Raw Score
	71 Mood Questionnaire (MDQ)	Raw Score
	72 Substance Use Questionnaire	Raw Score
	Referral to Behavioral Health Provider? Y/N	Calculated based on if a PC BEHAVIORAL HEALTH REFERRAL service code is entered. Yes, No, Refused

## Appendix VIII: HEDIS MEASURES

	HEDIS Measure	Standard
1	Persistent Asthma in adults	Appropriate controller medications prescribed.
2	Breast Cancer Screening for women 50-64 years of age	<u>Clinical Breast Exam</u>
3	Cervical Cancer Screening for women 21-64 years of age	≥ 1 Pap tests in the past 3 years.
4	Colorectal Cancer (CA) Screening for adults 50-75 years of age	Screening with any of the following: fecal occult blood test during the measurement year; flexible sigmoidoscopy during the measurement year or 4 years prior to the measurement year; or colonoscopy during the measurement year or in any of the nine years prior to the measurement year.
5	Flu Shots for adults	Seasonal Flu Shot during measurement year (Fall 2013 through June 30, 2014)
6	Comprehensive Diabetes Care-for adults. A range of measures are included to allow for exclusions that may apply to select patients.	HgA1c testing during measurement year
		HgA1C control <7 during measurement year
		HgA1c control <8 during measurement year
		HgA1c poor control >9 during measurement year
		LDL-Cholesterol testing during measurement year
		Retinal Eye exam performed during measurement year
		Foot Exam (Monofilament) performed during measurement year
		Blood Pressure Control <140/80, start 10/1/13
		Blood Pressure Control <140/90, start 10/1/13
7	Hypertension for adults	Blood Pressure Control (<140/90), start 10/1/13
		Blood Pressure Control (<140/<90), audited since 2008
8	Behavioral Health (BH) Assessment for adults, and Referral if needed.	One or more Behavioral Health (BH) Assessments completed, and
		BH referral if indicated, and
		Referral consult notes returned to the medical home; Scanned into the patient's record.
9	Tobacco Use Assessment and Cessation for adults	≥ 1 Tobacco Use Assessment during measurement year
		≥1 Tobacco cessation counseling during measurement year, and
		≥1 Tobacco cessation methods or strategies discussed 1 during measurement year
10	Chronic Obstructive Pulmonary Disease (COPD) for adults ≥40 years of age * start 10/1/13-	Newly diagnosed/newly active receive spirometry testing to confirm diagnoses
		Appropriate medications prescribed: Systemic Corticosteroids, and
		Bronchodilators.
11	Adult BMI Assessment	The percentage of adults who had an outpatient visit where their BMI was documented in the past two years.
12	Low Back Pain: Use of Imaging Studies	The percentage of adults with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI or CT scan) within 28 days of the diagnosis.

	HEDIS Measure	Standard
13	Tobacco Use Assessment and Cessation for adults	The percentage of adults 18 years of age and older who are current smokers or tobacco users who discussed or were recommended <b>cessation medications</b> during the measurement year.
14	Cholesterol Management for Patients with Cardiovascular Conditions	The percentage of adults 18–75 years of age who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary intervention (PCI) from January 1–November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and had each of the following during the measurement year: LDL-C screening, and LDL-C Control (<100 mg/dL).
15	Comprehensive Diabetes Care-for adults.	LDL-C Control (<100 mg/dL) Medical attention for nephropathy (urine microalbumin test).
16	Annual Monitoring for Patients on Persistent Medications	The percentage of adults 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for the following therapeutic agents during the measurement year, and received at least one therapeutic monitoring event for the therapeutic agent in the measurement year: Angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB) by monitoring renal function (serum creatinine) Digoxin by monitoring renal function (serum creatinine) or serum digoxin Diuretics by monitoring renal function (serum creatinine)