COORDINATED CARE PROGRAM

Programmatic Overview

Following enabling legislation approved by the Florida Legislature in 1987, a new solution to providing health care services for financially needy residents was created in Palm Beach County. On November 8, 1988, the Health Care District was established as an independent taxing district by special statute, Chapter 87-450, Laws of Florida, and approved by the voters of Palm Beach County. Unique to the State of Florida, the Health Care District was created to provide enhanced access to quality health care services for financially and medically needy populations. Over the course of a 19 year history, this mandate has resulted in the administration of health benefits for local health initiatives focused on the uninsured and financially disadvantaged.

In 1993, the Coordinated Care Program was implemented to ensure that Palm Beach County residents who lack health insurance and satisfy financial eligibility criteria have access to appropriate health care services. The Coordinated Care Program is a full service managed care program provided at no cost to qualifying residents. This Program is closely coordinated with other State and Federal programs to ensure that no duplicate funding occurs and it serves as the payer of last resort. Applicants qualifying for Medicaid, Medicare, or any other entitlement program do not quality as a Coordinated Care member.

Residents enrolled in the Coordinated Care Program receive medial benefits to cover the cost of primary care, specialty care, hospitalization, emergency care and prescription drugs. Depending on a resident's level of qualification and enrollment with other programs a subset of the benefits above may apply.

The care is delivered through a network of public and private physicians, community hospitals and other health care providers.

Target Population

Palm Beach County residents without healthcare coverage and do not qualify for other healthcare programs available in the county.

Eligibility Process

Applications

Applications with instructions for completion are available to individuals and community agencies. They are available in three languages, Creole, English and Spanish. Applications can be obtained by:

- Requesting them from our Customer Service Department by calling toll free 1-866-930-0035.
- Accessing them online at: **http://ww.hcdpbc.org/index.aspx?page=65.**

Applications may be submitted to the District by mail or dropped off at one of our six (6) eligibility offices.

Eligibility Requirements

- Not be eligible for Medicaid or Medicare
- Provide proof of Palm Beach County residency

- Provide proof of identification
- Provide proof of assets
- Provide proof of income

Criteria	Documents
Residency	• Includes utility bills, lease/rent receipts, tax bill, driver's license, voter's/car registration, school registration certificate, enrollment in facility or program.
Criteria	**Documents**
Identification	• 2 forms of ID required. • These may include: birth certificate, passport, social security card, alien registration card, military ID, driver's license, US Certificate of Naturalization. • Other forms of identification may be accepted as per policy.
Criteria	**Documents**
Income Up to 150% of FPLG, includes individuals making <$16,335 per year or a family of four making <$33,525 per year. Up to 200% of FPLG for pregnant women, individuals up to <$21,780 per year	• Includes wages/salary/gratuities, social security benefits, disability benefits, retirement/pension benefits, rents, unemployment/workers comp benefits.
Criteria	**Documents**
Assets Individuals up to $5,000 Married couple up to $6,000 Self-employed up to $10,000	• Bank accounts, IRA's, annuities, stocks/bonds. • Excludes 1st house, primary vehicle.

Benefit Plans

Option 1	Full Benefits
Option 2	Clinic Benefits and Pharmacy

Benefit plan eligibility is determined by documentation received with application.

Benefits When Provided by Participating Providers

Option 1 Services	
Dental Services	Nutrition Services
Durable Medical Equipment (DME)	Orthotics & Prosthetics
Dialysis (up to 90 days)	Outpatient Diagnostic Services
Emergency Room Services	Outpatient Surgery
Home Health Services – including home infusion services	*Physician Services – Primary Care and Specialist Services

Hospice Services	Prescriptions ($1 generic/$3 brand co-pay)
Hospital Services – Inpatient limited to 45 days per calendar year	Rehabilitation – Inpatient limited to 42 days per calendar year
Hospital Services – Outpatient	Therapy Services – Occupational, Physical, Respiratory, Speech
Laboratory Services	Vision Services

*Physician services may be received through one of the Health Department's Health Centers or through a comprehensive network of private physicians.

Option 2 Services	
Clinic Services	Any physician, laboratory or x-ray service provided at one of the Health Department Health Centers.
Pharmacy	$1 generic/$3 brand co-pay

MATERNITY CARE PROGRAM

Programmatic Overview

Women who became pregnant in Palm Beach County have historically trailed state and national averages for the utilization of prenatal care. In 2004, a study by John Hopkins University was performed to evaluate the contributing factors to this problem. This study was funded by the Children's Services Council, the District and the Quantum Foundation. The goal of this study was to identify effective individual and system-level interventions that would improve initiation of first trimester prenatal care.

Upon completion of this study, the final report highlighted many barriers pregnant women face in navigating the insurance and medical components of the delivery system. A close review of these lower utilization rates revealed substantial disparities between Hispanic and non-Hispanic women. Lack of health care coverage was identified as a major barrier. Many of the lower income residents were unaware of health coverage that was available and found it difficult to navigate the various program eligibility processes. Some residents did not have any health coverage options because of the Medicaid eligibility rules.

In October 2004, the District implemented a pilot Maternity Care Program (MCP). The purpose of the new MCP was to provide health care coverage to pregnant women who were ineligible for Medicaid but lacked the financial means to cover the costs of care without assistance.

A key goal of the MCP was to positively affect rates of prenatal care service visits and birth outcomes. A second goal was to impact rates of early entry (first trimester) into prenatal care. An expedited eligibility process was incorporated for eligible pregnant women. Eligibility requirements were simplified to require a denial from Medicaid and all potential members must demonstrate utilization of the SOBRA benefit before applying to MCP. The District incorporated controls to maximize potential enrollment in other public programs (including Emergency Medicaid) and to ensure District dollars do not supplant other available funding sources. Since women must exhaust their SOBRA coverage before becoming eligible for the MCP, the program promotes enrollment into SOBRA and then provides seamless coverage throughout pregnancy.

The MCP provides up to 10 months of health coverage to assist women with prenatal and postnatal care. The program includes a simplified eligibility process and utilizes an existing network maternal/child care agencies to help women obtain coverage for themselves and their new baby.

Target Population

Pregnant women who are ineligible for Medicaid but lack the financial means to cover the costs of their prenatal care without assistance.

Eligibility Process

- Enrolled through collaborative agency process (Healthy Mothers/Healthy Babies, SOBRA workers, Healthy Start/Healthy Families Nurses, Children's Case Management Organization)
- Eligibility for up to 10 months
- Applications approved within 72 hours.

Eligibility Requirements

- Must be a Palm Beach County resident
- Denied Medicaid or have exhausted their presumptive eligibility for pregnant women (SOBRA) benefit under Medicaid.
- Income up to 200% of FPLG. (Pregnant Individuals <$21,780 per year, family of 4 <$44,700).

Benefits When Provided by Participating Providers

- Prenatal Visits
- Pharmacy
- Ultrasounds
- Regional Perinatal Intensive Care Center (RPICC) visits for high risk pregnancies
- 2 post partum office visits

VITA HEALTH PROGRAM

Programmatic Overview

In supporting the District's mission to maximize the delivery of quality health care to residents living in Palm Beach County, the District's HMO, Healthy Palm Beaches, Inc. offers a shared cost health program to Palm Beach County residents. This health program provides subsidized low cost health coverage to uninsured residents who do not qualify for other programs.

Vita Health was filed with the Agency for Health Care Administration (AHCA) under the statutory authority of a Health Flex product. Vita Health was designed exclusively for working individuals and families in Palm Beach County, providing affordable health coverage for uninsured parents, families and individuals whose employers do not offer health benefits for full and part-time employees and people who are self employed.

Vita Health provides subsidized low cost health coverage with monthly premiums that range from $30 to less than $125 per individual and affordable co-payments for health services. Vita Health's

affordable rates have been established through a shared cost health program that is subsidized by the District, which funds approximately two-thirds of the monthly premium.

Target Population

- Working individuals and families.
- Uninsured parents.
- Individuals whose employers do not offer health benefits for full and part-time employees.
- Individuals who are self-employed.

Eligibility Process

Applications

Applications with instructions are available to individuals and community agencies. They are available in three languages, Creole, English and Spanish. Applications can be obtained by:

- Requesting them from our Customer Service Department by calling toll free 1-866-930-0035.
- Accessing them online at: **www.vitahealth.org/**

Applications and the first month's premium check should be mailed to: Vita Health
P.O. Box 3227, West Palm Beach, FL 33402-3227

Eligibility Requirements

- Must be a Palm Beach County resident
- Must be between 1 and 64 years of age
- Must not be eligible for coverage through a public health program such as Medicare, Medicaid, VA or other public health program
- Must be uninsured for the last six (6) months
- Income up to 300% of the FPLG. Includes individuals earning < $32,670 per year or a family of four earning < $67,050.

Criteria	**Documents**
Residency	• Includes utility bills, lease/rent receipts, tax bill, driver's license, voter's/car registration, school registration certificate.
Criteria	**Documents**
Identification	• 1 form of ID and social security card required. • These may include: birth certificate, passport, alien registration card, military ID, driver's license, US Certificate of Naturalization. • Other forms of identification may be accepted as per policy.
Criteria	**Documents**
Income Up to 300% of FPLG,	• Includes wages/salary/gratuities, social security benefits, disability benefits,

includes individuals making <$32,670 per year or a family of four making <$67,050 per year.	retirement/pension benefits, rents, unemployment/workers comp benefits.

Premiums

- Child $30.00
- Adults 21-54 yrs old $65.00
- Adults 55-64 yrs old $125.00

**Additional share of premium is paid by the District, which provides approximately two thirds of the premium.*

Benefits When Provided by Participating Providers

Benefit	Co-payment
Inpatient Hospital, 10 day maximum	$20-$30 per admission
Outpatient Surgery or Observation Hospital Stay	$20 -$25 per visit
Emergency Room (ER)	$20-$25 per visit
Outpatient Diagnostic Testing – Lab and X-Ray	$15 per visit
MRI, CT or PET Scans	$25 per scan
Primary Care Physician Services	$5-$10 per visit
Specialist Physician Services	$15-$20 per visit
Prescriptions – Generics only at participating pharmacies only.	$10 per prescription up to a maximum benefit of $50 per month.

PERSONAL HEALTH PLAN OF HEALTHY PALM BEACHES, INC.

Programmatic Overview

Healthy Palm Beaches, Inc. was created by the District to provide quality health care, using the most effective and efficient methods possible to medically needy and financially disadvantaged residents of Palm Beach County. Although Healthy Palm Beaches, Inc. is legally separate from the Health Care District, Healthy Palm Beaches, Inc.'s sole purpose is to operate as an HMO for the District.

Healthy Palm Beaches, Inc. is a public, not-for-profit corporation organized under the laws of the State of Florida on July 8, 1994. Healthy Palm Beaches, Inc. received a Certificate of Authority to operate a Health Maintenance Organization (HMO) in the State of Florida on November 21, 1996. A Health Care Provider Certificate was issued to Healthy Palm Beaches, Inc. by the Agency for Health Care Administration (AHCA) on October 29, 1996. Healthy Palm Beaches, Inc. initially began enrolling members in January 1998.

Healthy Palm Beaches, Inc. extends the District's ability to reach medically needy and financially underserved individuals. Healthy Palm Beaches, Inc. serves as a safety net insurance program delivering services to Medicaid recipients enrolled in Personal Health Plan.

Personal Health Plan

Personal Health Plan is a Medicaid Prepaid Health Plan. The Florida Medicaid Program is administered by the Agency for Health Care Administration (AHCA) while the Department of Children and Families (DCF) determines Medicaid recipient eligibility. People that are eligible for Medicaid benefits include pregnant women, low-income children and families, and the aged, blind and disabled. Personal Health Plan is contracted with AHCA to accept only Temporary Assistance for Needy Families (TANF). This population includes pregnant women and low income children and families only.

Target Population

Membership includes TANF (Temporary Assistance for Needy Families) only. This population includes Medicaid eligible pregnant women, children and families only.

Eligibility Process

Eligible Medicaid recipients can request enrollment in the Personal Health Plan by calling Medicaid Options at 1-888-367-6554 and requesting enrollment assignment to Personal Health Plan.

Eligibility Requirements

- Potential members must be determined to be Medicaid eligible and meet the requirements for TANF population. This determination is made by the Department of Children and Families.

Benefits

Behavioral Health Services	Laboratory Services
Chiropractic Services	Optometric Services
Dental Services	Physician Services – Primary Care and Specialists Services
Diagnostic Services	Podiatry Services
Durable Medical Equipment (DME) and Orthotics/Prosthetics	Prescriptions
Freestanding Dialysis	Therapy Services – Occupational, Physical, Respiratory, Speech, age limitations apply
Hearing Services, including Hearing Aides	Transplant Services – Organ and Bone Marrow
Home Health Services - including Home Infusion Services	Visual Services
Hospital Services – Inpatient	X-Ray Services
Hospital Services – Outpatient	

Expanded Benefits

The Personal Health Plan provides expanded benefits which include:

- Vision Services - Adult vision services including unlimited eye exams and eyeglasses if medically necessary, plus coverage for prescription contact lenses.
- Dental – Adult dental benefits such as unlimited fillings, periodic deep cleanings, annual exams and x-rays.
- Hearing Services – Hearing screenings for all age groups, annual hearing evaluation benefit and up to two hearing aids per year if medically necessary.
- Over The Counter Items – Up to $25.00 per month for selected personal care items per household.
- Case Management Programs
    - Bright Start – Focuses on Maternity Care.
    - Awsome Airways – An Asthma assistance program