Florida

Provider Manual

Effective July 2011
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Section 1: Introduction

This publication provides information about the Florida Agency for Health Care Administration’s (AHCA) Medicaid HIV/AIDS disease management program. AHCA has contracted with AIDS Healthcare Foundation to deliver disease management services to eligible MediPass and Project AIDS Care (PAC) Waiver recipients through its Positive Healthcare Disease Management Program.

AIDS Healthcare Foundation has been providing medical care to persons infected with HIV since 1988. In 1995, California began enrolling Medicaid recipients into managed care organizations, such as Medicaid HMOs. As a response to California Medicaid’s waiver, AIDS Healthcare Foundation developed a risk-based managed care plan for persons with AIDS — the first in the nation. Through experience the organization gained by operating this managed care program and providing HIV primary medical care to HIV/AIDS patients in its health care centers, AIDS Healthcare Foundation refined its delivery of HIV primary care and HIV/AIDS care and case and disease management. In 1998, AIDS Healthcare Foundation responded to AHCA’s invitation to negotiate for the HIV/AIDS disease management contract. AHCA awarded AIDS Healthcare Foundation one of two contracts in 1999 and implemented the second contract with the South Florida Community Care Network in 2000. With these contracts, AIDS Healthcare Foundation created the Positive Healthcare Disease Management Program and became the nation’s first and only HIV/AIDS disease management program.

The Positive Healthcare Disease Management Program coordinates and navigates enrollee care through a complex health care system that treats co-morbid conditions associated with HIV and others present in the general population. The Positive Healthcare Disease Management Program offers a system that enhances the opportunity to deliver comprehensive and coordinated care that draws on the continual introduction of scientific evidence-based treatment updates and new antiretroviral (ARV) medications to treat HIV, which includes:

- Prevention for positives
- Preventive health measure education and monitoring
- Diagnosis education
- Medical treatment education
- Medication adherence education
- Support of enrollees as they continue their gains in health literacy, self-empowerment and stable and/or improving health status
The disease management program’s primary objective is to help its members collaborate with their medical providers, increase self-management of their treatment plan and disease so they can lead lives that are as healthy and productive as they can be given their underlying diagnosis of HIV infection. The secondary objective of the program is to achieve a decrease in complexity of care, overall reduction in costs, and improvement in member outcomes and quality of life.

The following pages offer information and tools to assist you in understanding the disease management program and how the Positive Healthcare Disease Management Program can assist you and your patients in achieving the goals you have set for successful HIV management. The program’s team of HIV health care professionals is available to you to assist in developing and executing member plans of care that promote your and your patient’s specific treatment plan and goals.

**How the Disease Management Program Works**

The Positive Healthcare Disease Management Program is designed to manage high-risk HIV/AIDS Medicaid, MediPass and eligible Project AIDS Care (PAC) Waiver populations throughout Florida. It brings a comprehensive approach to the management of HIV disease by incorporating evidence-based clinical practice guidelines for HIV/AIDS care into the program. Many studies point to the fact that medical provider knowledge and experience concerning the treatment of persons with HIV/AIDS is one of the indicators of length of survival.¹ HIV/AIDS is a complicated disease to treat and the advances in treatment occur very rapidly. Because of these factors, the program is committed to assisting medical providers in obtaining the latest treatment information and providing access to continuous medical education opportunities for practitioners.

The key components of the program are:

- Patient-centered treatment plans developed with input from the patient, patient family/significant others, primary medical provider and other health care providers as appropriate
- Care management and patient education coordination by Registered Nurse Care Managers (RNCMs)
- Promotion of member adherence to medication and treatment regimens
- Provider education covering current diagnostic, practice and treatment standards and protocols

• Member education covering self-management of HIV/AIDS, HIV-related health conditions and other co-morbid conditions
• Prevention for positives and risk reduction
• Collaboration with medical provider and community agencies to decrease duplication of services
• Analysis of claims and clinical data to identify trends and patterns, and opportunities to improve the quality of care issues
• Quarterly and annual outcomes measurements and reporting
• Provider feedback loop reporting on member adherence to treatment plans and utilization of medical services

The program helps its members achieve sense of control through improved health literacy, learning of self-management skills, improvement and maintenance of quality of life outcomes, prevention of disease exacerbations, incorporation of healthy living habits into daily life, and adherence to medical treatment plans and medication regimens.

**Objectives and Measures of Effectiveness**

The Positive Healthcare Disease Management Program’s objectives are:
• Increase the markers of HIV control, such as decreased or undetectable HIV viral load and increased CD4 counts
• Improve health care service utilization, such as decrease in avoidable emergency room visits
• Improve adherence to treatment and/or early intervention in clinical symptoms to prevent exacerbations and acute hospital admissions
• Increase patient satisfaction with the health system as result of increased health literacy, self empowerment and core knowledge related to HIV and other co-morbid conditions.

The Positive Healthcare Disease Management Program incorporates the continuum of services and goals associated with the management of HIV/AIDS, maintenance of preventive health measures as described by the U.S. Department of Health and Human Services, management of co-morbid conditions by evidence-based standards, implementation of harm-reduction strategies, prevention for positives, and working with members in a patient-centered approach to achieve member goals.

The program’s clinical guidelines are based upon evidence-based standard of care and best practice approaches in disease management. According to Warren E. Todd
and David Nash\textsuperscript{2}, a third generation integrated disease management program will “be population based and will identify all patients suffering from or at risk of a given disease; they then will be stratified according to the severity of their illness or health risk. Different strategies will be employed according to the risk and cost profile of each patient. All significant elements of care will be addressed, with treatment centrally coordinated across care components. All patients would receive education, a written care plan, and basic treatment but the severely ill would receive home visits from the RN Care Manager on a regular basis.” The Positive Healthcare Disease Management program is exactly this model.

The medical goal of HIV treatment is to obtain sustained and durable undetectable viral load. The top reasons for failure of this goal are lack of access to care, inadequate treatment by inexperienced physicians, pre-existing drug resistance in populations that have been heavily pre-treated with sequential monotherapy, and lack of adherence with the treatment.\textsuperscript{3}

This disease management program is focused upon methods to improve members’ adherence to the difficult treatment regimens associated with HIV/AIDS treatments. This improvement occurs through increased member education related to their responsibilities in following their plan of care, HIV and HIV-related complications, education and the frequent reinforcement of the absolute necessity of taking their medications as prescribed.

**Member Eligibility and Provider Referrals**

Any healthcare provider may refer his or her eligible patient to the Positive Healthcare Disease Management Program. The criteria for referral are:

- Resident of Florida
- HIV-positive diagnosis
- MediPass health coverage, or
- Project AIDS Care (PAC) Medicaid waiver recipients not in a Medicaid or Medicare HMO

Medicaid beneficiaries who enrolled in a managed care plan may not participate in the program.


\textsuperscript{3} Evolving HIV Treatment: Advances and the Challenges of Adherence, Richard E. Chaisson, MD. 1997
Providers are encouraged to refer eligible patients to the program by calling the Positive Healthcare Disease Management Program Statewide Office at (800) 832-0778, Monday through Friday, 8:00 a.m. to 6:00 p.m.

**Program Structure**

The Positive Healthcare Disease Management Program serves its members through regional offices across the state and a statewide administrative office. Each region is headed by a Regional Manager and staffed with Registered Nurse Care Managers (RNCMs) who coordinate members’ healthcare, pharmacists who are available for pharmacotherapy consultation, Licensed Practical Nurses (LPNs) and other administrative personnel to support the nursing staff in enrollment and community outreach and other administrative duties. The program has a Medical Director available for medical consultation.

The Positive Healthcare Disease Management Program collaborates with the Florida’s Agency for Health Care Administration (AHCA) in quality review oversight, program deliverables, and structured reporting. The program collaborates with all eleven AHCA area field offices across the State to facilitate the program and coordinate monitoring activities.

For a list of regional offices, see Section 2 in this publication. For a list of AHCA area field offices, see Section 3.

**After-Hours Nurse Advice Line**

The Positive Healthcare Disease Management Program provides its members with access to a Registered Nurse 24 hours a day, seven days a week. During normal business hours, members are instructed to call their assigned Registered Nurse Care Managers (RNCMs) should they have health-related questions or need medical advice. After hours, weekends and holidays, members are instructed to call the program’s after-hours nurse advice line at (800) 832-0778. This line is staffed by a Registered Nurse who can provide nurse advice and/or triage services. Members are instructed to call 911 if they have a medical emergency.

**Treatment Protocols of the Program**

The Positive Healthcare Disease Management Program enables medical providers to remain current with changes in treatment standards through revisions from AIDS Healthcare Foundation’s Quality Improvement (QI) Program. The QI Program routinely reviews evidence-based literature and updates treatment guideline protocols. The Positive Healthcare Disease Management Program also updates
medical providers who are associated with the disease management program with information from the Department of Health and Human Services (DHHS) (www.aidsinfo.nih.gov/Guidelines/Default.aspx?MenuItem=Guidelines) and the Florida/Caribbean AIDS Education and Training Center (F/CAETC) (www.faetc.org/Guide). It also refers to other medical organizations, such as Center for Disease Control (CDC), National Institute of Health (NIH), and Food and Drug Administration (FDA), for updates to treatment protocols.

The program’s staff attends scientific conferences and educational updates and they offer summaries of new medical information on the Positive Healthcare website at www.positivehealthcare.org.

**Member Information Management**

The Positive Healthcare Disease Management Program uses a proprietary software application called PosiTrak™ that is specifically designed for HIV/AIDS member management. This firewall protected, HIPAA compliant confidential database includes:

- Member demographics, including enrollment dates, risk and acuity determination level
- Clinical data, including office visits, lab results (CD4+, HIV RNA levels, and others), medical history, functional assessment, psychosocial evaluations, living environment assessments, quality of life evaluations, hospital information, drug information, including antiretroviral history; prophylactic treatment for opportunistic infections; and other illnesses and medications
- Provider information including primary care physician, current sub specialties and ancillary health care or social support providers
- Care management information, including contacts by type, appointments, and complaints
- Member plan of care
- Claims reporting

PosiTrak™ is designed for use by clinicians specifically for the purposes of data collection and outcome evaluation of members and populations living with HIV. The program is a powerful tool to assist clinicians to better manage their clients by placing special attention to:

- Primary prevention
- Patient education
- Monitoring of member medication regimen and provider appointment adherence
- Methods to manage care appropriately through the use of best practice guidelines
- Appropriate utilization
- Prospective review of goals and outcomes to evaluate the member’s response to individual treatment plans
- Compliance with treatment guidelines
- Treatment trend reporting and analysis

**Education**

The Positive Healthcare Disease Management Program develops a series of HIV educational programs targeting members and providers in an ongoing effort to improve the knowledge of members, medical providers and the community.

The provider education program comprises educational offerings from AIDS Healthcare Foundation, the Positive Healthcare Disease Management Program, Florida/Caribbean AIDS Education and Training Center (F/CAETC), Association of Nurses in AIDS Care (ANAC) Chapters and other community- and health system-sponsored educators on HIV. The Program informs providers of educational opportunities within their respective areas to maximize exposure and participation in these CME-accredited educational programs.

The Positive Healthcare Disease Management Program is based on current scientific information in the field of HIV and associated conditions. The program aggregates educational presentation opportunities for medial providers who care for program enrollees and supplements these presentations when necessary with ACCME-accredited program-sponsored presentations. The program also gives providers access to bi-weekly ACCME web casts of “HIV Intercity Rounds” featuring medical experts in the field of HIV and associated medical and social conditions encountered by the HIV population.

Educational offerings are based upon the most current scientific information from the Department of Health and Human Services (DHHS), the Centers for Disease Control (CDC), F/CAETC, the International Conference on AIDS (IAC), the Interscience Conference on Antimicrobial Agents and Chemotherapy (ICAAC), the Conference on Retroviruses and Opportunistic Infections (CROI) and other expert scientific conferences relative to HIV and associated management of care.
Continuing Medical Education

AIDS Healthcare Foundation is an Accreditation Council on Continuing Medical Education (ACCME) accredited provider of continuing medical education. AIDS Healthcare Foundation coordinates with other providers of educational events throughout the state to create and deliver educational opportunities to disease management providers of care and services. It also supports other provider-accredited educational offerings and provides direct accredited CME offerings to provide collaborative educational opportunities and speakers for all.

The Positive Healthcare Disease Management Program’s Registered Nurse Care Managers (RNCMs) inform providers associated with the program of educational events. Educational calendars for AIDS Healthcare Foundation’s “HIV Intercity Rounds” are available at www.hivrounds.org.

All accredited continuing medical education offerings sponsored by AIDS Healthcare Foundation and the Positive Healthcare Disease Management Program are at no cost to disease management program providers.

Preceptorships

Providers who wish to participate in a one-on-one HIV preceptorship with expert HIV primary care physicians (PCPs) at an AIDS Healthcare Foundation Magic Johnson Healthcare Center in Jacksonville or North Miami, Florida are asked to contact the Positive Healthcare Disease Management Program Director at (800) 832-0778. This clinical preceptorship is offered by the Medical Staff of AIDS Healthcare Foundation and the Positive Healthcare Disease Management Program at no cost to the MediPass PCPs providing care to disease management program enrollees.

Peer Educational Consultation

Expert AIDS Healthcare Foundation and Positive Healthcare Disease Management Program medical providers are available to MediPass primary care physicians (PCPs) to provide peer consultation at no cost to MediPass PCPs or enrollees. PCPs may contact the Positive Healthcare Disease Management Program Director at (800) 832-0778 to request peer-to-peer consultation.
Section 2: Contacting the Positive Healthcare Disease Management Program

To contact the Positive Healthcare Disease Management Program, call the regional office that serves the county where you practice or call the Positive Healthcare Disease Management Program Statewide Office at (800) 832-0778, Monday through Friday, 8:00 a.m. to 6:00 p.m.

<table>
<thead>
<tr>
<th>North Region</th>
<th>North Region serves the following counties:</th>
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</thead>
<tbody>
<tr>
<td>Alachua</td>
<td>Baker</td>
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<tr>
<td>Calhoun</td>
<td>Clay</td>
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<tr>
<td>Duval</td>
<td>Escambia</td>
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<td>Gadsden</td>
<td>Gilchrist</td>
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<td>Holmes</td>
<td>Jackson</td>
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<td>Leon</td>
<td>Levy</td>
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<td>Marion</td>
<td>Nassau</td>
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<td>Santa Rosa</td>
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<tr>
<td>Union</td>
<td>Volusia</td>
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<tr>
<td>Washington</td>
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North Region Offices:
Positive Healthcare
1801 Art Museum Dr.
Bldg. 3500, Ste. 106
Jacksonville, FL 32207
Tel: (904) 389-0619
TTY/TDD: 711
Fax: (904) 389-0423

Positive Healthcare
4300 Bayou Blvd #37
Pensacola, FL 32503
Tel: (877) 470-8071
TTY/TDD: 711
Fax: (850) 470-8073
### West Region

**West Region serves the following counties:**

<table>
<thead>
<tr>
<th>County</th>
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<td>Charlotte</td>
<td>Citrus</td>
<td>Collier</td>
<td>Glades</td>
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<td>Lee</td>
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<td>Manatee</td>
<td>Miami-Dade</td>
<td>Monroe</td>
<td>Pasco</td>
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<tr>
<td>Pinellas</td>
<td>Sarasota</td>
<td>Sumter</td>
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**West Region Office:**

Positive Healthcare  
Tel: (727) 533-9000  
P.O. Box 530099  
TTY/TDD: 711  
St. Petersburg, FL 33747  
Fax: (727) 533-9015

### East Region

**East Region serves the following counties:**

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<thead>
<tr>
<th>County</th>
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<th>County</th>
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<tr>
<td>Brevard</td>
<td>Broward</td>
<td>Desoto</td>
<td>Hardee</td>
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<td>Highlands</td>
<td>Indian River</td>
<td>Lake</td>
<td>Martin</td>
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<tr>
<td>Okeechobee</td>
<td>Orange</td>
<td>Osceola</td>
<td>Palm Beach</td>
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<tr>
<td>Polk</td>
<td>Seminole</td>
<td>St. Lucie</td>
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</tr>
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**East Region Office:**

Positive Healthcare  
Tel: (877) 447-1670  
1516 E. Colonial Dr., Ste. 210  
TTY/TDD: 711  
Orlando, FL 32803  
Fax: (877) 447-1671

### Statewide Administrative Office

Positive Healthcare  
Tel: (800) 832-0778  
110 SE 6th St., Ste. 1960  
Fax: (954) 522-3260  
Ft. Lauderdale, FL 33301
Section 3: Contacting the Agency for Health Care Administration

To contact Florida’s Agency for Health Care Administration regarding the Positive Healthcare Disease Management Program, call the area field office that serves the county where you practice.

### Area 1

*Area 1 serves the following counties:*

| Escambia | Okaloosa | Santa Rosa | Walton |

*Area 1 Office:*

160 Governmental Center  
Room 510  
Pensacola, FL 32502

### Area 2a

*Area 2a serves the following counties:*

<table>
<thead>
<tr>
<th>Bay</th>
<th>Franklin</th>
<th>Gulf</th>
<th>Holmes</th>
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<tbody>
<tr>
<td>Jackson</td>
<td>Washington</td>
<td></td>
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*Area 2a Office:*

651 West 14th St Suite K  
Panama City, FL 32401

### Area 2b

*Area 2b serves the following counties:*

<table>
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<tr>
<th>Calhoun</th>
<th>Gadsden</th>
<th>Jefferson</th>
<th>Leon</th>
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<tbody>
<tr>
<td>Liberty</td>
<td>Madison</td>
<td>Taylor</td>
<td>Wakulla</td>
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*Area 2b Office:*

2727 Mahan Drive  
MS # 42  
Tallahassee, FL 32308
### Area 3a
*Area 3a serves the following counties:*

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<tr>
<th>Area 3a</th>
<th>Alachua</th>
<th>Bradford</th>
<th>Columbia</th>
<th>Dixie</th>
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<td>Hamilton</td>
<td>Lafayette</td>
<td>Levy</td>
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<td>Putnam</td>
<td>Suwannee</td>
<td>Union</td>
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*Area 3a Office:*
14101 NW Hwy. 441, Ste. 600  
Alachua, FL 32615  
Tel: (386) 418-5350  
Fax: (386) 418-5370

### Area 3b
*Area 3b serves the following counties:*

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<th>Citrus</th>
<th>Hernando</th>
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<td>Sumter</td>
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*Area 3b Office:*
2441 W. Silver Springs Blvd.  
Ocala, FL 34475  
Tel: (352) 732-1349  
Fax: (352) 620-3076

### Area 4
*Area 4 serves the following counties:*

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<th>Area 4</th>
<th>Baker</th>
<th>Clay</th>
<th>Duval</th>
<th>Flagler</th>
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<tr>
<td>Nassau</td>
<td>St. Johns</td>
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<td>Volusia</td>
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*Area 4 Office:*
921 N. Davis St.  
Building A, Room 160  
Jacksonville, FL 32209  
Tel: (904) 353-2100  
Fax: (904) 353-2198

### Area 5
*Area 5 serves the following counties:*

<table>
<thead>
<tr>
<th>Area 5</th>
<th>Pasco</th>
<th>Pinellas</th>
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*Area 5 Office:*
525 Mirror Lake Drive N., Ste. 510  
St. Petersburg, FL 33701  
Tel: (727) 552-1191  
Fax: (727) 552-1216
### Area 6

**Area 6 serves the following counties:**

<table>
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<th>Hardee</th>
<th>Highlands</th>
<th>Hillsborough</th>
<th>Manatee</th>
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<tr>
<td>Polk</td>
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**Area 6 Office:**

6800 N. Dale Mabry Hwy., Ste. 220  
Tampa, FL 33614  
Tel: (813) 871-7600  
Fax: (813) 673-4592

### Area 7

**Area 7 serves the following counties:**

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<th>Brevard</th>
<th>Orange</th>
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<th>Seminole</th>
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**Area 7 Office:**

400 W. Robinson St.  
Hurston South Tower, Ste. S309  
Orlando, FL 32801  
Tel: (407) 317-7851  
Fax: (407) 245-0847

### Area 8

**Area 8 serves the following counties:**

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<th>Glades</th>
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<td>Hendry</td>
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**Area 8 Office:**

Regional Services Center  
2295 Victoria Ave., Room 309  
Ft. Myers, FL 33901  
Tel: (239) 338-2620  
Fax: (239) 338-2642

### Area 9

**Area 9 serves the following counties:**

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<thead>
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<th>Indian River</th>
<th>Martin</th>
<th>Okeechobee</th>
<th>Palm Beach</th>
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<tbody>
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<td>St. Lucie</td>
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**Area 9 Office:**

1655 Palm Beach Lakes Blvd.  
West Palm Beach, FL 33401  
Tel: (561) 881-5080  
Fax: (561) 881-5085

### Area 10

**Area 10 serves the following counties:**

<table>
<thead>
<tr>
<th>Broward</th>
</tr>
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</table>

**Area 10 Office:**

1400 W. Commercial Blvd., Ste. 110  
Ft. Lauderdale, FL 33309  
Tel: (954) 202-3200  
Fax: (954) 202-3220

### Area 11
Area 11 serves the following counties:

<table>
<thead>
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<th>Area 11 Office:</th>
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<tbody>
<tr>
<td>Kroger Center</td>
</tr>
<tr>
<td>8355 NW 53rd St.</td>
</tr>
<tr>
<td>Manchester Bldg., 2nd Floor</td>
</tr>
<tr>
<td>Tel: (305) 499-2000</td>
</tr>
<tr>
<td>Fax: (305) 499-2022</td>
</tr>
<tr>
<td>Miami, FL 33166</td>
</tr>
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</table>
Section 4: Member Enrollment

Member Enrollment Process

Eligible MediPass and Project AIDS Care (PAC) Waiver recipients are eligible to voluntarily join the Positive Healthcare Disease Management Program. MediPass recipients are notified by Florida’s Agency for Health Care Administration (AHCA) of the disease management program and their ability to voluntarily join. Non-MediPass PAC recipients are informed of the program and their ability to join voluntarily during their initial comprehensive PAC assessment. MediPass and PAC recipients who elect to join the disease management program receive a health risk assessment by a Registered Nurse Care Manager (RNCM) and are enrolled in the program.

When eligible MediPass or Project AIDS Care Waiver (PAC) recipients join the Positive Healthcare Disease Management Program, they complete and sign a release of medical information form. Each new enrollee receives an enrollment packet containing a copy of his or her enrollment forms, Membership Guide, educational materials, advance directive information, information about the program’s 24-hour Nurse Advice Line, and a letter stating who his or her assigned RNCM is and how to contact him or her.

Members are encouraged to contact their RNCM should they have any questions, or need assistance. Members are instructed to contact the regional office that serves the county where they live should they have questions about the program, or to request program information or a change in their assigned RNCM.

Initial Health Risk Assessment

Each new member in the Positive Healthcare Disease Management Program receives an initial health risk assessment from a Registered Nurse Care Manager (RNCM). When the Agency for Health Care Administration (AHCA) supplies the program with information on eligible beneficiaries (MediPass recipients), an RNCM contacts the new member to set up an appointment to explain the program, provide a health risk assessment and complete the enrollment process. RNCMs may contact medical providers’ offices during this initial phase of the program to verify current members’ addresses and contact information.

The purpose of the initial health assessment is to evaluate each new member’s clinical status, social/lifestyle issues, knowledge of HIV, ability to comply with medication regimens, and assign an acuity risk category. At completion of the initial
health assessment, the member is assigned one of three levels of risk, i.e., high, moderate or low. Based on the member’s risk level and identified needs, the RNCM initiates the development of the member’s personalized plan of care within 30 days of the health risk assessment in collaboration with the member, family members, AIDS service organization case manager, if applicable, and the member’s medical provider. RNCMs work with the member, you, and any other health care providers who the member may be seeing to design a treatment care plan that achieves the member’s medical and personal goals for healthy living as well as your goals as the member’s medical provider. Members are encouraged to ask a family member or close friend to participate in their treatment plans.

**Membership Guide**

Each new member of the Positive Healthcare Disease Management Program receives a Membership Guide. The Membership Guide includes comprehensive information about the program, how it works and whom to contact and when. The guide also includes healthy living, medication adherence and nutrition advice. Should any of your patients who are enrolled in the program have questions, please direct them to their Membership Guide or suggest they contact their Registered Nurse Care Manager (RNCM) or the Positive Healthcare Disease Management Program Statewide Office at (800) 832-0778, Monday through Friday, 8:00 a.m. to 6:00 p.m.

**Voluntary Disenrollment**

The Positive Healthcare Disease Management Program is a voluntary Florida Medicaid program. Members may voluntarily disenroll from the program at any time, for any reason without any impact on their Medicaid benefits. Disenrollment requests should be directed to the Positive Healthcare Disease Management Program Statewide Office at (800) 832-0778, Monday through Friday, 8:00 a.m. to 6:00 p.m. Members may also ask their Registered Nurse Care Manager (RNCM) to help start the disenrollment process.

**Mandatory Disenrollment**

There are circumstances when mandatory disenrollment from the Positive Healthcare Disease Management Program occurs. Some are listed below:

- Member joins a managed care program, i.e. HMO, PSN, MPN, CMS
- Member loses Medicaid eligibility
- Member disenrolls from MediPass
- Member gains Medicaid share of cost
- Member moves outside of Florida
- Member is institutionalized in a long-term care facility
- Member is incarcerated
- Member is receiving hospice care
- Member has acquired other creditable health care coverage

The Positive Healthcare Disease Management Program will assist the member any way it can to ensure that he or she understands why this occurred and how he or she may access other resources from Florida’s Agency for Health Care Administration or other organizations.

**Program-Initiated Disenrollment**

There are circumstances when the Positive Healthcare Disease Management Program may disenroll a member from the disease management program. They are as follow:

- Member refuses to cooperate with his or her Registered Nurse Care Manager (RNCM)
- Member acts in an abusive or violent manner in the presence of a program RNCM, ancillary, or administrative staff
- Member has committed other acts against the Positive Healthcare Disease Management Program, which have been successfully pursued by AIDS Healthcare Foundation/Positive Healthcare Disease Management Program through criminal or civil legal channels resulting in prosecution and conviction or legal judgment in favor of AIDS Healthcare Foundation/Positive Healthcare Disease Management Program

The Positive Healthcare Disease Management Program will submit a written request for program-initiated disenrollment to the Agency for Health Care Administration (AHCA) for any of the circumstances described above. AHCA will review the request and make a decision.

When a program-initiated disenrollment has been approved by AHCA, but prior to disenrollment, the Positive Healthcare Disease Management Program will notify the member in writing of AHCA’s intent to disenroll him or her from the program. A program-initiated disenrollment notification letter will state the reason for the member’s disenrollment from the program. It will also include the proposed date of his or her disenrollment.
Members are allowed 20 business days to respond to the proposed action. Until the effective date of the disenrollment, including an appeal period, the disease management program shall continue to be responsible to coordinate and manage the member’s health care.

**Review of Membership Termination**

If a member disagrees with the reasons for disenrollment or feels that his or her membership was terminated because of their health or need for care, he or she may request that the Florida Agency for Health Care Administration (AHCA) reviews the termination. Enrollees whose membership is being terminated should contact:

Agency for Health Care Administration  
Positive Healthcare Disease Management Contract Manager  
2727 Mahan Dr., MS-50  
Tallahassee, FL 32308  
Tel: (850) 487-2355

If AHCA determines that a proper complaint exists under the provisions of this section, AHCA will notify the Positive Healthcare Disease Management Program. Within 15 business days after receipt of such notice, the Positive Healthcare Disease Management Program will either request a hearing or reinstate the member into the program. If a hearing is requested, AHCA will determine whether the member will remain in the program or seek services elsewhere after the hearing.

If a member requests a fair hearing, AHCA will arrange it. The fair hearing will determine whether the member will remain in the disease management program or seek services elsewhere after the hearing. AHCA will arrange the hearing at a local AHCA field office. Members are instructed to request a fair hearing by contacting or writing:

Office of Appeals Hearings  
1317 Winewood Boulevard  
Building 5, Room 203  
Tallahassee, Florida 32399-0700  
Phone: (850) 488-1429  
Fax: (850) 487-0662

Members must contact the Office of Appeals Hearings within 90 days of the day they received notice that theirs services are being denied, shortened or terminated.
**Loss of Medicaid Benefits**

If a member loses his or her Medicaid benefits, he or she is no longer eligible for membership in the Positive Healthcare Disease Management Program. Individuals who have lost their eligibility should contact the Florida Department of Children and Families to reinstate eligibility. The Department of Children and Families can be reached at (866) 76-ACCESS or www.myflorida.com/accessflorida.
Section 5: Services Covered

Care Management and Coordination

The Positive Healthcare Disease Management Program covers the services listed below. The majority of the services provided are delivered to members through their Registered Nurse Care Managers (RNCMs).

- Initial health risk assessment given when the member joins the program
- Development of an individual plan of care with the member; his or her primary care provider (PCP), specialist or other health care providers; and family members and/or significant others as designated by the member
- Routine follow up on the member’s plan of care at times designated by the member’s treatment plan, the member, and/or the RNCM
- Periodic health re-assessments
- Quarterly educational materials/newsletters, or more frequent educational interventions as determined appropriate by the RNCM
- Health care monitoring, such as:
  - Coordination of medical care with PCP, specialist, or other health care providers
  - Monitoring of prescription medication fulfillment and medication adherence coaching
- Access to a nurse 24-hours a day, seven days a week
  - During regular business hours (Monday through Friday, 8:00 a.m. to 6:00 pm) members should contact their RNCMs
  - After hours, weekends and holidays, members should call the nurse advice line at (800) 832-0778
- Member education such as information on health conditions, prescription medications, medication adherence, proper nutrition and exercise, prevention, and staying healthy
- Assistance with identifying resources in the community and governmental programs
Periodic Health Assessments

Through its Registered Nurse Care Managers (RNCMs), the Positive Healthcare Disease Management Program conducts annual health risk assessments and periodic re-assessments as necessary.

During these assessments, RNCMs review the following with members:

- Current perception of member’s health status
- Current or recently developed health and wellness concerns
- Mental health screening for depression
- Assessment of progress of personal and medical goals identified in member’s individual care plan. Updating of goals and care plan, if necessary.
- Current medications
- Adherence to medication regimen
- Adherence to provider visits (primary care physician and specialists)
- Health services utilization, such as, emergency room visits and hospitalizations
- Current health and/or social perceived needs
- Sleep patterns
- Sense of well being
- Current/recent substance use, such as, alcohol and recreational drugs.
- Safer sex practices and screening for sexually transmitted diseases
- Preventive health measures taken since last assessment
- Demographic update
- Housing/social issues

The program encourages its members to tell their RNCMs all the facts about their health and how they have been feeling. RNCMs update members’ plans of care and acuity determination levels with member and physician input based on the results of the member health assessments. The RNCMs give updated care plans to the members and their providers.
Section 6: Member Care

Nurse Care Management Team

The Positive Healthcare Disease Management Program’s nurse care management team comprises Regional Managers, Registered Nurse Care Managers (RNCMs) and Licensed Practical Nurses (LPNs). Each Regional Manager oversees the assignment of the regional nursing team and delivery of care to program members. RNCMs have primary responsibility for members and directly provide health risk assessments and care plan development. LPNs are directly supervised by RNs and perform support functions to assist RNCMs in the delivery of disease management services to members. All clinicians are licensed by the State of Florida and have many years of nursing experience with emphasis upon HIV disease.

The Positive Healthcare Disease Management Program assigns each member to an RNCM who is responsible to complete the member health risk assessment and individual care plan development. LPNs assist RNCMs with monitoring of member plans of care and care coordination with providers. All nursing personnel receive continuing education on HIV to remain current and provide knowledgeable assistance to members and providers.

Members may request to change RNCMs for any reason at any time. If you and your patient wish to transfer care to another RNCM, please contact the regional office that serves the county where the member resides (see Section 2 in this publication) or the Statewide Office at (800) 832-0778.

Care Management

The care management program works directly with the member, family members and/or friends, case management organizations, and you, the member’s medical provider, to assist in navigating the complex set of resources that the member may require throughout the continuum of care. At the center of the program, the Registered Nurse Care Manager (RNCM) acts as a liaison between the member and the various providers who provide care and services. The Positive Healthcare Disease Management Program provides member and provider support for indicated and appropriate service delivery.

RNCMs are facilitators for medical services. They are also patient educators. RNCMs monitor adherence with medical treatment and pharmaceutical therapy to support their members. In cases where adherence is problematic, RNCMs assist members and providers in identifying reasons for non-adherence, such as service access issues,
religious/cultural beliefs, financial concerns, complexity of medication regimen, substance use/abuse, lack of knowledge, etc., and work toward solutions and interventions to support member adherence to treatment.

RNCMs work closely with providers to encourage early referrals into the Positive Healthcare Disease Management Program of eligible individuals within their practice who are not listed on the provider’s membership roster. RNCMs participate in multiple community forums, consortia and professional associations to educate the community about HIV/AIDS. These relationships build trust and demonstrate the value of referring eligible individuals to the Positive Healthcare Disease Management Program to the community.

**Disease Management Program Services**

The Positive Healthcare Disease Management Program provides the following services to enrollees:

1. Provide care management and education to enrollees. This includes face-to-face visits with enrollees or their caregivers as needed to improve self-management of their HIV/AIDS disease, any co-morbidities and overall health.
2. Conduct assessments of enrollees to determine health status, severity/acuity level, stratification in a risk category, authorization for PAC waiver services, and development of a plan of care.
3. Coordinate enrollee health care through all levels with emphasis on primary and HIV/AIDS specialist care.
4. Provide active care management of enrollees defined as:
   a. Receiving a complete baseline assessment
   b. Receiving six (6) month level of knowledge assessments
   c. Receiving annual follow-up assessments or more frequently if appropriate
   d. Having contact with the enrollee at least once every six (6) months or more often depending upon the enrollee's severity/acuity level
   e. Collecting lab values and/or clinical data and including them in the enrollee's file every six (6) months or annually at a minimum
   f. Ensuring specific lab values include CD4 and viral load counts for HIV/AIDS as well as others that depend on enrollee's disease state(s). This depends upon the enrollee's severity/acuity level and the frequency with which the measures should be collected.
5. Review enrollee medication profiles
6. Review enrollee medication adherence
7. Provide member education for adherence to treatment, medications and their side effects
8. Enable enrollee and provider access to a registered nurse (RN) through a twenty-four hour a day, seven day a week (24/7) nurse call center accessed by a toll-free telephone number.

9. Work with members who have durable medical equipment (DME) needs. Provide pill boxes and condoms as needed.

10. Review medical records and service utilization

11. Assist in improving pharmaceutical utilization patterns including use of multiple pharmacies, multiple prescribers, over-utilization, and under-utilization

12. Provider Services:
   a. Cooperate with primary care providers (PCPs) and HIV/AIDS specialists to develop and coordinate individual care plans for enrollees
   b. Provide education, support and consultation on HIV/AIDS clinical treatment guidelines for all targeted physicians, specialists and other providers
   c. Provide feedback on enrollee adherence to treatment protocols, as well as status reports addressing health care outcomes
   d. Network with PCPs, hospitals, and other service providers for patient support.
   e. Create enrollee profiles for utilization and cost patterns

The program’s RNCMs work closely with members’ medical providers and/or specialty care physicians (SCPs). Through the use of PosiTrak™, Positive Healthcare’s member management software application (see “Member Information Management” in Section 1 of this publication), RNCMs are able to monitor the frequency of visits and lab work. Medical providers may also obtain additional information concerning the medical management of HIV/AIDS members through the program.

The program, through its RNCMs, is a resource for medical providers and/or specialists. RNCMs assist with providing and coordinating care, educating members and preparing reports on services received and associated outcomes.

Quarterly and upon request, you may receive feedback loop reports from the program’s RNCMs on your patients who are enrolled in the program. This report documents members’ hospitalizations, emergency room utilization, timing of the fills of prescribed medications, outpatient and medical service utilization and active care plan updates. The program integrates claims data into this feedback to give you an idea of the costs and service utilization. RNCMs also provide patients with feedback on their care plans and health service utilization.
Medical Record Review

The program’s Registered Nurse Care Managers (RNCMs) obtains member consent for medical chart reviews at the initial visit with the member and uses this consent to access charts at medical providers’ offices. RNCMs arrange to review medical records with your office staff to accurately inform it of the disease management process.

Medical record reviews are preferably conducted on a six month basis, but no less than annually to affect care plan coordination. All information gathered during the office visit chart review is kept confidential and is expressly for the use of the disease management program and the updating of care plans. The Positive Healthcare Disease Management Program is required by Florida’s Agency for Health Care Administration (AHCA) to conduct these chart reviews as part of the contractual obligations for the disease management program.

All employees are oriented to the confidentiality policies of the Positive Healthcare Disease Management Program and the HIPAA requirements for dealing with protected health information.

Project AIDS Care (PAC) Waiver

The Project AIDS Care (PAC) Waiver program was designed to promote, maintain and optimize the health of persons living with AIDS to delay or prevent institutionalization. PAC waiver provides home and community-based services to Medicaid-eligible persons with a documented diagnosis of AIDS who choose to live at home and remain in the community. Services beyond those offered by Medicaid may be accessed where the need exists. The Positive Healthcare Disease Management Program has been contracted by the Agency for Health Care Administration (AHCA) to assess members after a level of care determination is delivered by the Department of Elder Affairs (DOEA).

Registered Nurse Care Managers (RNCMs) in collaboration with PAC Case Managers conduct comprehensive assessments of PAC recipients. At the conclusion of the comprehensive needs assessments, the RNCMs assigns an acuity level for the individual PAC recipient. Eligible PAC recipients may voluntarily enroll in the disease management program.

The PAC Waiver Handbook contains the acuity determination levels for each PAC service. When a PAC service is ordered by a medical provider, the program compares the service request to the PAC Waiver Handbook. If the requested service
is not available to the PAC recipient because of to his/her acuity level determination, the provider, recipient, or PAC Case Manager may submit additional information and request a prior authorization review of the requested service. The additional information and prior authorization is considered for medical necessity. If the service meets medical necessity, the request is authorized. If the criteria are not met, the request is forwarded to the program’s Medical Director for review. If the request is deemed appropriate by the Medical Director, the service is authorized. If it is determined not to be indicated or medically necessary, the program issues a denial notice to the requesting provider, recipient and PAC agency. The program follows the PAC Waiver Handbook as it relates to recipient and provider notification. Please see the PAC Waiver Handbook on the Positive Healthcare Disease Management website at www.positivehealthcare.org.

**Practice Guidelines**

The Positive Healthcare Disease Management Program has adopted the Department of Health and Human Services (DHHS) guidelines as the evidence-based guidelines used to monitor care in the disease management program. Treatment recommendations, member interventions and outcome measures are consistent with these guidelines. The DHHS guidelines are nationally recognized as the standards of care for the treatment of HIV disease in adults and children and are updated regularly. The DHHS guidelines are located at www.aidsinfo.nih.gov.

The program will communicate updates to DHHS guidelines to you in the form of letters, emails, faxes or verbal communication. We encourage you to refer to the DHHS website to check for updates as well.

**Notification of Member Safety and Clinical Updates**

When the Positive Healthcare Disease Management Program identifies potential member safety issues or practice guideline changes, it will notify appropriate treating providers. Either the members’ assigned Registered Nurse Care Managers (RNCMs), Regional Managers, and/or program Medical Director communicate such notification. The program may deliver notification in person, via telephone call, electronic mail, or mailed letter. The method of delivery will be dependent upon the nature of the update, and may fall into the following categories:

- **Immediate Update**: Information that is urgent in nature and represents FDA drug recalls and/or black box warnings related to specific members and their providers. The program communicates these types of warnings in writing.
• Routine Update: Information that is deemed relevant to change provider prescribing or procedural practices. The program communicates this information through its quarterly provider newsletter.

**Member Education Resources**

In the course of providing care to the program’s members and your patients, you may wish to direct them to the following websites for patient education and community-based support information, i.e., support groups, financial resources, etc. These websites have been approved by the Florida Agency for Health Care Administration (AHCA) for use by the program and providers who treat members. The Positive Healthcare Disease Management Program does not endorse or sponsor these third-party websites and is not responsible for their content. The program is providing this list as a courtesy and convenience for you and your patients.

- AA Intergroup — www.anonpress.org
- Aging with Dignity — www.agingwithdignity.org
- AIDS Action — www.aidsaction.org
- Aids Infonet — www.aidsinfonet.org
- AidsMeds.com — www.aidsmeds.com
- American Association of People with Disabilities — www.aapd-dc.org
- American Cancer Society — www.cancer.org
- American Diabetes Association — www.diabetes.org
- American Heart Association — www.americanheart.org
- American Lung Association — www.lungusa.org
- American Red Cross — www.redcross.org
- American Social Health Association — www.ashastd.org
- Apartments.com — www.apartments.com
- Centers for Disease Control — www.cdc.gov
- Craig’s List — www.craigslist.com
- Drugs.com — www.drugs.com
- E-medicine Health.com — www.emedicinehealth.com
- Feeding America — www.feedingamerica.org
- Florida HIV/AIDS Hotline — 211bigbend.net/florida-hivaids-hotline.html
- Food and Drug Administration — www.fda.gov
- Gay Men’s Health Crisis — www.gmhc.org
- Habitat for Humanity — www.habitat.org
- HCV Advocate — www.hcvadvocate.org
- Health Resources and Services Administration (HRSA) AIDS Education and Training Centers – www.hab.hrsa.gov
- Healthcare South — www.healthcaresouth.com
• Hepatitis Foundation International — www.hepatitisfoundation.org
• HIV and Hepatitis.com — www.hivandhepatitis.com
• HIV Care net — www.hivcarenet.net
• Housing and Urban Development — www.hud.gov
• Legal Zoom — www.legalzoom.com
• Lighthouse for the Blind — www.lighthouse-sf.org
• Live Strong — www.livestrong.com
• Low Oxalate — www.lowoxalate.info
• Medicare — www.medicare.gov
• Men’s Health Network — www.menshealthnetwork.org
• National Alliance on Mental Illness — www.nami.org
• National Association of People with AIDS — www.napwa.org
• National Foundation for Transplants — www.transplants.org
• National Osteoporosis Foundation — www.nof.org
• Needy Meds — www.needymeds.org
• Nurse.com — www.nurse.com
• Ohio State Medical Center — www.osu.edu
• Pasco County World AIDS Day Committee — www.pascoworldaidsday.com
• POZ — www.poz.com
• Project Inform – www.projectinform.org
• Reduce Triglycerides. Com — www.reducetriglycerides.com
• RN CEUs.com — www.RNCEUs.com
• Safelink — www.safelinkwireless.com
• Sandra Cabot, MD — www.liverdoctor.com
• Smokefree.gov — www.smokefree.gov
• Social Security — www.ssa.gov
• Substance Abuse and Mental Health Services Administration — www.samhsa.gov
• Survivorship A-Z — www.survivorshipatoz.org/hiv/
• The Body — www.thebody.com
• The Lancet — www.thelancet.com
• The Mayo Clinic — www.mayoclinic.com
• United Way — www.liveunited.org
• Volunteer Match — www.volunteermatch.org
• Web MD — www.webmd.com
Member Transportation through Medicaid

Medicaid Non-Emergency Medical Transportation (NEMT) services are defined as medically-necessary transportation for any recipient and personal care attendant or escort, if required, who have no other means of transportation available to any Medicaid-compensable service for the purpose of receiving treatment, medical evaluation or therapy. NEMT services do not include ambulance transportation.

Medicaid NEMT services are provided through contracts with the Florida Commission for the Transportation Disadvantaged, certain Medicaid Health Maintenance Organizations (HMO) and Medicaid Reform Provider Service Networks (PSN). Medicaid Ambulance Transportation Services provide medically necessary ground or air ambulance transportation to Medicaid eligible recipients.

NEMT services are available only to eligible recipients who cannot obtain transportation on their own through any available means such as family, friends or community resources.

NEMT services are scheduled through the Community Transportation Coordinator (CTC) in each county under contract with the Commission for the Transportation Disadvantaged. If a member requires assistance with transportation, please direct him or her to contact his or her Registered Nurse Care Manager (RNCM) or the Positive Healthcare Disease Management Program regional office that serves the county where he or she lives (see Section 2 in this publication).

Language Assistance

Each member of the Positive Healthcare Disease Management Program has the right to receive disease management program information in the language that he or she is most comfortable with. Members may receive program documents in English, Spanish, and other languages. Members should contact their Registered Nurse Care Managers (RNCMs) or the regional office that serves the county where they live in to request program materials in alternate languages (see Section 2 in this publication).

The Positive Healthcare Disease Management Program retains Language Line, a certified interpreter services company, which operates 24 hours a day, seven days a week. All program employees may access interpreter services 24-hours a day for telephone calls or face-to-face visits.
**Hearing Assistance**

Members who are hearing impaired and use a TTY/TDD device, are directed to call 711 to access the Florida Relay Service. When they reach the relay service operator, they simply provide the operator with the number they wish to reach.

**Americans with Disabilities Act**

The Positive Healthcare Disease Management Program complies with the Americans with Disabilities Act of 1990 (ADA). This Act protects members from discrimination concerning all medical services because of disability. If a member feels he or she has been discriminated against because of a disability, he or she is directed to call the regional office that serves the county in which he or she lives (see Section 2 in this publication).
Advanced Directives

Each member of the Positive Healthcare Disease Management Program is provided a copy of *Five Wishes*, an advance directive form, with his or her new member enrollment packet. The program encourages its members to complete this form and share their wishes and completed form with their medical provider(s), family/significant other and their Registered Nurse Care Manager (RNCM).

Members Inquiries

If members of the program have inquiries about their membership in the Positive Healthcare Disease Management Program or the services and benefits offered to them through the program, first direct them to contact their Registered Nurse Care Manager (RNCM). RNCM contact information is included with each new member enrollment packet. If they don’t have their RNCM’s contact information, please direct them to call the regional office that serves the county where they live (see Section 2 in this publication), or call the Positive Healthcare Disease Management Program Statewide Office at (800) 832-0778, Monday through Friday, 8:00 a.m. to 6:00 p.m.

If a Member Goes Out of Town

Should you become aware that a member will leave town for two weeks or more, please direct him or her to contact his or her Registered Nurse Care Manager (RNCM) prior to departure. The RNCM will review the member’s out of town needs and assist the member in putting a travel preparation plan together and identifying local services where necessary to meet any special needs during the member’s out of town travel. The RNCM will seek provider input into the member’s travel plan if necessary.

If a Member Permanently Moves

Should you become aware that a member has or will permanently move, please direct him or her to contact his or her Registered Nurse Care Manager (RNCM) as soon as possible. The member should also report the change of address to the Florida Department of Children and Families at (866) 76-ACCESS or www.myflorida.com/accessflorida. It is important that members’ keep their information current with the Florida Department of Children and Families to ensure there are not interruptions in Medicaid coverage and medical care.
**Section 7: Reporting**

The Positive Healthcare Disease Management Program is required per its contract with the Agency for Health Care Administration (AHCA) to provide certain program reports to AHCA on a quarterly and annual basis. These reports are available to you upon request. To request a copy of the reports that the program publishes, please contact the Positive Healthcare Disease Management Program Statewide Office at (800) 832-0778, Monday through Friday, 8:00 a.m. to 6:00 p.m.

Any medical provider may ask for available reports for inpatient, pharmacy, outpatient or medical claims within the availability and contractual obligations of the program for his or her patients who are members in the program. You may request these reports by calling the Statewide Office at the number above, or by logging into the Positive Healthcare Disease Management Program physician portal. Go to www.positivehealthcare.org.
Section 8: Complaints and Grievances

Member Complaints and Grievances

A “complaint” is any expression of dissatisfaction by a member that relates to the quality of care provided by the Positive Healthcare Disease Management Program. A complaint is part of the informal steps of a grievance procedure. A complaint is not considered a grievance until the program receives a written complaint.

A “grievance” is a written complaint submitted by or on behalf of a member to the Positive Healthcare Disease Management Program or the Agency for Health Care Administration (AHCA) regarding the availability, coverage, delivery or quality of services provided by the program.

Members have the right to file a complaint or grievance at any time. The Positive Healthcare Disease Management Program records all complaints in its PosiTrak™ member management application. Members may submit a complaint by telephone and a grievance in writing or in person. Complaints that the program receives over the phone and resolves within the next business day do not receive a written response.

All other complaints and grievances require a written acknowledgement from the program to the complainant within five (5) calendar days from receipt of the complaint or grievance. An acknowledgement letter will inform the complainant that the grievance has been received, the date of receipt, and provide the name, telephone number and address of the disease management program representative who may be contacted regarding the grievance.

The program aims to resolve grievances within 30 calendar days from receipt. If a grievance is not resolved within 30 days, the program will notify the complainant of the status of the complaint and will provide an estimated date for resolution of the complaint.

Members are directed to file complaints by calling the Positive Healthcare Disease Management Program regional office that serves the county in which they live (see Section 2 in this publication), or the Statewide Office at (800) 832-0778, Monday through Friday, 8:00 a.m. to 6:00 p.m. Members may also submit complaints in writing to:
Provider Complaints

If you wish to file a complaint about the Positive Healthcare Disease Management Program, please contact the regional office that serves the county in which you practice (see Section 2 in this publication).

The program will do its best to resolve your complaint and provide a written response to you regarding the action it took to resolve your complaint within 30 days from receipt of the complaint.
Section 9: Rights and Responsibilities

Provider Rights

Providers who treat Positive Healthcare Disease Management Program members have the right to:

- Be informed of participating contractual obligations placed on the program by the sponsoring government agency
- File a grievance or complaint about the program
- Receive a copy of documentation from the appropriate government agency authorizing the Positive Healthcare Disease Management Program to perform disease management services in the state
- An overview of the Positive Healthcare Disease Management Program and AIDS Healthcare Foundation
- Receive documentation describing the program’s organizational structure
- Contact information for statewide and regional offices, including that for regional managers and Registered Nurse Care Managers (RNCMs)
- Contact information for the sponsoring government agency
- Review staff qualifications for employees of the program who perform clinical functions
- Receive a copy of the description of services performed under contract
- Give feedback on the program
- Receive government agency contractual reports (as requested)
- Receive current HIV/AIDS treatment guidelines from nationally accepted sources
- View current initial assessments and plans of care upon request
- Receive necessary forms and publications, i.e. enrollment and office visit forms; Membership Guide; Agency for Health Care Administration letters to providers and recipient; etc., so that you may promote the program and assist the Positive Healthcare Disease Management Program in obtaining patient consent and signatures on enrollment forms, etc.
- Member information obtained through the program in the coordination of disease management services for clinical decisions
- Respectful and courteous interactions with program staff
- Collaboration with other HIV/AIDS primary care providers and specialists who work with the program
- Information that defines the RNCM’s role in providing care to members
Member Rights and Responsibilities

Below and on following page is the text of “Member Rights and Responsibilities” that appears in the Membership Guide that is distributed to all members of the program.

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As a member of the Positive Healthcare Disease Management Program, you have the right to:

- Be treated with respect, with the Positive Healthcare Disease Management Program giving due consideration to your right to privacy and the need to maintain confidentiality of your medical information
- Be provided with information about the Positive Healthcare Disease Management Program and its services
- Change your Registered Nurse Care Manager (RNCM)
- Participate in decision making regarding your own health care, including the right to refuse treatment
- Voice complaints, either verbally or in writing, about the organization or the care received
- Receive oral interpretation services for your language of choice
- To create advance directives
- Review your disease management medical record after giving the Positive Healthcare Disease Management Program a written request to do so
- Disenroll upon request
- Receive written member informing materials in alternative formats, including Braille and large-size print upon request
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation
- Receive information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand
- Freedom to exercise these rights without adversely affecting how you are treated by the Positive Healthcare Disease Management Program, your RNCM, or the State

To help you with your plan of care, the Positive Healthcare Disease Management Program ask that you:

- Give the disease management staff accurate information
- Treat the disease management staff with respect
- Participate in your health care. This means taking care of medical problems before they become more serious.
- Keep in touch with and regularly see your primary care provider (PCP) and Registered Nurse Care Manager (RNCM)
• Cooperate with your RNCM, follow his or her instructions regarding your care and take all of your prescribed medications as directed
• Participate in the development of your individual care plan
• Report unexpected changes in your condition to your RNCM and PCP
• Arrive on time for your doctor visits. Call if you will be late or need to cancel or reschedule your appointment.
• Adhere to your care plan and medication regimen
• Be courteous and cooperative with people who provide you with health care services
• Not participate in Medicaid fraud or any inappropriate use of your Medicaid coverage through the Positive Healthcare Disease Management Program or the Medicaid fee-for-service system
Section 10: Confidentiality and Privacy Practices

The Positive Healthcare Disease Management Program is committed to protecting members’ confidentiality and health information. Members have the right to have a confidential relationship with their Registered Nurse Care Managers (RNCMs). When RNCMs talk to members’ health care providers about treatment plans, they will do so confidentially.

Should a member or you have concerns or questions about members’ right to confidentiality, please call the Positive Healthcare Disease Management Program Statewide Office at (800) 832-0778, Monday through Friday, 8:00 a.m. to 6:00 p.m.

The Positive Healthcare Disease Management Program is in compliance with all HIPAA regulations and Florida Statues concerning protected health information, patient privacy and confidentiality.