

District Cares

Member Handbook

A helpful guide to accessing services through the **District Cares Program** and **C.L. Brumback Primary Care and Dental Clinics.** Operated by the Health Care District of Palm Beach County.

The District Cares program is a primary care and prevention focused health care program for eligible Palm Beach County residents. This is not a health insurance plan and is not considered creditable coverage. (05/2018)

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WELCOME!

Welcome to the District Cares Program (formerly the Option 1 Program). Although we have changed our name, our commitment to you remains the same. Your enrollment in our program means you will have access to the C.L. Brumback Primary Care and Dental Clinics.

We offer quality medical services for adults and children. The C. L. Brumback Primary Care Clinic is your medical home for all of your primary care needs. A medical home is a partnership between the patient, family and personal physician primary care provider in cooperation with specialists and support from the community. Your medical home is built around you and your family, coordinates all of your health care needs and ensures you get the care and support you need when you need it.

You will receive all your primary care services by a C.L. Brumback primary care provider, your "PCP". Your membership card is enclosed in this packet and will identify one of the C.L. Brumback Primary Care Clinics where you are assigned. Bring your membership card every time you receive services.

District Cares is a health coverage program for Palm Beach County residents who are not Medicaid or Medicare eligible and do not have private health insurance. This is not insurance, not considered creditable coverage, it is a health coverage program. Your doctor at C.L. Brumback Primary Care Clinic will treat, supervise and coordinate your care, so it is important that your doctor knows you well.

A medical home is all about you! Thank you for trusting us with your health care needs.

The District Cares Program and the C.L. Brumback Primary and Dental Clinics are operated by the Health Care District of Palm Beach County The Health Care District of Palm Beach County provides adult and pediatric services at the C. L. Brumback Primary Care Clinics throughout the county, health coverage programs for uninsured residents, a pharmacy operation, a nationally recognized Trauma System, dedicated nurses in nearly 170 public schools, a long-term skilled nursing and rehabilitation center, and acute care hospital services at Lakeside Medical Center, the county's only public hospital, serving the rural western Palm Beach County communities along the southeastern shore of Lake Okeechobee.

WHEN YOUR CARE STARTS -**ELIGIBILITY**

Your eligibility was recently approved. Eligibility automatically expires six (6) months after the effective date of coverage. We suggest you begin the renewal process prior to your expiration date to avoid any break in your coverage. You can reapply up to sixty (60) days before your eligibility expires, this is considered the renewal process.

Renewal of Membership - To continue as a member of the District Cares Program:

- You must reside in Palm Beach County;
- You must re-apply and be determined eligible every six (6) months.

DISTRICT CARES MEMBERSHIP CARD

Carry your membership card with you at all times. Your membership card is your proof of enrollment in the District Cares Program. You will be asked to show your membership card plus one other form of identification. You will receive all your primary care services by a when you receive services.

Lost or Stolen membership cards –Do not allow anyone to use your membership card; misuse of your membership card may affect your enrollment within the program. You must report a lost or stolen card immediately. Contact the Customer Service Department at 1-866-930-0035.

Along with this handbook, you received a District Cares membership card. If you did not receive a membership card, call Customer Service right away. Your membership card has your C.L. Brumback Primary Care Clinic location and telephone number.

When you receive your membership card:

- Check to make sure the information on your ID card is correct. Is your name spelled right? If anything on your membership card is wrong, call Customer Service at 1-866-930-0035 right away. We will update your information.
- Keep your membership card in a safe place. If you lose or damage your membership card, call Customer Service for replacement.
- Show your membership card whenever you:
 - have a doctor's appointment 0
 - go to the hospital 0
 - need urgent care/emergency services 0
 - pick up a prescription 0

Making or Canceling Appointments - Call as far in advance as possible to make an appointment. Inform your PCP that you are a District Cares member and vou need an appointment.

If you need to cancel an appointment, you must give your doctor at least 24-hour notice. If you fail to keep your appointment, you are at risk of losing your eligibility.

Care after Regular Office Hours - If you are sick or injured after regular office hours, please call your Primary Care Physician. The telephone number is listed on the front of your membership card.

As a patient of C.L. Brumback Primary Care Clinic, you have access to triage and/or screening services, 24 hours per day, 7 days per week. Call the number on your membership card. A person will answer the phone when the office is closed. Ask to speak to your PCP or to any available doctor. A doctor will call you

HOW DO I GET HEALTH CARE?

C.L. Brumback Primary Care Provider (PCP).

Your membership card will identify one of the C.L. Brumback Primary Care Clinic locations, this is your medical home. You may not always see or speak to that same doctor when you receive care. In addition to your primary care physician, you may receive some health care services from people who work in your physician's office, such as other doctors, physician assistants and nurse practitioners.

A medical home is a home base for your medical and non-medical care. A medical home is a partnership between the patient, family and primary care provider in cooperation with specialists and support from the community. Your medical home is built around you and your family, coordinates all of your health care needs and ensures you get the care and support you need when you need it.

Your PCP gives you "primary," or basic, medical care. Health care services you can get from your PCP include:

- Routine care
- Referrals to see a Specialist
- Sick care. These visits are when you see your PCP when you are not feeling well.
- Care for most chronic (long-term) conditions
- Medical advice
- Medication prescribing and refills
- Counseling on healthy living

CLINIC LOCATIONS and HOURS

Belle Glade Primary Care Clinic:

941 S.E. 1st Street, Belle Glade, FL 33430 561-996-6156 M-F, 8am to 5pm / Saturday 9am – 1pm

Boca Raton Primary Care Clinic:

23123 State Rd 7 #108, Boca Raton, FL 33428 561-370-1363 M-F, 8am to 5pm

Delray Beach Primary Care Clinic:

225 South Congress Ave, Delray Beach, FL 33445 561-279-2665 M-F, 8am to 5pm / Saturday 9am – 1pm Extended hours Wednesday to 7pm

Jupiter Primary Care Clinic:

411 W Indiantown Rd, Jupiter, FL 33458 561-370-1356 M-F, 8am to 5pm

Lake Worth Primary Care Clinic:

7408 Lake Worth Rd # 700, Lake Worth, FL 33467 561-370-1320
M-F, 8am to 5pm / Saturday 9am – 1pm
Extended hours Thursday to 7pm

Lantana Primary Care Clinic:

1250 Southwinds Drive, Lantana, FL 33462 561-582-5559 M-F, 8am to 5pm / Saturday 9am – 1pm Extended hours Monday to 7pm

West Palm Beach Primary Care Clinic:

1150 45th Street, West Palm Beach, FL 33407 561-842-7383 M-F, 8am to 5pm / Saturday 9am – 1pm Extended hours Tuesday to 7pm

HOW WE MAKE COVERAGE DECISIONS

We believe that all decisions about your care should be based on medical necessity, medical appropriateness, safety and the covered benefits of the District Cares program. Our plan does not encourage or offer financial incentives to its participating providers to deny any type of care or deny treatment to patients. If you wish to speak about a covered service or a denial of service, call Customer Service at 1-866-930-0035. You can ask for an explanation of any health service you feel is necessary.

Medically Necessary refers to all covered services that are reasonable and necessary to protect life, prevent significant illness or significant disability, or to alleviate severe pain through the diagnosis or treatment of disease, illness or injury. Services are reviewed, modified

(changed), approved or denied according to medical necessity. No doctor has to give you services that the doctor doesn't believe you need. Services are subject to all terms, conditions, limits and exclusions.

Out of Area Use – District Cares does not cover services received outside of Palm Beach County unless authorized by the Health Care District.

Specialty Care - Specialty care services are services provided by a participating specialist that has been requested by your primary care physician. The specialist is responsible to report findings and recommendations back to your primary care physician. Specialist may include (not limited to): PAs, ARNPs, Nutritional Counseling, Diabetic Education, Speech, Occupational and Physical Therapy.

If you need to see a Specialist, your PCP will refer you to a participating Specialist. The most recent Provider Directory is available on www.hcdpbc.org for you to see which providers you may use.

The District Cares program will not pay for any service, supply, or care that requires a referral if the referral was not first obtained from your participating provider.

Referrals – If you need the care of a Specialist or other service, contact your Primary Care Physician. The Specialist may refer you for additional services or you may be referred back to your PCP.

The following specialists do not require a referral from your Primary Care Physician as long as they are participating providers with the Health Care District. For a list of these providers, please visit our website www.hcdpbc.org

- Podiatry
- OB/GYN and Family Planning
- Dermatology
- Hematology
- Oncology
- Endocrinology
- Perinatology
- Pulmonology
- Gastroenterology
- Rheumatology
- Nephrology
- Infectious Disease
- Optometry: One (1) visit every 365-days (regardless of service provided).
- Neurology
- Otolaryngology (ENT)
- Therapy (physical, occupational and speech)
 *combined limit of 30 treatments per calendar year.

CUSTOMER SERVICE DEPARTMENT

Information available on the internet

www.hcdpbc.org, is a great resource. You can:

- Find a doctor.
- Find a hospital,
- Learn about your benefits,
- Learn more about privacy rights,
- · Find out about your rights and responsibilities, or
- File a complaint

As a C.L. Brumback Primary Care patient, you have access to view your patient records. Since this information is private, you will need to log on. Go to www.clbrumbackprimarycareclinics.org to find out what to do, be sure to have your ID card ready as we ask for your Patient ID number. By creating an account to access patient records, you can view and monitor your health history. This includes secure access to:

- Request appointments
- View test and lab results
- Medical conditions
- Medications
- Allergies
- Immunizations
- Test results
- Request prescription refills

Questions, Changes, Suggestions or Problems – If you have any questions regarding services, have suggestions, have a status change, received bills in error or if you wish to register a complaint, please contact Customer Service at 1-866-930-0035. Representatives are available Monday through Friday, 8:00 a.m. – 5:00 p.m., except holidays.

Change In Status – Please call the Customer Service Department if:

- Your address and/or telephone number changes.
- You intend to move from Palm Beach County.
- You obtain other medical coverage.
- You become eligible for Medicaid, Medicare, insurance, or another program; your medical care may not be paid by the Health Care District.
- You become pregnant.

Complaints - If you are not satisfied with a service you received and would like to file a complaint, you can do so by calling the Customer Service at 1-866-930-0035. A Representative will assist you and will attempt to resolve any problems you may have.

Payments – A co-payment is an amount of money that you must pay to the provider for certain included services at the time of treatment or service. Co- payments may

apply for authorized covered services provided by a participating provider. You are responsible for charges for any unauthorized services.

You are responsible for the following:

- Services not covered by District Cares
- Services received from a doctor, hospital, or other medical provider that is not a contracted provider
- Services requiring a referral and a referral was not obtained
- Services received outside of Palm Beach County
- Applicable co-payments.

Billing Statements - If you receive a bill by mistake, do not ignore it! Call the billing provider immediately and inform them of your District Cares coverage. Be sure to give them your member identification number. The physician or medical provider is responsible for submitting a claim form to the Health Care District. If you have any questions please call the Customer Service Department at 1-866-930-0035. DO NOT send your bills directly to Customer Service unless requested.

TERMINATION PROCESS

Termination of Membership - As documented on the application, you are applying for services and certifying that all of the information and documentation provided to the Health Care District of Palm Beach County ("District") is true, correct and complete. It is the policy of the District that progressive remedial action up to and including termination of individuals and /or entire family units from assigned District Cares will occur if evidence of (not limited to) members providing false information on the application, if the member displays inappropriate behavior, compliance and conduct issues.

You can terminate your membership in the District Cares Program at any time by giving written notice to the Customer Service Department. Call 1-866-930-0035 for more information.

Termination of Membership (continued)

Warning letters and the termination of individuals and/or entire family units from District Cares program or the application process may occur if evidence of the following is discovered:

 Providing false information, withholding information or falsifying documentation for the initial eligibility application or renewing eligibility.

- Failure to keep clinical appointments and non- compliance with provider prescribed treatment.
- Abusive or inappropriate language including rudeness.
- Disruptive behavior including yelling, refusing to leave a premise or being excessively loud.
- Inappropriate or excessive use of health care services or provider facilities.
- Possession of firearms or weapons at provider offices and/or locations.
- Physical, verbal or written threats to Providers or their staff; District staff or other District members, etc.
- Enrollment in a Health Insurance Plan or other health care coverage.
- Alteration of prescriptions including radiology, laboratory, therapies or medications.
- Intentional destruction of property on provider or District premises.
- Fraud involving misuse of the member ID card and/or medical services.
- Non-compliance in providing requested information after the eligibility post-audit.
- Physical altercation on premises of a provider office or facility.

The above occurrences can result in a first warning, second warning or termination from the District Cares program for one (1) year from the date of notification.

APPEAL PROCESS

The Health Care District has implemented an appeal process for termination of eligibility. If you would like to appeal the decision to terminate your eligibility, you must appeal the decision in writing within 60 days of the date of the termination notice. The District has up to 60 days to respond to your appeal. All appeal decisions are final. Please send all correspondences to:

Health Care District of Palm Beach County Attention: Patient Access Management 1515 N. Flagler Drive, Suite 101 West Palm Beach, Florida 33401-3429

If a member is enrolled with the District Cares program after his/her disenrollment period is completed and there is a cause for another disenrollment, the member will be disenrolled for a period up to five (5) years and prohibited from participation in the District Cares program.

PHARMACY SERVICES

Prescription drug services are medically necessary and appropriate drugs prescribed by your primary care physician or specialty physician.

All District Cares members are eligible for prescription medication coverage. Present your prescription, your membership card, and your identification to one of the Health Care District pharmacies.

Pharmacy Limitations-

- A selection of maintenance medications are available as 90 day supplies at HCD pharmacies.
- Generic must be dispensed, unless the product is not available in a generic form.

Pharmacy Refills- Call the HCD pharmacy location where you picked up your medication and request a refill. This is an automated system, make sure you have your prescription bottle with you.

Patient Assistance Programs- Patient Assistance Programs, or PAPs are available for some non-covered brand name medications. These programs are offered by pharmaceutical companies to provide prescription drugs to qualifying individuals.

If a Patient Assistance Program is available, speak with your Doctor and complete the application process. We are available to answer questions.

PHARMACY LOCATIONS and HOURS

Pharmacies and/or locations are subject to change.

HCD Pharmacy Belle Glade:

941 S.E. 1st Street, Belle Glade, FL 33430 561-209-2580 M-F, 8am to 5pm / Saturday 9am – 1pm *Closed from 12:30pm – 1pm

Delray Beach Primary Care Clinic:

225 South Congress Ave, Delray Beach, FL 33445 561-209-2570

M-F, 8am to 5pm / Saturday 9am – 1pm Extended hours Wednesday to 7pm

Jupiter Primary Care Clinic:

411 W Indiantown Rd, Jupiter, FL 33458 561-209-2572 M-F, 8am to 5pm

HCD Pharmacy Lake Worth:

7408 Lake Worth Rd #700, Lake Worth, FL 33467 561-209-2571

M-F, 8am to 5pm / Saturday 9am – 1pm Extended hours Thursday to 7pm

HCD Pharmacy Lantana:

1250 Southwinds Drive, Lantana, FL 33462 561-209-2575 M-F, 8am to 5pm / Saturday 9am – 1pm

Extended hours Monday to 7pm

HCD Pharmacy West Palm Beach:

1150 45th Street, West Palm Beach, FL 33407 561-209-2577 M-F. 8am to 5pm / Saturday 9am — 1pm

M-F, 8am to 5pm / Saturday 9am – 1pm Extended hours Tuesday to 7pm

WHAT IS COVERED: DISTRICT CARES SUMMARY OF BENEFITS

As a member of the District Cares Program, you have access to the following covered medical benefits. In order to receive full coverage, you must follow procedures to obtain authorization for Health Care District covered services. The Health Care District will only pay for services provided by Health Care District participating providers, hospitals, and authorized services. Included services are limited to those medically necessary as determined by Health Care District criteria and are subject to change. Please contact Customer Service to confirm covered benefits at 1-866-930-0035.

SERVICE	AUTHORIZATION	LIMITATIONS
Dental		Limited to PCP Dental Screenings. All other dental services available at the C.L. Brumback Dental Clinic.
Durable Medical Equipment/ Supplies	Prior authorization required.	Must be medically necessary and limited to Health Care District approved devices. Health Care District does not cover repair, replacement or revision of DME.
Home Care	Prior authorization required.	Skilled care only.
Home Infusion	Prior authorization required.	None
Hospice	Not required.	45-day limit (in-patient) per calendar year.
Emergency Room	Not required.	Must be determined emergent care only. Emergency Room: You will have six (6) emergency room visits per calendar year. This applies to adults 21 years of age and older. This does not apply to pregnant women. If the emergency room visit results in an inpatient admission, it will not count towards the limit as these services are billed as inpatient.
Inpatient - Acute Care	Prior authorization required.	10-day limit per calendar year.
Inpatient - Rehabilitation	Prior authorization required.	42-day limit per calendar year.
Orthotics	Prior authorization required.	Restricted to joint immobilization as medically necessary.
Prosthetics	Prior authorization required.	One (1) prosthetic per lifetime. Health Care District does not cover the repair, replacement, or revision of prosthetics, implants or hardware.
Outpatient Diagnostic	Prior authorization may be required.	Must be medically necessary.
Outpatient Surgery	Prior authorization may be required.	Must be medically necessary.
Outpatient Therapy	Prior authorization may be required.	Combined limit of 30-treatments per calendar year.
Pharmacy Services		Restricted to approved list of medications (formulary) and Health Care District of Palm Beach County pharmacy locations
Primary Care	Not required.	Comprehensive annual and routine visits
Specialty Care	Prior authorization may be required.	Specialty care must be provided by a participating physician and be medically necessary or ordered/recommended by the Primary Care Physician.
Optometry	Not required.	One (1) visit every 365-days (regardless of service)
Ophthalmology	Prior authorization required.	Diagnosis, treatment, and management of eye diseases.
Skilled Nursing Facility (SNF)	Prior authorization required.	Limited to Edward J. Healey Rehabilitation & Nursing Center,
Trauma	Prior authorization required.	Limited to Trauma Centers and Medical eligibility as determined by emergency personnel.

LIMITATIONS AND EXCLUSIONS

PHARMACY EXCLUSIONS

- All drugs that are not listed in the Health Care Districts 'Pharmacy Formulary (approved list).
- Infertility Medication.
- · Chemotherapy drugs unless prior authorized.
- Rogaine (Minoxidil) for hair restoration.
- Medications that are not medically necessary or medically appropriate.
- Inpatient drugs.
- Drugs that are not recommended or approved for general use by the Food and Drug administration.
- Drugs that are experimental or investigative.
- Medications that are dispensed by a non- participating pharmacy.
- Prescriptions refilled in excess of the amount specified by the physician.
- Appetite suppressants or any drugs for weight control.
- Refilling of a prescription before its refill date or oneyear after issuance, (6 months for controlled drugs).
- Therapeutic devices or appliances, support garments, and other non-medicinal substances, unless prior authorized.
- Any medication therapy related to benefits exclusions listed in the Member or Provider Handbook.

PROGRAM EXCLUSIONS

- All costs associated with the collection and preservation of sperm for artificial insemination.
- Allergy testing and immunotherapy.
- Alternative and holistic health care services.
- Ambulance Services.
- · Amniocentesis.
- Any medical service provided or received outside of Palm Beach County will not be considered for reimbursement by the Health Care District of Palm Beach County unless authorized by the Health Care District.
- Any patient treated in a hospital while under arrest by, in custody of, being guarded by a law enforcement officer, or under house arrest (as an outcome of incarceration and/or sentencing).
- Any service provided or received without having been prescribed, directed or authorized by the Health Care District.
- Any services in connection with education and treatment for learning or developmental disabilities.
- · Balloon Sinuplasty procedures;
- Bone Stimulators.
- Cardiac rehabilitation.
- Care or treatment of anorexia nervosa or bulimia.
- Carpal tunnel surgical procedures.
- · Chelation therapy.
- Chiropractic treatment or services.
- · Complications related to non-covered services.
- Cost of services performed by another institutional facility while you are hospitalized in a facility.
- Custodial, domiciliary, convalescent or rest care and care in a skilled nursing facility.

- Dental services, limited to C.L. Brumback Dental Clinic
- Diabetic shoes, diabetic shoe inserts or any item related to diabetic footwear.
- treatments and procedures provided primarily for cosmetic purposes, which shall include but are not limited to: (1) surgery to the upper and lower eyelid; (2) penile implant; (3) augmentation mammoplasty; (4) reduction mammoplasty for male or female or other cosmetic procedures to the breast, (5) removal of breast implants, except in post mastectomy surgery; (6) full or partial face lift; (7) dermabrasion or chemical exfoliation; (8) scar revision,(9) otoplasty; (10) surgical lift, stretch, or reduction of the abdomen, buttocks, thighs, or upper arm; (11) silicone injections to any part of the body; (12) rhinoplasty; (13) hair transplant; and (14) tattoo removal.
- Dialysis for chronic renal failure after the 90th day of treatment from first day of dialysis treatment; dialysis treatments within the home.
- ECP (External Counterpulsation).
- Experimental medical, surgical or psychiatric procedures and pharmacological regimes that are not generally accepted by the medical community or the Health Care District.
- External defibrillator vest.
- Eye glasses or contact lenses.
- Fertility or infertility testing, artificial insemination or invitro fertilization, embryo transplantation, human chronic gonadotropin (HCG) injections or reversal of sterilization procedure.
- Foot care, such as removal of warts, corns, or calluses, including, but not limited to, podiatric treatment of bunions, toenails, flat feet, fallen arches, hammertoes, and chronic foot strain.
- Gastric stapling, gastric bypass, gastric banding, and other surgical experimental or investigational procedures for the treatment of obesity, weight loss and/or weight management. Diet programs and any variants thereof or exercise programs.
- Genetic testing, counseling and other related services.
- Health or beauty aids, or hair analysis.
- Hearing aids.
- Hyperbaric services for would care
- Immunizations required for travel and physical examinations needed for employment, insurance, or governmental licensing.
- Joint replacements.
- Medical or rehabilitation services related to the abuse of or addiction to alcohol, drugs, or other substances.
- Mental or Behavioral Health services including any services related to the abuse of alcohol, drugs, or other substances are limited to the services provided by C.L. Brumback Primary Care Clinic.
- Orthotics (except for joint immobilization)
- Pain management.
- Pharmaceuticals when a patient assistance program is available.
- Private duty nursing services.

PROGRAM EXCLUSIONS (CONTINUED)

- Prosthetics- limit one (1) prosthetic per limb per lifetime
- Repair, replacement, or revision of prosthetics, implants or hardware.
- Repair, replacement or revision of DME.
- · Sclera therapy.
- Services associated with aiding a patient in the home, such as homemaker, domestic or maid service.
- Services in connection with long term care, chronic care, or nursing home care are limited to services provided by Edward J. Healey Rehabilitation and Nursing Center.
- · Services provided by a family member.
- Services provided in a hospital setting when the member leaves against medical advice (AMA).
- Services received as a result of an illegal act. Any injury resulted from being arrested by, in custody of, being guarded by a law enforcement officer or under house arrest (as an outcome of incarceration and/or sentencing).
- Services received prior to your eligibility effective date or after the termination date.
- Sex change operations or any sex change related services including services for sexual transformation.
- Services associated with sexual dysfunction or inadequacies.
- Suicide, attempted suicide, or self-inflicted injury.
- Therapies such as occupational, physical, and/or speech, unless prescribed by a physician and as it relates to a medical condition.
- Transplants and any related service to transplants, including transplant donor expenses, or stem cell transplant.
- Transportation- Bus passes are available by the C.L. Brumback Primary Care Clinic.
- Travel, whether or not recommended by a physician.
- Treatment and/or repair of chronic congenital abnormalities.
- Treatment for acne or non-symptomatic lesions, which may include but are not limited to warts, moles, nevi, lipomas, or cysts.
- Treatment for conditions covered by Workers' Compensation laws.
- Treatment for military service-connected disabilities for which the Veterans Administration and military hospital system provides care to which the member is legally entitled and when such facilities are reasonably available within the service area.
- Treatment of Temporomandibular Joint Disease (TMJ).
- Treatment of varicose veins of the extremities.
- Unattended sleep studies.
- Urgent care clinic services.
- Vision training, eye exercises, orthoptics, or surgery performed primarily to correct or improve myopia, presbyopia, or astigmatism.
- Wound VAC.

ADDITIONAL SERVICES AVAILABLE TO YOU...

BEHAVIORAL HEALTH COUNSELING

As a C.L. Brumback patient you will have access to behavioral health counseling and Social Workers. Your PCP may refer you to a Licensed Clinical Social Worker for support services. These professionals assist C.L. Brumback patients with life challenges, such as depression and anxiety.

DENTAL SERVICES

Dental screenings are performed by the PCP.

All other dental services are provided by C.L. Brumback Dental Clinics.

The C. L. Brumback Dental Clinics provide preventive dental services to adults and children at the five locations below. Costs for dental services are based on a patient's family size and income. Please call to schedule your dental appointment.

DENTAL LOCATIONS and HOURS

Belle Glade Primary Care Clinic:

38754 St Rd 80, Belle Glade, FL 33430 561-370-1300 M-F, 8am to 5pm

Delray Beach Primary Care Clinic:

225 South Congress Ave, Delray Beach, FL 33445 561-370-1303 M-F, 8am to 5pm

Lantana Primary Care Clinic:

1250 Southwinds Drive, Lantana, FL 33462 561-370-1306 M-F, 8am to 5pm

West Palm Beach Primary Care Clinic:

1150 45th Street, West Palm Beach, FL 33407 561-370-1310 M-F, 8am to 5pm

MATERNITY CARE

District Cares will only cover your prenatal care if you are not eligible for Medicaid. District Cares does not cover your hospital delivery.

If you become pregnant, you should apply for temporary Medicaid through the C.L. Brumback Primary Care Clinics or any SOBRA office. A determination will be made whether you are eligible for full Medicaid benefits to cover your pregnancy and delivery.

MATERNITY CARE (CONTINUED)

If you are not eligible for full Medicaid, District Cares will cover your prenatal care during your pregnancy but you will still need to apply for emergency Medicaid to pay for your hospital and doctor bills for your inpatient hospital delivery. When you apply for Medicaid for your baby, you will need to apply for emergency Medicaid for yourself. If you fail to apply for emergency Medicaid, you will be responsible for any bills associated with your hospital delivery.

Ask your hospital financial counselor or social worker to help you apply for emergency Medicaid after your delivery.

You can also apply at a local Department of Children and Families (DCF) Office or on line at www.myflorida.com/accessflorida.

Please contact Customer Service at 1-866-930-0035 or go on line at www.hcdpbc.org to review the provider directory and find a participating Obstetrician.

C.L. Brumback Primary Care Clinic has an Obstetrician (OB) services available at our Lake Worth and Boca Raton Clinics. Please schedule an appointment with your PCP and let them know you are pregnant. The clinic can coordinate your OB services at one of our C.L. Brumback Maternity Clinic.

EDWARD J. HEALEY REHABILITATION AND NURSING CENTER

Edward J. Healey Rehabilitation and Nursing Center, a 120-bed facility provides top-quality short-term and long-term rehabilitation and 24/7 skilled nursing care for eligible adult county residents.

Funded and operated by the tax-supported Health Care District of Palm Beach County as part of its mission to provide access to quality health care services to residents

The Center provides rehabilitative, social, and quality-of-life activities, including entertainment within the facility and trips to outside events, restaurants, and other activities.

Services and Accommodations- We provide our patients with a wide range of amenities and services:

- Private and semi-private rooms
- Shower suites in each room
- Security presence in the building 24/7
- Flat-screen television for each patient with cable access available
- Personal laundry and linen services
- Large lounge area inside plus garden patio

EDWARD J HEALEY (CONTINUED)

- Transportation to scheduled appointments at no cost for patients and their relatives
- Ceiling lifts available for residents who need transfer assistance

TRAUMA SYSTEM AND PROGRAM

The Health Care District oversees and funds this coordinated Trauma System and operates two Trauma Hawk air ambulances to provide safe and rapid air transport.

Trauma System includes:

- physicians, specialists, nurses and staff at the two Trauma Centers: St. Mary's Medical Center and Delray Medical Center and their rehabilitation centers:
- Professionals who operate the county's enhanced 911 communications and dispatch system;
- Paramedics, EMTs, nurses and emergency
- personnel who support the System's pre- hospital component;
- Pilots, mechanics and personnel who support the two Trauma Hawk air ambulances as part of the District's Aeromedical Program;
- Staff of the Health Care District's Trauma Agency, who provide administrative oversight to ensure trauma victims receive top-quality care in their time of need.

AS A DISTRICT CARES MEMBER

YOU HAVE THE RIGHT TO ...

- To receive considerate, courteous and respectful treatment with protection of your need for privacy.
- To receive a prompt and reasonable response to a question or request about your medical care.
- To know who is providing and responsible for your medical care.
- To participate in decisions about your healthcare.
- To know what support services are available including whether an interpreter is available if you do not speak English.
- To know what rules and regulations apply to your conduct.
- To be told about any condition you may have including treatment options, risks and prognosis.
- To refuse any treatment, except as otherwise provided by the law.
- To receive, upon request, information and necessary counseling on the availability of known financial resources for care.
- To be given, upon request, prior to treatment, an estimate of charges for medical care and to receive a copy of itemized bills and an explanation of charges.
- To access medical care regardless of race, national origin, religion, physical handicap or source of payment.
- To receive treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
- To know if the medical treatment is experimental and to give consent or to refuse experimental treatment.

YOU ARE RESPONSIBLE FOR...

- To tell your health care provider complete and accurate information about your current complaints, past illnesses, hospitalizations, medications or other matters related to health.
- To report any sudden change in your health to your health care provider.
- To tell the Primary Care Physician or other health provider that you do or do not understand the treatment recommended.
- To follow the treatment plan recommended by your health care provider.
- To keep appointments and to notify your Primary Care Health Center location or other health care provider when you are unable to do so for any reason.
- To be on time for all appointments and carry your membership card with you at all times. To show your membership card or provide information on your membership status to participating physicians or providers.
- To understand that you are responsible for any actions that may occur if you do not follow the treatment plan recommended by your Primary Care Provider or other health care provider.
- To follow the rules and regulations affecting patient care and conduct.
- To notify the Health Care District of changes; name, address, phone number, income, or other insurance coverage.
- To apply for any Federal or State program (such as Medicaid or Medicare) for which you may become eligible and notify Customer Service of any changes.