



September 23, 2009

Dear Physician/Provider:

Enclosed please find important information regarding changes to the Health Care District of Palm Beach County's Provider Handbook. Please add this bulletin to your current handbook. If you need any assistance, contact your Provider Representative at (561) 659-1002.

Sincerely,

Provider Services Department

Enclosure



Physician/Provider Bulletin

Subject: Benefit Update	
Plan: Coordinated Care – Option 1, Option 2, MCP	Bulletin Date: 9/23/2009
Bulletin Number: 09-015	Effective Date: 10/01/2009

The purpose of this bulletin is to inform all participating providers of updates to the Health Care District Provider Handbook.

Benefit Updates

Effective October 1, 2009, the following benefit changes will occur:

- Prescription co-pays at RETAIL locations are \$1 Generic medications / \$3 Brand name or non-generic medications.
- Members qualifying for the Medicaid Medically Needy Program will no longer be eligible to participate in the Option 2 coverage plan.
- Emergency transportation services will no longer be covered for the Coordinated Care Option 1 program.

If you have questions regarding this provider bulletin, please contact your Provider Representative at (561) 659-1002.

Please insert this bulletin into your Provider Handbook. The policies and procedures in this bulletin supersede any related policies and procedures within the handbook.