Our Mission

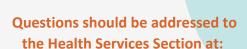
To assure, within available resources, the access and delivery of quality health care treatment and preventive services to the County's eligible residents, who lack other health care coverage.

The Plan offers eligible residents a continuum of care, with a focus on prevention and early intervention rather than expensive emergency department and inpatient care.

Services

The Plan funds a broad range of general health care services:

- Primary Care
- Specialty Care
- Urgent Care
- In-patient Services
- Emergency Room Care
- Diagnostic Tests





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Community-Based Health Care Plan

Participating Provider





Program

Provides funding for medically necessary healthcare services for eligible Manatee County residents.

Participating Providers determine eligibility using the Health Information Exchange (HIE) and keep track of services performed on the client throughout the county.

Focus is on care coordination, promoting health education, prevention, health screening, early intervention, and disease and case management.

By enrolling in the program, not only will you be providing much needed services to the community, you will also have access to the County's HIE, be paid at the Medicare rates, and potentially earn points through the Merit-based Incentive Payment System (MIPS).

To find out more information or enroll in the program, please visit the link on the back of this brochure.

Providers

Once enrolled, you will remain in that status for the duration of the fiscal year ending on 30 September.

Requirements:

- Sign a physician acknowledgement form
- Provide a current copy of your W-9
- Enroll in the HIE (\$50 a month per provider)
- Verify eligibility in HIE and ensure client data is entered into the system regularly
 Participate in meetings to help identify gaps in
- healthcare and provide information on best practices as needed
- Participate in pilot programs as available

Recipients

Recipients are current, full-time Manatee County residents that:



Are ages 18 or older



Have unit income below 300% of the Federal Poverty Level



Are not qualified for other state, federal, or private insurance or benefits program

Once a client is deemed eligible, they have coverage for 180 days from the determination date unless they become eligible for Medicaid or other insurance.

A&D

Q: Who can become a participating provider?

A: Physicians, ARNPs, PAs, clinics, community and specialty hospitals, behavioral health centers, surgical centers, hospice, governmental entities, and many others. Providers participating in a VHCPP program are not eligible.

Q: What services are not covered by the Plan?

A: Elective procedures that are not medically necessary and services that are eligible for payment from another insurance or funding mechanisms.

Q: What are the benefits of HIE?

A: By participating in HIE, providers get an interfacing hub that:

- Acts as a fax server replacement and secure cloud faxing
- Tracks referrals
- Acts as a secure messaging system
- Facilitate clinical data exchange
- Facilitate patient lookup
- Participation may gain MIPS points in the PI category

Q: How do I get paid for services?

A: All invoices shall be submitted on a CMS-1500 or comparable form, within 90 days of the date of service or date of discharge.