

Health Planning Council of Southwest Florida, Inc.  
Services Matrix 2007-2008

Line Item	Medical Care		Case Management	Health Insurance	
Service	Primary Care Visits and Medical Management	All Other Medical Services	Eligibility Determination, Services Referral and Authorization, and Case Management	Co-Payment Assistance	Premiums
Need HPC Prior Authorization?	No	No	No	Yes	Yes
Limitations	Up to \$150 for office visit including medical management	Available funding per PCP medical contract	Primary Care Provider Agencies have a contracted number of FTEs available to provide services.	See Policy	
Exceptions	None	None	None		
Documentation	Super-bill: monthly primary care provider billing to include all invoices for medical visits (PCP and specialists), lab and ancillary services.		Monthly letter specifying the persons employed as the contracted FTEs, the % of time for RWII, HOPWA and other contracts, and the number of clients served during the report period (month) signed by authorized supervisor.	Original Invoice with HPC authorization number and client MIP number <i>plus the Explaintain of Benefits (EOB) from the insurance company stating the client's responsible portion/charges</i> .	Original invoice or employer letter (same as AICP)

RWII is the payer of last resort. Clients who have coverage or are eligible for Medicaid, Medicare (A,B,D), Private Insurance or other coverage do not access RWII unless exceptions have been made (i.e. eligibility and coverage are pending approval).

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Line Item	Prescription Drugs	Dental Care	Mental Health Visits	Substance Abuse		Transportation
Service	Prescription Drugs	Dental Care	Mental Health Visits	Inpatient	Outpatient	Transportation
Need HPC Prior Authorization?	Yes	Yes	Yes	Yes	Yes	Yes
Limitations	See Policy	See Policy & Fee Schedule	(1) \$60/visit up to 4 times per year for Med Checks; (2) \$80/visit up to 8 times per year for therapy visits; (3) \$15/person up to 10 times per year for Group Mental Health sessions; Psychiatrist MD are paid as a specialty consult from the PCP medical budget.	Up to \$465 for 28 days inpatient stay once per client	(1) \$80/visit up to 8 times per year for therapy / treatment visits; (3) \$15/person up to 10 times per year for Group SA sessions.	(1) Local: 15 miles or less \$10 each way; (2) Long Distance: >15 miles \$40 each way
Exceptions			None	None	None	Case by case based on available funding
Documentation	Original Invoice with HPC authorization number and client MIP number. <b>Script is medical approval.</b>	Original Invoice with HPC authorization number and client MIP number. <b>Need PCP approval services are medically necessary at this time and client is healthy enough to receive services.</b>	Original Invoice with HPC authorization number and client MIP number. <b>Need PCP approval that the requested services are medically necessary and directly related to client's adherence and HIV treatment.</b>	Original Invoice with HPC authorization number and client MIP number <b>Need PCP approval that the requested services are medically necessary and directly related to client's adherence and HIV treatment.</b>		Original Invoice with HPC authorization number and client MIP number. <b>Need PCP approval that the requested services are medically necessary and directly related to client's adherence and HIV treatment.</b>

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