

**CAN**

**COMMUNITY HEALTH**

# Mission

The mission of CAN Community is empowering wellness



# Values

At CAN Community Health, we believe that ending epidemics starts with breaking barriers to care. We are committed to providing stigma-free healthcare, ensuring that all individuals- regardless of background or circumstances- have access to life-saving treatment and support

# Vision

To serve as the Nation's premiere resource in ending Epidemics

# Guiding Principles

## COMMUNITY

We engage and uplift the communities we serve, ensuring no one is left behind

## ACCESS

We break barriers to care, ensuring that everyone receives life-saving treatment and support

## RESEARCH

We identify innovative ways to deliver healthcare

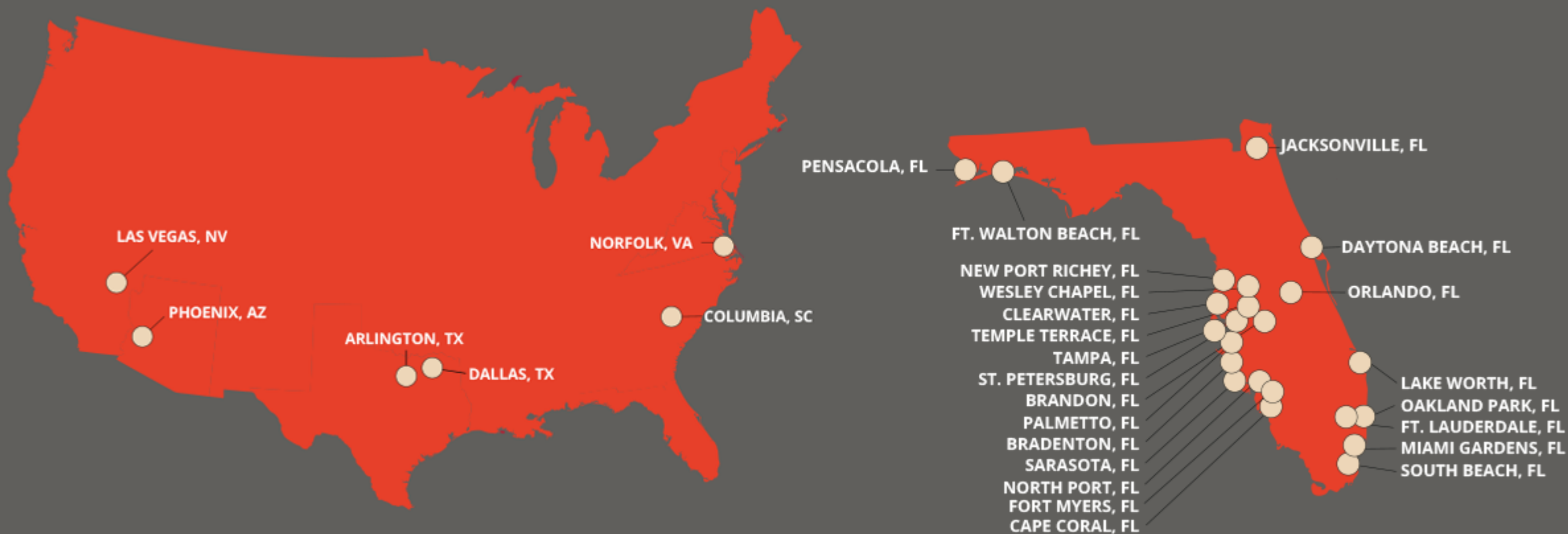
## EDUCATE

We empower individuals with knowledge and resources for lifelong wellness

## SERVICE

We are committed to exceptional, patient-centered care that transforms lives

# EMPOWERING WELLNESS.



**CAN**  
COMMUNITY HEALTH

**LOCATIONS**

# Ryan White Funded Clinics

- Arizona: Part A and Prevention
- South Carolina: Part B, EHE, and EHE Prevention
- Sarasota, FL: Part B and Prevention
- St Petersburg, FL: Part A
- Tampa, FL: Part A
- Miami, FL: Part A, B, and EHE
- Lake Worth, FL: Part A, REC
- Jacksonville, FL: Part A, RW EHE
- Orlando, FL: Part A EHE
- Arlington, TX: Part C, D, EIS
- Dallas, TX: Part A
- Norfolk, VA: Part A, B and Status Neutral Prevention
- Las Vegas, NV: Part A, EHE
- Broward, FL: Part A
- Pensacola/Ft. Walton Beach, FL: Part B
- Daytona Beach, FL: Part B, C, Prevention

# Scope of Services

We provide the below services through Ryan White grants, STD prevention funding, the 340B Federal Drug Discount Program\*, and philanthropic fundraising. As a result, CAN is able to provide the following services to all our clients regardless of their ability to pay

- HIV/Hepatitis/STI testing & medical care
- HIV Rapid Start (REC)
- Pre-Exposure Prophylaxis (PrEP)
- Non-Occupational Post Exposure Prophylaxis (nPEP)
- Primary Care
- Dental Care
- Ryan White Services
- Sexual Health & Harm Reduction Education and Outreach
- Food/Nutrition Services
- Support Groups
- Tele-Health Services
- Transportation Services
- Mental Health
- Patient Care Coordination
- Medical Mobile Units
- Medical Peer Navigation

*Services vary per location\*\*\**

# Outpatient Ambulatory Medical Services

- CAN provides comprehensive Infectious Disease and integrated primary care services
- CAN provides patients with:
  - Family planning
  - Reproductive health
  - Specialty care referrals
  - STD/TB screening and treatment
- Coordinates care closely with our partner agency Compass to ensure support services are available to patients
- Referrals processed through Provide Enterprise (PE) for Ryan White clients and our Patient Experience Expert (Roderly Esterlin) for all other services
  - Email: [resterlin@cancommunityhealth.org](mailto:resterlin@cancommunityhealth.org)
  - Tel: (561) 867 -9921 x 39101

# Rapid Entry to Care (REC)

- CAN has collaborated with PBC Community Services Department Mobile unit to expand clinical services in underserved communities
  - Lighthouse Café
  - Rebel Recovery
  - Farmworker's Council
  - The Glades Initiative



# CAN Cares / CAN Pharmacy

- Agency's Internal Health Insurance program
- Eligibility: Mirrors that of ADAP
  1. Client must receive OAHS with CAN
  2. Client must be of legal status
  3. Client to provide proof of income
  4. No FPL limits
- CAN Pharmacy
  - Services SFL and located in Fort Lauderdale
  - Clients received \$100/monthly credit

CAN  
CARES

## CAN Community Health's Insurance Assistance Program

As a national non profit, we have the ability to provide CANCares insurance assistance to our patients who are uninsured and currently participate in our Hepatitis C, HIV, or PrEP programs.

Participants are enrolled in an approved insurance plans that covers their monthly premiums.

CAN COMMUNITY  
HEALTH

# Key Modalities of Service

- In-Person
- Extended evening and weekend Hours
- Mobile outreach (PBC Community Services collaboration)
- Telehealth availability  
*“CAN Connect”*



# Services and Accomplishments

- Partnership with Compass since 2021
  - This strategic partnership has allowed us to provide a Holistic approach to clients offering medical and support services in one location
- Practice has grown to 717 patients
- REC services began September 2022 & RW Part A services began March 2024
- Looking to continually expand prevention & outreach services:
  - Robust STI testing program has resulted in expansive PrEP presence/practice in the community
  - Partnership with PBC Mobile unit has afforded CAN the ability to bring clinical services into underserved communities and collaborate with area agencies

# Lake Worth Clinical Team



201 N. Dixie Highway  
Lake Worth  
Florida FL 33460  
Tel: (561) 867 - 9921

# Questions

**Hardeep Singh, MPH**

Grants & Contract Manager

(786) 800-5631 ext 19206

[hsingh@cancommunityhealth.org](mailto:hsingh@cancommunityhealth.org)

**Keisha Delva, MHSA**

Patient Access Specialist

(561)867-9991 ext 39211

[kdelva@cancommunityhealth.org](mailto:kdelva@cancommunityhealth.org)

# Ryan White Project



Legal Services

NMCM:  
Social Security  
Administration

Presentation by:

Sandra Powery Moses, Esq., Supervising Attorney  
Kathy Morakis, MSW, Non-Medical Case Manager  
Legal Aid Society of Palm Beach County, Inc.

# Legal Services

## Why refer to Legal Aid for Legal Services and NMCM?

The interdisciplinary approach to care is the integrating of legal advocacy with medical and social support, which helps stabilize housing, health, income and other barriers our clients face. It is addressing the Social Determinants of Health. The end result is that it can result in improving the retention in care and support services that our clients have.



# Referrals and Internal Processes

## Who do I make the referral to in PE?

- For Legal Services: Marcy Classe, Lead Paralegal
- For specialized CM services: Kathleen “Kathy” Morakis
- Include the legal issue(s) you, or the client has identified and/or relevant documentation.
- Inform your client that a Legal Aid staff member will call them.
- The status of contact will be updated in PE.

# Cases to refer for Legal Services

Note: If you are not sure if there's a legal issue, make the referral and LAS staff will make the determination of the legal issue, if applicable.

## ▶ Immigration- your client/patient has a question and/or concern regarding:

- **Citizenship/naturalization** (Note: the acquisition of citizenship can be directly linked to the improvement of a person's access to health benefits and/or social security benefits)
- **Lawful Permanent Residence status (LPR aka Greencard)**
- **Temporary Protected Status (TPS)**
- **Renewals of LPR card, EAD (Employment Authorization Document) card, or TPS**
- **Replacement of lost/stolen/expired LPR card, or EAD card**
- **They are/were a crime victim (U Visa, VAWA, T Visa)**

**NOTE:** The individual being represented (petitioner) must reside in Palm Beach County; we do not assist with bringing family members residing abroad to the US.

# Cases to refer for Legal Services

Note: If you are not sure if there's a legal issue, make the referral and LAS staff will make the determination of the legal issue, if applicable.

- ▶ **Advance Directives** - For the Client's benefit
  - Durable Power of Attorney
  - Healthcare surrogate
  - Living Will
  - Refer to Pro Bono: Last Will and Testament
  
- ▶ **Private Disability Cases**
  - Appeals
  
- ▶ **Health Insurance**
  - Medicare appeals for denial of services, treatment and medication.
  - Private health insurance appeals for denial of services, treatment and medication.

# Cases to refer for Legal Services

Note: If you are not sure if there's a legal issue, make the referral and LAS staff will make the determination of the legal issue, if applicable.

## ▶ Medicaid

- Appeals for denial of services, treatment and medication.

## ▶ Food Stamps

- Appeal of termination of food stamps or eligibility issues through DCF appeal and hearing process.
- Reductions in benefit amount without change in household status/income.

## ▶ Driver License/Passport/Social Security Cards/IRS

- Assist with obtaining birth certificate and name change, where necessary.

## ▶ Employment

- Request for accommodation, FMLA, employment action based on disability and/or discrimination.
- Re-employment assistance issues involving denials and hearing requests.

# Cases to refer for Legal Services

Note: If you are not sure if there's a legal issue, make the referral and LAS staff will make the determination of the legal issue, if applicable.

## ▶ Housing

- Eviction – MUST call prior to referral, should be related to health unless public housing issue.
- Unsafe conditions – mold, bugs, rodents, lead paint, etc.
- Accommodations – changes in rules, policies, practices or services so that a person with a disability and/or medical condition has equal use, e.g., accept rent payment by the 3<sup>rd</sup> w/o incurring a late fee b/c disability check arrival.
- Modification- structural change to allow a person with disabilities the full enjoyment of the dwelling (typically cost is on the person making the request).

# Cases to refer for Legal Services

## ▶ OTHER UNITS WITHIN LEGAL AID, OR PRO BONO MAY TAKE THE FOLLOWING:

- Divorce, paternity, child support (not involving client's disability income)\*
- Personal injury or medical malpractice\*
- Domestic violence\*
- Children's issues involving education, dependency or delinquency, or health insurance\*
- Wage dispute with employer\*
- Bankruptcy or foreclosure\*
- Veteran's benefits\*
- Consumer issues

## ▶ Family Law

- Child support issues where the client's disability check is being reduced by obligation

# Cases to refer for Legal Services

Note: If you are not sure if there's a legal issue, make the referral and LAS staff will make the determination of the legal issue, if applicable.

## ▶ Social Security Administration Cases

### ❖ *For your information: What are the differences?*

- Supplemental Security Income aka SSI – is a needs-based program for individuals with limited income and assets, regardless of work history.
- Social Security Disability Insurance aka SSDI – is for workers with significant work history, funded by payroll taxes.

Both benefits are federal disability programs with the same medical definition of disability but different eligibility, funding and benefits.

# Cases to refer for Legal Services

Note: If you are not sure if there's a legal issue, make the referral and LAS staff will make the determination of the legal issue, if applicable.

## ▶ Social Security Administration cases to refer:

- Denials of applications;
- Reconsiderations;
- Appeals;
- Overpayments;
- Disability reviews; and
- Cessation cases, etc.

# Understanding more about Social Security Administration




# Social Security Administration cases to refer for Specialized NMCM Services

**Referral Contact: Kathleen Morakis,  
Non-Medical Case Manager**


✓ Clients may be referred for NMCM support at any stage of the Social Security Administration (SSA) process. This includes individuals initiating an initial application, as well as those requiring continuing support after having already applied for benefits.

📄 However, the initial application process is constructed for a layperson to do it themselves. *Refer client applicants who cannot complete the applications themselves due to a barrier.*

# Social Security Administration cases to refer for Specialized NMCM Services

 The applicant should have a diagnosed mental and/or physical disability that prevents them from working.

 Refer clients who have been denied benefits by SSA.

 Refer clients with unstable housing, homelessness/unhoused, living in transitional shelters, or no reliable mailing address to receive SSA correspondence. For these clients, we want to receive the SSA correspondence at our office.

# Expected Outcomes for SSA Cases


✓ Increased likelihood of approval by ensuring complete applications, gathering strong medical evidence and clearly documenting functional limitations.

📅 Early intervention minimizes technical denials, missed deadlines and miscommunications.


🕒 Advocates empower clients to engage meaningfully in the process and make informed decisions about their benefits.

📖 Better client understanding of the process and requirements through education and consistent communication helps with the client's cooperation in the process.

# Expected Outcomes for SSA Cases

 One major reasoning for Legal Aid's involvement in a client's SSA application process is to ensure that individuals with disabling conditions that can no longer work can successfully navigate the Social Security application process and obtain benefits to which they are entitled.

## *What can help the process?*

 Clients should have a listing of all of their medical providers and medications to support their disability claim.

# Questions



# Contact Information

➤ For Legal Services:

**Marcy Classe, Lead Paralegal**

Email: [mclasse@legalaidpbc.org](mailto:mclasse@legalaidpbc.org)

Direct: 561-721-6096

Main: 561-655-8944, Ext. 114

➤ For specialized NMCM services:

**Kathleen “Kathy” Morakis, NMCM/MSW**

Email: [kmorakis@legalaidpbc.org](mailto:kmorakis@legalaidpbc.org)

Direct: 561-721-6095

Main: 561-655-8944, Ext. 115

Cell: 561-448-5132

**PBC HIVES  
TRAINING  
9<sup>TH</sup> 2026**

**APRIL**





# Our Mission

FoundCare's mission is to provide quality healthcare and social services for all individual and families.

# Learning Objectives

**Internal Workflow Impact** – Understand how intake timing, eligibility checks, and documentation review affect partner coordination and speed of linkage to care.

**Referral Submission** – Learn what services to refer, how to route referrals correctly, and what information is required for timely acceptance.

**Documentation Requirements** – Identify required documents by referral type (HIV status, income, residency, insurance) to prevent avoidable delays.

**Client-Centered Coordination** – Apply shared processes and clear handoffs to reduce delays and support seamless, client-focused HIV care in Palm Beach County.

# INTEGRATED FQHC CARE MODEL

## **Ryan White Part A Embedded In Operations:**

- FoundCare operates under an integrated FQHC care model in which Ryan White Part A services are fully embedded into core clinical and support operations delivered alongside primary care, behavioral health, dental, and pharmacy.
- Integration supports seamless transitions and reduces barriers from fragmented care. Interdisciplinary teams coordinate medical treatment, mental health needs, medication access, and social determinants that influence engagement and retention.
- FoundCare manages cross-program referrals and oral health coordination, making aligned timelines, documentation and communication essential to reduce duplication, prevent gaps, and improve outcomes.

# FOUNDCARE's ROLE

FoundCare is a Subrecipient, delivering funded medical and non-medical services that shape system-wide collaboration and referral efficiency.

## **For Example:**

- EHE Rapid Entry to Care (REC) supports immediate linkage for newly diagnosed clients or those returning after disengagement.
- EIS Serves as the front door – intake, eligibility, and initial linkage
- MCM coordinate ongoing care to address medical needs
- NMCM coordinate ongoing housing, transportation, Utility, food access and insurance navigation.

# Integrated Care Coordination

## **Early Intervention Services (EIS):**

- Gateway to care: intake assessment, Ryan White Eligibility Verification, collection/review of required documentation, and linkage to care

**Key Contact(s):** Shelda-Jean Michel, *Program Coordinator* – (561) 432-5849 Ext. 1180

## **Medical Case Management (MCM):**

- Medical Case Management utilize Care Coordinators (CC) to coordinates medical services, adherence support, and care planning.

**Key Contact(s):** Orquidea Acevedo, *Director of Care Coordination* – (561) 432-5849 Ext. 1249

## **Non-Mecial Case Management (NMCM):**

- Non-Medical Case Management utilize Patient access specialists (PAS) to address social needs (Food, Transportation, Housing, Utility, etc.) that can disrupt care.

**Key Contact(s):** Sancia Lageroy, *Grants Manager* – (561) 432-5849 Ext. 1272 & Louise Balmir, *Program Coordinator* (561) 432-5849 Ext. 1208

## **Insurance Support Services :**

- Provide insurance support to eligible clients via Ryan White and/or FoundCare Pharmacy Benefits Program

**Key Contact(s):** Marie Dade, *Insurance Support Specialist* (561) 432-5849 Ext. 1218 or (561) 323-5847

## **Oral Health Services:**

- Manages Ryan White dental referrals: eligibility verification, scheduling, and follow-up to confirm completion.

**Key Contact(s):** Brittany Henry, *Director of Grants* (561) 432-5849 Ext. 1085

Roosevelt Charles, *Program Coordinator* (561) 432-5849 Ext.1264 or (561) 254-6690

# RAPID ENTRY TO CARE (REC)

**Purpose:** REC minimizes the time from HIV diagnosis or re-engagement to the first medical visit through short-term, intensive navigation

**What REC Does:**

Removes immediate barriers (insurance, transportation, system navigation), rapidly schedules appointments, and supports follow-through with reminders, coordination, or accompaniment.

**Partners & Referrals:**

Works with EIS, Case Management, Insurance Support, providers, Department of Health, and pharmacies to confirm first-visit attendance, then transitions clients to ongoing services; referrals must be accurate, urgent and well-documented

**Key Contacts:**

- Brittany Henry, Director of Grants – (561) 432 – 5849 Ext. 1085
- Quinton Dames, Lead Coordinator – (561) 432-5849 Ext. 1256 or (561) 323-5845

# FoundCare Pharmacy Benefits Program: (Premium Assistance)

**Purpose:** This program is designed to support continuous access to care while reducing financial barriers to our patients.

## **Eligibility Requirements:**

- FoundCare Patient
- Initial Pharmacy enrollment encouraged for medication assistance based on income
- Household income is between 100%-400% of the Federal Poverty Level
- Uninsured or need assistance maintaining health insurance coverage
- Meet program eligibility requirements and funding ability

## **Services Provided:**

- Premium Assistance
- Access to FoundCare primary care services
- Comprehensive prescription drug coverage
- Coverage for specialty providers and services as needed

# FoundCare Pharmacy Benefits Program: (Emergency Financial Assistance)

**Purpose:** FoundCare's Pharmacy Program provides Emergency Financial Assistance (EFA) to patients experiencing hardship related to Social Determinants of Health (SDOH)

## **Eligibility Requirements:**

- FoundCare Patient
- Initial Pharmacy enrollment encouraged for medication assistance based on income
- Family income at or below 250% of the federal poverty level
- Emergency must be due to a specific event or change in circumstance.
- Maximum assistance is \$2500 within a calendar year with funding ability
- Applicants must complete application process and seek other resources

## **Services Provided:**

- Rental Assistance
- Utility Assistance
- Food Bank
- Transportation (Buss Pass, Uber Health, FoundCare Vans)

# FoundCare Locations

1. Palm Springs – Address: 2330 S. Congress Avenue Palm Springs, FL 33406
2. Boynton Beach – Address: 1901 S. Congress Avenue, Suite 100 Boynton Beach, FL 33426
3. Yolette Bonnet Center – Address: 5867 Okeechobee Blvd West Palm Beach, FL 33417
4. North Palm Beach – Address: 840 US Highway 1, Suite 120 North Palm Beach, FL 33408
5. Belle Glade – Address: 1500 NW Avenue L, Suite A Belle Glade, FL 33430
6. Corporate Way – Address: 5730 Corporate Way #100 West Palm Beach, FL 33407
7. Riviera Beach – Address: 3501 Broadway, Riviera Beach, FL 33404

## Adult Primary Care Mobile Unit



## Dental Mobile Unit



Website: [www.foundcare.org](http://www.foundcare.org)




# THANK YOU!

Please call or visit our website to learn more about our services.

 [FOUNDCARE.ORG](https://www.foundcare.org)

 [INFO@FOUNDCARE.ORG](mailto:info@foundcare.org)

 561- HEALTHY

 2330 S. CONGRESS AVENUE  
PALM SPRINGS, FL 33406

Follow us on Social Media:



# **RW Medical Transportation, Health Insurance Premium Cost-Sharing Assistance, and Specialty Medical Services In-Service Training**

Presenters: Ashnika Ali, Senior Program Manager and Suzette Blake, Medical Program Specialist

# Health Council of Southeast Florida

## Who We Are

- Defined in Florida State Statutes 408.033
- One of eleven local health planning councils in Florida
- Serve a 5-county service area:
  - Palm Beach
  - Indian River
  - St. Lucie
  - Martin
  - Okeechobee

## Program Initiatives

- Ryan White Patient Care Program- Support Services for individuals living with HIV
- HIV Prevention Services
- Covering Florida Navigator Program
- Riviera Beach Health Initiative
- Chronic Disease Self-Management Workshops/ Health Literacy Workshops
- Overdose Data to Action (OD2A) linkage to care services

# Medical Transportation

# Requirements

## Policy

### *Description:*

Medical Transportation is the provision of non-emergency transportation services that enables an eligible client to access or be retained in core medical and support services.

- Client has to be eligible in the RW program.
- HCSEF Uber Health request form needs to be completed and sent via PE.
- Client **DOES NOT** need to be case managed by HCSEF to receive this service.

# RW MT Request Form Example

**HEALTH COUNCIL OF SOUTHEAST FLORIDA** **Uber Health Request**

Internal HCSEF Use Only  
FINAL TOTAL COST: \$ \_\_\_\_\_  
ESTIMATED TRIP COST: \$ \_\_\_\_\_  
First Trip Actual Cost: \$ \_\_\_\_\_  
Second Trip Actual Cost: \$ \_\_\_\_\_  
Additional Trip Actual Cost: \$ \_\_\_\_\_  
Round Trip? Y  N

PE ID: 12345 NOE Expires: 8 / 26 / 26 Case Manager: Ashnika Ali

Client Phone Number: 561-123-4567 Language: Spanish Text Messages? Y  N

**DETAILS OF MEDICAL TRANSPORTATION:**

Type of Continuity of Care:

Lab Test  
 PCP/ID Provider  
 Specialty Medical Care, Type: Cardiology  
 Medication Pick Up  
 Case Management/Eligibility Determination Meeting  
 Other: \_\_\_\_\_

Appointment Date: 4 / 15 / 26 Appointment Time: 9 : 00  AM  PM

Pick Up Address: 12345 Happy Lane West Palm Beach, FL 33409

Drop Off Address: 456 Doctor's Way West Palm Beach, FL 33409

Additional Ride Address (if applicable): 789 Pharmacy Drive West Palm Beach, FL 33409

**Client's Transportation Barriers:**

Difficult to engage in care: Client does not have a working phone and misses appointments frequently.  
 Time sensitive appointment: Client was feeling unwell and made appointment this morning.  
 Not healthy enough to travel on bus: Client uses ADA equipment and cannot travel by bus.  
 Inconvenient location for public transportation: Client does not have a bus stop nearby their residence.  
 Necessary while applying to other transportation services (bus, Palm Tran Connection, etc.)  
 Client has applied for PTC door-to-door transportation is awaiting approval.  
 Specialty appointment requires private transportation: Client is having a procedure done.  
 Other: Client does not have form of reliable transportation.

Internal HCSEF Use Only

Case Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This document was last approved and modified 04/08/2026

## REMINDERS:

- Please make sure that phone number is a working number
- Both flex ride texts will go at the same time; please ask the client to read prompt carefully for instructions. Press 1 for pickup to appointment and 2 for pickup after appointment.
- If a client is being dropped off after their appointment at a different address than pick up address, please note it in additional ride address
- Transportation Barrier **MUST** be listed

# Uber Health Request Form Guidelines

- Ensure form is completed entirely.
- Indicate if client can receive text messages via cell phone. This is IMPORTANT as Uber communicates through text with driver's updates.
- Send this completed request via PE to our Medical Transportation contact Tiara Moore.
  - We request that agencies send transportation requests within 3 business days of appointment. For example, if appointment is on Friday, please send request no later than Tuesday. The sooner the better!

# Health Insurance Premium Cost Sharing Assistance

# Allowable Services under HIPCSA

- Premiums
- Copays
  - Emergency room visit copays are NOT considered an outpatient service and is not allowable to be paid under RW.
  - In-patient hospital bills are not allowable to be paid under RW.
  - We cannot pay copays to RW subrecipient
    - **EXAMPLE:** We cannot pay copays to AHF Pharmacy because they are a RW subrecipient
- Deductibles

## Clients Transitioning from ADAP Premium Assistance

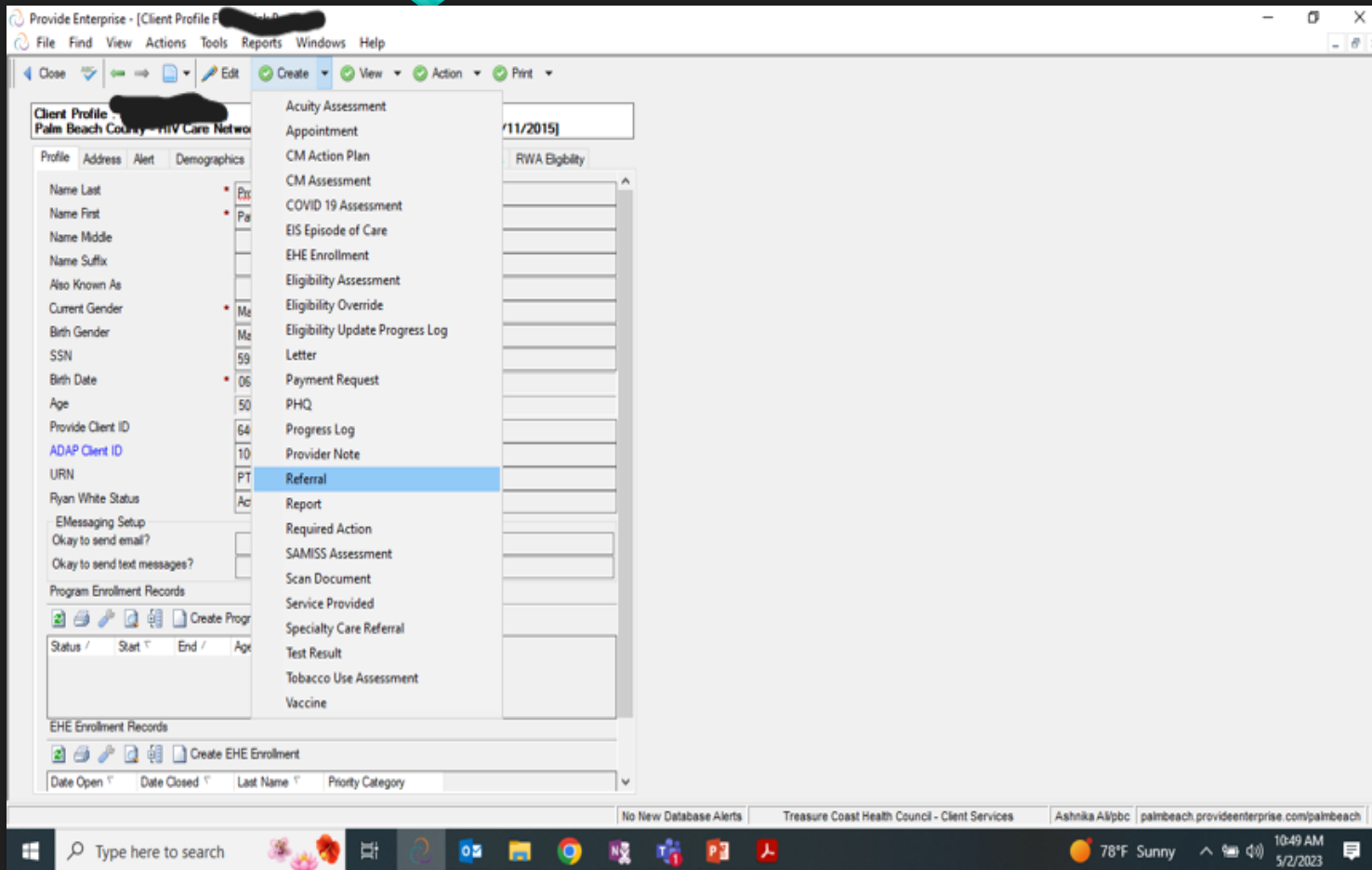
- We **CAN** assist with copays and deductibles for clients that are self-insured
- We **CANNOT** assist with premium assistance

# Important Reminder!

- Please remember to update the health benefits in PE prior to sending a referral to TCHC!

Private Health Coverage	Public Health Coverage	Ryan White	Other Benefits
Primary Insurance			
Status	Active		
Source	ACA Exchange		
Carrier Name	Ambetter Health		
<a href="#">Policy/Plan Name or Number</a>	Complete Gold		
Subscriber or Member on policy?	Member		
Member ID	U9651402401		
Benefits Phone	(877) 687-1169		
Ambulatory Benefits?	Yes		
Mental Health Benefits?	Yes		
Substance Abuse Benefits?	Yes		
Private Prescription Coverage	Yes		
Rx Carrier Name (PBM)	Ambetter Health		
Rx Plan Name	Complete Gold		
Rx Group Number	2CUA		
Rx Member ID	U9651402401		
Rx Bin #	003858		
Rx Benefits Phone	(877) 687-1169		
Comments			

# Insurance Support Services



To create a Insurance Support Services referral: Select 'Create'-then select 'Referral'

# Insurance Support Services

Referred for Service Type: Insurance Support Services

Referred To Assignee: Tiara Moore

Referred for Service Description: add brief context on what the referral is for

File attachments: this is where you all will attach the supporting documents as a “File”.

Referral	
Referral Status	* Open
Referring Person	* Ashnika Ali
Referral Date	* 05/05/2025
Eligibility Date Expire	02/13/2026
Referred Type	* Internal
Referred To	* Treasure Coast Health Council
Referred for Service Type	* Insurance Support Services
Referred To Assignee	Tiara Moore
Referred for Service Description	* June 2025 Premium Payment Request and Invoice
Date Check Back	* 06/05/2025
Attachment Type	File
File Attachments	

# Supporting Documents

- HCSEF Request Form
- Invoice
- **SCAN into PE:** Summary of Benefits and Coverage (needed for copays and deductibles)



## Referral For Health Insurance Continuation Services

DO NOT EMAIL THIS REFERRAL FORM  
Please send Referral Form through Provide Enterprise Referral System

Date: 4/8/26	Client PE ID: 12345	FPL: 50%	NOE Effective Date: 8/1/25	NOE Expiration Date: 8/1/26
Payment Due Date: 4/30/2026	Payee/Vendor: Cigna Healthcare			Amount Requested: 469.09
Payee/Vendor Address: PO Box 71217 Charlotte, NC 28272-1217				
<b>Service Needed:</b>				
<input checked="" type="checkbox"/> Premium Coverage Dates: 5/1/26 to 5/31/26				
<input type="checkbox"/> Deductible Deductible for the date(s) of service: _____				
<input type="checkbox"/> Copay Copay for the following date(s) of service: _____				
Copay needed at the time of service? Y <input type="checkbox"/> N <input type="checkbox"/>				

# HIPCSA Supporting Documents

## PAYMENT INFORMATION



Policy Holder: [REDACTED]

Case ID: 7WC836

Plan Name: *Cigna Connect Gold CMS Standard*

Monthly Premium: \$ 496.09

Coverage Period: 05/01/2024 - 05/31/2024

Payment Due By: 4/30/2024

### SEND PAYMENT TO:

Cigna HealthCare  
PO Box 71217  
Charlotte, NC 28272-1217

Send a check payable to "Cigna HealthCare" and remember to write the Case ID, Member's Full Name and Date of Birth on your check.

## Example: Premium Invoice

- Invoices are to be submitted as the second supporting document with the HCSEF health insurance request form



# HIPCSA Supporting Documents

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	Value Choice Provider: No Charge, <u>Deductible</u> does not apply/ Primary Care Visits: No Charge, <u>Deductible</u> does not apply - Visits 1-3; \$55 <u>Copay</u> per remaining Visit/ Virtual Visits: No Charge, <u>Deductible</u> does not apply	<u>Deductible</u> + 50% <u>Coinsurance</u> / Virtual Visits: Not Covered	Physician administered drugs may have higher cost share. Virtual Visit services are <u>only</u> covered for In-Network providers.
	<u>Specialist</u> visit	Value Choice Specialist: \$20 <u>Copay</u> per Visit/ Specialist: \$70 <u>Copay</u> per Visit/ Virtual Visits: \$70 <u>Copay</u> per Visit	<u>Deductible</u> + 50% <u>Coinsurance</u> / Virtual Visits: Not Covered	Physician administered drugs may have higher cost share. Virtual Visit services are <u>only</u> covered for In-Network providers.
	<u>Preventive care/screening/immunization</u>	No Charge, <u>Deductible</u> does not apply	50% <u>Coinsurance</u>	Physician administered drugs may have higher cost share. You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services needed are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	Independent Clinical Lab: \$65 <u>Copay</u> per Visit/ Independent Diagnostic Testing Center: <u>Deductible</u> + \$100 <u>Copay</u> per Visit	<u>Deductible</u> + 50% <u>Coinsurance</u>	Tests performed in hospitals may have higher cost share.
	Imaging (CT/PET scans, MRIs)	Value Choice Provider: \$20 <u>Copay</u> per Visit/ Independent Diagnostic Testing Center: <u>Deductible</u> + \$100 <u>Copay</u> per Visit	<u>Deductible</u> + 50% <u>Coinsurance</u>	Tests performed in hospitals may have higher cost share. Prior Authorization may be required. Your benefits/services may be denied.

## Summary of Benefits and Coverage (SBC)

- Required when copays and deductibles are sent to ensure that services are within in-network providers.
- If a provider is requesting a copay at the time of service, please complete the form and check off payment is needed at the time of service.
- We require at least two weeks advance notice of copays needed at the time of service.

# HCSEF Health Insurance Services/Medical Transportation Contact

Tiara Moore

Email – [tmoore@hcsef.org](mailto:tmoore@hcsef.org)

600 Sandtree Drive, Suite 101

Palm Beach Gardens, FL 33403

Phone: 561-323-8364



# Knowledge Check!

How many business days' advance notice is required to submit a medical transportation request?

- A. 7
- B. 5
- C. 3
- D. 2

# Knowledge Check!

How many business days' advance notice is required to submit a medical transportation request?

- A. 7
- B. 5
- C. 3
- D. 2

# Knowledge Check!

What are the supporting documents needed for a premium request?

- A. Invoice
- B. HCSEF HIC Request Form
- C. Blank Referral with a note in the comments section
- D. HCSEF HIC Request Form and Invoice

# Knowledge Check!

What are the supporting documents needed for a premium request?

- A. Invoice
- B. HCSEF HIC Request Form
- C. Blank Referral with a note in the comments section
- D. HCSEF HIC Request Form and Invoice

# Knowledge Check!

Who is our primary agency contact for RW MT and HIC requests?

- A. Ashnika
- B. Genese
- C. Tiara
- D. Suzette

# Knowledge Check!

Who is our primary agency contact for RW MT and HIC requests?

- A. Ashnika
- B. Genese
- C. Tiara
- D. Suzette

# Knowledge Check!

What must be scanned into the client's PE profile for copay requests?

- A. Summary of Benefits and Coverage (SBC)
- B. HCSEF HIC Request Form
- C. Invoice
- D. Client's medical summary notes

# Knowledge Check!

What must be scanned into the client's PE profile for copay requests?

- A. Summary of Benefits and Coverage (SBC)
- B. HCSEF HIC Request Form
- C. Invoice
- D. Client's medical summary notes

# Knowledge Check!

For copays that are required at the time of service, how many weeks in advance notification must be provided?

- A. 1
- B. 2
- C. 3
- D. 4

# Knowledge Check!

For copays that are required at the time of service, how many weeks in advance notification must be provided?

- A. 1
- B. 2
- C. 3
- D. 4

# Specialty Medical Services

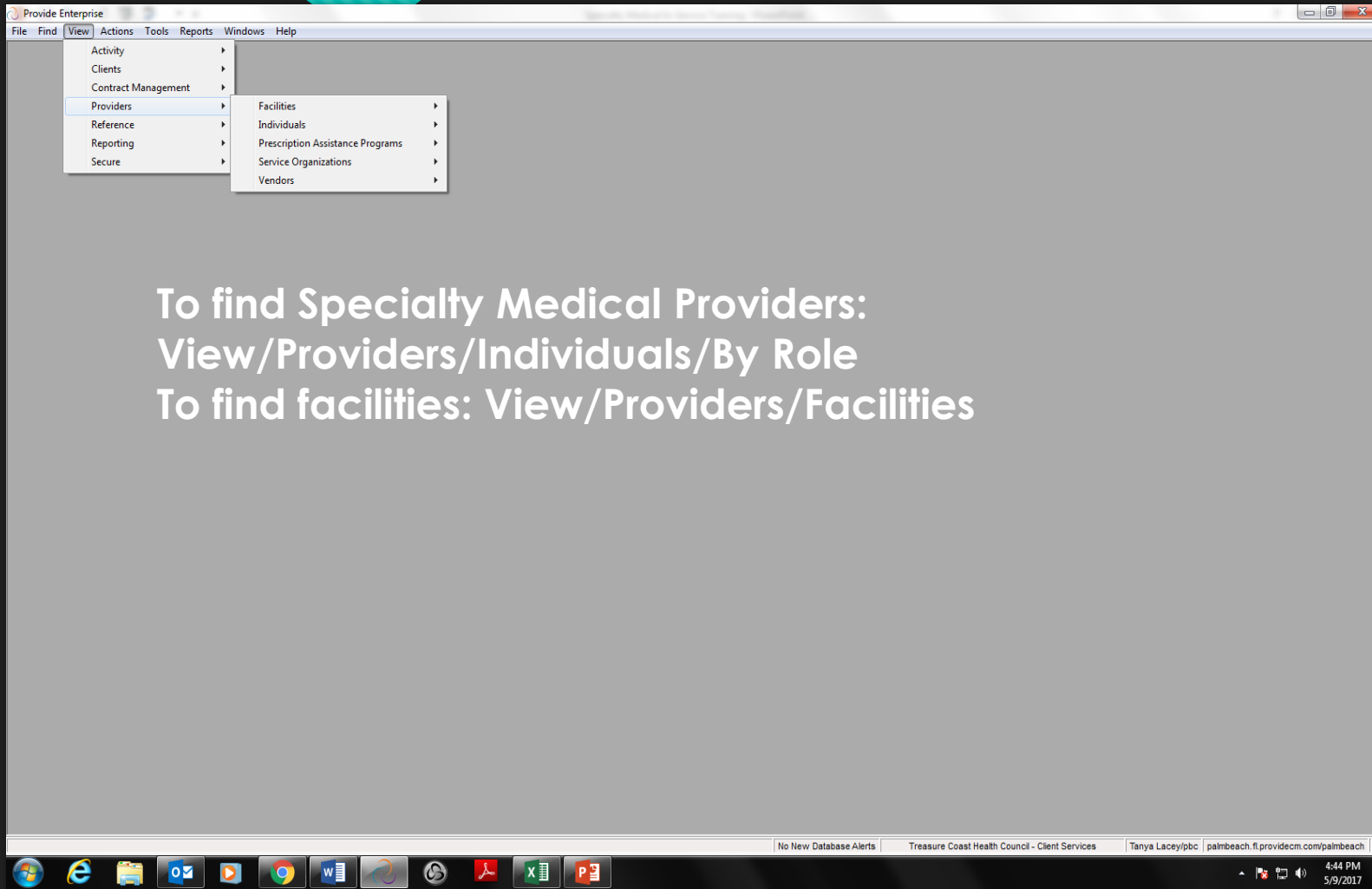
# Check Notice of Eligibility for SM Clients

## REMINDERS:

- Check there are no Health Benefits (insurance) listed
- Check that “Outpatient Ambulatory Health Services (OAHS)” is YES before proceeding with a Specialty Medical Referral.
- Check that scanned NOE is the one without health insurance benefits and has YES for OAHS.

Status	
Date Eligibility Expires	07/12/2024
Last Change Reason	Eligibility Assessment
<b>Service Category Settings</b>	
Medical Case Management	Yes
Non Medical Case Management	Yes
Outpatient Ambulatory Health Services	Yes
Oral Health Care	Yes
AIDS Pharmaceutical Assistance	Yes
Health Insurance Premium Cost Sharing Assistance	Yes
Mental Health Services	Yes
Substance Abuse Residential	Yes
Home Community-based Health Services	Yes
Food Bank	No
Food Bank Nutritional Supplements	Yes
Legal Services	Yes
Early Intervention Services	Yes
Medical Transportation	Yes
Emergency Financial Assistance	Yes
Housing	Yes
HOPWA Services	Yes
Medical Nutrition Therapy	Yes
Psychosocial Support Services	Yes
EHE Eligibility	No

# Provider List



The screenshot shows the 'Provide Enterprise' application window. The 'View' menu is open, and the 'Providers' option is selected, which has opened a sub-menu. In this sub-menu, 'Facilities' and 'Individuals' are visible, with 'Individuals' being the target for finding specialty medical providers. The taskbar at the bottom shows various application icons and the system clock indicating 4:44 PM on 5/9/2017.

**To find Specialty Medical Providers:  
View/Providers/Individuals/By Role**

**To find facilities: View/Providers/Facilities**

# Provider List

Provider Role /	Last Name	First Name	Status	Agency	Phone	Fax	Street Address	City
Information Technology Support								
Legal Services, Lawyer								
LINKAGE COORDINATOR								
Linkage Specialist -EB								
Linkage Specialist-EB								
Medical Case Coordinator								
Medical Case Manager								
Mental Health Counselor								
Mental Health Therapist								
National Program Director of Mental Health Services								
Non Medical Case Manager								
Nurse Care Coordinator								
Nurse Practitioner								
Nutritionist								
Other								
Other- RW billing								
Paralegal								
Peer Mentor								
Pharmacy Tech								
Physician - Allergist								
Physician - Cardiologist								
Physician - Dermatologist								
Physician - Diagnostic								
Physician - Endocrinologist								
Physician - Gastroenterologist								
Physician - Gynecologist								
Physician - Hematologist								
Physician - Infectious Disease Specialist								
Physician - Internal Medicine Specialist								
Physician - Mental Health Therapist								
Physician - Nephrologist								
Physician - Neurologist								
Physician - Ophthalmologist								
Physician - Oral Surgeon								
Physician - Orthopedist								
Physician - Other								
Physician - Otolaryngologist								
Physician - Physiatrist								
Physician - Podiatrist								
Physician - Primary Care								
Physician - Psychiatrist								
Physician - Pulmonologist								
Physician - Radiation Oncologist								
Physician - Retina Specialist								
Physician - Surgeon - Breast								
Physician - Surgeon - General								
Physician - Surgeon - Neurological								
Physician - Surgeon - Vascular								
Physician - Urologist								
Psychiatrist								

# Provider List

## Physician - Gastroenterologist

Physician - Gastroenterologist	Alalu	Jaime	Inactive	South Florida Gastroenterology Assoc	(561) 732-2900	(561) 413-3961	2800 S Seacrest Blvd.	Boynton Beach
Physician - Gastroenterologist	Class-Vazquez	Walisbeth	Inactive	Eisenman & Eisenman	(561) 753-7487	(561) 273-2331	5065 State Road 7	Lake Worth
Physician - Gastroenterologist	Dosch	Mark	Active		(561) 498-4000	(561) 498-4005	1325 S Congress Ave	Boynton Beach
Physician - Gastroenterologist	Eisenman	Jesse	Active	FoundCare	(561) 753-7487	(561) 273-2331	5065 State Road 7	Lake Worth
Physician - Gastroenterologist	Eisenman	Richard	Active	Eisenman & Eisenman	(561) 753-7487	(561) 273-2331	5065 State Road 7	Lake Worth
Physician - Gastroenterologist	Englander	Glenn	Inactive	Gastro Group of the Palm Beaches LLP	(561) 659-6543	(561) 659-3533	2001 N. Flagler Drive	West Palm Beach
Physician - Gastroenterologist	Fogel	Roberto	Active	Eisenman & Eisenman	(561) 753-7487	(561) 273-2331	5065 State Road 7	Lake Worth
Physician - Gastroenterologist	Gach	Barry	Active		(561) 498-4000	(561) 498-4005	1325 S Congress Ave,	Boynton Beach
Physician - Gastroenterologist	Melendez-Rosado	Jose	Active	Eisenman & Eisenman	(561) 753-7487	(561) 273-2331	5065 State Road 7	Lake Worth
Physician - Gastroenterologist	Rene	Cathia	Active		(561) 753-7487	(561) 273-2331	5065 SR7	Lake Worth
Physician - Gastroenterologist	Strippoli	Anthony	Inactive		(561) 732-2900	(561) 413-3961	2800 S Seacrest Blvd	Boynton Beach
Physician - Gastroenterologist	Tripuraneni	Krishna	Inactive	Venra Medical	(561) 996-5600	(561) 996-6498	1200 South Main Street	Belle Glade
Physician - Gastroenterologist	Urban	Michael	Inactive		(561) 732-2900	(561) 413-3961	2800 S Seacrest BLVD # 240	Boynton Beach
Physician - Gastroenterologist	Usta	Yousef	Active		(561) 753-7487	(561) 273-2331	5065 SR7	Lake Worth
Physician - Gastroenterologist	Worman-Hess	Ashley	Inactive		(561) 753-7487	(561) 273-2331	5065 SR7	Lake Worth

\*Only select ACTIVE providers

# Important Reminders

Make sure you are completing the Ryan White Specialty Medical Care Referral form.

The form has a drop down selection where you will be able to select type of specialty service and allowable condition. The allowable conditions list can be found in the GY2026 PBC HIVES RW Part A/MAI Program Manual.

Please list the diagnostic code under 'Reason for Referral'.

PE ID# \_\_\_\_\_

## Ryan White Specialty Medical Care Referral

Date: \_\_\_\_\_ Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Specialty Service- Allowable Medical Condition Requested:

Name of Specialist: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name of Referring Physician: \_\_\_\_\_ Phone number: \_\_\_\_\_

Appointment Date/Time/Location: \_\_\_\_\_

Type of Referral Requested: Initial Follow up Other (please specify): \_\_\_\_\_

Reason for Referral:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments/special questions:

\_\_\_\_\_  
\_\_\_\_\_

Attached: recent clinical encounters Imaging lab results Other \_\_\_\_\_

*By the signature below, as the ID Primary Care Provider, I certify that this referral falls under Specialty Medical Care and requires the services of a Medical Specialist.*

\_\_\_\_\_  
ID Primary Care Provider's Signature/stamp

\_\_\_\_\_  
Date

Your evaluation and recommendations are appreciated. Please send your consult report to the referring physician at this address or fax number:

# How to send a Specialty Medical request in PE:

Steps: Select 'Create'-Select 'Specialty Care Referral'

The screenshot displays a software interface for a client profile. The top navigation bar includes 'Close', 'Edit', 'Create', 'View', 'Action', and 'Print'. The main content area is titled 'Client Profile: [Redacted] Palm Beach County - HIV Care Network'. Below the title are tabs for 'Profile', 'Address', 'Alert', and 'Demographics'. The 'Profile' tab is active, showing a list of fields with dropdown menus for selection. The 'Create' button in the bottom toolbar is highlighted, and a dropdown menu is open, showing various options. 'Specialty Care Referral' is selected and highlighted in blue. Other options in the menu include 'Acuity Assessment', 'Appointment', 'CM Action Plan', 'CM Assessment', 'COVID 19 Assessment', 'EIS Episode of Care', 'EHE Enrollment', 'Eligibility Assessment', 'Eligibility Override', 'Eligibility Update Progress Log', 'Letter', 'Payment Request', 'PHQ', 'Progress Log', 'Provider Note', 'Referral', 'Report', 'Required Action', 'SAMISS Assessment', 'Scan Document', 'Service Provided', 'Test Result', 'Tobacco Use Assessment', and 'Vaccine'. On the right side of the interface, there are input fields for dates, including one showing '11/2015' and another for 'RWA Eligibility'.

# Completing a Specialty Medical Referral

- Fill out the fields in top portion for a Specialty Referral
- Enter CPT codes needed in “Describe Need” field

The image shows a screenshot of a web-based form for a Specialty Care Referral. The form is divided into two main sections: a left sidebar with labels and a main right area with input fields. The labels on the left include Status, Referral Type, Authorization #, Number Visits, Requesting Agency Location, Requesting Agency, Referring Staff, Appointment Date, Specialty Service Type, Allowable Conditions, Specialty Provider Type, Specialty Provider, Specialty Provider Phone, Specialty Provider Fax, Specialty Provider Address, Specialty Provider City, Specialty Provider State, Specialty Provider Zip, Referring Provider, Primary Care Provider Phone, Primary Care Provider Fax, Payer Organization, Payer Program, Service Category, Assignee, and Describe Need. The input fields on the right contain the following information: Status: Pending; Referral Type: Initial Consult; Authorization #: 16091; Number Visits: 1; Requesting Agency: Treasure Coast Health Council; Referring Staff: Ashnika Ali; Appointment Date: 05/06/2025; Specialty Service Type: Gastroenterologist; Allowable Conditions: diarrhea; Specialty Provider: Yousef Usta; Specialty Provider Phone: (561) 753-7487; Specialty Provider Fax: (561) 273-2331; Specialty Provider Address: 5065 SR7; Specialty Provider City: Lake Worth; Specialty Provider State: FL; Specialty Provider Zip: 33449-\_\_\_\_; Referring Provider: Suzanne Succop; Primary Care Provider Phone: (561) 766-0590; Primary Care Provider Fax: (561) 766-0591; Payer Organization: Treasure Coast Health Council; Payer Program: Client Services; Service Category: Specialty Medical Care; Assignee: Suzette Blake; Describe Need: 99204. Overlaid on the right side of the form is a 'Selector' dialog box titled 'Selector' with a close button (X). The dialog box contains the text 'Select the Allowable Conditions' and a list of conditions with checkboxes: colitis (syphilitic colitis- very rare), diarrhea (checked), esophageal candidiasis, and nausea/vomiting. At the bottom of the dialog box are 'OK' and 'Cancel' buttons.

Note: Call provider’s office to obtain CPT codes

Do not add brief descriptions in this box or any case notes. CPT codes are only needed here.

# Supporting Documents

- Supporting documents (Referral in PE: Specialty Care Referral , script/referral from providing doctor, HCSEF specialty provider request for follow up visits (if follow up), RW county form)

Specialty Care Referral [Support Documentation]

Status: Pending

Referral Type: 1070

Authorization ID: Treasure Coast Health Council

Number Visits: 1

Requesting Agency: Treasure Coast Health Council

Requesting Provider: Tanya Lacey

Appointment Date: [ ]

Specialty Service Type: [ ]

Specialty Provider Type: [ ]

Specialty Provider: [ ]

Specialty Provider Phone: [ ]

Specialty Provider Fax: [ ]

Specialty Provider Address: [ ]

Specialty Provider City: [ ]

Specialty Provider State: FL

Specialty Provider Zip: [ ]

Primary Care Provider: [ ]

Primary Care Provider Phone: [ ]

Primary Care Provider Fax: [ ]

Payer Organization: [ ]

Payer Program: [ ]

Service Category: [ ]

Funding Source: [ ]

Assignee: [ ]

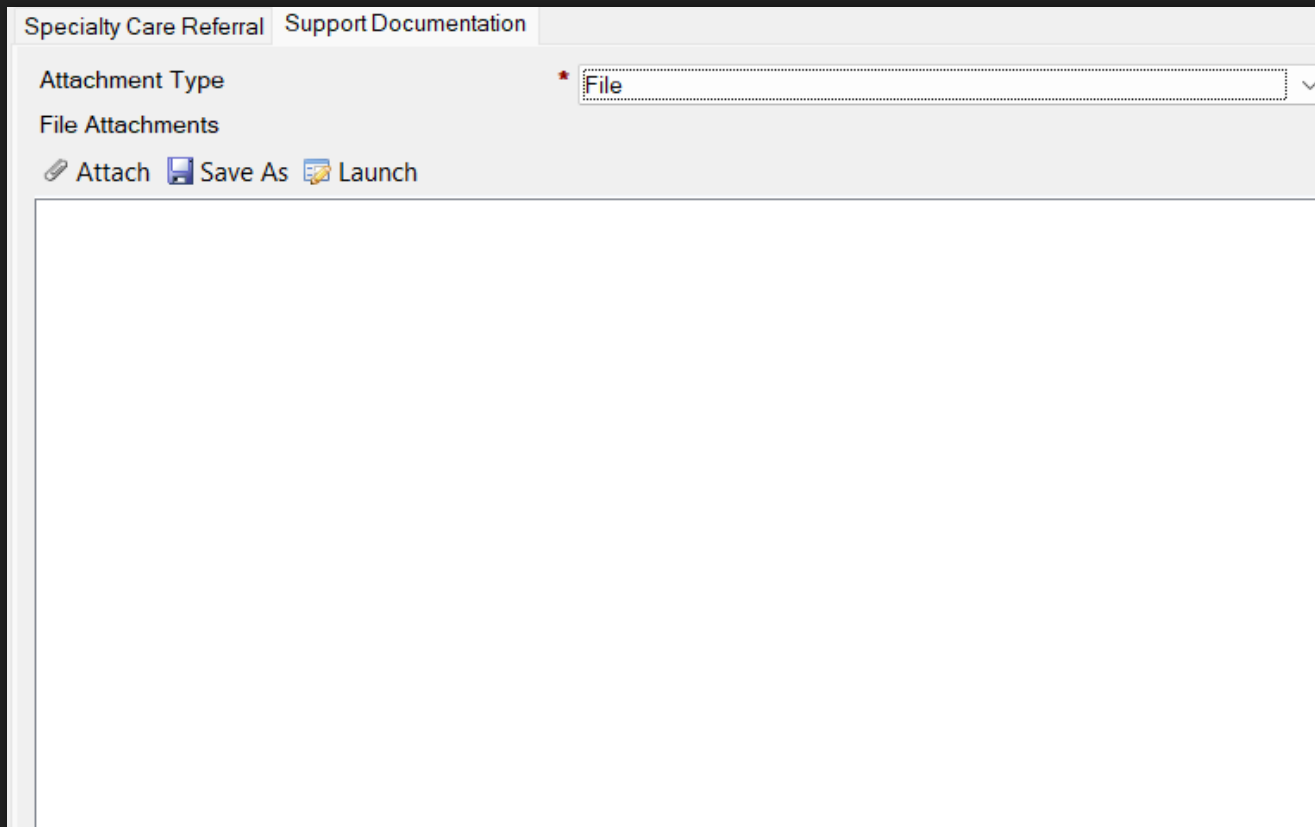
Descriptive Need: [ ]

Procedures Planned to Perform

Status	Deleted	End Date	Code	Max Bill Rate	Description
--------	---------	----------	------	---------------	-------------

**\*Do not scan medical notes from a Provider as a supporting document.\***

# Specialty Medical Attachments



The screenshot shows a web application interface with two tabs: "Specialty Care Referral" and "Support Documentation". The "Support Documentation" tab is active. Below the tabs, there is a section labeled "Attachment Type" with a dropdown menu set to "File". Below this is a section labeled "File Attachments" with three buttons: "Attach", "Save As", and "Launch". The main content area below these buttons is empty.

Under Supporting Documentation make sure that attachments are added as a “File”.

Two documents are needed:

1. Ryan White Specialty Medical Care Form
2. Script from Provider

# Examples of Attachments (Initial Appointment)

## Ryan White Specialty Medical Care Referral

Date: 4/30/25 Client Name: John Doe DOB: 1/30/1989

Specialty Service- Allowable Medical Condition Requested: Gastrointestinal- Diarrhea

Name of Specialist: Dr. Usta Phone number: 561-753-7487

Name of Referring Physician: Dr. Gribkoff Phone number: 561-514-5452

Appointment Date/Time/Location: 5/15/25 @ 9am

Type of Referral Requested:  Initial  Follow up  Other (please specify): \_\_\_\_\_

Reason for Referral:  
R19.7

Comments/special questions:

Attached:  recent clinical encounters  Imaging  lab results  Other \_\_\_\_\_

*By the signature below, as the ID Primary Care Provider, I certify that this referral falls under Specialty Medical Care and requires the services of a Medical Specialist.*

ID Primary Care Provider's Signature/stamp 4/30/25 Date

Your evaluation and recommendations are appreciated. Please send your consult report to the referring physician at this address or fax number:



## Palm Beach County Health Department

### Clinical Referral

Date: 4/30/25

Specialty: Gastroenterology

Referral Physician: Dr. Usta

Telephone Number: 561-753-7487

Appointment Date/Time: 5/15/25 @ 9am

The Client is a 36 year old  Female  Male

Reason(s) for Referral: Screening colonoscopy

Referral Type:  
Initial:   
Follow Up:   
ER Evaluation:

Subjective: \_\_\_\_\_

Objective: \_\_\_\_\_

Laboratory: \_\_\_\_\_

X-Rays: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Comments / Special Questions: Please evaluate and treat the pts.

PBCHD Provider's Signature / Stamp Samira Camp Provider's Phone Number \_\_\_\_\_

Your evaluation and recommendation(s) are appreciated/ Please send your consult report to the address or fax number below.

PBCHD FACILITY NAME, ADDRESS, PHONE/FAX NUMBER  
John Doe  
1/30/1989

West Palm Beach Health Center  
1150 45<sup>th</sup> Street  
West Palm Beach, FL 33407

Example: Completed Ryan White Specialty Medical Care Referral and Provider Script

These are the documents that need to be attached to a Specialty Medical referral.



# Referral for a follow-up appointment

Specialty Care Referral	Support Documentation
Status	* Pending
Referral Type	* Follow-up
Authorization #:	16094
Number Visits	* 1
Requesting Agency Location	
Requesting Agency	* Treasure Coast Health Council
Referring Staff	* Ashnika Ali
Appointment Date	* 05/15/2025
Specialty Service Type	* Health Maintenance
Allowable Conditions	* Colorectal cancer screening
Specialty Provider Type	* Provider
Specialty Provider	* Yousef Usta
Specialty Provider Phone	* (561) 753-7487
Specialty Provider Fax	* (561) 273-2331
Specialty Provider Address	* 5065 SR7
Specialty Provider City	* Lake Worth
Specialty Provider State	* FL
Specialty Provider Zip	* 33449-____
Referring Provider	* Suzanne Succop
Primary Care Provider Phone	* (561) 766-0590
Primary Care Provider Fax	* (561) 766-0591
Payer Organization	* Treasure Coast Health Council
Payer Program	* Client Services
Service Category	* Specialty Medical Care
Assignee	Suzette Blake
Describe Need	

Selector

Select the Allowable Conditions

- Bone density test
- Colorectal cancer screening
- Mammogram
- Pap (cervical or anal)

OK Cancel

# Examples of Attachments (For follow-up procedures): PROVIDER Example

PE ID# 12345

**Ryan White Specialty Medical Care Referral**

Date: 5/8/25 Client Name: John Doe DOB: 1/30/1989

Specialty Service- Allowable Medical Condition Requested: Health N/A  
Gastrointestinal-Diabetes

Name of Specialist: Dr. Usta Phone number: 561-753-7487

Name of Referring Physician: Dr. Gribkoff Phone number: 561-514-5452

Appointment Date/Time/Location: 5/15/25 @ 8am

Type of Referral Requested: Initial  Follow up  Other (please specify): \_\_\_\_\_

Reason for Referral:  
Z12.11

Comments/special questions:

Attached: recent clinical encounters  Imaging  lab results  Other \_\_\_\_\_


*By the signature below, as the ID Primary Care Provider, I certify that this referral falls under Specialty Medical Care and requires the services of a Medical Specialist.*

[Signature] 5/8/25  
ID Primary Care Provider's Signature/stamp Date

Your evaluation and recommendations are appreciated. Please send your consult report to the referring physician at this address or fax number:

Created 11/1/18; Revised 3/1/2024

\*\*\*\*\* ALL NOTES AND / OR RESULTS NEED TO BE SENT TO REFERRING DOCTOR\*\*\*\*\*



**SPECIALTY PROVIDER AUTHORIZATION FOR FOLLOW UP VISITS**

PROVIDER Information: Name, Address, Phone, Fax and Contact Information:

EISENMAN & EISENMAN MD, LLC 9065 STATE RD 7 STE 201 LAKE WORTH, FL 33449	PHONE: 561-755-7487 FAX: 561-273-2391
ADVANCED SURGERY CENTER PBC 5065 STATE RD 7 STE 201 LAKE WORTH, FL 33449	PHONE: 561-273-2340 FAX: 561-273-2391

PATIENT Information: Name and Date of Birth of Client / Patient:  
Patient Name: John Doe Date of Birth: 1/30/1989

REQUEST  
In order to expedite the authorization request, attach medical notes when submitting your request to referral clerks and case managers. Make sure that you list each procedure code along with the diagnosis codes for date (s) of service being requested.

Date(s) of Service	CPT Codes	CPT Codes	Diagnosis Codes
<u>5/15/25</u>	<u>45378, 45380, 45384</u> <u>45385, 45390</u>		<u>Z80.0</u>

Authorized by: [Signature] POP: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax number: \_\_\_\_\_

**For Primary Care Physicians Signature Only**

For outpatient procedures, two referrals are needed for Specialty Medical: one for the provider and one for the facility.

**Example: PROVIDER**  
Completed Ryan White Specialty Medical Care Referral and Provider Script for procedure



# Examples of Attachments (For follow-up procedures): FACILITY Example

PE ID# 12345

**Ryan White Specialty Medical Care Referral**

Date: 5/8/25 Client Name: John Doe DOB: 1/30/1989

Specialty Service- Allowable Medical Condition Requested: Heart Mtb

Name of Specialist: Advanced Surgery Center Phone number: 561-753-7487

Name of Referring Physician: Dr. Gribkoff Phone number: 361-514-5452

Appointment Date/Time/Location: 5/15/25 @ 8AM

Type of Referral Requested: Initial  Follow-up  Other (please specify): \_\_\_\_\_

Reason for Referral:  
Z12.11

Comments/special questions:

Attached: recent clinical encounters  Imaging  lab results  Other \_\_\_\_\_

*By the signature below, as the ID Primary Care Provider, I certify that this referral falls under Specialty Medical Care and requires the services of a Medical Specialist.*

\_\_\_\_\_ 5/8/25  
ID Primary Care Provider's Signature/stamp Date

Your evaluation and recommendations are appreciated. Please send your consult report to the referring physician at this address or fax number:

\*\*\*\*\* ALL NOTES AND / OR RESULTS NEED TO BE SENT TO REFERRING DOCTOR\*\*\*\*\*

**HCSEF**  
Health Council of  
Southeast Florida

**SPECIALTY PROVIDER AUTHORIZATION FOR FOLLOW UP VISITS**

PROVIDER Information: Name, Address, Phone, Fax and Contact Information:

EISENMAN & EISENMAN MD, LLC 9065 STATE RD 7 STE 201 LAKE WORTH, FL 33449	PHONE: 561-755-7487 FAX: 561-279-2991
ADVANCED SURGERY CENTER PBC 5065 STATE RD 7 STE 201 LAKE WORTH, FL 33449	PHONE: 561-273-2340 FAX: 561-273-2331

PATIENT Information: Name and Date of Birth of Client / Patient:  
Patient Name: John Doe Date of Birth: 1/30/1989

REQUEST  
In order to expedite the authorization request, attach medical notes when submitting your request to referral clerks and case managers. Make sure that you list each procedure code along with the diagnosis codes for date (s) of service being requested.

Date(s) of Service	CPT Codes	CPT Codes	Diagnosis Codes
<u>5/15/25</u>	<u>45378, 45380, 45384</u> <u>45385, 45390</u>		<u>Z80.0</u>

Authorized by: \_\_\_\_\_  
POP: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax number: \_\_\_\_\_

**For Primary Care Physicians Signature Only**

For outpatient procedures, two referrals are needed for Specialty Medical: one for the provider and one for the **OUTPATIENT** facility.

**Example: FACILITY** Completed Ryan White Specialty Medical Care Referral and Provider Script for procedure

**REMINDER:** Check to ensure that provider signed both script and RW SM Care Referral form.

# Submitting A Referral

- Click **SUBMIT** to send request to HCSEF
- Once a referral is authorized you will be notified by email that a referral has been authorized.
- **IMPORTANT: Print and send referral to the Specialty Provider once authorization has been completed.** It is not HCSEF's responsibility to send the referral to the provider.
- **Please Note** – If additional codes are needed please convey this to HCSEF (Suzette, Medical Program Specialist). **DO NOT PUT A NEW REFERRAL IN FOR THE SAME SERVICE.**  
**REASON:** Medical Program Specialist is the only one that can edit referrals that have already been submitted.



# Additional Referral Guidelines

1. In summary for follow-up visits, submit two referrals for a procedure (one for Provider and Outpatient Facility).
2. Please submit referrals for initial visit 2 weeks prior to the appointment date.
3. Referrals are good for one visit.
4. Referrals expires after **30** days of issue date.
5. Scripts are good for 6 months from issue date.
6. County overrides are granted for special circumstances. Instances requiring county overrides are typically rare.

# Specialty Medical Services Allowable List

Pg. 132, Appendix K, HIV Elimination Services RW Part A/MAI Program Manual

Only allowable services on this list are granted under Specialty Medical services

## Appendix K- PBC RW Part A/MAI Specialty Medical Care Allowable Conditions and Referral

### PALM BEACH COUNTY RYAN WHITE PBC PART A/MAI PROGRAM ALLOWABLE SPECIALTY MEDICAL CARE CONDITIONS LIST

*These conditions are related to or exacerbated by HIV, comorbidities related to HIV, or complications of HIV treatment.*

*Conditions listed may be accessible under multiple specialties though not specifically referenced.*

*This list is intended to address the federal Health Resources and Services Administration's requirement that services provided through outpatient medical care be related to an individual's HIV status. This list is not exhaustive and is a sample guideline created to assist medical providers with specialty care referrals and to emphasize the importance of documenting the link between an individual's HIV status and the specialty care service to which a client is referred.*

***“Health Maintenance”** category for routine medical diagnostic testing (e.g., Pap smear, mammogram, bone density test, colonoscopy, colorectal cancer screening, and ophthalmologic screening) is allowable as long as such testing follows established medical guidelines, such as U.S. Public Health Service (PHS), American Medical Association, Health Resources and Services Administration (HRSA), or other local guidelines, as a standard of care. Please see the most current, local Ryan White Program Manual- Service Delivery for more information.*

# HCSEF Specialty Medical Contact

Suzette Blake

Email – [sblake@hcsef.org](mailto:sblake@hcsef.org)

600 Sandtree Drive, Suite 101

Palm Beach Gardens, FL 33403

Phone: 561- 557-9277

Fax: 561- 844-7276



# Knowledge Check!

A patient is going to do a colonoscopy. How many referrals would you put in PE?

- A. 1
- B. 4
- C. 3
- D. 2

# Knowledge Check!

A patient is going to do a colonoscopy. How many referrals would you put in PE?

- A. 1
- B. 4
- C. 3
- D. 2

# Knowledge Check!

Where do you put the CPT codes when creating a referral?

- A. Describe Need Box
- B. Case management note
- C. Via email to Suzette
- D. As an attachment for supporting documents

# Knowledge Check!

Where do you put the CPT codes when creating a referral?

- A. Describe Need Box
- B. Case management note
- C. Via email to Suzette
- D. As an attachment for supporting documents

# Knowledge Check!

Where do you put the diagnostic code for a Specialty Medical service?

- A. The script
- B. Provider's medical notes
- C. RW Specialty Medical Care Form – Reason For Referral
- D. Describe Need Box

# Knowledge Check!

Where do you put the diagnostic code for a Specialty Medical service?

- A. The script
- B. Provider's medical notes
- C. RW Specialty Medical Care Form – Reason For Referral
- D. Describe Need Box

# Knowledge Check!

Who should you contact if a patient's appointment is the following day and you submit a referral a day before appointment?

- A. Ashnika
- B. Marsharee
- C. Suzette
- D. Tiara

# Knowledge Check!

Who should you contact if a patient's appointment is the following day and you submit a referral a day before appointment?

- A. Ashnika
- B. Marsharee
- C. Suzette
- D. Tiara

# Knowledge Check!

When a referral is approved, what are the next steps?

- A. Wait for Suzette to fax the referral over to the provider and facility
- B. Nothing
- C. You print and fax to provider and/or the outpatient facility once approved
- D. Wait for the client to call you from the provider's office

# Knowledge Check!

When a referral is approved, what are the next steps?

- A. Wait for Suzette to fax the referral over to the provider and facility
- B. Nothing
- C. You print and fax to provider and/or the outpatient facility once approved
- D. Wait for the client to call you from the provider's office

# Knowledge Check!

What do you need to attach to a Specialty Medical referral?

- A. The script
- B. The RW Specialty Medical Care Form
- C. The script, RW Specialty Medical Care Form, and provider's medical notes
- D. The script and RW Specialty Medical Care Form

# Knowledge Check!

What do you need to attach to a Specialty Medical referral?

- A. The script
- B. The RW Specialty Medical Care Form
- C. The script, RW Specialty Medical Care Form, and provider's medical notes
- D. The script and RW Specialty Medical Care Form

The logo for MONARCH Health Services is centered on the page. It features the word "MONARCH" in large, bold, black capital letters. A black and orange butterfly is positioned behind the letter "N". Below "MONARCH", the words "HEALTH SERVICES" are written in smaller, orange, spaced-out capital letters. The background is a vibrant, abstract design with a large, glowing lightbulb on the left side, emitting a soft glow. The overall color palette consists of soft pinks, purples, and blues, with decorative white wavy lines and a starburst pattern on the right side.

# MONARCH

HEALTH SERVICES

Anaka Sergile, BHSA

*Programs & Linkage Coordinator*

Tiffani Jackson, BHA

*Lead Care Manager*



# SERVICE INFORMATION

**EIS:** Gateway into Ryan White HIV AIDS Program. All clients referred to RWHAP, join through EIS.

**MCM:** Supports clients with improving their health care outcomes including treatment adherence. Ryan White Eligibility Assessment required.

**NMCM:** Supports clients with navigation, guidance and assistance in accessing needed supportive services. Ryan White Eligibility Assessment required.

**EHE:** Links newly diagnosed or reengaging clients back into care and treatment within 72 hours. Client is scheduled a medical appointment within 72 hours, provided 30-day supply of antiretroviral therapy (ART), and provides 30 days of Transitional Care Management (TCM).

**ESS/DCF:** Application assistance is provided for SNAP (Supplemental Nutrition Assistance Program)/ Food Stamps, Medicaid and Temporary Cash Assistance.

# **Monarch Has 2 Referral Processes:**

**1) PART A & EHE PROGRAMS**

**2) GENERAL PROGRAMS**

(Non-Part A / Non-EHE-Funded Programs)

# RWHAP & EHE

## REFERRAL PROCESS

**SUBMIT REFERRAL IN  
PROVIDE ENTERPRISE**

**SUBMIT REFERRAL IN PROVIDE  
ENTERPRISE (PE), FOR *EIS*,  
*MCM*, *NMCM* OR *EHE*.  
REFERRALS SHOULD BE SENT  
TO PROGRAM CONTACT.**

**FOLLOW-UP EMAIL  
TO PROGRAM  
CONTACT**

**AFTER A REFERRAL IS  
SUBMITTED IN PE, SEND AN  
EMAIL TO PROGRAM  
CONTACT. INFORM PC THAT  
A REFERRAL WAS  
SUBMITTED IN PE AND  
CONFIRM RECEIPT.**

**PROVIDE ADDITIONAL  
INFORMATION IF  
NEEDED**

A request maybe made for additional information or documentation. If so, please provide documentation promptly to avoid delays in the referral process.

Program Contact  
Anaka Sergile  
Programs & Linkage Coordinator  
Asergile@monarchhealth.org

# REFERRAL PROCESS FOR GENERAL PROGRAMS

1. ECONOMIC SELF SUFFICIENCY (ESS) PROGRAM (through FDCF)
2. PRIMARY CARE

## REFERRAL PROCESS

**1.** Client or external Case Manager can call Monarch to schedule appointment for assistance applying for DCF public benefits. Case manager can also submit a referral by emailing **Program Contact.**



**2.** Within **72 hours**, a Case Manager at Monarch will contact the client to complete a questionnaire for ESS to determine eligibility.



**3.** If someone is eligible for a program or service(s), the next step is to provide application assistance. This involves completing necessary paperwork, and gathering any required documentation (e.g., proof of identity, income, residency, etc.).

**Turnaround time varies and is based on the type of service(s) client is applying for.**

Program Contact  
Anaka Sergile  
asergile@monarchhealth.org

# PRIMARY CARE

## **What services does a primary care provider offer?**

- Physical exams, pre-employment exams and health assessments
- Treatment of illnesses and injuries
- Management of acute and chronic diseases
- Vaccinations and immunizations, including flu and pneumonia
- Wellness Check, health education and lifestyle modification services
- Laboratory and diagnostic testing

\* In order to remove financial barriers, allowing individuals who might otherwise avoid care due to cost to receive essential services, Monarch uses a sliding scale fee for clients who are uninsured or low-income.

# QUESTIONS

**Anaka Sergile, BHSA**

*Programs and Linkage Coordinator*

**Phone:** 561-523-4589 ext. 427

**Email:** [asergile@monarchhealth.org](mailto:asergile@monarchhealth.org)

2580 Metrocentre Blvd, Suite 1, West Palm Beach, FL 33407

14000 S Military Trail Suite 110 Delray Beach, FL 33484

[www.monarchhealth.org](http://www.monarchhealth.org)



# AIDS Healthcare Foundation Palm Beach

# WELCOME

One Team Philosophy



# AHF Locations

## Delray Beach HCC

200 Congress Park Drive , Suite 210  
Delray Beach Florida 33445  
561-279-0991

- **Healthcare Center & Pharmacy**

Monday & Tuesday 8:30-7pm  
Wednesday & Thursday 8:30am-5pm  
Friday 8:30am-3pm

- **Wellness**

Wednesday 2pm-4:30pm  
Friday 12pm-2:30



## West Palm Beach HCC

1411 N. Flagler Drive, Suite 9300  
West Palm Beach, Florida 33401  
561-284-8182

- **Healthcare Center & Pharmacy**

Monday, Tuesday & Thursday 8am-5pm  
Wednesday 8am-7pm  
Friday 8am-3pm







- **Wellness**

Tuesday 1pm-4:30pm  
Thursday 1pm-4:30pm





# AHF Services in Palm Beach County

- Linkage to Care
  - Outpatient/Ambulatory Health Services including Lab Diagnostic Testing
  - Wellness Clinic
  - Pharmacy
  - AIDS Pharmaceutical Assistance
  - Early Intervention Services
  - Non-Medical Case Management
  - Medical Case Management, including Treatment Adherence
  - Medical Transportation
  - Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals
  - Mental Health Services
  - HIV Clinical Quality Management
- 
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A vertical column of seven white lightbulb icons on a dark red background, positioned on the left side of the slide. The icons are of varying sizes and orientations, some pointing up and some down.

# AHF Services in Palm Beach County

- RW AIDS Pharmaceutical Assistance
  - EFA-Emergency Medications for 14 days The Emergency Financial Assistance service category may assist with short-term assistance for medications. Dispensing of one (1) emergency medication not exceeding a fourteen (14) day supply to a client during any 12-month period
  - LPAP-The Local Pharmaceutical Assistance Program (LPAP) is a supplemental means of providing ongoing medication assistance when Florida RWHAP ADAP has a restricted formulary, waiting list and/or restricted financial eligibility criteria
  - Food Bank, Nutritional Supplement may assist with dispensing nutritional supplements as prescribed

\*Prior to referral being sent, Case Managers are required to screen for alternative medication payer sources, including but not limited to Patient Assistance Programs (PAP), rebate/discount programs, Health Care District, and Florida RWHAP ADAP prior to dispensing.

# Case Management Supervision Team



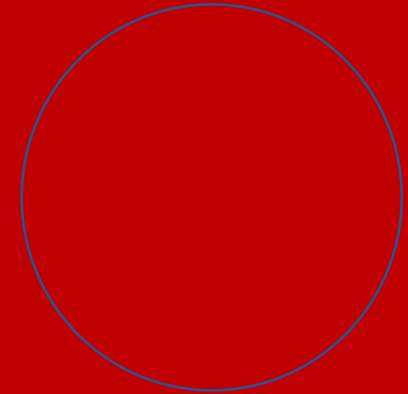
**EDDY DIAZ**

Director of Care Management,  
Southern Bureau  
Email: [Eddy.Diaz@ahf.org](mailto:Eddy.Diaz@ahf.org)



**LISYANI MACHADO**

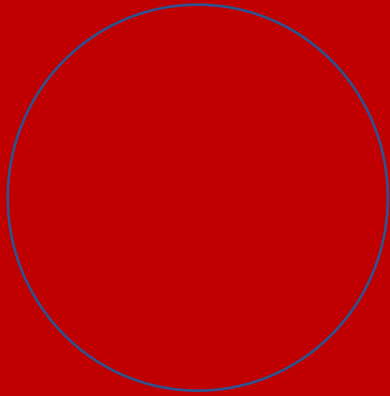
RN Regional Manager- Palm Beach,  
Pinellas, Pensacola, and Jacksonville  
Email: [Lisyani.Machado@ahf.org](mailto:Lisyani.Machado@ahf.org)



**TBH**

Regional Manager

# Medical Case Management Team



**Vacant Position**

AHF West Palm MCM



**Shane Richards**

AHF West Palm MCM  
Cell: 561-590-0246



**Iverlyne Charles**

AHF Delray MCM  
Cell: 561-302-0972



**Adkeisha Jean**

AHF Delray MCM  
Cell: 561-788-5903

A vertical column of ten white lightbulb icons on a red background, arranged in a slightly curved path from top-left to bottom-right. The icons are simple line-art representations of incandescent lightbulbs.

# Part C- Case Management

- The Intensive RN Medical Care Manager (IRNMCM) provides a system of coordinated health care interventions to assist clients in self-managing their HIV and preventing complications stemming from uncontrolled Viral Load (>200) and uncontrolled co-morbid (chronic disease conditions).
- The IRNMCM conducts comprehensive needs assessments and develops, implements, and maintains individualized action plans



# Part C Case Management

## Key activities include:

- Supporting healthcare monitoring, such as prescription dispensing documentation, medication adherence coaching, and assistance with appointments attendance.
- Coordinating essential medical and supportive services across providers and systems.
- Delivers adherence counseling and targeted interventions to strengthen disease self-management skills related to health maintenance, medication adherence, drug interactions, and HAB measures.

# Part C Case Management Team



**Debra Bell, RN**

AHF West Palm  
Email: [Debra.Bell@ahf.org](mailto:Debra.Bell@ahf.org)  
Cellphone: 561-917-2824  
Fax: 1-855-756-8816



**Mark Moise, RN**

AHF Delray  
Email: [Marc.Moise@ahf.org](mailto:Marc.Moise@ahf.org)  
Cellphone: 561-983-0493  
Fax: 561-279-0991

# Part C Referral

- Fax referral form to Debra or Marc.
- You can call them directly for follow-up
- Client will need to provide their medical records if not an AHF patient.

**Part C Referral FORM**

Date: \_\_\_\_\_  
To RN MCM: \_\_\_\_\_  
Referred By: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Patient Information**  
Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Client ID: \_\_\_\_\_  
Is the client newly diagnosed?  Yes  No If yes, date of diagnosis: \_\_\_\_\_

Reason for Referral:  
 High viral load >200 copies/ml.  
 Uncontrolled co-morbidity (diabetes, hypertension, cardiovascular disease, and COPD).  
 Client missed at least three (3) consecutive medical appointments.

Additional Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

7/25/2022



**THANK YOU !**