

THE CHARTER HEALTH PLAN PHYSICIAN MANUAL

For the Provision of Services to
Charter Health Plan Members



CHARTER HEALTH PLAN

A big idea for small business

Revised May 2011
Based on SPD July 2010

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CHARTER HEALTH PLAN

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INTRODUCING THE CHARTER HEALTH PLAN

THE PROBLEM

- More than 45,000 working families are uninsured in Sarasota County
- Health insurance costs are too high for most businesses and working people
- Few health insurance carriers remain in the local market and premiums are rising at double digit rates
- Self-funding is not a viable option for most employers

THE SOLUTION

- Sarasota Memorial Health Care System (SMHCS) is authorized to operate a hospital service plan
- The Florida Office of Insurance Regulation has given SMHCS the consent to offer a fully insured health plan to uninsured employers, subject to certain requirements and conditions

THE BENEFITS

- **One plan design**
- Controlled growth
- Employer groups include full-time and part-time (20 hours/week or more) employees and their dependents
- Select provider panel
- Local case management for ambulatory and pharmacy services and chronic disease management
- Utilizing one of the nation's pre-eminent actuarial firms to establish rating structures, financial forecasts, and underwriting guidelines
- Mandatory member education and health risk screening
- Lifetime maximum benefit of \$2,000,000, insuring against catastrophic events
- Wellness benefit
- Prescription drug benefit
- Comprehensive access to health care includes primary care and specialty physicians, inpatient care, outpatient surgical care and medical services, maternity care, and emergency medical care
- Accredited self care tool - Healthwise® Handbook

THE REQUIREMENTS & CONDITIONS

- The provider network is limited to SMHCS facilities and a select group of physicians
- SMH has reinsurance in place to protect the financial solvency of the plan, in the case of catastrophic individual claims
- Marketing and administration services are provided by licensed, experienced firms
- Employer groups must be uninsured for at least 6 months prior to the effective date
- The average income of participating employees may not exceed 250% of the Federal Poverty Level
- All members subject to medical underwriting



A decision as important as life itself.™

INTRODUCTION

Background

The Charter Health Plan is sponsored by the Sarasota County Public Hospital Board (SCPHB). Development and management of the plan is coordinated by the Sarasota Memorial Physician Hospital Organization, on behalf of SCPHB. This new health plan provides benefits to employer groups of Sarasota County who have previously been unable to receive health insurance. This plan represents a collaborative effort to address the following market concerns:

- According to the Florida Agency for Health Care Administration January 2000 Florida Health Insurance Study report, more than 75,000 members of working families are uninsured in Sarasota and Manatee Counties.
- Health insurance costs are too high for many small businesses and working people.
- Few health insurance carriers remain in our market and premiums are rising at double digit rates.
- Large insurance carriers and HMOs have been unwilling to partner with our PHO to meet the needs of small employers. Small carrier partners and prospects have withdrawn from the small group market, gone out of business, or withdrawn from the State.

The Charter Health Plan is a health plan developed and managed by the Sarasota Memorial Physician Hospital Organization. This plan encourages preventive care and a personal relationship with a primary care physician. This focus, along with local management, provides patients with an affordable, effective health care option. Charter Health Plan has been designed to provide its members with a low cost alternative and comprehensive coverage, including:

- Preventive services
- Routine physicals and immunizations
- Well-child and well-woman examinations.

All the information included in this manual is accessible online at www.smhcharterplan.com.

Vision

Considering the unique demographics and increasing demand for services, we developed the Charter Health Plan with the following key principles:

- Quality – Everyone deserves quality health care.
- Affordability – Quality health care must be affordable. It is pointless to produce a quality product that few can afford.
- Responsibility – Providers, employers, and members are all responsible for health plan success. The role of each is as follows:
 - Provider Responsibilities:
 - Meets availability/accessibility standards – open practice for new Charter Health Plan members.
 - Use available tools to promote efficient, quality care, including:
 - Healthwise© books
 - Milliman USA practice guidelines
 - Office coding program
 - Internet access in office.
 - Employers Responsibilities
 - To Pay premiums in a timely fashion
 - Facilitate plan communication
 - Sponsor health education and promotion activities

- Provide a healthy and safe work environment
- Member responsibilities:
 - Schedule their first PCP visit within 90 days of enrolling.
 - Call their PCP before an Emergency Department visit, unless they have a life or limb-threatening injury or illness.
 - Verify that all referrals are to in-network providers before receiving services.
 - Verify that all required prior authorizations have been obtained.
 - Carry and present their Charter Health Plan ID card before receiving services.
 - Use generic prescriptions whenever available.
 - Always contact their PCP before receiving other health services.
 - Refer to their Charter Health Plan brochure or visit the Charter Health Plan web site (www.smhcharterplan.com) for questions about covered benefits.
 - Refer to your Healthwise Handbook or online health information for medical questions.

CONSULTATION/REFERRAL/AUTHORIZATION/APPEAL PROCESS

Referral for Consultation

When a member requires medical care other than that provided by a Primary Care Physician, a referral to a specialist is required. The referral for consultation must come from the member's Primary Care Physician. Limitations regarding the frequency of specialty referrals are outlined on the online referral form. The online referral form is located at www.smhcharterplan.com.

The Charter Health Plan has set procedures for Primary Care Physicians to follow when making referrals for consults or referrals to network specialists and other network providers, and/or when authorization is needed for certain types of care. The procedure works like this:

1. The Charter Health Plan member seeks medical services by contacting his or her Primary Care Physician.
2. If a visit is required, the Primary Care Physician sees the patient. If not, the patient's record is updated as necessary.
3. If specialist and/or ancillary care are necessary, the Primary Care Physician completes an online referral for consultation to the appropriate network specialist. A copy of the referral form is automatically emailed to the specialist's office.
4. If the patient needs additional services not included in the initial referral from the PCP, the specialist contacts the patient's Primary Care Physician for an additional referral.
5. The Primary Care Physician completes the online referral form.
6. The specialist receives the referral via email, acknowledges receipt of the referral online, and schedules an appointment with the patient.
7. After the appointment with the patient is completed, the specialist contacts the member's PCP with findings/results.

Prior Authorizations

The objective of prior authorizations is to ensure that the most appropriate, quality, and cost-effective delivery of medical, surgical and ancillary services will take place for all elective surgeries and diagnostic processes. Urgent and Emergency Admissions will not require prior authorization, but will require authorization within 48 hours of admission. **If upon review, the patient's medical condition does not warrant inpatient care, the hospital coverage could be denied.**

The following services require prior authorizations:

- Hospitalizations
- Outpatient surgical procedures
- PET scans
- More than three visits to a single specialty within ninety days
- More than six visits to a single specialty within one year
- Out of network referrals (PCP requests will be considered by the Charter Health Plan Medical Director, under exceptional circumstances)

The Charter Health Plan has procedures that physicians must follow when prior authorization is needed for certain types of care. The procedure works like this:

1. The physician requesting the medical service that requires a prior authorization is responsible to obtain it.
2. To obtain a prior authorization, use the online authorization form located at www.smhcharterplan.com.
3. If the service is authorized, the provider performs the service and sends a claim form with the authorization code to WebTPA, Charter Health Plan's claims administrator, **within 90 days or the claim will be denied.**
4. The specialist provides feedback to the patient's Primary Care Physician.

Emergency Department Referral and Prior Authorization Process

Charter Health Plan also has procedures for emergency department authorizations and referrals. The procedure works like this:

- To determine if the situation is a true emergency, the "prudent layperson" rule is applied. That rule states that a true emergency is a condition characterized by acute symptoms, including severe pain, such that a prudent person with average knowledge of health and medicine could expect his or her health, or the health of an unborn child in the case of a pregnant woman, to be in serious jeopardy without immediate medical attention.
- The RN Case Manager and Medical Director review every Emergency Care Center visit and confirm whether the patient meets the prudent layperson rule.
- Any patient seen in the Emergency Department for non-emergent services will be required to cover the expense of the visit regardless of who referred them. Charter Health Plan does not cover non-emergent care in the Emergency Department.

Appeals

The Charter Health Plan has the appeals form at www.smhcharterplan.com located under the Members. Tab under forms.

The Provider Relations Department at 917-8500 is available to answer any questions or provide additional information regarding the appeals process.

REIMBURSEMENT

Claims

Submitting Claims

All claims must be submitted on standard HCFA 1500 or UB-92 forms and mailed to:

**WEBTPA
P O Box 99906
Grapevine, TX 76099-9706
EDI Number: 75261**

Claims Inquiries

The status of a claim may be determined by calling (941) 917-8500.

Payment Appeal

If payment for medical services is denied, you may appeal the decision by requesting a claim review. Send your request for review to the Charter Health Plan's P.O. Box clearly marked, "Request for Review" to the attention of Charter Health Plan Administration. The Charter Health Plan appeals form can be obtained online at www.smhcharterplan.com.

No Balance Billing

Balance billing is prohibited. Providers are responsible to collect the copayment and coinsurance from the member at the time of service. In the event that a copayment or coinsurance was not collected at the time of service, providers may bill for the copayment or coinsurance amount ONLY.

Non Covered Services

In the event that a physician provides non-covered services to a Charter Health Plan member, the physician may bill the Charter Health Plan member directly for the non covered services ONLY after the member has been informed and acknowledged in writing that such services are not covered services.

PROVIDER RELATIONS

Provider Grievance

Any provider may request an appeal concerning credentialing, professional non-compliance or any other contractual obligations with Charter Health Plan. All grievances must be submitted in writing to SMH PHO Office 1991 Main St Suite 147, Sarasota, FL 34236. PHO staff will review the grievance and resolve the issue. In case the PHO staff cannot resolve the issue, it will be referred to the PHO Board of Directors. The Provider Relations Department is available to answer any questions or provide additional information regarding the grievance process. Call 917-8500 for assistance.

Notification of Changes

Charter Health Plan requires any changes in provider status be reported to the Provider Relations Department. Changes must be reported 90 days before the change, in writing. The types of changes that require advance notification include:

- Name
- Specialty
- Address
- Phone Number
- Office Hours
- Tax Identification Number
- On call list of covering physicians
- Closing practice to new members

Immediate notification is required if there are changes in any of the following:

- Licensure
- Certification
- Hospital privileges
- NPDB Reporting

Changing Primary Care Physicians

A member may change his or her PCP monthly by contacting (941) 917-8500.

Schedule of Medical Benefits

Plan Maximums and Limitations		
Lifetime Maximum	\$2,000,000 per individual	
A. Managed Transplant Program	Subject to Lifetime Maximum	
Service	Member's Cost	Special Limits/Circumstances
Calendar Year Deductible	In-network services and out of network emergency services – \$500 per member \$1,500 per family	
Doctor's Care		
▪ Primary Care	\$20 per visit up to four (4) times per year, then deductible and coinsurance apply	Referral from PCP required and Specialist must be in network. Exception: No referral needed for annual preventive well woman gynecological visit.
▪ Specialty Care	20% after deductible has been met	
▪ Wellness Services	\$300 annual maximum payable by the Plan, then deductible and 20%.	
▪ Well Child Visits	\$300 annual maximum payable by the Plan, then deductible and 20%.	
▪ Depo-Provera Injections	20% after deductible has been met	Provided in physician's office.
Inpatient Hospital Care Including:		
▪ Hospital room, board and nursing care	20% after deductible has been met	Except in cases of emergency, all inpatient hospital services must be obtained at Sarasota Memorial Hospital. Exceptions require prior authorization and payment will be limited to the contracted reimbursement. All inpatient days must be preauthorized and will be reviewed daily by the Medical Director for appropriateness. Inpatient care not meeting medical standards will not be covered.
▪ Semi-private room per day		
▪ Room, board and treatment in an intensive or cardiac care unit		
▪ Other necessary services and supplies		
Outpatient Surgical Care		
▪ Treatment in the outpatient facility of a hospital or free standing surgical facility	20% after deductible has been met	All outpatient surgical care must be performed at Sarasota Memorial Hospital facilities. All exceptions require prior authorization and payment will be limited to the contracted reimbursement. All outpatient surgeries require prior authorization.
Other Outpatient Medical Services		
▪ X-ray, Laboratory, Ultrasound	20% after deductible has been met	All outpatient diagnostic care must be performed in Sarasota Memorial Hospital facilities. All exceptions require prior authorization.
▪ Diagnostic Procedures, Invasive procedures such as MRI, PET, CT	20% after deductible has been met	Prior authorization is required for PET scans.
▪ Rehab Services (physical, occupational, and speech therapy)	20% after deductible has been met	Combined five (5) visits in a calendar year.
▪ Durable Medical Equipment	20% after deductible has been met	Maximum of \$250 per calendar year. No authorization required.

Continued next page

Service	Member's Cost	Special Limits/Circumstances
Behavioral Health <ul style="list-style-type: none"> Outpatient mental health counseling by a licensed mental health professional 	\$ 0 copay first 4 visits \$30 copay for visits 5-20	Benefits paid for up to 20 visits per calendar year; 100 visits per lifetime All Behavioral Health benefits must be arranged through the Employee Assistance Program (EAP); call 917-8500. No referral or pre-authorization required.
Maternity Care <ul style="list-style-type: none"> Pre-natal care and monitoring Delivery at Sarasota Memorial Hospital including a 48 hour stay after normal delivery or a 96 hour stay after cesarean delivery Hospital and physician services provided to your newborn child 	\$35 per visit 20% after deductible has been met	Coverage is provided for female members who are either employees or their spouses. See next page for additional specific limits and circumstances. Newborn coverage is limited to 30 days after delivery. During this time period your newborn child must be enrolled as a dependent to continue coverage.
Emergency Department visits and necessary ambulance services for conditions that are life or limb threatening ----- Sarasota Memorial Walk-In Medical Centers for minor emergencies (see definition on page 30)	\$100 per visit plus 20% after deductible has been met ----- 20% after deductible and coinsurance has been met	Unless member's condition appears to be life threatening, an effort should be made to contact member's PCP before obtaining emergency care or Walk-In Medical Center Services. Coverage is limited to the contractual reimbursement. Member is responsible for any charges above this limit.
Prescriptions Drugs-Retail only <ul style="list-style-type: none"> Generic Brand 	\$15 per 30 day supply \$40 plus the difference between generic and brand cost when generic is available per 30 day supply	\$1,200 annually per member See next page for pharmacy coverage specifics.
Out of Pocket Maximums		
	Member's Cost	Special Limits/Circumstance
Individual	\$ 2,000 in network plus emergency services	
Family	\$6,000 in network plus emergency services	
Charges for non-covered services, pharmacy copayments, deductibles and services provided beyond benefit limitations do not apply to these maximums.		

Emergency Care

Except in cases of life threatening emergency, consult your Healthwise® Handbook, online health information or call your Primary Care Physician before visiting a hospital emergency department.

Members who obtain emergency department treatment for non-emergency services will be responsible for payment of the entire bill. The Charter Health Plan will not pay benefits for non-emergent visits to a hospital emergency department.

A statement from an answering service or an answering machine does not constitute approval to visit the emergency department.

To determine if a medical problem is a true emergency, the "prudent layperson" rule is applied. This rule states that a true emergency is a condition characterized by acute symptoms, including severe pain, such that a prudent person with average knowledge of health and medicine could expect his or her health, or the health of an unborn child in the case of a pregnant woman, to be in serious jeopardy without immediate attention.

In the event of emergency hospitalization, members have two (2) business days to obtain authorization. All emergency care is limited to the contracted reimbursement. Member is responsible for any charges above this limit.

Expenses Not Covered

The Charter Health Plan does not provide benefits for:

- Abortion
- Air conditioning, water, electrical, or air purification units
- Allergy testing and injections
- Any professional, medical or surgical services rendered by an individual who is related to you by blood, legal adoption, or marriage
- Artificial insemination, invitro fertilization
- Autopsies
- Biofeedback
- Bioterrorist prevention- immunizations, medications, supplies or other related services
- Blepharoplasty/Canthopexy/Canthoplasty
- Breast or penile implants, except for reconstructive surgery following mastectomy
- Breast reduction/Mammoplasty
- Bunionectomy or Hammertoe surgery
- Care for sickness or injuries in the military forces as a result of war, whether declared or undeclared
- Care obtained without cost
- Charges for missed appointments or non-completion of forms
- Charges in excess of \$1,000 to transport a newborn
- Charges in excess of the Charter Health Plan contracted fee schedule
- Chiropractic services
- Claims filed more than 90 days after a service is provided
- Cloning
- Compound drugs
- Contraceptive devices
- Dental care, including temporomandibular joint dysfunction
- Dental implants and oral appliances
- Ecological or environmental medicine
- Educational or vocational testing/training
- Emergency Department treatment for a non-emergent condition
- Eye refractions, eyeglasses or vision corrective surgery (i.e. LASIK)
- Excision of excessive skin due to weight loss
- Gene Therapy
- Gastroplexy/ Gastric bypass
- Growth hormones
- Hair replacement
- Hearing aids and implants
- Holistic or homeopathic medicine
- Home health care and private duty nursing
- Hypnotherapy
- Immunizations other than those approved by the Charter Health Plan
- Infertility
- Injectables (self administered, except insulin, Glucagon, Lovenox, Epi-pen)
- Inpatient mental health and substance abuse treatment
- Instruction in alternate life patterns
- Lipectomy or excess fat removal
- Manicures, pedicures, body piercing or any resultant complications
- Massage therapy
- Medical treatment provided outside the United States
- Nicotine addiction treatment, other than prescription medication
- Non-Diabetic routine foot care
- Non-emergency care outside the Charter Health Plan provider network
- Non-prescription drugs
- Optometry Services
- Orthognathic procedures
- Orthotics and Prosthetic devices
- Outpatient cardiac rehabilitation
- Pain treatment other than oral medications

- Pectus excavatum repair
- Personal comfort or convenience items
- Plasmapheresis
- Pregnancy of dependent child.
- Replacement of prescriptions previously filled
- Rhinoplasty / Rhytidectomy
- Sclerotherapy or surgery for varicose veins
- Services rendered after the Charter Health Plan Medical Director advises that further hospitalization is not medically necessary (The attending physician and patient may choose to continue inpatient care at the patient's expense)
 - Services and supplies of a custodial or domiciliary nature such as those normally provided at health resorts, rest homes, nursing homes, health spas, and convalescent centers
 - Services and supplies payable by Medicare, Medicaid or any other third party payor
 - Services billed in advance
 - Services in a veteran's facility or military hospital
 - Services not performed or authorized by a physician or mid-level practitioner
 - Services or supplies for cosmetic purposes unless required for corrective surgery due to accidental injury or to restore normal bodily functions
 - Services or supplies for surgery for sexual reassignment or complications of such surgery
 - Services or supplies, including surgery, transplants and drugs, which are experimental or not provided in accordance with accepted professional medical standards in the United States, including research activities
 - Services of a skilled nursing, sub-acute or acute rehabilitation facility
 - Services you perform yourself
 - Sex counseling, therapy and treatment
 - Sleep studies
 - Spinal manipulation
 - Sports related injuries resulting from professional sports
 - Sterilization reversal
 - Supervised or unsupervised exercise programs
 - Surgical treatment of gynecomastia
 - Surrogate mother charges
 - Tattoo removal, revision or application
 - Travel, whether or not prescribed by a physician
 - Travel related care for international travel
 - Treatment of complications resulting from non-covered services
 - Treatment of illness or injuries resulting from intoxication or use of controlled substances
 - Treatment of injuries resulting from participation in high-risk activities including motorized racing, bicycle racing, motorcycle riding, mountain climbing, bungee jumping, non-commercial aviation, SCUBA diving, skydiving, parasailing, hunting or any other high risk pursuit
 - Treatment of injuries or illness related to illegal activities
 - Treatment for the diagnosis and correction of snoring
 - Treatment of penile dysfunction
 - Treatment of work related illness or injury unless amendment attached electing the 24/7 coverage
 - Uvulopalatopharyngoplasty including laser assisted procedures
 - Vitamins or dietary supplements, other than pre-natal vitamins
 - Weekend non-emergent hospital admissions
 - Weight control, obesity treatment
- Wigs are covered to a maximum of \$250 per lifetime for members undergoing chemotherapy treatment

Pharmacy Benefits

The Charter Health Plan covers prescription medications on the following basis:

- Each member has a maximum pharmacy benefit of **up to \$1200 per year**. Once this limit is exceeded, the member will be responsible for the remainder of their medication expense during the allotted time period.
- Prescriptions can be filled at any local Davidson’s Pharmacy or Target Pharmacies (see list below).
- Charter Health Plan’s Pharmacy Case Manager is available to help patients achieve the maximum benefit of their prescription coverage.
- The Charter Health Plan drug benefit covers both retail generic and brand name medications. Charter Health Plan members are encouraged to discuss their prescription drugs with their physician to see if generics are acceptable substitutes for brand name drugs.
- The Plan offers a \$500 extension to each member’s annual benefit if the member completes a **Pharmacy Case Management Rx Benefit Review Form** found on the website. Once submitted and reviewed by the Pharmacy Case Manager the annual cap will be increased from \$1200.00 annually to \$1700.00.

Please note the following Charter Health Plan drug benefit restrictions below:

EXCLUDED

- Injectibles (other than insulin, Lovenox, and Glucagon)
- Over the counter drugs
- Fertility drugs
- Contraceptives (other than oral)
- Anti-obesity agents
- Smoking deterrents
- Cosmetic agents
- Acne preparations
- Prescription vitamins
- Fluoride preparations
- Growth hormones
- Mifeprex (RU486)
- Gleevec
- Nuvaring
- Botox
- Remicade
- Kineret
- Enbrel
- Humira
- Cox-1 NSAIDS (Celebrex, etc.)
- Impotence drugs

REQUIRES PRIOR CHARTER HEALTH PLAN AUTHORIZATION

- Hyperactivity agents
- Multiple sclerosis medications (Betaseron, Avonex, etc.)
- Proton pump inhibitors
- Triptans (Imitrex, Maxalt, etc. – greater than 2 doses per month)

Pharmacy Locations:

South Sarasota Target
8401 S. Tamiami Trail
Sarasota
(941) 921-6893

Venice Target
4271 S. Tamiami Trail
Venice
(941) 497-7885

Davidson Drugs
1281 S. Tamiami Trail
Midtown Plaza Sarasota
(941) 365-9116

North Sarasota Target
5350 Fruitville Road
Sarasota
(941) 379-6677

Port Charlotte Target
1400A Tamiami Trail
Port Charlotte
(941) 255-1682

Davidson Drugs
5124 Ocean Blvd.
Siesta Key
(941) 349-1111

Super Target
SW corner of 1-75 and
University Pkwy.
101 N. Cattleman Road
Sarasota, FL 34243
(941) 360-7520

Bradenton Target
6150 14th St. W.
Bradenton
(941) 756-3582

Davidson Drugs
6595 Midnight Pass Rd.
Siesta Key
(941) 349-4343

Charter Health Plan Approved Facilities

Hospital

Sarasota Memorial Hospital	1700 S. Tamiami Trail	917-9000	Inpatient, Emergency Room, Outpatient Procedures
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Emergency Rooms

Sarasota Memorial Hospital	1700 S. Tamiami Trail	917-9000	Life-Threatening Emergencies
Sarasota Memorial ER and Health Care Center	2345 Bobcat Village Center Rd	257-2800	Life-Threatening Emergencies

Walk-in Medical Centers

Sarasota Memorial Walk In Center at Heritage Harbor	1040 River Heritage Blvd Ste 104	917-6407	Minor emergencies
Sarasota Memorial Walk-in Medical Center Gulf Gate	6130 S. Tamiami Trail	917-1234	Minor emergencies
Sarasota Memorial Walk-in Medical Center North Sarasota	2401 University Parkway	917-1234	Minor emergencies

Outpatient Surgery

Cape Surgery Center	1941 Waldemere Street	917-9000	Outpatient Surgery
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Rehabilitation Services

Childrens Therapy Works	63 Sarasota Center Blvd., #101	379-3725	Rehabilitation Services
Sarasota Memorial Center for Sports Medicine and Wellness	4937 Clark Road , Suite 201	917-7600	Rehabilitation Services
Sarasota Memorial Institute for Advanced Medicine	5880 Rand Boulevard	917-7000	Rehabilitation Services
Sarasota Memorial Main Hospital Campus	1700 South Tamiami Trail	917-9000	Rehabilitation Services
Sarasota Memorial University	5350 University Parkway, Suite 204	917-4516	Rehabilitation Services

Diagnostic Centers

Institute for Advanced Medicine	5880 Rand Boulevard	917-7322	X-rays Radiology Procedures Mammography Bone Densitometry
Sarasota Memorial ER and Health Care Center	2345 Bobcat Village Center Rd	257-2800	X-rays Radiology Procedures Mammography Bone Densitometry
Sarasota Memorial Hospital	1700 S. Tamiami Trail	917-7322	X-rays Radiology Procedures
Sarasota Memorial Walk In Center at Heritage Harbor	1040 River Heritage Blvd Ste 104	917-6407	X-rays Radiology Procedures Mammography Bone Densitometry
SMH Express Testing at Blackburn Point	929 S. Tamiami Trail	917-7322	X-rays Radiology Procedures Mammography Bone Densitometry
SMH Express Testing at University	5350 University Parkway	917-7322	X-rays Radiology Procedures Mammography Bone Densitometry
SMH Outpatient Imaging & Breast Center	1921 Waldemere Street	917-7322	X-rays Radiology Procedures Mammography Bone Densitometry

Laboratories

Institute for Advanced Medicine	5880 Rand Boulevard	917-7322	Laboratory Testing
Sarasota Memorial ER and Health Care Center	2345 Bobcat Village Center Rd	257-2800	Laboratory Testing
Sarasota Memorial Walk In Center at Heritage Harbor	1040 River Heritage Blvd Ste 104	917-6407	Laboratory Testing
SMH Express Testing at Blackburn Point	929 S. Tamiami Trail	917-7322	Laboratory Testing
SMH Express Testing at University	5350 University Parkway	917-7322	Laboratory Testing
Waldemere Medical Plaza	1921 Waldemere Street	917-7322	Laboratory Testing

Pathology

Sarasota Pathology		362-8931	for specimen pickup
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Out-of-Network Services

Except for medical emergencies, care received from a non-network provider is not covered by the Charter Health Plan. Please refer to the Charter Health Plan website at www.smhcharterplan.com for further information.

Resource Information

Charter Health Plan Resources

Contact Name	Title	Phone
Frank Burns, MD	Medical Director	917-4125
Kathleen Minicozzi, RN	Case Manager	917-4326
David Logan, RN	Case Manager	917-4326
Linda Kelleher	Pharmacy Case Manager	917-1473
Anne Weidler, PA	Chronic Disease Case Manager	917-2956

Available online at www.smhcharterplan.com

- Provider Directory
- Summary Plan Description (SPD)
- Charter Health Plan Provider Manual
- Sample ID Card
- Online Referral/Authorization System
 - Referral Form
 - Authorization Form