Kentucky

Member Handbook

WellCare® Health Plans

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WellCare of Kentucky
... Caring for You

Welcome to WellCare of Kentucky. As you work with everyone here, you'll see that we put you first. This means you get better care.

You're our priority. We work hard to make sure you get the care you need to stay healthy. To do this, we work with many different providers to give you care:

- Primary care providers (PCPs)
- Behavioral health providers
- Specialists
- Hospitals and other health care facilities
- Labs
- Pharmacies

Again, welcome to WellCare of Kentucky.

We wish you good health!

This member handbook will tell you more about your benefits and how your health plan works. Please read it and keep it in a safe place. We hope it will answer most of your questions. If it doesn't, call us. Call toll-free at **1-877-389-9457** (TTY **1-877-247-6272**). We're here to answer all of your questions Monday–Friday, 7 a.m. to 7 p.m. You can also find us on the Web. Go to **kentucky.wellcare.com.**

Be on the lookout for your WellCare of Kentucky identification (ID) card. You should receive it in the mail within a few days of this handbook. Keep reading for more information about your ID card and how to use it.

¿Necesita esta informacion en español? Este libro contiene información que usted necesita saber. Para obtener este libro en español, llame al Servicio al Cliente al **1-877-389-9457** (TTY **1-877-247-6272**). También puede llamar para que le lean el libro en español.

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The WellCare of Kentucky Dictionary

As you read this handbook, you'll see some words we use throughout it. Here's what we mean when we use them.

Words/Phrases
Advance Directive: A legal document, like a living will, that tells your doctor and family how you wish to be cared for if you're unable to make your wishes known yourself.
Appeal: A request you make when you do not agree with our decision to deny, cut back or end a service. Someone else can also ask for an appeal for you with your permission.
Benefits: Health care that's covered by our health plan. (Same as *Services*)
Coinsurance: An amount you may be required to pay as your share of the cost for services or prescription drugs. Coinsurance is usually a percentage (for example, 20%).
Complaint: When you let us know that you're not happy with our plan, a provider or a benefit/service. (Same as *Grievance*)
Co-payment/Co-pay: This is how much you pay when getting care from a WellCare of Kentucky provider.
Department for Community Based Services (DCBS): They decide whether or not you qualify for Medicaid.
Disenrollment: When you no longer wish to be a part of our health plan, and the steps to follow to leave WellCare of Kentucky (voluntary). When Kentucky Medicaid says you are no longer able to be part of our health plan (involuntary).
Department for Medicaid Services (DMS): Purchases quality health care and related services that produce positive outcomes for persons eligible for programs administered by the department.
Dual-eligible: You are eligible for both Medicare and Medicaid.

Words/Phrases

Durable Medical Equipment: Medical items such as wheelchairs and oxygen tanks.

Emergency: A very serious medical condition that must be treated right away.

Environmental Accessibility Adaptations: Changes to your home that are needed to help you get and stay healthy. And they help you function on your own at home safely.

EPSDT (Early and Periodic Screening, Diagnosis and Treatment): Regular health exams for children. They are used to find and treat medical problems.

Generic: A drug that has the same basic ingredients as a brand-name drug.

Grievance: When you call or write us to let us know that you're not happy with our plan, a provider or a benefit/service. (Same as *Complaint*)

Health Plan: A plan like ours that works with health care providers and facilities to keep you and your family healthy.

HMO (Health Maintenance Organization): A company that works with health care providers and facilities to keep you and your family healthy. (Same as *MCO* and *Managed Care Plan*)

Home Health Agency: A company that provides health care services in your home, such as nurse visits and therapy treatments.

Identification (ID) Card: A card we give you that shows you're a member of our health plan.

Immunizations: Shots that can help keep you and your children safe from many serious diseases. There are some shots your child has to get before he or she can start daycare or school in Kentucky.

In-Network: A term we use when a provider is contracted with our health plan.

Inpatient: When you get admitted to a hospital or medical facility and stay for a short or long period of time.

Words/Phrases

Lock-In Program: The program helps to coordinate your drug and medical care needs.

Long-Term Care: For elderly or disabled members at home, in the community or in a facility or an institution.

Managed Care Organization (MCO): An HMO or insurer that has a contract with the Kentucky Department for Medicaid Services (DMS). (Same as *HMO* and *Managed Care Plan*)

Managed Care Plan: A health plan that works with providers and facilities to keep you and your family healthy. (Same as *MCO* and *Managed Care Plan*)

Medically Necessary Services: Medical services you need to get well and stay healthy.

Member: You or someone who has joined our health plan.

Out-of-Network: A term we use when a provider is not contracted with our health plan.

Outpatient: When you get treated at a medical facility, but are not admitted as an inpatient and don't need to stay overnight.

Over-the-Counter (OTC) Supplies: Items we offer at no charge to you. They are mailed directly to your home each month. Some items include vitamins, medicine and diapers.

Pharmacy Network: A group of drug stores that members can use.

Post Stabilization: Follow-up care after you leave the hospital to make sure you get well and stay healthy.

Preferred Drug List (PDL): A list of drugs that has been put together by doctors and pharmacists for use by members. These drugs are covered by the plan.

Prescription: A drug for which your doctor writes an order.

Primary Care Provider (PCP): Your personal doctor or Advanced Practice Registered Nurse (APRN). He or she manages all your health care needs.

Words/Phrases

Prior Authorization (PA): When we need to approve care or prescriptions before you get them.
Provider: Those who work with the health plan to give medical care, like doctors, hospitals, pharmacies, labs and others.
Referral: When your PCP sends you to see another health care provider.
Services: Health care we cover.
Specialist: A doctor who has been to medical school, trained and practices in a specific field of medicine.
Supplemental Security Income (SSI): A program that helps children, adults and seniors with disabilities.
Treatment: The care you get from doctors and facilities.
TTY: A special number to call if you have trouble hearing or have a speech impairment.
Women, Infants and Children (WIC): A nutrition program that works with women, babies and children.

Important Phone Numbers

WellCare of Kentucky	
Customer Service	**1-877-389-9457**
TTY	**1-877-247-6272**
24-Hour Nurse Advice Line	**1-800-919-8807**
Behavioral Health Customer Service	**1-855-620-1861**
24-Hour Behavioral Health Crisis Hotline	**1-855-661-6973**
Vision	**1-855-776-9466**
Dental	**1-855-806-5641**
State of Kentucky	
Kentucky Department for Community Based Services (DCBS)	**1-502-564-3703**
State of Kentucky Medicaid Non-Emergency Transportation	**1-888-941-7433**
State of Kentucky Medicaid Member Services	**1-800-635-2570** **For TTY, call 711 to talk to KY Relay**
State of Kentucky Department for Medicaid Services	**1-855-446-1245**
To Report Child and Adult Abuse	**1-800-752-6200**
National Domestic Violence Hotline	**1-800-799-SAFE (7233)**
Social Security Administration (SSA)	**1-800-772-1213**
Office of the Medicaid Services Ombudsman	**1-877-807-4027** **TTY 1-800-627-4702**

Getting Started with Us

Getting Started with Us

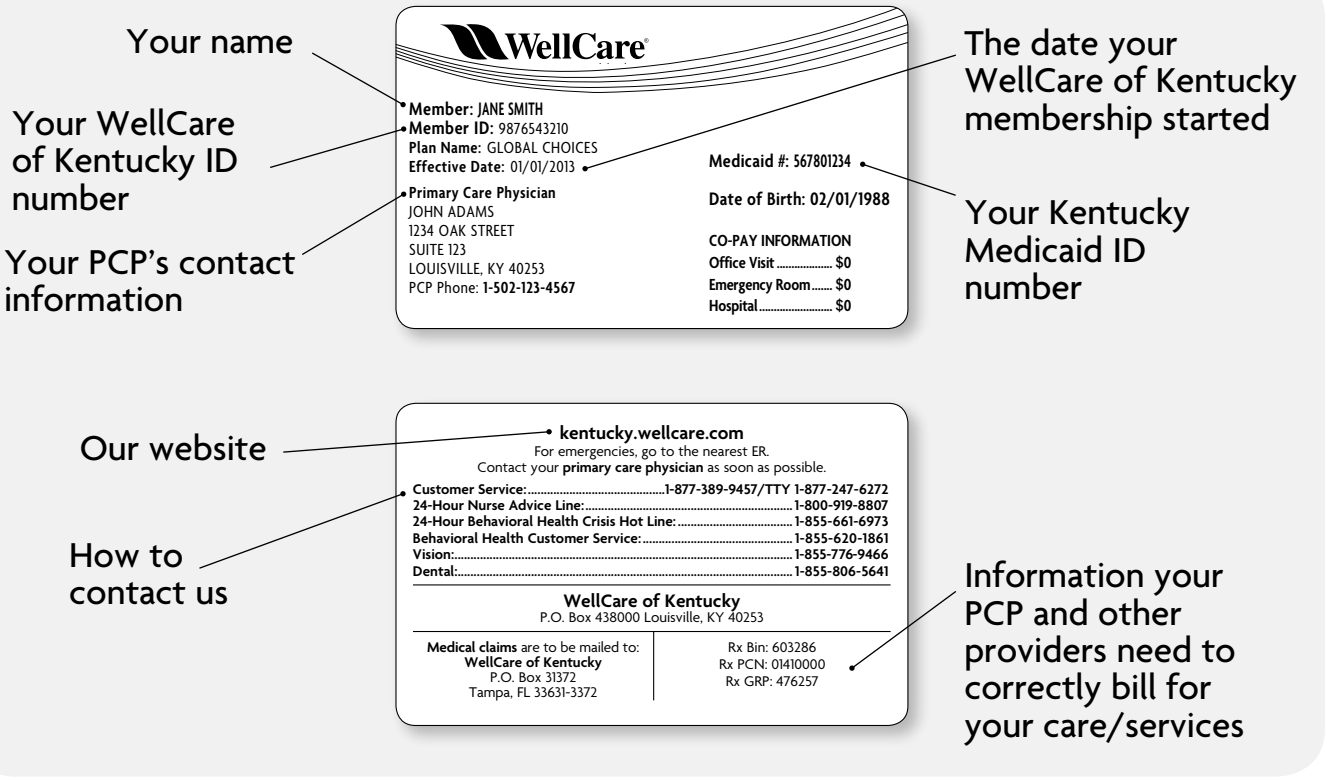
Here are a couple of important things to remember as you get started with us.

Check Your ID Card and Keep It with You at All Times

You'll get your WellCare of Kentucky ID and Kentucky Medicaid cards in the mail. If you don't receive your WellCare of Kentucky ID card, call us. Our toll-free number is **1-877-389-9457** (TTY **1-877-247-6272**). We'll send you another one. You can also order a new one through our website. Log on to **kentucky.wellcare.com**.

When you get your WellCare of Kentucky or "plan" ID card, look it over. You want to make sure your name and information on it is correct. On it, you'll find your:

- Name
- Primary care provider's (PCP's) name, address and phone
- Member ID number
- Medicaid ID number
- Effective date (the date you became a member in our plan)



Don't forget to keep your WellCare of Kentucky ID card and Kentucky Medicaid (or DMS) card with you at all times. You'll need to show them every time you get care. They have important information on them about your health plan. By showing your ID cards, you can avoid getting a bill from a provider.

Remember: if you get a letter or voice message from a provider asking for your insurance/ health plan information, call them right away. Give them your WellCare of Kentucky member information on your ID card. If you get a bill from a provider, give us a call.

Your WellCare of Kentucky ID card has important information on it about your health plan. By showing it, you can avoid getting a bill from your provider.

If your WellCare of Kentucky ID card is lost or stolen, call us. Or log on to our website to get a new one. If you find your old WellCare of Kentucky ID card after you've asked for a new card, destroy the older ID card as it will no longer be valid.

Warning: Don't let anyone else use your card. If you do, you will lose your benefits.

Get to Know Your Primary Care Provider (PCP)

Your PCP is your partner in health care. He or she will help arrange all of your medical or behavioral health care. This includes:

- Regular checkups
- Immunizations
- Referrals to other providers, like specialists
- Substance abuse and behavioral health services
- Hospital services

We encourage all of our new members to visit their PCPs within the first 90 days (three months) of the start date on their WellCare of Kentucky ID card, even if you are not sick. This way your PCP will be able to get to know your health history. Plus, he or she can create a plan of care for you.

Be sure to get your medical records from any doctors you've seen in the past. This will be very helpful to your PCP. If you need help with this, call us toll-free at **1-877-389-9457** (TTY **1-877-247-6272**). We'll be happy to help.

The PCPs in our network are trained in different specialties like:

- Family and internal medicine
- General practice
- Geriatrics
- Pediatrics

- Obstetrics & Gynecology (OB/GYN)
- Advanced Practice Registered Nurse (APRN)

There are also times when a specialist can be your PCP, if:

- You have a chronic illness and long relationship with the specialist treating you

AND

- Your specialist and our medical director agree to take on the PCP's responsibilities. This must be in writing.

Members can choose a provider trained as an Advanced Practice Registered Nurse (APRN) as a PCP.

Women can choose a women's health specialist as a PCP for preventive and routine care.

If your request for a specialist to be a PCP is denied, you can ask for an appeal. See the appeals section to learn how to ask for an appeal.

If you didn't decide on a PCP before joining our plan, we chose one for you. We made this choice based on:

- Where you may have received care or services before
- Where you live
- Your language preference (like English or Spanish)
- If the PCP is accepting new patients

Please note that some providers may not perform some services because of their religious or moral reasons.

If you're not happy with our PCP choice, you can change your PCP at any time. When choosing your new PCP, remember:

- Our providers are sensitive to the needs of many cultures
- We have providers who speak your language and understand your traditions and customs
- We can tell you about a provider's schooling, residency and qualifications
- You can pick the same PCP for your entire family or a different one for each family member (depending on each family member's needs)

We have a few ways for you to look for PCPs and other providers.

1. Our printed provider directory:
   - We mailed one to you with this handbook
   - In it, we've listed providers by county and specialty

2. ***Find a Provider Tool:***
   - This is a tool on our website (**kentucky.wellcare.com**)
   - You can search for a provider within a certain distance of your home, by name or by practice type
   - Because we're always adding new providers to our network, this is the best way to get our most current provider network information
3. Call us:
   - We can help you find a provider right over the phone

To change your PCP, call us. Call toll-free **1-877-389-9457** (TTY **1-877-247-6272**). You can ask for the change through our website too. PCP changes made between the 1st and 10th of the month will go into effect right away. Changes made after the 10th of the month will take effect on the 1st of the next month.

We'll send you a new WellCare of Kentucky ID card with your new PCP listed on it.

You may not have to select a PCP if:

- You're dual-eligible (eligible for both Medicare and Medicaid)
- You are pregnant or an inpatient hospital determines you meet income standards
- Your child is disabled
- You care for a child who is in the custody of the state

A PCP may choose not to see you if the PCP feels that he or she is not able to get along with you or is not able to meet your health care needs.

If this happens, you may choose a new PCP or we will assign you to a new PCP. Call toll-free **1-877-389-9457** (TTY **1-877-247-6272**) to ask us for help.

Send Us Your New Member Questionnaire

You should have received a New Member Questionnaire with this member handbook. (If you didn't, call us and we'll send you another one.) We ask that you fill it out completely. Then send it back to us in the provided stamped envelope. Your answers to the questions can help us to make sure you get the right care.

So you know:

- We'll keep this information private
- We will not disenroll you from our plan because of your answers

Remember to Use Our 24-Hour Nurse Advice Line

We have nurses to take your call any time, any day of the week at no cost to you. Call a nurse when you're not sure how to handle a health-related problem. One of our nurses will help you decide what kind of care you need.

You can get help with things like:

- Back pain
- A cut or burn
- A cough, cold or the flu
- Dizziness or feeling sick to your stomach
- A crying baby

24-Hour
Nurse Advice Line
toll-free number:

1-800-919-8807

When you call, a nurse will ask some questions about your problem. Give as many details as you can. For example, where it hurts. Or what it looks and feels like. The nurse can then help you decide if you:

- Can care for yourself at home
- Need to see a doctor or go to an urgent care center or the hospital

Remember, a nurse is always there to help. Consider calling our Nurse Advice Line before calling your doctor or going to the hospital. But if you think it is a real medical emergency, call **911** first or go to the nearest emergency room.

In an Emergency...

Call **911** or go to the nearest emergency room. We'll talk more about emergencies later in this handbook.

For a **behavioral health** emergency:

- Call our 24-hour behavioral health crisis line at **1-855-661-6973**
- Call **911**
- Go to the nearest emergency room

Contact Us

Call us with any questions you have. We're here to help Monday–Friday, 7 a.m. to 7 p.m.

Customer Service toll-free number:
1-877-389-9457
(TTY **1-877-247-6272**)

Call us any time you need help with:

- Updating your contact information, like your mailing address and phone number
- Getting a replacement WellCare of Kentucky ID card
- Finding and choosing a provider
- Making an appointment with a provider
- Filing a grievance or appeal

If you speak a different language or need something in Braille, large print or audio, don't worry. We have translation and alternative format services (including sign language). We can even arrange to have a translator or sign language interpreter at your appointments. Just call us toll-free at **1-877-389-9457** (TTY **1-877-247-6272**). There's no cost to you for this.

If you call us after business hours with a non-urgent request, leave a message. We'll call you back within one business day. To write to us, send your request to:

WellCare of Kentucky
Attn: Customer Service
P.O. Box 436000
Louisville, KY 40253

Our Website

You may be able to find answers to your questions on our website. Go to **kentucky.wellcare.com** for information on/about:

- Our member handbook or *Find a Provider* search tool
- How we protect your privacy
- Your member rights and responsibilities
- Member newsletters
- Pediatric and adult preventive health
- Pregnancy care
- Childhood obesity, lead poisoning, asthma, diabetes and chronic kidney disease
- Behavioral health services

On our website, you can also:

- Update your address and phone number
- Request a change to your PCP
- Place your monthly over-the-counter (OTC) items order (for more details, refer to the OTC section in this handbook)

Our website:

kentucky.wellcare.com

Know Your Rights and Responsibilities

As a member in our plan, you have rights and responsibilities. Keep reading to learn more.

Hold on to This Handbook

You'll find very valuable information in this handbook. It tells you about:

- Your covered benefits and services and how to get them
- Advance directives (learn more about these in the Advance Directives section later in this handbook)
- How to use our grievance and appeals process for when you're not happy with our health plan or a decision we made
- How we protect your privacy

If you lose your handbook, call us. We'll send you a new one. You can also find it on our website.

Eligibility and Enrollment in WellCare of Kentucky

Starting January 1, 2015, all WellCare of Kentucky co-pays have been removed except for non-emergent visits to the ER ($8) and non-formulary brand drugs ($4). This means, for most services you receive, there will be no co-pay required from you at the visit.

It's important for us and your Medicaid caseworker at DCBS to know if there is a major change in your life. For example, if you:

- Move
- Start a new job or your income changes
- Get health insurance from another company
- Make family size changes, like you get married or divorced, have a baby or adopt a child, or experience the death of your spouse or child

To update DCBS on major changes, call them toll free at **1-855-446-1245**.

A member enrolled with WellCare of Kentucky also has some additional benefits. You can find out more about those benefits later in this handbook. See the *Services Covered by WellCare of Kentucky* section. It starts on page 24.

Care Basics

You'll get your care from doctors, hospitals and others who are in our provider network. WellCare of Kentucky or a network provider must approve your care. If you get a service that we do not approve, you may have to pay for it yourself.

We approve care that is medically necessary and clinically appropriate:

Medically Necessary

We approve care that is "medically needed" or "necessary." This just means the care, services or supplies that are asked for are needed to get you the treatment you need. They must:

- Be right for your medical condition
- Be care accepted by most doctors
- Not be for convenience
- Be in the right amount, at the right place and at the right time
- Be safe for you

Clinically Appropriate

We approve care that is "clinically right" or "appropriate." This just means the services or supplies you get are standard. Standards are set by national guidelines, such as Interqual.

Making and Getting to Your Medical Appointments

We have guidelines to make sure you get to your medical appointments in a timely manner. (This is also called "access to care.")

This table will give you an idea of how long it should take to get to a provider.

Type of Provider	Region 3		All Other Regions	
	Drive Time/ Distance if You Live in an URBAN area within:	Drive Time/ Distance if You Live in a RURAL area within:	Drive Time/ Distance if You Live in an URBAN area within:	Drive Time/ Distance if You Live in a RURAL area within:
PCPs	30 minutes or 30 miles	45 minutes or 45 miles	30 minutes or 30 miles	45 minutes or 45 miles
Hospitals	30 minutes	60 minutes	60 minutes	

Type of Provider	Region 3		All Other Regions	
	Drive Time/ Distance if You Live in an URBAN area within:	Drive Time/ Distance if You Live in a RURAL area within:	Drive Time/ Distance if You Live in an URBAN area within:	Drive Time/ Distance if You Live in a RURAL area within:
Behavioral Health Providers	60 minutes		60 minutes	
Pharmacies	60 minutes or 60 miles		60 minutes	
Vision, lab or radiology providers	60 minutes		60 minutes	
Dental providers	60 minutes		60 minutes	

The doctors in our network must offer you the same office hours as patients with other insurance.

How long you should wait for an appointment depends on the kind of care you need. Keep these times in mind as you're setting your appointments.

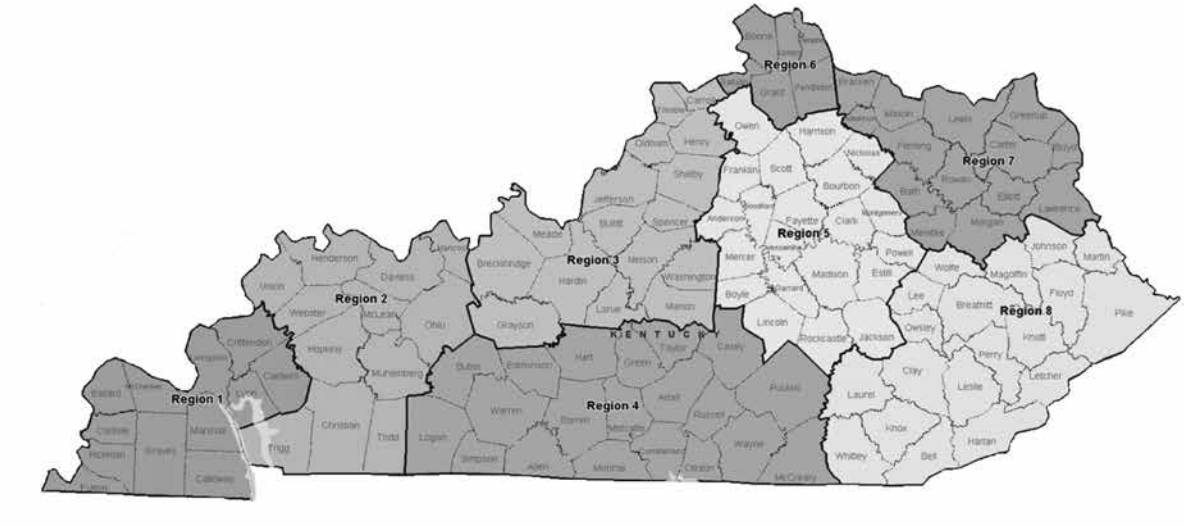
Type of Appointment	Type of Care	Appointment Time
Medical	Emergency	Right away (both in and out of our service area), 24 hours a day, 7 days a week (prior authorization is not required for emergency services)
	Urgent	Within 24 hours (1 day) of your request
	PCP pediatric sickness	Within 24 hours (1 day) of your request
	PCP adult sickness	Within 24 hours (1 day) of your request
	Routine/wellness PCP visit	14 days of your request
	Specialist visit	30 days of your request
	Follow-up care after a hospital stay	As needed
Dental	Urgent	Within 48 hours (2 days)
	Routine visit	21 days of your request
Behavioral Health and Substance Abuse	Emergency	Right away (both in and out of our service area), 24 hours a day, 7 days a week (prior authorization is not required for emergency services)
	Urgent	Within 24 hours (1 day) of your request
	Routine visit	14 days of your request

Our Service Area

Each county in Kentucky belongs to a service region. We serve all regions in Kentucky. These regions make up our service area.

Region 3 has some rules that are different than all other regions in the state. To see if you're in Region 3, keep reading to see the map.

As a member of our plan, you must get your care within the state of Kentucky. If you get care outside of a service region, you will have to pay for it. The only exception is for an emergency. In an emergency, you do **not** have to be in our service area to get care. Call **911** or go to the nearest hospital.



Co-Payments: We want to make sure you get the care you need. We have made some changes to the co-payments when you get care. Be sure to read the *Services Covered by WellCare of Kentucky* section for co-pay amounts. There are no co-pays for:

- Children age 18 or younger who are in foster care
- Children not covered under KCHIP
- Hospice care members
- Members in personal or family care homes
- Pregnant women
- Region 3 members

WellCare of Kentucky members do not have co-pays for physicians and inpatient/ outpatient hospital services.

There's a limit to how much you'll pay for care each year. This limit is called your maximum out of pocket. Or simply your MOOP. Your MOOP is:

- $225 per calendar year, but not more than 5% of your family's income each quarter (every three months)

Your Health Plan

Services Covered by WellCare of Kentucky

To follow is a list of services we cover.

Here are a couple of important things to remember when getting your care:

- We or an in-network provider must approve your care
- If you get a service that we do not approve, you may have to pay for it yourself
- Sometimes we may not have a provider in our network who can give you needed care; if this happens, we'll cover the care out-of-network (at no additional cost to you), but you will need to get approval first from us
- We will ensure that the cost to you is no greater than it would be if the services were provided within our network

Benefit/Services	Co-Pay Amount	Description/More Information
Acute admissions medical diagnoses	$0	• Per admission
Acute health care related to substance abuse and/ or for detoxification	$0	• Per admission
Allergy services	$0	• Covers both adult and children
Alternative birthing center	$0	• 2 visits within 6 weeks of delivery
Ambulatory surgical centers	$0	• Per visit
Behavioral health services	$0	• Mobile crisis • Residential crisis stabilization • Assertive community treatment (ACT) • Peer support • Parent training • Wellness recovery support/crisis planning • Crisis intervention outpatient

Benefit/Services	Co-Pay Amount	Description/More Information
Substance abuse	$0	• Coverage includes pregnant women, children and adults
Cervical and vaginal cancer screening (Pap tests, pelvic exams)	$0	• Per screening • 1 each year unless more are needed and as ordered by the provider
Chiropractic care (restrictions may apply)	$0	• Per visit
Community mental health center (CMHC) services	$0	• Per admission
Dental services	$0 $0 Co-pay for children preventive services	• Per visit • 1 dental visit each 12-month period per provider • 1 oral exam each 12-month period • 2 oral exams for members < 21 if in conjunction with a cleaning • 1 cleaning each 12-month period for members age 21 and over • 2 cleanings each 12-month period for members < 21 • 1 set of X-rays each 12-month period • Extractions and fillings
Durable medical equipment	$0	• Per item
Dialysis End-Stage Renal Disease (ESRD)	$0	• Per visit • Services and procedures that promote and maintain the functioning of the kidneys and related organs
Early & Periodic Screening, Diagnosis and Treatment – EPSDT services (health checks) for children under age 21	$0	• 1 neonatal exam (right after the baby is born) • 1 exam at 1, 2, 4, 6, 9, 12, 15, 18 and 24 months • 1 exam each year for children ages 3 to 20

Benefit/Services	Co-Pay Amount	Description/More Information
Emergency room	$0 $8 Non-Emergency	• Per emergency visit • Non-emergency
Emergency ambulance and air transportation	$0	• Per service • Basic life support (BLS) • Advanced life support (ALS) ambulance services
Family planning	$0	• Per visit • Members of child-bearing age • Provided through routine physician visits or family planning clinics
Habilitation services	$0	• Up to 20 visits per calendar year
Hearing services for children under 21	$0	• 1 complete hearing evaluation per calendar year
HIV screening	$0	• Per screening includes: - Pregnant women - Those who have an increased risk for the infection - Anyone who asks for the test
Home health care services	$0	• Per visit • Up to 25 visits each calendar year • Includes: - Skilled nursing - Home health aide - Physical, speech and occupational therapy
Hospital services: Inpatient	$0	• Per visit
Hospital services: Outpatient	$0	• Per visit

Benefit/Services	Co-Pay Amount	Description/More Information
Immunizations	$0	• Per immunization • Includes: - Adults and children - Flu - Pneumonia - Hepatitis B
Laboratory diagnostic and radiology services (by physician or lab)	$0	• Per visit
Maternity services	$0	• Per visit
Meals and lodging	$0	• For appropriate escorts who help you get covered medical services
Non-emergency ambulance stretcher services	$0	• When other means of transportation could endanger your health
Nursing facility services	$0	• Per visit • Includes physician services
Nutritional counseling	$0	• Per session
Prescription drugs (for members who do NOT have Medicare) (restrictions may apply)	$0 Generic $0 Preferred (Brand) $4 Non-Preferred $0 Tobacco cessation drugs	• Unlimited prescriptions per month

Benefit/Services	Co-Pay Amount	Description/More Information
Physician services (PCPs, specialists, physician assistants, nurse practitioners, nurse midwives)	$0	• Per visit • Includes: - Specialists - Physician assistants - Nurse practitioners - Nurse midwives - Office visits - Medical/surgical care and consultation - Diagnosis and treatment
Podiatry services	$0	• Per visit • Routine foot care not covered except for certain conditions that require professional supervision
Preventive care	$0	• Wellness visits
Private duty nursing	$0	• Allows for 2,000 hours per year (outpatient only)
Prosthetic & orthotic devices	$0	• Per item
Psychiatric residential treatment facilities (PRTFs) (children ages 6 through 21)	$0	• Services are covered for residents ages 6 to 21 who need intensive treatment and a more highly structured environment than they can receive in family and other community based alternatives to hospitalization
Rural health clinic (RHC), federally qualified health center (FQHC) & primary care center (PCC)	$0	• Per visit
Second opinion	$0	• Per visit

Benefit/Services	Co-Pay Amount	Description/More Information
Specialized children's services clinics	$0	• Per visit • Sexual abuse medical exams are covered if medically necessary and member is under age 18
Substance abuse	$0	• Coverage includes pregnant women, children and adults
Targeted case management services	$0	• Per service • Behavioral health services that include a minimum of 4 sessions in 1 month including: - 1 face-to-face contact - 1 face-to face contact with a parent, family member, guardian or other person who has custody or supervision of the member - 2 additional contacts which may be by telephone or face-to-face
Telehealth	$0	• Per service - Use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision and information across distance
Therapeutic group residential services	$0	• Per service • Services in a therapeutic environment with 24-hour supervision and treatment in a group residential facility
Therapy – physical, speech, occupational	PT - $0 ST - $0 OT - $0	• Up to 20 visits per calendar year
Tobacco cessation	$0	• Per visit (doctor) • 2 assessments each calendar year
Transplant services	$0	• Per service

Benefit/Services	Co-Pay Amount	Description/More Information
Ultrasound	$0	• 2 each 9-month period unless more are ordered by the provider
Urgent care center	$0	• Per visit • Urgent or emergency treatment is covered if the PCP's office isn't open or can't be reached
Vision (Adults 21 and over)	$0	• 1 exam per year
Vision (children under 21)	$0	• 1 eye exam each calendar year • Limit of 1 pair of eyeglasses per year, or a 2nd pair if 1st pair is broken or prescription changes

Receiving Non-Covered Services

You can still get a service that is not covered by WellCare of Kentucky or Kentucky Medicaid. But you will have to pay for it yourself. We suggest that you talk to your provider and you both agree to it in writing. You will not lose your Medicaid benefits if you can't pay for a covered service.

Keep reading to see a list of covered services and co-pays. Call us toll-free if you are not sure whether the health plan pays for a service.

Services Not Covered by WellCare of Kentucky

- Any lab service performed by a provider without current certification in accordance with the Clinical Laboratory Improvement Amendment (CLIA) (this requirement applies to all facilities and individual providers of any lab service)
- Cosmetic procedures or services performed only to improve appearance
- Hysterectomy procedures, if performed only to prevent pregnancy
- Medical or surgical treatment of infertility (for example, the reversal of sterilization, in vitro fertilization, etc.)
- Induced abortion and miscarriage services that go against federal and Kentucky laws and judicial opinions
- Paternity testing
- Personal service or comfort items
- Post-mortem services
- Services including but not limited to drugs that are investigational or experimental
- Sex change services
- Sterilization of a mentally incompetent or institutionalized member
- Services provided outside of the United States, unless approved by the Secretary of the Kentucky Cabinet for Health and Family Services
- Services or supplies greater than what's allowed by federal or state laws, judicial opinions and the Kentucky Medicaid program
- Services for which a member is not required to pay and for which no other person has a legal responsibility to pay

WellCare of Kentucky's Extra Benefits

We're excited to offer extra benefits and special programs to our members at no additional cost. To learn more about these, or if you have questions, give us a call. Our toll-free number is **1-877-389-9457** (TTY **1-877-247-6272**).

WellCare of Kentucky Extra Programs and Benefits	
Co-Payments	• **NO CO-PAYS** for physician services • **NO CO-PAYS** for children's allergy shots, immunizations, dental checks and cleanings • **NO CO-PAYS** for inpatient/outpatient hospital services • **NO CO-PAYS** for behavioral health services • **NO CO-PAYS** for vision, hearing and dental services
EarlyStart	Programs to give you and your baby a healthy start: • **FREE** maternity education booklet, care guides and advice • Tips to help you stay healthy while you're pregnant • 24-hour, 7-day-a-week health advice when you call our Nurse Advice Line
Maternity Education and Rewards Program (MERP)	• **FREE** baby stroller when you go to all your provider visits during your pregnancy and after delivery • **FREE** baby shower if you're pregnant – you can attend a shower right in your community, where you can get a gift basket and tips to keep you and your baby healthy
Case and Disease Management	Programs that help you with: • Special health conditions • Managing illnesses • Read more about the programs later in this handbook
Respite Care	Short term care that provides relief to caregivers caring for SSI members Services are offered: • Hourly, daily or overnight • In-home or out-of-home - Your home - Foster home or expanded-care adult residential care home - Medicaid-certified nursing facility - Licensed respite daycare facility - Other community care residential facilities we approve

WellCare of Kentucky Extra Programs and Benefits	
MORE Benefits and Programs	**Over-the-Counter (OTC) supplies:** • Get up to $10 worth of products each month – that's $120 each year • You can choose from over 150 items like diapers, pain relievers, cold and allergy medicine, vitamins and more • Your items are mailed right to your home • We have three easy ways to order – 1) Call us toll-free at **1-877-389-9457** (TTY **1-877-247-6272**) and talk to one of our team members 2) Call this same number and use our automated service 3) Go to our website and login to our member portal
	24-hour Nurse Advice Line: • It's available to you at no cost • You can call 24 hours a day, 7 days a week, every day of the year • The toll-free number is **1-800-919-8807** (TTY **711**)
	General Educational Development (GED) Exam: We understand the importance of education, which is why we're offering this program. You can take the GED tests for **FREE** if you're age 16 or older and don't have your high school diploma. • Visit our website to: - Read Frequently Asked Questions (FAQ) - Get the registration form - Find help preparing for the test
	FREE flu shots*

WellCare of Kentucky Extra Programs and Benefits	
MORE Benefits and Programs	**Family planning*:** • Birth control advice • Pregnancy tests • Sterilization • Medically necessary abortion • Tests - Sexually transmitted infections - Breast cancer and pelvic exams
	HIV counseling and testing*
	Member newsletters mailed to your home with information about: • Benefit updates and details • New services • Events in your community • Fitness and health education
	You can earn a **free $10 gift card** through our Quality Rewards Program for getting certain preventive care for you and your family
	Health and wellness website that gives tips to help you and your loved ones stay healthy
	The largest selection of providers that gives you and your family access to primary care providers (PCPs), specialists, hospitals and pharmacies
	FREE 24-hour crisis line for help with drug and alcohol abuse and behavioral health concerns
	Access to all medically necessary prescription drugs*

*You don't need a referral from your PCP to get these services. You'll need to choose a network provider to make sure that services and medications are covered by the plan. Just call us toll-free at **1-877-389-9457** (TTY **1-877-247-6272**). Or visit us online at **kentucky.wellcare.com**.

How to Get Covered Services

Call your PCP when you need regular care. He or she will send you to see a specialist for tests, specialty care and other covered services that he or she doesn't provide. Be sure your PCP approves you to see a specialist.

If your PCP does not provide an approved service, ask him or her how you can get it.

Understanding Referrals and Prior Authorizations

Referrals

You may see any doctor in our network without a referral. However, some doctors may request a referral from your PCP. We will still cover medically necessary services provided by an in-network provider without a referral. You may be referred to another provider if:

- Your PCP does not provide the care or service you need
- You need to see a specialist

You could be referred for medical tests, treatments or other services. Referrals for certain care or services do not require our approval. These include:

- Routine diagnostic tests
- Lab tests
- Basic X-ray services
- Some routine care provided in a doctor's office (not in a hospital)

Prior Authorizations (PAs)

Sometimes, your PCP or another provider may need to ask us to approve care before you get a service. This is called prior authorization (or PA for short). Your PCP or provider will contact us for this approval.

A PA is needed for these types of services:

- Rented or purchased medical supplies and equipment that costs more than $250
- Some medical tests done by your PCP or provider
- Cardiac and pulmonary rehabilitation programs
- Home health care

- Therapies (physical, occupational, speech)
- Inpatient and residential behavioral health services

This is not a complete list, and it may change from time to time. Visit our website for a current list of services that require a PA. Go to **kentucky.wellcare.com**.

If we do not approve a PA request, we'll let you know. If we do not approve a PA request, and you still receive the service, the provider cannot bill you unless you agreed to pay for it in writing. If a PA is denied, you can ask for an appeal. If you still are not happy once the appeal is complete, you can ask for a State Fair Hearing. (Keep reading for more on this.)

Prior Authorization "How To"		
Type of Request	**Decision Time Frame**	**Who Can Request One**
Standard (for non-emergency care)	2 business days*	Your provider
Expedited/Fast (for urgent care)	24 hours**	Your provider

*Sometimes we may need more time to make a standard decision. This may be because we need more information and it's in your best interest. If so, we'll take up to 14 more business days.

**Sometimes we may need more time to make a fast decision. If so, we'll take up to 48 more hours.

Please note: PA decisions for services that have already been provided are made within 30 calendar days of us getting all needed information.

Services Available Without Authorization

You don't need approval from us or your PCP for the following services:

- Direct access to in-network women's health specialists for routine and preventive health care services
- Emergency/urgent care
- Family planning (any health plan provider)
- Well-child visits for children age 20 or younger

- Routine vision care
- One women's health visit to an OB/GYN provider each year
- Post-stabilization services
- Visits to your PCP
- Most outpatient behavioral health services (in-network)

Even though you don't need approval for these services, you will need to see a provider in our network. You can find a provider using our online provider search tool – Find a Provider. It's on our website. Log on to **kentucky.wellcare.com**. When you've made your choice, call to set up an appointment. Remember to take your ID cards with you.

Utilization Management (UM)

Utilization management (UM) is a common process used by health plans. It's how we make sure members get the right care at the right place. It also helps us deliver good care.

Our UM program has three parts. They are:

1. **Pre-service reviews** – making sure the care is right for you before you get it
2. **Concurrent reviews** – reviewing your care as you get it to see if something else might be better for you
3. **Retrospective reviews** – finding out if the care you got was appropriate

At times, we may deny coverage for services or care. These denial decisions are made by our doctors. Here are some things you should know about this decision process:

- Decisions are based on the best use of care and services
- The people who make decisions don't get paid to deny care (no one does)
- We do not promote denial of care in any way

Call us if you have questions about our UM program. Call toll-free **1-877-389-9457** (TTY **1-877-247-6272**).

Second Medical Opinion

Call your PCP when you want a second opinion about your care. He or she will ask you to pick another doctor in our network. If you can't find one, don't worry. We can help you find a doctor that can see you. If there is no network doctor that can see you, you'll be able to choose a doctor outside of our network. (You won't have to pay for this.)

The second opinion doctor may order some tests for you. If so, these tests must be done by a provider in our network.

Your PCP will review the second opinion. He or she will then decide the best way to treat you.

You may have to pay for services you get when you go to a doctor who is not in our network without approval.

After-Hours Care

What if you get sick or hurt when your PCP's office is closed? If it's not an emergency, call our 24-hour Nurse Advice Line. Or you can call your PCP. His or her number is on your WellCare of Kentucky ID card.

Your PCP's office will have a doctor "on call." This on-call doctor is available 24 hours a day, seven days a week. He or she will call you back and tell you what to do. You may go to an urgent care center if you can't reach your PCP's office. (You don't need a PA to go to an urgent care center.)

If you do go to an urgent care center, be sure to call your PCP's office the next day for follow-up care.

Urgent Care

You may need urgent care for a health problem that isn't an emergency, but needs treatment within 24 hours. This is different than your routine doctor's visits. This could be something like:

- An injury
- Illness
- Severe pain

If you have one of these problems, try calling our 24-hour Nurse Advice Line. One of our nurses will try and help you over the phone. Or you can call your PCP. He or she can tell you how to treat it. Our advice line or your PCP may tell you to go to an urgent care center for help. Urgent care center services do not require a PA.

When you get to the center, show your WellCare of Kentucky ID card. (If you don't have it with you, show your DMS card.) Also, ask the staff to call us. Be sure to let your PCP know if you get care at an urgent care center so you can get follow-up care.

You can also go to an urgent care center when you travel outside of Kentucky. If you do go to an urgent care center, be sure to call your PCP's office the next day for follow-up care.

Emergency Care

A medical emergency is when your health is in grave danger. An emergency is when the condition could cause:

- Bodily injury
- Damage to an organ or other body part

- Injury to yourself or others
- Harm to yourself or others due to alcohol or drug abuse or behavioral health issues
- Harm to your health

If you are pregnant, it may be an emergency if you think:

- There is no time to go to your doctor's regular hospital
- Going to another hospital may cause harm to you and your baby
- You're in labor

Here are some examples of emergencies:

- A broken bone or cut that needs stitches
- Heart attack or severe chest pain
- Shortness of breath
- Poisoning
- Heavy blood loss
- Loss of consciousness

Call your PCP or our Nurse Advice Line if you're not sure if it's an emergency. In an emergency, you can:

- Call **911**
- Call an ambulance if you don't have **911** in your area
- Go to the nearest hospital emergency room (ER) or urgent care center right away

The choice is yours. You don't need a PA for emergency care that is given at an urgent care center or ER.

When you get to the ER, show your WellCare of Kentucky ID card. (If you don't have it with you, show your DMS card.) Also, ask the staff to call us. The ER provider will decide if your visit is an emergency. If your condition is not an emergency and your health is not in danger, you can choose to stay. But you may be required to pay a co-pay. (See the *Services Covered by WellCare of Kentucky* section for co-pay amounts.)

Out-of-Area Emergency Care

It's important to get care when you're sick or hurt. That goes for when you're traveling too. If you have a medical emergency while traveling, go to the nearest hospital. It doesn't matter if you're not in Kentucky.

When you get to the hospital, don't forget to:

1. Show your WellCare of Kentucky ID card (If you don't have it with you, show your DMS card.)
2. Ask the staff to call us for instructions on how to file your claim
3. Let your PCP know what has happened

Medical services for adults and children in a foreign country are not covered. You will need to pay for these services yourself.

If you have to pay for this visit, let us know. We'll tell you how you can ask to be repaid for the visit. If a provider sends you a bill, keep it. It is very important that you keep copies of all your medical reports, bills and proof of payment. We'll need these to repay you. If you have questions, call us toll-free at **1-877-389-9457** (TTY **1-877-247-6272**).

Post-Stabilization Care

After an ER visit, call your PCP within 24 to 48 hours. You may need to get follow-up care until your health gets better. This is called post-stabilization care. We cover post-stabilization care. You don't need a PA for this service. But you must need this care to maintain, improve or resolve your medical condition.

Pregnancy and Newborn Care

When you find out you're pregnant, taking care of yourself can help you and your unborn baby stay healthy.

Here are some very important things to do when you get the news. Think of this as your baby checklist.

Baby "To Do" List

❑ Let these people know I'm having a baby!

- Family
- WellCare of Kentucky
- My caseworker at DCBS
- My PCP

Baby "To Do" List
❑ Schedule my first prenatal visit and talk with the doctor about future prenatal visits and those after baby gets here (postpartum)
❑ Start thinking about which doctor to pick for baby (I need to have this done before baby gets here – if not, WellCare of Kentucky will pick one for me)
❑ Names? Clothes?

If you're pregnant and just joining our plan, you should see your PCP within 14 days of your effective date. Make sure to go to all your prenatal and postpartum visits.

Just as important as keeping your appointments is letting us know when you become pregnant. We can give you helpful information about having and caring for your baby. We can also enroll you in our free Maternity Education and Rewards Program (MERP). Keep reading to learn more about it.

WellCare of Kentucky can help me make my baby appointments!

1-877-389-9457
(TTY 1-877-247-6272)

Our Maternity Education and Rewards Program

We have a free program for pregnant moms. It's called the Maternity Education and Rewards Program (MERP). The goal of the program is to keep you and your baby healthy. To do this, we'll reach out to you to do a health screening. The screening will help us learn if prenatal case management could be a help to you. If so, our registered nurses and licensed caseworkers will help you. They can help you cope with any physical, emotional or social concerns during your pregnancy.

Through MERP, you could get a free baby stroller. To qualify, you must go to six prenatal and one postpartum provider visits.

We'll send you more details about this with your *Mommy and Baby Matters, Taking Care of Yourself and Your Baby* booklet.

Keep an eye out for it.

As part of the program, we'll send you a copy of *Mommy and Baby Matters, Taking Care of Yourself and Your Baby*. This booklet gives helpful pre- and post-birth tips for taking care of yourself and your baby.

Pregnancy and Newborn Care Guidelines

See your doctor as soon as you find out you're pregnant. He or she will be able to find out if you're at risk of having your baby too early. It's better to find problems early when they're easier to treat.* Seeing your doctor early and often gives you a better chance of having a healthier baby.**

Sources:

*Prenatal and Postpartum Care, The State of Health Care Quality 2005, National Committee for Quality Assurance

**Guidelines for Perinatal Care, Sixth Edition, ©October 2007 by the American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists (ACOG)

Here are some care guidelines for you during and after your pregnancy:

What to Expect During Your Prenatal/Postpartum Visits with Your Provider	
Each Visit	Take your weight and blood pressure
	Ask for a urine sample
	Measure to see how the baby is growing
	Listen to the baby's heart rate
	Ask if you feel the baby moving
	Ask if you're leaking any liquids
	Ask if you're eating and taking your vitamins
	Ask if you're walking, stretching and bending
	Talk to you about not smoking, drinking alcohol or using drugs
	Talk to you about what your body will do when the baby is coming
	Ask you if anyone is hitting or hurting you
	Ask how you and your family are feeling about the baby coming
	Ask you about your safety

What to Expect During Your Prenatal/Postpartum Visits with Your Provider	
First Visit	Ask you about other pregnancies or sicknesses
	Ask you about your mom's, dad's and grandparents' health and sicknesses
	Ask you if you have signed up for WIC
	Look in your ears, nose and throat
	Listen to your heart, lungs and stomach
	Look at your ankles for swelling
	Ask you to lie down and do an internal exam and Pap test
	Take blood to run some tests
	Give you any shots that you did not get yet
	Do an ultrasound to listen to the baby's heart rate and see how the baby is doing
	Talk to you about further testing, as needed
	Talk to you about what to eat, drink and do to have a healthy pregnancy
Visit Before the Baby Is Born	Talk to you about what your body will do when the baby is coming
	Talk to you about what it feels like to have a baby
	Talk to you about work and going on trips away from home
	Ask how you and your family are feeling about the baby coming
First Visit after the Baby Is Born	Take your weight and blood pressure
	Give you a Pap test and an exam to make sure you are healing properly
	Ask if you are eating and taking your vitamins
	Ask if you are walking, stretching and bending
	Ask how you and your family are feeling about the baby
	Talk to you about future babies and planning

Sources:

- Guidelines for Perinatal Care, Sixth Edition, ©October 2007 by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists and supported in part by March of Dimes and the Healthcare Effectiveness Data and Information Set (HEDIS) Standards for Access and Availability, ©2007 by the National Committee for Quality Assurance
- Recommendations to Improve Preconception Health and Health Care—United States, MMWR, April 21, 2006/55(RR06); 1–23

Legal Disclaimer: Always talk with your doctor(s) about the care that is right for you. This material does not replace your doctor's advice. It is based on third party sources. We are presenting it for your information only. It does not imply that these are benefits covered by WellCare. Also, WellCare does not guarantee any health results. You should review your plan or call Customer Service to find out if a service is covered.

*Call **911** or your doctor right away in a health emergency.*

A few reminders:

- If you have a baby while you're a WellCare of Kentucky member, we'll cover him or her from birth
- You must let your DCBS caseworker know that you're pregnant
- Choose a PCP for your baby before he or she is born; if you don't, we'll choose one for you

Women, Infants and Children (WIC)

WIC is a special nutrition program. It's for women (pregnant and those who have recently delivered), infants and children. The program provides:

- Nutrition education
- Nutritious food
- Referrals to other health, welfare and social services
- Support for breastfeeding mothers

If you are pregnant, ask your PCP about WIC. To see if you're eligible and to apply for this program, call your local WIC agency. You will need to make an appointment to talk with them. You'll also need to show proof of Kentucky residency and your income.

For more details about WIC, go to the Kentucky WIC website at **http://chfs.ky.gov/dph/mch/ns/wic.htm.**

Dental Services

We urge you to set up a visit with your dentist soon after you join our plan.

To find a dentist in your area, call the number on the back of your WellCare of Kentucky ID card. You can also search for one using our *Find a Provider* tool on our website. Go to **kentucky.wellcare.com**. If you need help making an appointment, call toll-free **1-855-806-5641** (TTY **711**).

Please refer to the *Services Covered by WellCare of Kentucky* section for more details.

Behavioral Health Care

Your mental or behavioral health is a key part of staying healthy. If you have any of the issues listed below, call us. We'll give you the names and phone numbers of providers who can help. (You can search for a provider on our website too. Log on to **kentucky.wellcare.com**.) You don't need a PA or referral from your PCP.

- Always feeling sad
- Being upset
- Drug or alcohol problems
- Feeling hopeless and/or helpless
- Feelings of guilt or worthlessness
- Loss of interest in the things you like
- No appetite
- Problems paying attention
- Problems sleeping
- Weight loss or gain
- Your head, stomach or back hurts, and your doctor hasn't found a cause

24-Hour Behavioral Health Crisis Line

We have a 24-hour crisis line. If you think you or a family member is having a behavioral health crisis, call this number. A trained person will listen to your problem. He or she will help you decide the best way to handle the crisis.

24-Hour
Behavioral Health Crisis
Line toll-free number:

1-855-661-6973

What to Do in a Behavioral Health Emergency or if You Are Out of Our Service Region

Do you feel you're a danger to yourself or others? Do you think you're having a behavioral health emergency? Call your PCP or our crisis line if you're not sure if it's an emergency.

In a behavioral health emergency, you can:

- Call **911**
- Call an ambulance if you don't have **911** in your area
- Go to the nearest hospital emergency room (ER) right away

The choice is yours. You don't need a PA for a behavioral health emergency.

The provider who treats you for your behavioral health emergency may feel you need post-stabilization care. You don't need a PA for post-stabilization care. But this care must be needed to maintain, improve or resolve your medical condition. Remember to follow up with your PCP. Do this within 24 to 48 hours after you leave the hospital.

The hospital where you get your emergency care may be out of our service area. If so, you'll be taken to a network facility when you're well enough to travel.

Refer back to the *Emergency Care* section of this handbook for more information about what to do in an emergency.

Behavioral Health Limitations and Exclusions

We will not cover services if they are not medically necessary.

Prescriptions

Prescriptions must be written by one of our network providers. (Your PCP must approve a prescription from an out-of-network provider.) Once you have your prescription, go to any network pharmacy to get it filled. Our online provider directory lists all of the pharmacies who take our plan. Or call us and we'll help find one near you.

At the pharmacy, you'll need to show your WellCare of Kentucky ID card to pick up your prescription. You may also have to pay a co-pay. Please refer to the *Services Covered by WellCare*

Keep your co-pays low with generic drugs.

They can cost less and work the same as brand-name drugs.

Ask your provider or pharmacist for a generic drug option, if available.

of Kentucky section for more details about co-pays.

For questions about prescriptions, call us. We can be reached at **1-877-389-9457** (TTY **1-877-247-6272**).

Preferred Drug List

We have a Preferred Drug List, or PDL for short. This is a list of drugs that has been put together by doctors and pharmacists. Our network providers use this list when they prescribe a drug for you. To see our PDL, go to our website at **kentucky.wellcare.com**.

The PDL will include drugs that may have limits, like:

- Age or gender limits
- Prior authorization (PA)
- Quantity limits
- Step therapy

For those drugs that require PA (and those not on our PDL), your provider will need to send us a Coverage Determination Request (CDR). In some cases, we may need you to try another drug before approving the first drug that was asked for. We may not approve the drug that was first asked for if you do not try the other drug first.

There are some medications we will not cover. They include:

- Those used for eating problems, weight loss or weight gain
- Those used to help you get pregnant
- Those used for erectile dysfunction
- Those that are for cosmetic purposes or to help you grow hair
- DESI (Drug Efficacy Study Implementation) drugs and drugs that are identical, related or similar to such drugs
- Investigational or experimental drugs
- Those used for any purpose that is not medically accepted

Other Drugs You Can Get at the Pharmacy

There are some over-the-counter (OTC) drugs you can get at the pharmacy with a prescription from your doctor. Some of the drugs we cover include:

- Antacids such as aluminum hydroxide
- Coated aspirin
- Diphenhydramine (for allergy relief)

- H2 receptor antagonists (to treat acid reflux and ulcers, such as ranitidine)
- Ibuprofen (a pain reliever for headaches, toothaches and back pain)
- Insulin
- Insulin syringes
- Iron
- Meclizine (to help with motion sickness)
- Multivitamins/multivitamins with iron
- Non-sedating antihistamines (allergy relief that won't make you sleepy)
- Proton pump inhibitors (also help with acid reflux and ulcers, such as omeprazole)
- Topical antifungals such as clotrimazole
- Urine test strips

To get these items, simply take your prescription to a network pharmacy.

You'll also need to show them your WellCare of Kentucky ID card.

Pharmacy Lock-In

You may see a number of different doctors for your care. And each doctor may prescribe a different drug for you, which can sometimes be dangerous. So to help with this, we have a Pharmacy Lock-In program.

The program helps to coordinate your drug and medical care needs. If you are in this program, you will get all of your prescriptions from one pharmacy. This will help the pharmacist to understand your prescription needs.

- If your assigned pharmacy does not immediately have your medication, you'll be able to get a 72-hour emergency supply at another pharmacy as long as your doctor is in our network

Our Pharmacy Lock-In program helps to coordinate your drug and medical care needs.

If we feel you would benefit from this program, we may "lock" you into one pharmacy. We'll send you a letter to let you know if you are in this program. We'll also let your

PCP and pharmacy know. If you do not want to be in the lock-in program, you can file an appeal with us. (See the *Member Grievance Procedures* section later in this handbook.)

For questions about our lock-in program, give us a call at **1-877-389-9457** (TTY **1-877-247-6272**).

Telehealth

Is it difficult for you to get to your provider appointments? Maybe because you can't get around very well or you live in a rural part of the state? If so, telehealth may be a good thing for you.

We've joined with Kentucky TeleHealth Network to improve health care access for our members. This service works great if you:

- Have a hard time getting around (mobility)
- Live too far from a specialist

The service can help put you in touch with specialists in adult and pediatric specialties. It can help:

- Cut down the drive time to a provider appointment
- Decrease the number of missed work days
- Reduce the physical and financial costs of untreated health issues

Talk with your provider(s) about telehealth to see if it's right for you.

Case and Disease Management

We know you may have special care needs. To help with these, we have case and disease management programs. The goal of these programs is to help you learn how to take care of yourself and keep in good health.

You may qualify for case management services if you have:

- Complex illnesses that require the coordination of many services
- Children with special health care needs
- Had or are going to have a transplant
- A high-risk pregnancy
- Multiple chronic illnesses
- High-risk behavioral health care needs
- Experienced domestic abuse

- A responsibility for someone in foster care or adult guardianship
- Special health care needs

While in the program, you'll work with a care manager. He or she will help you arrange your care needs. To do this, he or she:

- May ask you questions to get more information about your condition
- Will work with your PCP to arrange services you need and help you understand your illness
- Will provide information to help you understand how to care for yourself and how to access services, including local resources

We may contact you to talk about care management if:

- You ask about this program
- Your PCP thinks the program would help you
- We feel you may qualify for these services

You may qualify for disease management services if you have or need help with:

- Asthma
- Coronary Artery Disease (CAD)
- Congestive Heart Failure (CHF)
- Chronic Obstructive Pulmonary Disease (COPD)
- Depression
- Diabetes
- HIV (when identified)
- Hypertension
- Stop Smoking (smoking cessation)
- Weight Management (obesity)

Our disease management program can get you educational materials to help manage your condition.

To learn more about these no-cost programs, or to sign up, give us a call. Call toll-free at **1-877-389-9457** (TTY **1-877-247-6272**).

Service Coordinators

You may need help with your medical and/or behavioral health needs. If so, we have Service Coordinators. They work closely with our members to help with:

- Arranging transportation to medical appointments
- Finding providers
- Managing care with different providers
- Answering questions about benefits, health care or medicines

If we think you would benefit from working with a Service Coordinator, we'll team you up with one. You'll be able to talk with him or her face-to-face or over the phone. When you call during business hours, leave a message. He or she will call you back within 3 business days.

If at any time you want to change your Service Coordinator, you can. To do so, call us at **1-877-389-9457** (TTY **1-877-247-6272**). You can write us too. Send your change request to:

WellCare of Kentucky
Attn: Service Coordinator
P.O. Box 436000
Louisville, KY 40253

There may also be times when we may need to change your Service Coordinator. If we do, your new Service Coordinator will call you and tell you why the change was made. He or she will give you his or her contact information as well.

Long-Term Care

We can help you find the right Kentucky Medicaid program for your long-term care needs. Your Service Coordinator can help you decide which program is best for you or a family member. We work with other Kentucky programs to make sure long-term care plan information is transferred. This way, there's no break in care.

We may not cover some long-term care services including:

- Skilled nursing facilities
- Housekeeping
- Activities

To learn more about long-term care, give us a call.

Non-Emergency Medical Transportation for Medicaid Members

Non-emergency medical transportation is offered if you can't get a free ride to a covered service. Rides are provided by Kentucky Medicaid. They are done through the Human Service Transportation Delivery (HSTD) program.

The type of ride you can get depends on your medical needs. Rides can be provided by:

- Bus
- Public transit
- Taxi
- Van

Call **1-888-941-7433** to:

- Get a list of transportation providers in your county
- Get more information about this service
- Set up a ride

You can also find this information on the Web. Log onto **http://chfs.ky.gov/dms/trans.htm.**

Transition of Care

Getting the care you need is very important to us. That's why we'll work with you to make sure you get your care when:

- You're leaving another health plan and just starting with us
- One of your providers leaves our network
- You leave our plan to go to another plan

We want to be sure you can keep seeing your doctors and get your medicines. Please have your provider call us at **1-877-389-9457** if any of the following apply to you:

- Have been diagnosed with a very serious condition within the last 30 days
- Need an organ or tissue transplant
- Take regular medication(s) that need(s) authorization
- See a specialist
- Get therapy (for example, chemotherapy or occupational or physical therapy)
- Use durable medical equipment (for example, oxygen or a wheelchair)
- Receive in-home services (for example, wound care or in-home infusion)
- Have a scheduled surgery

Planning Your Care

Here we want to give you information about prevention and planning for your care needs.

Preventive Health

Your PCP will tell you when you and your family are due for your checkups. He or she will also remind you when you and your family need certain screenings and immunizations.

To help you stay on top of getting your checkups, we may call you or send you a letter. We do this as a reminder for you. Please keep this in mind if you get a call or letter about your yearly flu shot or your child missing a health check. This is one of the ways we help you and your family stay healthy.

The following guidelines in this section do not replace your PCP's judgment. You should always talk with your PCP about the care that's right for you and your family.

Early & Periodic Screening, Diagnosis and Treatment – EPSDT (Health Check) Services

We have an Early Periodic Screening, Diagnosis and Treatment (EPSDT) program. This program provides needed care to Medicaid members from birth up to age 21. EPSDT care may include services like:

- A comprehensive history and physical exam
- Behavioral and mental health assessment
- Growth and development chart
- Vision, hearing and language screening
- Nutritional health and education
- Lead risk assessment and testing, as appropriate
- Age-appropriate immunizations
- Dental screening and referral to a dentist
- Referral to specialists and treatment, as appropriate

A big part of the EPSDT program is the well-child checkup (or health check). Your child's PCP will do this health check to make sure that your child is growing up healthy. During one of these health checks, your child's PCP will:

- Do a comprehensive head-to-toe physical and behavioral health exam
- Give any needed immunizations (shots)
- Do any needed blood and urine tests

These health checks are done at certain ages. (We'll talk about these a little later in this section.) It's very important that you get your child in to see his or her PCP for these checks. He or she can help to find health concerns before they become bigger problems. Also, your child can get his or her needed immunizations.

Best of all, these checks are done at no cost to you. So make sure to schedule your child's health check today. If you need help setting up an appointment, call us. Remember, if you need to cancel the appointment, reschedule it as soon as you can.

Pediatric Preventive Health Guidelines (Newborn to Age 21)

These guidelines are recommendations only. Other services may be needed.

Age	Screening/Immunizations (Shots) and Timing
Newborn	• Well-baby* checkup at birth • Hearing screening • Newborn screening blood tests • Immunizations: Dose 1 of 2 of the Hepatitis B (HepB) vaccine
3–5 days	• This visit is especially important if your baby was sent home within 48 hours of birth • Well-baby checkup as recommended by doctor • Newborn screening blood tests (if not done at birth) • Immunizations: Dose 1 of 2 of the Hepatitis B (HepB) vaccine, if not already received • TB screening
1 month	• Well-baby checkup • Newborn screening blood tests if not already completed • Immunizations: Dose 2 of 2 of the Hepatitis B (HepB) vaccine, if not already received • TB screening (if not done previously)

Age	Screening/Immunizations (Shots) and Timing
2 months	• Well-baby checkup • Newborn screening blood tests if not already completed • Immunizations: Rotavirus (RV); Diphtheria, Tetanus, and Pertussis (DTaP); Haemophilus influenzae type b (Hib); Pneumococcal conjugate (PCV); and inactivated poliovirus (IPV) vaccines
4 months	• Well-baby checkup • Newborn screening blood tests if not already completed • Immunizations: Rotavirus (RV); Diphtheria, Tetanus, and Pertussis (DTaP); Haemophilus influenzae type b (Hib); Pneumococcal conjugate (PCV); and inactivated poliovirus (IPV) vaccines
6 months	• Well-baby checkup • Newborn screening blood tests if not already completed • Immunizations - Dose 3 of the Hepatitis B (HepB) vaccine (recommended between ages 6 to 18 months) - Rotavirus (RV); Diphtheria, Tetanus, and Pertussis (DTaP); Pneumococcal conjugate (PCV); and inactivated poliovirus (IPV) vaccines - Begin yearly flu shot (fall or winter) • TB screening, oral health screening and blood lead risk assessment

Age	Screening/Immunizations (Shots) and Timing
9 months	• Well-baby checkup • Newborn screening blood tests if not already completed, including hemoglobin or hematocrit • Immunizations - Dose 3 of the Hepatitis B (HepB) vaccine (if not already received; recommended between ages 6 to 18 months) - Dose 3 the inactivated poliovirus (IPV) vaccines (if not already received; recommended between ages 6 to 18 months) - Yearly flu shot if not already received • Screenings for TB, developmental health, and oral health as well as a blood lead risk assessment
12 months (1 year)	• Well-baby checkup • Catch-up immunizations as needed • Newborn screening blood tests if not already completed, including hemoglobin or hematocrit if not done at 9-month visit • Immunizations - Dose 3 of the Hepatitis B (HepB) vaccine (if not already received; recommended between ages 6 to 18 months) - Dose 3 the inactivated poliovirus (IPV) vaccines (if not already received; recommended between ages 6 to 18 months) - Haemophilus influenzae type b (Hib); Pneumococcal conjugate (PCV); Varicella (VAR); Measles, Mumps, Rubella (MMR); and the Hepatitis A (HepA) vaccines - Yearly flu shot if not already received • Screenings for TB, developmental health, and oral health as well as a blood lead risk assessment • Dental visit as need identified by child's doctor**

Age	Screening/Immunizations (Shots) and Timing
15 months	• Well-baby checkup • Catch-up immunizations as needed • Immunizations - Dose 3 of the Hepatitis B (HepB) vaccine (if not already received; recommended between ages 6 to 18 months) - Dose 4 of the Diphtheria, Tetanus, and Pertussis (DTaP) vaccine (recommended between ages 15 to 18 months) - Haemophilus influenzae type b (Hib) and Pneumococcal conjugate (PCV) vaccines - Dose 3 the inactivated poliovirus (IPV) vaccines (if not already received; recommended between ages 6 to 18 months) - Dose 2 of Hepatitis A (HepA) vaccines (recommended between ages 12-23 months) - Yearly flu shot if not already received • Screenings for TB, developmental health, and oral health as well as a blood lead risk assessment • Dental visit as need identified by child's doctor**
18 months	• Well-baby checkup • Catch-up immunizations as needed • Immunizations - Dose 3 of the Hepatitis B (HepB) vaccine (if not already received; recommended between ages 6 to 18 months) - Dose 4 of the Diphtheria, Tetanus, and Pertussis (DTaP) vaccine (if not already received; recommended between ages 15 to 18 months) - Dose 3 the inactivated poliovirus (IPV) vaccines (if not already received; recommended between ages 6 to 18 months) - Dose 2 of Hepatitis A (HepA) vaccines (to be taken 6 months after dose 1; recommended between ages 12-23 months) - Yearly flu shot if not already received • Screenings for TB, developmental health, autism and oral health as well as a blood lead risk assessment • Dental visit as need identified by child's doctor**

Age	Screening/Immunizations (Shots) and Timing
24 months (2 years)	• Well-baby checkup • Catch-up immunizations as needed • Yearly flu shot if not already received • Screenings for TB, developmental health, autism, oral health and cholesterol (dyslipidemia) as well as a blood lead risk assessment • Dental visit as need identified by child's doctor**
3 years	• Well-child checkup • Catch-up immunizations as needed • Yearly flu shot if not already received • Screenings for TB, developmental health, autism, oral health, and cholesterol (dyslipidemia) • Blood lead risk assessment (if not completed between ages 12 and 24 months) • Dental visit as need identified by child's doctor**; may be up to twice a year
4–5 years	• Well-child checkup • Catch-up immunizations as needed • Immunizations - Dose 5 of the DTaP vaccine - Dose 4 of the IPV vaccine - Dose 2 of the MMR vaccine - Dose 2 of the VAR vaccine • Yearly flu shot if not already received • Screenings for TB, developmental health, autism, oral health, hearing, vision (between age 4 and 5 years) and cholesterol (dyslipidemia) (if not done at age 3) • Blood lead risk assessment (if not completed between ages 12 and 24 months) • Dental visit as need identified by child's doctor**; may be up to twice a year • Urine test at age 5

Age	Screening/Immunizations (Shots) and Timing
6–20 years (even years)	• Well-child checkup every other year • Catch-up immunizations as needed • Human papillomavirus vaccine (HPV) at a minimum age of 9 • Yearly flu shot if not already received • Dental visit twice a year • Screenings for TB and developmental health • Hearing tests at ages 6, 8 and 10 • Vision screening at ages 6, 8, 10 and 12; follow up screenings should be done at ages 15 and 18 • Cholesterol (dyslipidemia) screening at ages 6, 8 and 10 then annually • Blood sugar screening beginning at age 10 and continuing every three years when at risk (see below) • Blood lead risk assessment (at age 6)
11–12 years	• Well-child checkup every other year • Catch-up immunizations as needed • Human papillomavirus vaccine (HPV) at a minimum age of 9 • Dose 1 of meningococcal conjugate vaccine (MCV) • Tetanus, diphtheria and pertussis (Tdap) • Yearly flu shot if not already received • Dental visit twice a year • STI screening to be performed for sexually active individuals, as appropriate • Cervical dysplasia screening for sexually active females***

Age	Screening/Immunizations (Shots) and Timing
13–14 years (females only)	• Well-child checkup every other year • Catch-up immunizations as needed • Human papillomavirus vaccine (HPV) at a minimum age of 9 • Yearly flu shot if not already received • Dental visit twice a year • Hemoglobin test • STI screening to be performed for sexually active individuals, as appropriate • Cervical dysplasia screening for sexually active females***
13–17 years (females and males)	• Well-child checkup every other year • Catch-up immunizations as needed • MCV4 booster (at age 16 years); Tdap if not done previously • Human papillomavirus vaccine (HPV) at a minimum age of 9 • Yearly flu shot if not already received • Dental visit twice a year • STI screening to be performed for sexually active individuals, as appropriate • Cervical dysplasia screening for sexually active females***
18–20 years (up to 21st birthday)	• Well-child checkup every other year • Catch-up immunizations as needed • Yearly flu shot if not already received • Dental visit twice a year • STI screening to be performed for sexually active individuals, as appropriate • Cervical dysplasia screening for sexually active females***

NOTES:

* Well-baby, -child and -adolescent checkups may include the following: physical exam (with infant totally unclothed or older child undressed and suitably covered), health history, developmental and psychosocial/behavioral assessment, health education (sleep position

counseling from 0–9 months, injury/violence prevention and nutrition counseling), height, weight, test for obesity (known as BMI), vision and hearing screening, head circumference at 0–24 months, and blood pressure at least every year beginning at age 3.
** Dental visits may be recommended beginning at age 6 months.
***Females should have a pelvic exam and Pap smear between ages 18 and 21; sooner if sexually active.

For children with asthma:

If your child has not seen his or her doctor in the past three months, call and make an appointment. Your child's PCP can work with you to help keep your child's asthma under control and on track with his or her asthma action plan.

For children with diabetes:

Testing for diabetes mellitus (DM) should start at age 10 (or at onset of puberty) and should continue every three years if the following criteria are met:

- Overweight (BMI >85th percentile for age and sex; weight for height >85th percentile; or weight >120% of ideal for height) **AND** two of the following risk factors:
  - Family history of type 2 diabetes in first- or second-degree relative
  - Race/ethnicity (Native American, African American, Latino, Asian American, Pacific Islander)
  - Signs of insulin resistance or conditions associated with insulin resistance (acanthosis nigricans, hypertension, dyslipidemia, polycystic ovary syndrome, or small for gestational age birthweight)
  - Maternal history of diabetes or GDM during the child's gestation

If your child has diabetes and has not seen their doctor in the past three months, call and make an appointment. This will help your child stay healthy and avoid additional health problems from diabetes. National guidelines recommend all diabetics be seen every three months, and have the following tests done:

- **Blood sugar average** should be done at least yearly. A member's hemoglobin A1c (HbA1c) should be less than 7%.
- **LDL cholesterol** should be done at least yearly. Treatment may be necessary if LDL results are greater than 100mg/dL.
- **Dilated Eye Exam** should be done yearly by an eye doctor to check for diabetic retinopathy.
- **Foot exam** should be done yearly.
- **Urine test for protein and microalbumin** should be done yearly to check how well the kidneys are working.

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Annual Women's Health Exam

Getting your annual women's health exam is a key part of staying healthy.

During this yearly exam, your provider will:

- Review your medical and gynecological history
- Take your blood pressure, weight and other vital signs
- Examine your body, including your skin and other parts of your body, to check your overall health
- Perform a clinical breast exam
- Check to see if your cervix, ovaries, uterus, vagina and vulva are of normal size, shape and position
- Check for signs of sexually transmitted infections (STIs), cancer and other health problems
- Perform a Pap test if needed
- Talk with you about birth control and protection from STIs

If you haven't had your annual women's health exam, set one up today. We can help you find a provider, as well as with making your appointment. Give us a call.

Adult Preventive Health Guidelines

If you're new to our health plan, you should get a baseline physical exam within the first 90 days of joining our plan. If you're pregnant, you should get this done within 14 days.

Recommendations for periodic health exam visits for asymptomatic adults are:

- **Ages: 18 to 39 years:** Exam frequency: every 1 to 3 years (annual Pap smears are indicated for females unless 3 consecutive normal smears, allowing Pap smears every 3 years) (Note: In some markets, 21 to 39 years)
- **Ages 40 to 64 years:** Exam Frequency: every 1 to 2 years based on risk factors
- **Ages 65 and Over:** Exam frequency: every year

Age	Screening	Frequency
Adolescents 18 and older **Adults 21 and older**	Blood Pressure, Height, Body Mass Index (BMI), Alcohol Use	Annually, 18–21 years; after 21, every 1–2 years or per PCP recommendations
Adults 21 years of age and older, especially if at high risk	Cholesterol	Every 5 years (More frequent if elevated)
Female 21 years of age and older	Pap Smear and Chlamydia	Every 1–3 years or per PCP's recommendations
Female 40 years and older	Mammography	Every 1–2 years
50 years and older	Colorectal and Hearing Screening	Periodically depending upon test

Age	Screening	Frequency
Female > 65 years old, or > 60 years at risk	Osteoporosis (Bone Mass Measurement)	Every two years or per PCP's recommendations
65 years and older, or younger for those that have diabetes or other risk factors	Vision including glaucoma or diabetic retinal exam as needed	Every two years for routine exams or annual if diabetic or other risk factors

Immunizations	
Tetanus-diphtheria and acellular pertussis (Td/Tdap)	18 years and older, Tdap: Substitute 1-time dose of Tdap for Td then boost with Td every 10 years
Varicella (VZV)	All adults without evidence of immunity to varicella should receive 2 doses of single-antigen varicella vaccine if not previously vaccinated or the second dose if they have received only 1 dose
Measles, mumps, rubella (MMR)	Adults born during or after 1957 should receive 1–2 doses
Pneumococcal polysaccharide (PPSV)	65 years of age and older, all adults who smoke or have certain chronic medical conditions – 1 dose; may need a 2nd dose if identified at risk
Seasonal influenza	All adults annually
Hepatitis A vaccine (HepA)	All unvaccinated individuals who anticipate close contact with an international adoptee or those with certain high-risk behaviors
Hepatitis B vaccine (HepB)	Adults at risk, 18 years of age and older – 3 doses

Immunizations	
Meningococcal conjugate vaccine (MCV)	College freshmen living in dormitories not previously vaccinated with MCV and others at risk, 18 years of age and older – 1 dose. Meningococcal polysaccharide vaccine is preferred for adults aged ≥ 56 years
Human papillomavirus (HPV)**	** For eligible members through 26 years of age (three dose series)
Zoster	Age 60 and older – 1 dose
Haemophilus influenza type b (Hib)	For eligible members who are at high risk and who have not previously received Hib vaccine – 1 dose

Prevention

- Discuss aspirin to prevent cardiovascular events
  - Men – 40 years and older periodically
  - Women – 50 years and older periodically
- Discuss the importance of preventive exams (mammograms and breast self-examination for women at high risk and who have family history)
- Discuss prostate-specific antigen (PSA) test and rectal exam for men after 40 years old per PCP discretion

Counseling

- **Calcium Intake**: 1,000mg/day (women age 18–50 years old), 1200–1500 mg/day (women >50 years)
- **Folic Acid**: 0.4 mg/day (women of childbearing age); women who have had children with Neural Tube Defects (NTD) should take 4 mg/day
- **Miscellaneous Topics**: tobacco cessation, drug/alcohol use, STDs/HIV, nutrition, breastfeeding (for pregnant women), physical activity, sun exposure, oral health, injury prevention, medication lists and poly-pharmacy, and advance directives

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*Call **911** or your doctor right away in a health emergency.*

Advance Directives

Many people today worry about the medical care they would get if they became too sick to make their wishes known. Some people may not want to spend months or years on life support. Others may want every step taken to lengthen their lives.

You have the right to choose your own medical care. If you don't want a certain type of care, you have the right to tell your doctor you don't want it. To do this, you should complete an advance directive. This is a legal document. It tells others what kind of care you would want if you were unable to say so for yourself.

In Kentucky, there's a specific kind of advance directive. It's called a Kentucky Living Will Directive. There are two parts to it:

- Part 1 – allows you to choose someone to make physical and behavioral health care decisions for you (Durable Power of Attorney for Health Care)
- Part 2 – makes your wishes known about stopping or continuing life support and getting or refusing nutrition and/or hydration (Living Will)

Remember... It's your choice.

We know that making these kinds of decisions can be hard. And you need to be ready to answer some tough questions. Here are some things to think about as you write your advance directives:

- It's your choice to fill one out
- It is your right, under state law, to make decisions regarding medical care, including the right to accept or refuse medical or surgical treatment
- Filling one out does not mean you want to commit suicide, physician-assisted suicide, homicide or euthanasia (mercy killing)
- Filling one out will not affect anything that is based on your life or death (for example, other insurance)
- You must be of sound mind to complete one
- You must be at least 18 years of age or an emancipated (legally-free) minor
- You must sign it; you'll need two witnesses to sign it too

- After you fill one out, keep it in a safe place; you should give a copy of it to someone in your family and your PCP
- You can make changes to it at any time
- A caregiver may not follow your wishes if they go against his or her conscience (if a caregiver cannot follow your wishes, he or she will help you find someone else who can); otherwise, your wishes should be followed
    - If they are not being followed, a complaint can be filed by calling the Kentucky Office of Inspector General, Division of License and Regulation, at **1-502-595-4079**

There are places you can go to get answers to your questions about advance directives:

- Call us at **1-877-389-9457** (TTY **1-877-247-6272**)
- Talk with your PCP

Member Grievance Procedures

We want you to let us know right away if you have any complaints or concerns with the services or care you receive. In this section, we'll explain how you can tell us about these concerns.

There are two ways we handle concerns. They are:

1. Grievances (or complaints)
2. Appeals

State law allows you to voice a concern you may have with us. The state has also helped to set the rules for how you voice that concern. The rules include what we must do when we get your concern. When you share your complaint or concern, keep in mind:

- We must be fair
- We cannot disenroll you from our plan
- We cannot treat you differently because you let us know you didn't like something

We keep track of all grievances and appeals to help us improve our service to you.

We'll talk more about grievances and appeals on the next few pages. If you have questions, give us a call. Our toll-free number is **1-877-389-9457** (TTY **1-877-247-6272**). We're happy to help if you speak a different language or need this information in a different format (like large print or audio).

Grievances

A grievance is when you let us know that you're not happy with our plan, a provider or a benefit/service. It could be for:

- Quality of the care you received
- Wait times during provider visits
- The way your providers or others behave
- Not being able to reach someone by phone
- Not getting information you need
- An unclean or poorly kept provider's office

You or someone you give your consent to speak for you may file a grievance. This could be a friend, a relative, legal counsel, or their spokesperson. You must tell us in writing that they have your OK to speak for you. You can file a grievance with us over

the phone or in writing. A provider may not file a grievance for you, unless he or she is acting as your authorized representative.

Your grievance must be filed within 30 calendar days from the day the issue you are not happy about took place.

Please note: a nurse or doctor may review your grievance if it's about a medical issue.

Steps in the Grievance Process	
1 Contact us	• Call **1-877-389-9457** (TTY **1-877-247-6272**) with your concern – we'll try and fix it over the phone (especially if it's because we need more information) • You can also mail your grievance to us: **WellCare of Kentucky** **Attn: Appeals and Grievance Department** **P.O. Box 436000** **Louisville, KY 40253**
2 First notification to you	• We'll send you a letter within 5 business days after getting your grievance to let you know we got it, and that we are looking into your concerns • If we're able to resolve the issue within these 5 days, the letter will have our decision
3 Second notification to you	• If we don't make a decision within the 5 business days, we'll have a decision for you within 30 calendar days after getting your grievance • We will send you a letter within 30 calendar days after getting your grievance with our decision • You may ask us for up to 14 more calendar days so you can provide more information • We also may ask for 14 more calendar days to make a decision, if we think more information is needed and it's in your best interest

Appeals

An appeal is when you don't agree with a decision we made about your care. You can appeal any service, including EPSDT services. You can ask for one of these if:

- You're not getting the care you feel is covered by our plan
- We deny or limit a service or prescription you or your provider asks us to provide
- We reduce, suspend or stop services you've been getting that we already approved
- We do not pay for the health care services you received
- We fail to give services in the required time frame
- We fail to give you a decision in the required time frame on an appeal you already filed
- We don't agree to let you see a doctor who is not in our network and you live in a rural area or in an area with limited doctors

You'll get a letter from us when any of these actions occur. It's called a "Notice of Proposed Action" or "NOA." It'll tell you how and why we made our decision. You can file an appeal if you do not agree with our decision.

You must file your appeal request within 30 calendar days of the date on the NOA. You can file by calling or writing to us. To do so by phone, call **1-877-389-9457** (TTY **1-877-247-6272**). If you call in your appeal, you must follow up with a written, signed request. (Make sure to do this within 10 calendar days of calling in your appeal.)

Send Your Written Appeal Requests Here	
For appeal requests for **medical** services: **WellCare of Kentucky** **Attn: Appeals Department** **P.O. Box 436000** **Louisville, KY 40253**	For appeal requests for **pharmacy** medications: **WellCare of Kentucky** **Attn: Pharmacy Medication Appeals Department** **P.O. Box 436000** **Louisville, KY 40253**
Fax to: **1-866-201-0657**	Fax to: **1-888-865-6531**

You or your authorized representative can file the appeal. (This includes your PCP or another provider.) We can also help to file an appeal for you.

We must have your written consent before someone can file an appeal for you. If you wish to have someone represent you, you must complete an Appointment of Representative (AOR) form. You and the person you choose to represent you must sign the AOR form. Call us to get this form. Please note – a representative may file for a member who:

- Has died
- Is a minor
- Is an adult and incapacitated (disabled)
- Has given written permission

Your appeal request must be filed with us within 30 calendar days. If you don't send us your appeal request within 30 calendar days of the date on the NOA, your request may be denied.

We'll send you a letter within 5 business days of getting your appeal request. It'll let you know we received your appeal. If we're able to make a decision within the 5 business days, the letter will have our decision. If we can't make a decision within the 5 business days, we'll let you know within 30 calendar days. We will send you a letter with our decision within 30 calendar days after getting your appeal request.

Fast Appeal Requests

There may be times when you or your provider will want us to make a faster decision on your appeal. This could be because you or your provider feels that waiting 30 calendar days could seriously harm your health. If so, you can ask for a fast appeal.

You or your provider must call or fax us to ask for a fast appeal. Call us at **1-877-389-9457** (TTY **1-877-247-6272**). Or fax it to the numbers listed in the last section. If your fast appeal is filed by phone, written notice is not needed.

You'll need to ask your provider to say that you need a fast appeal. For a fast appeal, there is a limited amount of time that you or your provider has to send the information. If you ask for a fast appeal without your provider's support, then we'll decide if one is critical for your health.

If we decide you need a fast appeal, we'll call you with our decision. We'll also send you a letter with our decision within 72 hours.

If you ask for a fast appeal and we decide that one is not needed, we will:

- Change the appeal to the time frame for a standard decision (30 calendar days)
- Make reasonable efforts to call you
- Follow up with a written letter within 2 calendar days

You will not be treated differently or punished for filing a grievance or appeal. This is also true for a provider who supports a member's grievance or appeal.

You, your authorized representative or provider can look over the information used to make your appeal decision. This includes:

- Your medical records
- Guidelines we used
- Our appeal policies and procedures

We'll need your written permission to let others see this information.

Additional Information

You or your authorized representative can give us more information if you think it'll help your appeal (regular or fast). You may do this in writing or in person. You can do this at any time during your appeal. You will have a limited time to submit additional information for a fast appeal.

You may also ask us for up to 14 more calendar days to give us more information. We may ask for 14 more calendar days as well, to make a decision. (This is called an extension.) We will do this if we feel more information is needed and it's in your best interest.

Here's a re-cap of the time frames we'll use when making appeal decisions.

Type of Appeal Request	Maximum Amount of Time We'll Take to Make a Decision
Fast appeal	72 hours or sooner (if your health requires it)
Pre-service appeal (for care you have not yet received)	30 calendar days
Post-service appeal (for care you've already received)	30 calendar days

State Fair Hearing Process

If you don't agree with our appeal decision, you have another option. You can ask in writing for a State Fair Hearing (hearing, for short). Before you can ask for a hearing, you must complete our appeal process. (This means you can ask for a hearing only after you've received our final appeal decision letter.) Hearings are used when you were denied a service or only part of the service was approved.

Only you or your authorized representative can ask for a State Fair Hearing.

A hearing officer from the Kentucky Cabinet for Health and Family Services will decide if we made the right decision. You, your friend, a relative, legal counsel, or other spokesperson who has your written consent may ask for a State Fair Hearing. This must be done within 45 days from the date of the final appeal decision letter.

If you request a hearing, the request must:

- Be in writing and specify the reason for the request
- Include your name, address and phone number
- Indicate the date of service or the type of service denied
- Include your provider's name

A State Fair Hearing is a legal proceeding. Those who attend the hearing include:

- You
- Your authorized representative (if you've chosen one)
- A WellCare of Kentucky representative

- A hearing officer from the Kentucky Cabinet for Health and Family Services

You can also request to have your hearing over the phone.

At the hearing, we'll explain why we made our decision. You or your authorized representative will tell the hearing officer why you think we made the wrong decision. The hearing officer will decide if we made the right decision.

You may request a State Fair Hearing at this address:

Department for Medicaid Services
Division of Program Quality and Outcomes
275 East Main Street, 6C-C
Frankfort, KY 40621

Continuation of Benefits during an Appeal or State Fair Hearing

You can ask that we continue to cover your medical services during your appeal request and/or State Fair Hearing. To do this:

- You or your authorized representative must file your appeal with us and ask to continue your benefits within 30 calendar days of receiving our Notice of Proposed Action (NOA)
- The appeal or hearing must be for the reduction, suspension or stopping of a previously authorized service
- The time period covered by the original authorization cannot have ended

Be sure to ask to continue your benefits within the 30 calendar day time frame. If you don't, we will have to deny your request.

If your benefits are continued during a hearing, you can keep getting them until:

- You decide to drop the hearing
- 14 calendar days pass after we mail our appeal decision letter, unless you request a hearing with continuation of benefits within 14 calendar days from the date we mail this letter
- The hearing officer does not decide in your favor
- The time period or service limits of a previously authorized service have ended

If the hearing is decided in your favor, we'll approve and pay for the care that is needed. We will do this as quickly as possible.

If the hearing is not decided in your favor, you will have to pay for the cost of the care you got during the hearing process. You may also have to pay for costs that we've paid.

Office of the Ombudsman

The Office of the Ombudsman is a part of the Cabinet for Health and Family Services. This office acts as an advocate for the people of Kentucky. It works to make sure people who get public services are treated fairly. You can reach the office:

By phone: **1-877-807-4027**
(TTY **1-800-627-4702**)

Online: **chfs.ky.gov/os/omb**

By mail:
The Office of the Ombudsman
Cabinet for Health and Family Services
275 E. Main St. 1E-B
Frankfort, KY 40621

Important Member Information

Your WellCare of Kentucky Membership

This section will talk about joining and leaving our plan. If you have any questions, call us. The toll-free number is **1-877-389-9457** (TTY **1-877-247-6272**).

Enrollment

If you did not choose a health plan, the State chose one for you. Before they pick a health plan for you, they try to reach you by phone, mail, and in person. If they couldn't reach you or you didn't respond, they chose WellCare of Kentucky for you.

Enrollment Anniversary

You start a 12-month membership after you enroll or the State enrolls you in our health plan. You have 90 days to try us out and/or to change plans. At the end of the 90 days, you must stay with us for the next nine months. After nine months, you'll be able to change health plans if you wish, as long as you're still eligible for Medicaid. This is called your "Enrollment Anniversary."

Outside of your Enrollment Anniversary period, you can only change health plans if you have a good reason to do so. This is called having "good cause" to change health plans. Good cause reasons can include:

- An administrative appeal decision
- Clauses within an administrative rule or statute
- A legal decision
- Moving out of our service region
- Moral or religious reasons
- Poor quality of care
- Not being able to get services covered under our health plan
- Not being able to see providers experienced in dealing with your health care needs
- Not being able to go to certified nurse midwives, pediatric nurse practitioners, and family nurse practitioners if available in the area where you live
- Not being able to see women's health care specialists for breast cancer screenings, Pap tests and pelvic exams

You'll be notified 60 days before the time when you can make a change. If you meet with your DCBS worker early, he or she can accept your new health plan choice during that meeting. If you get SSI, or do not have to go into a DCBS office to renew your

eligibility, you will get information in the mail. If you don't choose a health plan, the State will choose one for you.

We can give you more information or help. Call us toll-free at **1-877-389-9457** (TTY **1-877-247-6272**).

Remember to Renew Your Eligibility with the Kentucky Department of Community Based Services (DCBS)

Remember: Renew your eligibility with DCBS. If you don't, you may lose your WellCare of Kentucky benefits.

You'll get a Medicaid review letter from DCBS. It'll be sent when it's time to renew your eligibility. This letter will tell you what you need to do and by what date. Be sure to provide all of the paperwork that's required.

It's important that you tell us and DCBS when you move. That way your Medicaid review form is sent to the right address.

Make sure you complete this form. And do it quickly. If you don't, your WellCare of Kentucky benefits could end.

Here are some of the items you may need:

- Your original birth certificate (or a certified copy)
- A picture ID (like a driver's license)
- Your Social Security number
- Information like your paycheck stub, child support, bank account details and other insurance you may have (through your job)

If you have questions about renewing your Medicaid eligibility, call us. Or you can call your DCBS Medicaid Managed Care Specialist at **1-855-446-1245**.

Reinstatement

If you lose your Medicaid eligibility and get it back within 60 days, the State will put you back in our plan. We'll send you a letter within 10 days after you become a member again. You can choose the same PCP you had or pick a different one.

Moving Between WellCare of Kentucky Service Regions

WellCare of Kentucky is offered in all regions of Kentucky. If you move to a different part of the state, call us. We'll help you to find a new PCP near your new home.

Disenrollment

Voluntary Disenrollment

During your first 90 days on the plan, you may ask to cancel your WellCare of Kentucky membership and change to another health plan. You can do this without cause. This means you don't need a good reason to disenroll. Call us at **1-877-389-9457** (TTY **1-877-247-6272**).

Leaving WellCare of Kentucky and changing to another health plan will not affect your Medicaid status. Instead, you'll get your Medicaid benefits from a new health plan.

You may still file a grievance or an appeal even if you have left our plan.

Involuntary Disenrollment

You may lose your WellCare of Kentucky membership if you:

- Lose your Medicaid eligibility
- Voluntarily leave our health plan
- Die
- Go to jail
- Become eligible for Medicare
- Commit fraud or abuse your health care services
- Choose another health plan during your Enrollment Anniversary plan change period and our health plan membership is not capped (by the State)
- Enter a waiver program
- Go into a long-term care nursing facility for more than 30 days

You cannot be removed from our plan for these reasons:

- Medical problems you had before becoming our member
- Missed medical appointments
- A change in your health
- The amount of medical services you use
- Reduced mental capacity
- Uncooperative or disruptive behavior because of your special needs (except when your membership in our health plan keeps us from providing services to either you or other members)

Important Information about WellCare of Kentucky

Here we'll talk about some of the things we do "behind the scenes." Call us with your questions. We can be reached at **1-877-389-9457** (TTY **1-877-247-6272**). We're here for you Monday through Friday, 7 a.m. to 7 p.m.

Plan Structure/Operations and How Our Providers Are Paid

You may have other questions about how our plan works. Questions like:

- What's the make-up of our company?
- How do we run our business?
- How do we pay the providers who are in our network?
- Does how we pay our providers affect the way they approve a service for you?
- Do we offer rewards to the providers in our network?

If you do have questions, call us and we'll answer them for you.

Evaluation of New Technology

We study new technology every year. Plus, we look at the ways we use the technology we already have. We do this for a couple of reasons. They are to:

- Make sure we're aware of changes in the industry
- See how new improvements can be used with the services we provide to our members
- Make sure that our members have fair access to safe and effective care

We do this review in the following areas:

- Behavioral health procedures
- Medical devices
- Medical procedures
- Pharmaceuticals

Quality Improvement and Member Satisfaction

We're always looking at ways to improve care and service for our members. Each year we select certain things to review for quality. We check to see how we're doing in those areas. We may also check to see how our providers are doing in those same areas. We want to know if our members are happy with the care and services they get.

Want to know about our quality ratings? Give us a call. You can ask about how pleased members are with our plan too. You can also give us comments or suggestions about:

- How we're doing
- How we can improve on our services

Fraud, Waste and Abuse

Billions of dollars are lost to health care fraud every year. What is health care fraud, waste and abuse? It's when false information is given on purpose. This can be done by a member or provider. This false information can lead to someone getting a service or benefit that is not allowed.

Here are some other examples of provider and member fraud, waste and abuse:

- Billing for a more expensive service than what was actually given
- Billing more than once for the same service
- Billing for services you did not get
- Falsifying a patient's diagnosis to justify tests, surgeries or other procedures that aren't medically necessary
- Filing claims for services or medications not received
- Forging or altering bills or receipts
- Misrepresenting procedures performed to get payment for services that are not covered
- Waiving patient co-pays or deductibles
- Using someone else's WellCare of Kentucky ID card
- Sharing your own WellCare of Kentucky ID card with another person

To Report Fraud, Waste and Abuse with WellCare of Kentucky

One way you can help stop fraud, waste and abuse is to review your Explanation of

Benefits (EOB) when you get it in the mail. Look for any service that you did not receive or any provider you did not see.

If you know of any fraud that has occurred, call our 24-hour fraud hotline. The toll-free number is **1-866-678-8355**. It's private. You can leave a message without leaving your name. If you do leave a number, we'll call you back. We'll call to make sure the information we have is complete and accurate.

You can also report fraud on our website. Go to **kentucky.wellcare.com**. Giving a report through the Web is kept private too.

To Report Fraud, Waste and Abuse with Kentucky Medicaid

To report suspected fraud, waste and abuse in Kentucky Medicaid:

- Call the Kentucky Medicaid Fraud and Abuse Hotline toll-free at **1-800-372-2970**

Extra Help in Your Community

Kentucky Medicaid offers other programs through DCBS. You and/or your child may qualify for these programs. DCBS works with community groups to offer these programs to you and your family. Types of help you can get include:

- Foster care
- Adoption
- Child care

Other programs that support children and families are:

- Supplemental Nutrition Assistance Program (SNAP) – food stamps
- Kentucky Works programs (Works) – employment
- Family Alternatives Diversion Program (FAD) – short-term help with transportation, child care, housing and employment-related expenses

You can apply for these programs and services by calling or stopping by a local DCBS office. Call us to get a listing of the DCBS offices near you.

Family Resource and Youth Services Centers (FRYSC)

FRYSC offers programs, services and resources through schools to help children and families. Here is a list of their regional offices.

County	Telephone Number
Murray	1-270-285-2553
Morganfield	1-270-285-2553
Louisville	1-502-271-7720
Falmouth	1-859-654-3381
Lexington	1-859-219-3159

County	Telephone Number
Richmond	1-859-200-7777
Morehead	1-606-207-4287
Jackson	1-606-272-7031
Barbourville	1-606-546-4767
Frankfort	1-502-229-4789
Elizabethtown	1-270-505-6533

Your Member Rights

As a member of our health plan, you have the right to:

- Get information about our plan, services, doctors, and providers
- Get information about your rights and responsibilities
- Know the names and titles of doctors and other health providers caring for you
- Be treated with respect and dignity
- Confidentiality and nondiscrimination
- Have your privacy protected
- Have a reasonable opportunity to choose your PCP and to change to another provider in a reasonable manner

As our member, you have certain rights and responsibilities.

- Agree to or refuse treatment and actively participate in making decisions
- Decide with your doctor on the care you get
- Talk openly about care you need for your health, no matter the cost or benefit coverage, and the choices and risks involved (this information must be given in a way you understand)
- Timely access to care that does not have any communication or physical access barriers
- Have the risks, benefits and side effects of medications and other treatments explained to you
- Know about your health care needs after you get out of the hospital or leave the doctor's office
- Refuse care, as long as you agree to be responsible for your decision
- Refuse to take part in any medical research

- Complain about our plan or the care we provide; also, to know that if you do, it will not change how you're treated
- Not be responsible for our debts in the event of bankruptcy and not be held liable for:
  - Payments of covered services provided under a contract, referral or other arrangement to the extent that those payments are in excess of the amount you would owe if we provided the services directly
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation
- Ask for and get a copy of your medical records from your doctor in accordance with applicable federal and state law; also, to ask that the records be changed/corrected if needed
  - Requests must be received in writing from you or the person you choose to represent you
  - The records will be provided at no cost
  - They will be sent within 14 days of receipt of the request
- Timely referral and access to medically needed specialty care
- Have your records kept private
- Make your health care wishes known through advance directives
- Prepare advance medical directives pursuant to KRS311.621 to KRS311.643
- Have a say in our member rights and responsibilities policy
- Use our grievance process to file a grievance, get help with filing an appeal, and get a hearing from us and/or the Department for Medicaid Services
- Appeal medical or administrative decisions by our or the state's grievance process
- Exercise these rights no matter your sex, age, race, ethnicity, income, education or religion
- Have our staff observe your rights
- Have all of the above rights apply to the person legally able to make decisions about your health care
- Be furnished quality services in accordance with 42 CFR 438.206 through 438.210, which include:
  - Accessibility
  - Authorization standards
  - Availability
  - Coverage
  - Coverage outside of network
  - The right to a second opinion

Your Member Responsibilites

As a member of our health plan, you have the responsibility to:

- Know your member rights
- Give information that we and your providers need to give care
- Follow WellCare of Kentucky's and DCBS' policies and procedures
- Learn about your care and treatment options
- Actively participate in personal health and care decisions, and practice healthy lifestyles
- Report suspected fraud, waste and abuse
- Follow plans and instructions for care that you have agreed on with your doctor
- Understand your health problems
- Help set treatment goals that you and your doctor agree to
- Read your member handbook to understand how our health plan works
- Carry your WellCare of Kentucky member ID card at all times
- Carry your Medicaid ID card at all times
- Show your ID cards to each provider
- Schedule appointments for all non-emergency care through your PCP
- Get a referral from your PCP for specialty care
- Cooperate with the people who provide your health care
- Be on time for appointments
- Tell the doctor's office if you need to cancel or change an appointment
- Respect the rights of all providers
- Respect the property of all providers
- Respect the rights of other patients
- Not be disruptive in your doctor's office
- Know the medicines you take, what they are for, and how to take them the right way

- Make sure your PCP has copies of all previous medical records
- Let us know within 48 hours, or as soon as possible, if you are admitted to the hospital or get emergency room care
- Be responsible for cost sharing only as specified under covered services co-payments

WellCare Notice of Privacy Practices

We care about your privacy. You have a right to know how and when we share your medical information. You also have a right to see your information. This notice details how we share your information and how you may access it. Please read it carefully.

Effective Date of this Privacy Notice: March 29, 2012
Revised as of March, 2014

We may change our privacy practices from time to time. If we make major changes, we will give you a copy of the new Privacy Notice. It will state when the changes take effect.

This Privacy Notice applies to the following WellCare entities:

- Easy Choice Health Plan, Inc.
- Exactus Pharmacy Solutions, Inc.
- Harmony Health Plan of Illinois, Inc.
- Harmony Health Plan of Illinois, Inc., operating in Missouri as Harmony Health Plan of Missouri
- Missouri Care, Incorporated
- WellCare Health Insurance of Arizona, Inc., operating in Hawai'i as 'Ohana Health Plan, Inc.
- WellCare Health Insurance Company of Kentucky, Inc., operating in Kentucky as WellCare of Kentucky, Inc.
- WellCare Health Plans of New Jersey, Inc.
- WellCare of Connecticut, Inc.
- WellCare of Florida, Inc., operating in Florida as HealthEase and Staywell
- WellCare of Georgia, Inc.
- WellCare of Louisiana, Inc.
- WellCare of New York, Inc.
- WellCare of Ohio, Inc.
- WellCare of South Carolina, Inc.
- WellCare of Texas, Inc., operating in Arizona as WellCare of Arizona, Inc.
- WellCare Prescription Insurance, Inc.
- Windsor Health Plan, Inc.
- Sterling Life Insurance Company

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How We May Use and Share Your Health Information without Written Permission

WellCare has rules to protect your privacy. The people who work here must follow them. However, these are situations where we do not need your written permission to use your health information or to share it with others:

1. Treatment, Payment and Business Operations

We may have to share your health information to help treat you. We may share it to make sure providers are paid and other business reasons. For example:

Treatment:

- We may share your information with a health care provider who is treating you.
- For example, we may let the provider know what prescription drugs you are taking.

Payment:

- To give you health coverage and benefits, we must do things like collect premiums and make sure providers are paid for their services.
- We use your health information to do these financial tasks.

Health Care Operations:

- We may share your information for our health care operations.
- This helps protect members from fraud, waste and abuse.
- It also helps us work on customer service issues and grievances.

Treatment Alternatives and Benefits and Services:

- We may use your health information to tell you about treatment options available to you.
- We will remind you about appointments and tell you about benefits or services of interest to you.

Underwriting:

- We may use your health information for underwriting.
- Please note that we will not use your genetic information for underwriting.

Family Members, Relatives or Close Friends Involved in Your Care:

- Unless you object, we may share your health information with your family members, relatives or close friends who have your permission to be involved in your medical care.
- If you are unable to agree or object, we may decide whether sharing your information is in your best interest.
- If we decide to share your health information in such a case, we will only share the information needed for your treatment or payment.

Business Associates:

- We may share your information with a business associate who needs the information to work with us.
- We will do so only if the associate signs an agreement to protect your privacy.
- Examples of business associates include auditors, lawyers and consultants.

2. Public Need

We may use and share your health information to comply with the law or to meet important public needs that are described below:

- The law requires us to do so.
- When public health officials need the information for public health matters.
- When government agencies need the information for such things as audits, investigations and inspections.
- If we believe you have been a victim of abuse, neglect or domestic violence.
- If your information is needed by a person or company regulated by the Food and Drug Administration (FDA): to report or track product defects; to repair, replace, or recall defective products; or to keep track of a product after the FDA approves it for use by the public.
- If a court orders us to release your information.
- When law enforcement officials need the information to comply with court orders or laws, or to help find a suspect, fugitive, witness or missing person.
- To prevent a serious health threat to you, another person or the public – we will only share the information with someone able to help prevent the threat.
- For research.
- When the information is needed by law for workers' compensation or other programs that cover work-related injury or illness that do not relate to fraud.
- If your information is needed by military officials for a mission.
- When federal officials need the information to work on national security or intelligence, or to protect the President or other officials.
- To prison officers who need the information to give you health care or maintain safety at the place where you are confined.
- In the unfortunate event of your death, to a coroner or medical examiner, for example, to determine the cause of death.
- To funeral directors so they can carry out their duties.
- In the unfortunate event of your death, to organizations that store organs, eyes or other tissues so they may find out whether donation or transplant is allowed by law.

3. Completely De-Identified and Partially De-Identified Information.

These are two types of information you should know about:

- "**Completely de-identified**" health information: We share this only after taking out anything that could tell someone else who you are.
- "**Partially de-identified**" health information: Will not contain any information that would directly identify you (such as your name, street address, Social Security number, phone number, fax number, electronic mail address, website address or license number).
- We share partially de-identified information only for public health, research or for business operations, and the person who receives it must sign an agreement to protect your privacy as required by law.

Requirement for Written Authorization

Earlier in this notice, we listed some of the reasons we may use your health information without your written authorization, including:

- Treatment
- Payment
- Health care operations
- Other reasons listed in this notice

However, we need your written authorization to use your health information for other reasons, which may include:

- Disclosures of psychotherapy notes (where appropriate)
- Marketing purposes
- Disclosures for selling health information

You may end your authorization in writing at any time.

Your Rights to Access and Control Your Health Information

We want you to know about these rights.

1. Right to Access Your Health Information.

You can get a copy of your health information except for information:

- Contained in psychotherapy notes.
- Gathered in anticipation of, or for use in, a civil, criminal or administrative proceeding.
- With some exceptions, information subject to the Clinical Laboratory Improvements Amendments of 1988 (CLIA).

We may have electronic health records (EHR) for you. You have the right to get these in electronic format. You may ask us to send a copy of your EHR to a third party that you choose.

How to access your health information:

- Send your written request to the address listed later in this Privacy Notice.
- In most cases we will respond within 30 days if we have the information in our facility.
- We will respond within 60 days if it is in another facility.
- We will let you know if we need more time to respond.

We may charge you a fee to cover costs like postage. If you ask for a copy of an EHR, we will not charge you any more than our labor costs.

We may not give you access to your health information if it:

- Is reasonably likely to put you or someone else in danger.
- Refers to another person and a licensed health care professional finds your access is likely to harm that person.
- A licensed health care professional determines that your access as the representative of another person is likely to cause harm to that person or any other person.

If we turn down your request for one of these reasons, you can ask for a review. You have a right to get a written explanation of the reasons for denial.

2. You Have the Right to Change Health Information That Is Not Correct

You may ask us to change information that you believe is wrong or not complete. Ask us in writing. We will reply within 60 days. We may not have the information. If that is the case, we will tell you how to reach someone who does. In some cases we may deny your request. You may then state that you disagree. You can ask that your statement be included when we share your information in the future.

3. You Have a Right to Know When We Share Your Information

You can ask us for an accounting of disclosures of your health information in the past six years. Our response will not include disclosures:

- For payment, treatment or health care operations made to you or your personal representative.
- That you authorized in writing.
- Made to family and friends involved in your care or payment for your care.
- For research, public health or our business operations.
- Made to federal officials for national security and intelligence activities made to correctional institutions or law enforcement.
- Uses or disclosures otherwise permitted or required by law.

How to ask for an accounting of disclosures:

- Write to the address listed later in this Privacy Notice.
- If we do not have your health information, we will give you the contact information of someone who does.
- We will respond within 60 days.

You can get one free request each year. We may charge a fee for more requests within the same 12 months.

4. You Have a Right to Ask for Additional Privacy Protections

You can ask us to put more restrictions on the use or disclosure of your health information. If we agree to your request, we will put these restrictions in place except in an emergency. We do not need to agree to the restriction unless:

- The disclosure is needed for payment or health care operations and is not otherwise required by law.
- The health information relates only to a health care item or service that you or someone on your behalf has paid for out of pocket and in full.

You can end the restrictions at any time.

5. You Have the Right to Ask for Confidential Communications

You can ask us to communicate with you in alternative ways.

How to request alternative communications:

- Send your request to the address listed later in this Privacy Notice.
- Clearly state in your request that disclosure of your health information could endanger you and list how or where you want to get communications.

6. You Have a Right to Know of a Breach

The law requires us to keep your health information private. We take steps to protect information in electronic files. When someone has unauthorized access, it is called a breach. We will tell you if that happens. In some cases we will post a notice on our website (**www.wellcare.com**) or in a news outlet in your area.

7. You Have a Right to Get a Paper Copy of This Notice

You can ask for a paper copy of this notice. Please send your written request to the address on this page of this Privacy Notice. You can also visit our website at **www.wellcare.com**.

Miscellaneous

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1. How to Contact Us

Let us know if you have questions about this Privacy Notice. You can reach us in one of the following ways:

- Call our Privacy Officer at **1-888-240-4946** (TTY **1-877-247-6272**)
- Call the toll-free number on the back of your membership card
- Visit **www.wellcare.com**
- Write to us at:

WellCare Health Plans, Inc.
Attention: Privacy Officer
P.O. Box 31386
Tampa, FL 33631-3386

2. Complaints

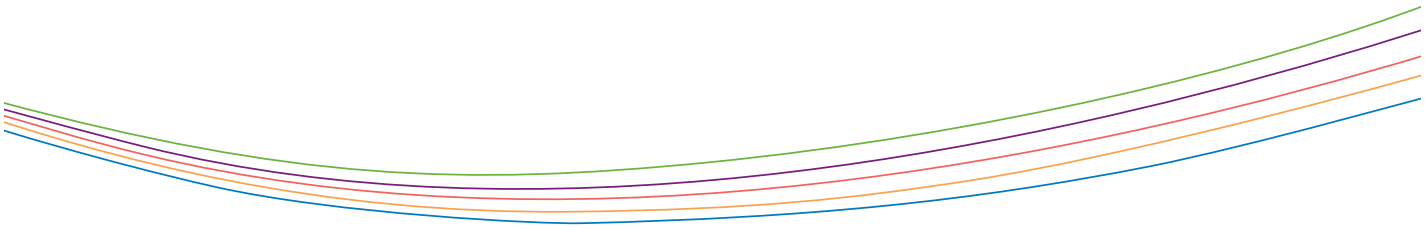
You may complain if you feel we have violated your privacy rights. You can do this by reaching us in one of the ways listed above. You also may send a written complaint to the U.S. Department of Health and Human Services. We will not act against you for complaining. It is your right.

3. Other Rights

This Privacy Notice explains your rights under federal law. But some state laws may give you even greater rights. These may include more favorable access and amendment rights. Some state laws may give you more protection for sensitive information in these areas:

- HIV/AIDS
- Mental health
- Alcohol and drug abuse
- Reproductive health
- Sexually transmitted diseases

If the law in your state gives you greater rights than those listed in this notice, we will comply with the law in your state.



1-877-389-9457
(TTY 1-877-247-6272)
kentucky.wellcare.com