



— KENTUCKY —
ENROLLEE HANDBOOK





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 offer you access to many different providers:

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

This Enrollee handbook will give you details 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 **711**). You can reach us Monday–Friday, 7 a.m. to 7 p.m. You can also find us on the web. Go to **www.wellcare.com/Kentucky**.

**Again, welcome to
WellCare of Kentucky.
We wish you good health!**

If you are new to our plan, be on the lookout for your WellCare of Kentucky identification (ID) card. You should receive it in the mail within a few days after you receive this handbook. **Make sure to keep your WellCare of Kentucky ID card with you at all times.** See the “Getting Started with Us” section of this handbook for more information about your ID card and how to use it.

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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, such as a living will, that tells your doctor and family how you wish to be cared for if you can't 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: Healthcare that's covered by our health plan. (Same as *Services*)

Complaint: When you let us know 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): Renews your Medicaid coverage or changes information on your Medicaid file if you have a major life change. A major life change may be a new address, a change in family size or a new job.

Department for Medicaid Services (DMS): Buys quality healthcare and related services that produce positive outcomes for persons eligible for programs administered by the department.

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).

WORDS/PHRASES

Dual-eligible: You are eligible for both Medicare and Medicaid.

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

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

Emergency Medical Condition: The sudden onset of a medical condition with acute symptoms (such as severe pain, psychiatric disturbances and/or symptoms and substance use) that a person could reasonably expect the lack of medical attention might result in:

1. Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
2. Serious impairment to body functions;
3. Serious dysfunction of any bodily functions;
4. Serious harm to self or others due to an alcohol or drug abuse emergency;
5. Injury to self or bodily harm to others; or
6. With respect to a pregnant woman who has contractions:
 - There is inadequate time for a safe transfer to another hospital before delivery; or
 - That transfer may threaten the health or safety of the woman or her unborn child.

Emergency Medical Transportation: Transportation to a medical provider for conditions that must be treated as soon as possible.

Emergency Room Care: Services received in an emergency room.

Emergency Services: Any covered inpatient and outpatient services from a provider who is qualified to furnish services and that are needed to evaluate or stabilize an emergency medical condition.

WORDS/PHRASES

Environmental Accessibility Adaptations: Changes to your home to help you get and stay healthy; the changes help you function safely on your own at home.

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

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

Excluded Services: Services not covered by your Plan.

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

Grievance: A complaint you can make when you're not happy with our plan, a provider or a benefit/service. (Same as *Complaint*)

Habilitation Services and Devices: Services and devices that develop, improve, or maintain skills and functions for daily living.

Health Insurance: A contract between you and health plan. You pay premiums to the company and when you need medical attention, such as going to a doctor or need a prescription, the company pays all or part of that bill.

Health Plan: A plan such as ours that works with healthcare providers and facilities to keep you and your family healthy.

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

WORDS/PHRASES

Home Healthcare: Healthcare services provided in your home, such as nurse visits and therapy treatments.

Hospice Services: Provides care to terminally ill patients who have a life expectancy of 6 or fewer months, as determined by their doctor.

Hospitalization: When a person is medically deemed to need care in a hospital. Or, the act of admitting a person to the hospital.

Hospital outpatient care: Medical treatment in which a patient does not need to stay overnight in a hospital.

Identification (ID) Card: A card we give you that shows you're an Enrollee 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 must 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: Someone admitted to a hospital or medical facility.

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

Long-Term Care: For elderly or disabled Enrollees 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*)

WORDS/PHRASES

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

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

Network: Healthcare providers who work with an insurance company. Examples of providers include doctors/dentists/pharmacists and clinics/hospitals.

Non-Participating Provider: A term we use when a provider is not contracted with our health plan.

Outpatient: Someone who gets treatment at a medical facility, but is not admitted as an inpatient.

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

Participating Provider: A healthcare provider, including doctors, clinics, hospitals and pharmacies, who agree to work with and follow the rules set by a health plan.

Pharmacy Network: A group of drugstores that Enrollees can use.

Physician Services: Healthcare services provided by a medical physician. This physician could be a Medical Doctor (M.D.) or a Doctor of Osteopathic Medicine (D.O.)

Plan: A company or its subsidiary that offers insurance coverage.

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

WORDS/PHRASES

Preauthorization: When we need to approve care or services before you get them. It might also be called prior authorization.

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

Premium: The amount you pay for coverage by your health plan.

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

Prescription Drug Coverage: Covers all or part of the cost of prescription drugs.

Primary Care Physician (PCP): Your personal doctor or an Advanced Practice Registered Nurse (APRN). He or she manages all your healthcare needs.

Provider: Those who work with the health plan to give medical care, such as doctors, hospitals, pharmacies, labs and others.

Rehabilitation Services and Devices: Includes physical and occupational therapy, audiology, and speech language pathology. Services are limited to those who are expected to improve in a reasonable amount of time.

Referral: When your PCP sends you to see another healthcare provider, usually a specialist.

Services: Healthcare we cover.

WORDS/PHRASES

Skilled Nursing Care: A licensed facility that provides appropriate care to people who:

- Need assistance with the normal activities of daily living 24 hours a day;
- Need care provided by licensed nursing personnel and paramedical personnel on a regular, long-term basis; and
- May have a primary need for skilled nursing care on an extended basis and regular rehabilitation services for 24 hours a day.

Specialist: A doctor who has been to medical school, has trained and practices in a specific field of medicine.

State Medicaid: A joint federal and state program. It helps pay healthcare costs for people with low incomes.

Supplemental Security Income (SSI): A program that helps children, adults and seniors.

Treatment: The care you get from doctors and facilities.

TTY: A phone number to call if you have trouble hearing or speaking.

Urgent Care: When you require medical care within 24 hours, but the problem will not cause serious harm to your health. You may go to an urgent care center when your PCP cannot see you within 24 hours.

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	711
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
To Report Fraud, Waste and Abuse with WellCare of Kentucky – 24-hour fraud hotline	1-866-678-8355
State of Kentucky	
Kentucky Department for Community Based Services (DCBS)	1-855-306-8959 Fax: 1-502-573-2007
Benefind	Online at benefind.ky.gov/ 1-844-407-8398

IMPORTANT PHONE NUMBERS

State of Kentucky (continued)	
State of Kentucky Medicaid Non-Emergency Transportation	1-888-941-7433
State of Kentucky Medicaid Customer Service	1-800-635-2570 For TTY, call 711 to talk to KY Relay
State of Kentucky Department for Medicaid Services (DMS)	1-800-635-2570
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	1-800-372-2973 TTY 1-800-627-4702
Kentucky Attorney General Office of Medicaid Fraud and Abuse	https://ag.ky.gov/about/branches/OMFA
Department for Medicaid Services (DMS) Fraud and Abuse	1-800-372-2970
Kentucky Children's Health Insurance Plan (KCHIP)	1-877-524-4718 1-800-662-5397 (Spanish)

RENEW YOUR COVERAGE

To keep all of the great benefits you have with WellCare of Kentucky, you must recertify for Medicaid each year. You can do this by either passive or active renewal. To learn more, please see the *Remember to Renew Your Eligibility* section of this handbook.

Watch Your Mail

When you are up for renewal, the Kentucky Department for Community Based Services (DCBS) will mail you a “Notice of Renewal Interview” reminder.

What You Need to Do to Keep Your Coverage

- Call DCBS at **1-855-306-8959**. Or stop by their office to complete an interview.
- You may also:
 - Go online to Benefind at **benefind.ky.gov/**. You can use Benefind to check if you may be eligible to receive benefits if:
 - ◇ You are unsure if you qualify for benefits
 - ◇ You are new to Kentucky’s public assistance program
 - ◇ You have never received benefits before. Simply select the benefits you would like to see if you qualify for and answer questions about yourself and your household.
 - Mail or fax a hard copy application to:

DCBS Family Support
P.O. Box 2104
Frankfort, KY 40602
Fax: 1-502-573-2007

Once you’ve finished the interview, you will get a printed application. You must sign it and mail it back to DCBS right away.

Act Fast

The sooner you get your paperwork in, the better! If your signed paperwork comes in late, you may have to reapply and start the process again.

Call Us for Help!

If you have any questions about your eligibility or if you’d like some help, call our Customer Service team. You can reach us at **1-877-389-9457** (TTY **711**). Monday–Friday from 7 a.m. to 7 p.m. Eastern Time.



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

Think of your WellCare of Kentucky ID card as your key to get your healthcare benefits. You'll soon get your ID card in the mail if you haven't already. If you don't get your ID card, call us. Our toll-free number is **1-877-389-9457** (TTY **711**). We'll send you another one. You can also order a new one on our website. Log on to **www.wellcare.com/Kentucky**. Or you can access your ID card or email it using the MyWellCare App on your smartphone.

When you get your WellCare of Kentucky ID Card, look it over. You want to make sure the information on it is correct. On it, you'll find your:

- Name
- WellCare of Kentucky Enrollee ID number
- Medicaid ID number
- Primary care provider (PCP) name, address and phone
- Effective date (the date you became a Enrollee in our plan)

The diagram shows a sample WellCare ID card with callouts pointing to various pieces of information:

- Your name**: Points to the member name "Phy Sample".
- Your WellCare of Kentucky ID number**: Points to the Member ID "1234567".
- The date your WellCare of Kentucky membership started**: Points to the Effective Date "1/1/2020".
- Our website**: Points to the website URL "www.wellcare.com/Kentucky".
- How to contact us**: Points to the toll-free number "1-877-389-9457/TTY: 711".
- Your Kentucky Medicaid ID**: Points to the Medicaid ID number "98765432".
- Information your PCP and other providers need to correctly bill for your care/services**: Points to the PCP name "Phy Sample" and PCP phone "1-555-123-9876".
- Your PCP's contact information**: Points to the PCP name "Phy Sample" and PCP phone "1-555-123-9876".

The ID card itself contains the following information:

WellCare
Beyond Healthcare. A Better You.

Member: **Sample A Sample**
Member ID: **1234567**
Plan Name: **Global Choices**
Effective Date: **1/1/2020**
Primary Care Provider (PCP): **Phy Sample**
PCP Phone: **1-555-123-9876**

Medicaid #: **98765432**
Date of Birth: **06/27/1978**
RxBIN: **004336**
RxPCN: **MCAIDADV**
RxGRP: **RX8893**

www.wellcare.com/Kentucky
WellCare of Kentucky
P.O. Box 438000 Louisville, KY 40253

Customer Service: **1-877-389-9457/TTY: 711**
Provider Service: **1-855-679-3808**
24-Hour Nurse Advice Line: **1-800-919-8807**
24-Hour Behavioral Health Crisis Hotline: **1-855-661-6973**
Behavioral Health Customer Service: **1-855-620-1861**
Vision: **1-855-776-9466**
Dental: **1-855-806-5641**

Medical Claims: **WellCare Health Plans PO Box 31224 Tampa, FL 33631-3224**
For emergencies, call 911 or go to the nearest ER.
Contact your primary care provider (PCP) as soon as possible.

Remember to keep your WellCare of Kentucky ID card with you at all times. You need to show it every time you get care. It has important information about your health plan. When you show your ID card, you can avoid getting a bill from a provider.



Your WellCare of Kentucky ID card has important information on it about your health plan. When you show it, you can avoid getting a bill from your 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 Enrollee information on your ID card. If you get a bill from a provider, give us a call.

If your WellCare of Kentucky ID card is lost or stolen, call us. You can also log on to our website to get a new one or access it on the MyWellCare app on your smartphone. If you find your old WellCare of Kentucky ID card after you've asked for a new card, destroy the older ID card because 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 healthcare. He or she will help arrange all of your medical or behavioral healthcare. This includes:

- Regular checkups
- Shots to prevent illness
- Referrals to other providers, such as specialists
- Substance abuse and behavioral health services
- Hospital services

What is a “Well Visit?” It’s your first visit to your PCP.

We encourage all of our new Enrollees to visit their PCPs within the first 90 days (three months) of becoming a new Enrollee, even if you are not sick. This way your PCP can get to know your health needs and create a plan of care for you.

GETTING STARTED WITH US

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 scheduling your first PCP visit or getting your records, call us toll-free at **1-877-389-9457 (TTY 711)**. We'll be happy to help.

PCPs in our network are trained in specialties such as:

- Family and internal medicine
- General practice
- Geriatrics
- Pediatrics
- Obstetrics and Gynecology (OB/GYN)
- Advanced Practice Registered Nurse (APRN)

Enrollees 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.

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 in writing that this would help you

If we deny your request for a specialist to be a PCP, 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.

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
- It lists providers by county and specialty

2. Find a Provider Tool:

- This is a tool on our website (www.wellcare.com/Kentucky/Find-a-Provider)
- You can search for a provider by location, by name, specialty or keyword
- This is the best way to get our most current provider network information

3. Call us:

- We can help you find a provider and even set your first appointment over the phone

To change your PCP, call us. Call toll-free **1-877-389-9457 (TTY 711)**. You can ask for the change through our website too. PCP changes made between the 1st and 10th of the month go into effect right away. Changes made after the 10th of the month 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

GETTING STARTED WITH US

A PCP may choose not to see you if the PCP feels that he or she is not able to meet your healthcare needs.

If this happens, you may choose a new PCP or we will assign you one. Call toll-free **1-877-389-9457** (TTY **711**) to ask us for help.

Send Us Your New Enrollee Questionnaire

You should have received a New Enrollee Questionnaire with this Enrollee Handbook. (If you didn't, call us and we'll send you another one.) You should fill it out completely. Then send it back to us in the provided stamped envelope. Your answers can help us 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 (TTY 711)

When you call, a nurse will ask some questions about your problem. Tell the nurse as many details as you can. Describe where it hurts or what it 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 you call your doctor or go 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.

Call us any time you need help with:

- Updating your contact information such as your mailing address and phone number
- Getting a new 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 711)**. 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, please send your request to:

WellCare of Kentucky
Attn: Customer Service
P.O. Box 438000
Louisville, KY 40253



Customer Service
toll-free number:
1-877-389-9457 (TTY 711)
Monday–Friday
7 a.m.–7 p.m. Eastern Time

Our Website

You may be able to find answers to your questions on our website.

Go to www.wellcare.com/Kentucky for information on/about:

- Your Enrollee Handbook
- Finding a provider with the *Find a Provider* search tool
- Your Enrollee rights and responsibilities
- Enrollee newsletters

On our website, you can also:

- Find a drug by using our *Drug Search* tool
- Change your address, phone number and your PCP
- Order your monthly over-the-counter (OTC) items (for more details, refer to the *WellCare of Kentucky Extra Programs and Benefits* chart in this handbook)
- Order Enrollee Materials, like your ID Card, Enrollee Handbook and Provider Directory
- Access your Healthy Rewards Program

Remember to also change your address and phone number with the appropriate state agency:

Call DCBS toll-free at **1-855-306-8959**

Call the Social Security Administration (SSA) toll-free at **1-800-772-1213**



Our website:
www.wellcare.com/Kentucky

Know Your Rights and Responsibilities

As an Enrollee of our plan, you have rights and responsibilities. See the *Your Enrollee Rights* and *Your Enrollee Responsibilities* sections in this handbook 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 by email if you agree to receive information from us by email. You can also find the handbook on our website.

Eligibility and Enrollment in WellCare of Kentucky

An Enrollee enrolled with WellCare of Kentucky also has additional benefits. You can find out more later in this handbook. See the *Services Covered by WellCare of Kentucky* section.

MAKE SURE WE HAVE YOUR CORRECT ADDRESS

All Medicaid Enrollees **must have a valid address on file with the Kentucky Department for Medicaid Services. This helps ensure they can keep their health coverage.** Update your address with the correct state agency if you have moved or have not updated your address with the state. Address updates must be made by you or your authorized representative, someone who you choose to act on your behalf, like a family member or other trusted person:

- Call DCBS at **1-855-306-8959** or visit a local office
- Or update online with Benefind at **benefind.ky.gov/**
- Call the Social Security Administration (SSA) at **1-800-772-1213** or visit a local office

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

- Move
- 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
- Start a new job or your income changes

GETTING STARTED WITH US

- Get health insurance from another company
- You become pregnant

To update major changes:

- Call DCBS at **1-855-306-8959** or visit a local office
- Or update online with Benefind at **benefind.ky.gov/**
- Call the Social Security Administration (SSA) at **1-800-772-1213** or visit a local office



YOUR
HEALTH PLAN

CARE BASICS

You'll get your care from doctors, hospitals and others who are in our provider network. This includes specialists. 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 means the care, services or supplies give you the treatment you need. The care, services or supplies 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	ALL REGIONS	
	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
Hospitals	30 minutes	
Behavioral health providers	60 minutes	
Pharmacies	60 minutes	
Vision, lab or radiology providers	60 minutes	
Dental providers	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 type of care you need.

YOUR HEALTH PLAN

This chart shows the times for each type of care. Keep these times in mind as you set 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 needed for emergency services)
	Urgent	Within 48 hours (2 days) of your request
	PCP pediatric sickness	Within 24 hours (1 day) of your request
	Routine/wellness PCP visit	30 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	3 weeks from the day 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 needed for emergency services)
	Urgent	Within 48 hours (2 days) of your request
	Routine visit	30 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.

As an Enrollee of our plan, you must get your care within the WellCare of Kentucky provider network. If you get care outside of the approved provider network without prior authorization, you will be responsible for the charges. 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. 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 covered under KCHIP
- Hospice care Enrollees
- Enrollees in personal or family care homes
- Pregnant women

WellCare of Kentucky Enrollees have co-pays for inpatient/outpatient hospital and provider services. Co-pay amounts are \$3 for physician, \$4 for outpatient, \$50 for inpatient. (This does not apply to preventive annual well visits and screening tests – except adult dental, etc.) However, if you go to the emergency room and it is not a true emergency, you will be responsible for a non-emergency co-payment.

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

- No more than 5% of your family's income each quarter (every three months)

SERVICES COVERED BY WELLCARE OF KENTUCKY

The following is a list of services we cover and co-pays that may apply.

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

- WellCare of Kentucky 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. There would be no additional cost to you, but you will need to get approval first from us
- With approval, we will ensure the cost to you is no greater than it would be if the services were provided within our network
- Please see the *Understanding Referrals and Prior Authorizations* section for more information
- All benefits provided must be medically necessary.

Benefits/Services	Co-pay Amount	Description/More Information
Allergy services	\$0	• Covers both adult and children
Ambulatory surgical centers	\$4	• Per visit • Does not cover cosmetic surgery (except for post-mastectomy reconstructive surgery)
Autism Spectrum Disorders	\$0	• Up to age 21
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
Chemotherapy	\$0	

Benefits/Services	Co-pay Amount	Description/More Information
Chiropractic care (restrictions may apply)	\$3	<ul style="list-style-type: none"> • Per visit • 26 visits per 12-month period
Commission for Children with Special Health Care Needs	\$0	<ul style="list-style-type: none"> • Limited to children who meet the eligibility criteria of the Kentucky Commission for Children with Special Health Care Needs
Dental services	<p>\$3 co-pay for adults</p> <p>\$0 co-pay for children preventive services</p>	<ul style="list-style-type: none"> • Per visit • Preventive services • Diagnostic services • 1 oral exam each 12-month period • 2 oral exams for Enrollees younger than 21 if in conjunction with a cleaning • 1 cleaning each 12-month period for Enrollees 21 and older • 2 cleanings each 12-month period for Enrollees younger than 21 • 1 set of X-rays each 12-month period • Extractions and fillings • Oral surgery • Orthodontic and prosthodontic services
Dialysis End-Stage Renal Disease (ESRD)	\$0	<ul style="list-style-type: none"> • Per visit • Services and procedures that promote and maintain the functioning of the kidneys and related organs
Durable medical equipment	\$4	<ul style="list-style-type: none"> • Per item

Benefits/Services	Co-pay Amount	Description/More Information
Early & Periodic Screening, Diagnosis and Treatment (EPSDT) services- health checks for children under age 21	\$0	<ul style="list-style-type: none"> • 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
Emergency room	\$0 \$8 non-emergency	<ul style="list-style-type: none"> • Per emergency visit • Per non-emergency visit
Emergency ambulance and air transportation	\$0	<ul style="list-style-type: none"> • Per service • Basic life support (BLS) • Advanced life support (ALS) ambulance services
Family planning	\$0	<ul style="list-style-type: none"> • Per visit • Enrollees of child-bearing age • Provided through routine physician visits or family planning clinics
First Steps Services	\$0	<ul style="list-style-type: none"> • Services are available to children from birth through age 2 who have developmental delays or diagnosed physical or mental conditions associated with developmental delay.
Hearing services for children under 21	\$0	<ul style="list-style-type: none"> • 1 complete hearing evaluation per calendar year
HIV screening	\$0	<p>Per screening includes:</p> <ul style="list-style-type: none"> • Pregnant women • Those who have an increased risk for the infection • Anyone who asks for the test

YOUR HEALTH PLAN

Benefits/Services	Co-pay Amount	Description/More Information
Home healthcare services	\$0	<ul style="list-style-type: none"> • Per visit • 20 limited visits per calendar year • Limits may be “exceeded” if medically necessary <p>Includes:</p> <ul style="list-style-type: none"> • Skilled nursing • Home health aide • Physical, speech and occupational therapy <p>Please note: These services are covered for up to 20 visits per calendar year</p>
Hospice	\$0	
Inpatient hospital services	\$50	<ul style="list-style-type: none"> • Per admission
Inpatient physician/surgeon services	\$0	<ul style="list-style-type: none"> • Cosmetic surgery is not covered (except for post-mastectomy reconstructive surgery)
Inpatient mental health/substance use services	\$50	<ul style="list-style-type: none"> • Per admission
Immunizations	\$0	<ul style="list-style-type: none"> • Per immunization <p>Includes:</p> <ul style="list-style-type: none"> • Adults and children • Flu • Pneumonia • Hepatitis B

Benefits/Services	Co-pay Amount	Description/More Information
Laboratory diagnostic and radiology services (by physician or lab)	\$3	<ul style="list-style-type: none"> • Per visit • Per service
Maternity services	\$0	<ul style="list-style-type: none"> • Per visit
Meals and lodging	\$0	<ul style="list-style-type: none"> • For appropriate escorts who help you get covered medical services
Non-emergency ambulance stretcher services	\$0	<ul style="list-style-type: none"> • When other means of transportation could endanger your health
Nursing facility services	\$0	<ul style="list-style-type: none"> • Per visit • Includes physician services
Nutritional counseling	\$0	<ul style="list-style-type: none"> • Per session
OB ultrasounds	\$0	<ul style="list-style-type: none"> • 2 each 9-month period unless more are ordered by the provider (family planning)
Outpatient hospital services	\$4	<ul style="list-style-type: none"> • Per visit • Does not cover cosmetic surgery (except for post-mastectomy reconstructive surgery)
Outpatient mental health/substance use services	\$3	<ul style="list-style-type: none"> • Per visit
Prenatal and postnatal care	\$0	

YOUR HEALTH PLAN

Benefits/Services	Co-pay Amount	Description/More Information
Prescription drugs (for Enrollees who do NOT have Medicare) (exceptions/restrictions may apply)**	\$4 Brand Name Drugs \$1 Generic Drugs \$1 Brand Name Drugs Preferred Over Generic	<ul style="list-style-type: none"> • Unlimited prescriptions per month
Physician services (PCPs, specialists, physician assistants, nurse practitioners, nurse midwives)	\$3	<ul style="list-style-type: none"> • Per visit • Includes: <ul style="list-style-type: none"> - Specialists - Physician assistants - Nurse practitioners - Nurse midwives - Office visits - Medical/surgical care and consultation - Diagnosis and treatment
Podiatry services	\$3	<ul style="list-style-type: none"> • Per visit • Routine foot care not covered except for certain conditions that require professional supervision
Preventive care	\$0	<ul style="list-style-type: none"> • Wellness visits
Private duty nursing	\$0	<ul style="list-style-type: none"> • Allows for 2,000 hours per year (outpatient only)

Benefits/Services	Co-pay Amount	Description/More Information
Prosthetic & orthotic devices	\$4	<ul style="list-style-type: none"> • Per item
Psychiatric residential treatment facilities (PRTFs) (children ages 6 through 21)	\$0	<ul style="list-style-type: none"> • Medically necessary services are covered for residents ages 6 to 21 who need intensive care and a more highly structured setting than they can get in family and other community-based alternatives to hospitalization
Radiation therapy	\$0	
Rural health clinic (RHC), federally qualified health center (FQHC) & primary care center (PCC)	\$3	<ul style="list-style-type: none"> • Per visit
Second opinion	\$0	<ul style="list-style-type: none"> • Per visit
Specialized children's services clinics	\$0	<ul style="list-style-type: none"> • Per visit • Sexual abuse medical exams are covered if medically necessary and Enrollee is younger than age 18
Targeted care management services	\$0	<ul style="list-style-type: none"> • Per service • Behavioral health services that include a minimum of 4 sessions in 1 month including: <ul style="list-style-type: none"> -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 Enrollee -2 additional contacts that may be by telephone or face-to-face

Benefits/Services	Co-pay Amount	Description/More Information
Telehealth	\$0	<ul style="list-style-type: none"> • Per service - Use of phones and other technology to provide access to health services from a distance - Must use a provider within the Kentucky Telehealth Network
Therapy – physical (PT), speech (ST), occupational (OT)	PT – \$3 ST – \$3 OT – \$3	<ul style="list-style-type: none"> • Per visit; Up to 20 visits per calendar year • No co-pay for children
Tobacco cessation	\$0	<ul style="list-style-type: none"> • Per visit (doctor)
Transplant services	\$0	<ul style="list-style-type: none"> • Per service
Urgent care center	\$3	<ul style="list-style-type: none"> • 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)	\$3	<ul style="list-style-type: none"> • 1 exam per year • 1 pair of eyeglasses per 24 months
Vision (children under 21)	\$0	<ul style="list-style-type: none"> • 1 eye exam each calendar year • Limit of 1 pair of eyeglasses per year, or a second pair if first pair is broken or prescription changes

****Prescriptions in these classes are subject to exceptions or exemptions from the brand/generic rules:**

- Contraceptives for family planning: \$0
- Tobacco cessation: \$0
- Diabetes supplies:
 - Blood glucose meters: \$0
 - All other covered diabetic supplies: \$4 for 1st fill; \$0 for 2nd fill and beyond

Most Medicaid services will be provided by WellCare of Kentucky. Some services will still be provided by Kentucky Medicaid. You will use your Medicaid ID Card for these services. These services are:

- **First Steps** – A program that helps children with developmental disabilities from birth to age 3 and their families by offering services through community agencies. Call **1-877-417-8377** or **1-877-41-STEPS** for more information.
- **HANDS (Health Access Nurturing and Development Services)** – This is a voluntary home visitation program for new and expectant parents. Contact your local health department for information and to learn about resources.
- **Services for Children at School** – These services are for children from 3 to 21 years of age, who are eligible under the Individuals with Disabilities Education Act (IDEA) and have an Individual Education Plan (IEP). These services include speech therapy, occupational therapy, physical therapy, and behavioral (mental) health services. Call **1-502-564-9444** for more information

Receiving Non-Covered Services

You can still get a service not covered by WellCare of Kentucky or Kentucky Medicaid. But you will have to pay for it yourself. We suggest 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.

The chart above lists covered services and co-pays. Call us toll-free **1-877-389-9457** (TTY **711**) if you are not sure whether the health plan pays for a service. We're here to help Monday–Friday, 7 a.m. to 7 p.m.

SERVICES NOT COVERED BY WELLCARE OF KENTUCKY

- Any lab service performed by a facility or individual provider without current certification from the Clinical Laboratory Improvement Amendment (CLIA)
- Cosmetic procedures or services performed only to improve appearance
- Hysterectomies 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 test
- Personal service or comfort items
- Post-mortem services
- Services or drugs that are investigational or experimental
- Sex change services
- Sterilization of a mentally incompetent or institutionalized Enrollee
- 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 an Enrollee 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 programs to our Enrollees 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 711).

WellCare of Kentucky Extra Programs and Benefits	
Adult Vision	<ul style="list-style-type: none"> • Adults (over 21) get 1 pair of eyeglasses per 24 months
Boy Scouts	<ul style="list-style-type: none"> • FREE annual Membership for Enrollees ages 5–18 to join the Boy Scouts. Includes the fee for health and accident insurance • \$25.00 towards a uniform
Care and Disease Management	<p>Programs that help you with:</p> <ul style="list-style-type: none"> • Special health conditions • Managing illnesses • Read more about the programs later in this handbook
Criminal record Expungement (certification only)	<ul style="list-style-type: none"> • Will cover \$40.00 towards the certification fee associated with criminal record expungement (as allowed by statute)
Early Start	<ul style="list-style-type: none"> • Programs to give you and your baby a healthy start: • FREE maternity education booklet, care guides and advice, like tips to help you stay healthy while you're pregnant • FREE 24-hours, 7-days-a-week health advice when you call our Nurse Advice Line • Text4Baby® – FREE service offers health tips on pregnancy and baby's first year
Free Sports Physical	<ul style="list-style-type: none"> • Sports Physical: one physical per year, provided by a PCP, for children age 6–18

WellCare of Kentucky Extra Programs and Benefits

<p>Girl Scouts</p>	<ul style="list-style-type: none"> • FREE annual membership for Enrollees ages 5–18 to join the Girl Scouts. • \$25.00 towards a uniform
<p>WellCare BabySteps Maternity Care Management Program</p>	<ul style="list-style-type: none"> • FREE diapers and gift cards through the Healthy Rewards Program • Up to \$50 for attending all required doctor visits through the Healthy Rewards Program
<p>Healthy Rewards Program</p>	<p>Earn rewards for taking steps that help you live a healthy life by completing certain health checkups, including well-child visits. Rewards include:</p> <ul style="list-style-type: none"> • FREE Visa® prepaid debit card • Gift cards to selected retailers • FREE diapers
<p>Kentucky Community Connections Help Line (CCHL)</p>	<p>FREE Kentucky Community Connections Help Line (CCHL) to connect you to community services such as utility assistance, food banks and transportation in your community. Please see page 112 to learn more about getting help with problems beyond medical care.</p> <ul style="list-style-type: none"> • 1-866-775-2192 (TTY: 711)
<p>Meals Program</p>	<p>Meals Program for Enrollees discharged from inpatient hospital, behavioral health, rehabilitation or skilled nursing facility:</p> <ul style="list-style-type: none"> • Meal deliveries must begin within 14 days of discharge • 10 meals per authorization • No annual limit implying Enrollee is eligible after any inpatient discharge

WellCare of Kentucky Extra Programs and Benefits

Over-the-Counter Items	<p>Get up to \$10 worth of products each month — that's \$120 each year! You can choose from over 150 items including diapers, reading glasses, pain relievers, vitamins, hand soap, lotion and more</p> <ul style="list-style-type: none"> • Items are mailed right to your home • We have three easy ways to order <ul style="list-style-type: none"> - Call us toll-free at 1-877-389-9457 (TTY 711) and talk to one of our team members - Call this same number and use our automated service - Go to our website at www.wellcare.com/Kentucky and log in to our Enrollee portal
SafeLink Cellphone	<ul style="list-style-type: none"> • Enrollees may receive a FREE cellphone through SafeLink. Phone includes 1000 monthly minutes, 1 GB of data and unlimited texts.
XtraSavings Discount Programs	<p>Enrollees can get discounts with the following programs:</p> <ul style="list-style-type: none"> • CVS™ Discount Program: Get a 20% savings on CVS health-related items. You will get a CVS discount card in the mail. Use it by shopping at a CVS store or online at CVS.com. • OTC4ME Program: Get discounts on more than 500 over-the-counter items you use every day from our OTC vendor. Save on vitamins, toothpaste, diapers and much more. Enjoy a 20% discount on your first order. Then get a 10% discount on each order after that. Shipping is free on orders of \$25 or more.

WellCare of Kentucky Extra Programs and Benefits

MORE Benefits and Programs

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)**

Steps2Success Program: WellCare of Kentucky wants to help Enrollees take steps to be successful in reaching their employment, financial and/or educational goals.

- **Training: FREE** job training and financial education classes.
- **Reading Scholarships: FREE** reading scholarships for qualified Enrollees who are in pre-kindergarten to 5th grade who want to improve their reading skills.
- **General Educational Development® (GED) Exam:**
We understand the importance of education, which is why we're offering this program
You can take the GED® test 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
(continued)**

Family planning*:

- Birth control advice
- Pregnancy tests
- Sterilization
- Medically necessary abortion
- Tests
 - Sexually transmitted infections
 - Breast cancer and pelvic exams

HIV counseling and testing*

Enrollee newsletters mailed to your home with information about:

- Benefit updates and details
- New services
- Events in your community
- Fitness and health education

Health and wellness page on our website that gives tips to help you and your loved ones stay healthy

A large 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*

Healthy Rewards Program

WellCare of Kentucky will reward Enrollees who take specific steps toward good health as a part of our Healthy Rewards program. You can earn rewards like gift cards just for doing things such as getting your checkups and screenings, as shown in the following chart:

Program	Visit Type	What To Do	What You Can Earn
New Enrollees	Initial PCP Visit	Initial PCP Visit within 90 days of enrollment	\$25 on a pre-paid debit card or a gift card
Enrollee Information	Updated Enrollee Information	Enrollees get an annual reward for keeping their information current: -Phone number -Address -Email address	\$10 on a pre-paid debit card or gift card
Children's Health	0–15 Months	Well-child visit per periodicity schedule (6 visits)	\$10 per visit for a total of \$60 on a pre-paid debit card or a gift card
	2–21 years old	Completion of an annual well-child or adolescent visit.	\$25 on a prepaid debit card or a gift card
Healthy Pregnancy	Prenatal Care Visits	Enrollees must complete a prenatal visit during their first trimester or within 42 days of enrollment (age 12 and up)	\$25 on a pre-paid debit card or a gift card
	Completion of Prenatal visit	Enrollees who complete a prenatal visit will have the choice to receive one of the reward options listed	Choice of a stroller, portable playpen, car seat or six (6) packs of diapers.
	Postpartum Care Visit	Attend 1 postpartum visit 7-84 days after the birth of the baby (age 12 and up)	\$25 on a prepaid debit card or a gift card

Program	Visit Type	What To Do	What You Can Earn
Chronic Care Management	Diabetes	Complete an annual eye exam (Enrollees with diabetes ages 18–75)	\$25 on a pre-paid debit card or a gift card
		Complete an annual HbA1C lab test (Enrollees with diabetes ages 18–75)	\$25 on a pre-paid debit card or a gift card
		Blood Pressure Control (ages 18–75)	\$25 on a pre-paid debit card or a gift card
Well Women	Cervical Cancer Screening	Complete an office visit for cervical cancer screening (Pap test) (ages 21–64)	\$25 on a pre-paid debit card or a gift card
	Mammogram Screening	Complete a annual Mammogram Screening –(ages 50–74)	\$25 on a pre-paid debit card or a gift card
	Chlamydia Screening	Complete a annual screening (ages 16–24)	\$25 on a pre-paid debit card or a gift card
Adult Health	Annual Adult Health Screening	Complete an annual adult screening (Wellness Visit – Enrollees age 20 and older)	\$25 on a pre-paid debit card or a gift card
Dental Care	Preventive Dental Visit	Any preventive dental visit for all WellCare of Kentucky Enrollees age 2–20	\$25 on a pre-paid debit card or a gift card

Program	Visit Type	What To Do	What You Can Earn
Tobacco Cessation	Tobacco Cessation Counseling	Eligible enrollees agree to receive and review tobacco cessation education tools and resources	\$25 on a pre-paid debit card or a gift card
Behavioral Health	7-Day follow-up	Go to a behavioral health provider within 7 days after a behavioral health hospital stay (enrollees older than 6 years of age).	\$25 on a pre-paid debit card or a gift card

To learn more about WellCare of Kentucky's Healthy Rewards Program, or if you have questions, give us a call or go online. Our toll-free number is **1-877-389-9457 (TTY 711)** and our website is **www.wellcare.com/Kentucky**.

*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 711)**. Or visit us online at **www.wellcare.com/Kentucky**.

HOW TO GET COVERED SERVICES

Call your PCP when you need regular care. He or she will send you to see a specialist for covered services that he or she doesn't provide.

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. This includes specialists. However, some doctors may ask for 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 tests, treatments or other services. Referrals for certain care or services do not need 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)

Referrals for Services Not Covered by WellCare of Kentucky

If you need services that are outside the scope of the services provided under managed care, WellCare of Kentucky can help refer you to a provider enrolled in the Medicaid fee-for-service program.

Prior Authorizations (PAs)

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

Approval is needed for these types of services:

- Medical supplies and equipment
 - All **rented** medical supplies and equipment require approval
 - For **purchased** medical supplies and equipment, only those costing more than \$500 require an approval
- Some medical tests ordered by your PCP or another provider
- Cardiac programs
- Home healthcare
- Therapies (physical, occupational, speech)
- Inpatient and residential behavioral health services

This is not a complete list, and it may change from time to time. For help with the prior authorizations, call us. Our toll-free number is **1-877-389-9457 (TTY 711)**.

If we do not approve your request, we'll let you know. If we do not approve a request, and you still get the service, the provider cannot bill you unless you agreed to pay for it in writing. If an approval 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. (Please see the *Enrollee Grievance Procedures* section for more on this.)

Prior Authorization "How To"		
Type of Request	Decision Time Frame	Who Can Request One
Standard (for non-emergency)	2 business days*	Your provider
Expedited/Fast (for urgent care)	2 business days**	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: Approval 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 healthcare 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 in-network OB/GYN provider each year
- Post-stabilization services
- Visits to your PCP

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 www.wellcare.com/Kentucky/Find-a-Provider. 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 Enrollees get the right care at the right place. It also helps us make good use of healthcare resources.

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

We have a toll-free (800) number to help providers get services. They can call the number to get approval for urgent services 24 hours a day, 7 days a week.

At times, we may deny coverage for services or care. These denial decisions are made by nurses and 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 **711**).

Second Medical Opinion

Your PCP can guide you through the process when you want a second opinion about your care. He or she will ask you to pick another doctor in our network. You can also go directly to another in-network provider about getting a second opinion. If you can't find one, don't worry. We can help you find a doctor to see you. If no network doctor 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 at **1-800-919-8807**. 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. An on-call doctor is available 24 hours a day, 7 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 an approval 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 48 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 at **1-800-919-8807**. One of our nurses will try to 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. You do not have to get our approval before going to an urgent care center.

When you get to the center, show your WellCare of Kentucky ID 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
- Serious harm to yourself or others due to alcohol or drug abuse or behavioral health issues
- Serious 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
- You're in labor

Here are some examples of emergencies:

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

Call your PCP or our Nurse Advice Line at **1-800-919-8807** 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. 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, you can choose to stay. But you may have 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 travel 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, remember to:

1. Show your WellCare of Kentucky ID 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 711)**.

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 our approval before getting this service. However, this care must be needed 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.



**WellCare of Kentucky can help me make my baby appointments!
1-877-389-9457 (TTY 711)**

Baby "To Do" List

- Let these people know I'm having a baby:
 - Family
 - WellCare of Kentucky
 - My case worker at DCBS
 - My PCP
- 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
- Decide which Car Seat, Crib, Stroller, and High Chair you should get
- Give your house a "safety exam"

If you're pregnant and just joining our plan, you should see your maternity care provider within 14 days of becoming an Enrollee. Make sure to go to all your visits before and after you deliver your baby.

It's important to let us know when you are pregnant. We can give you helpful information about having and caring for your baby. We can also enroll you in our free WellCare BabySteps Maternity Care Management Program. Keep reading to learn more about it.

WellCare BabySteps Maternity Care Management Program

We have a free program for pregnant moms. It's called WellCare BabySteps. The goal of the program is to keep you and your baby healthy. To do this, our BabySteps care coordinators will reach out to you to complete a maternity assessment. This tool will help us learn if care management or care coordination could be helpful to you and your unborn baby. If so, our care managers and care coordinators will help you. They can help you cope with any issues during your pregnancy.



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.

Pregnant moms also have access to text4baby. This free service offers health tips on pregnancy and the baby's first year. All you have to do is text the word **BABY** to **511411**. You will receive **FREE** messages on your cell phone. They can help you through your pregnancy and your baby's first year.

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 tips for taking care of yourself and your baby before and after delivery.

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.* 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 Pregnancy Care Visits with Your Provider	
Each Visit	Take your weight and blood pressure
	Ask for a urine sample
	Measure the baby's growth
	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 Pregnancy Care
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

What to Expect During Pregnancy Care Visits with Your Provider

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 of Kentucky. Also, WellCare of Kentucky 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 Enrollee, we'll cover him or her from birth
- You must let your DCBS care coordinator 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 breast-feeding mothers

If you are pregnant, ask your PCP or maternity care provider 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 <https://chfs.ky.gov/agencies/dph/dmch/nsb/Pages/wic.aspx>.

Dental Services

We urge you to set up a visit with your dentist soon after you join our plan. If you are pregnant, dental care is very important for you and your unborn child.

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 www.wellcare.com/Kentucky/Find-a-Provider. 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 www.wellcare.com/Kentucky/Find-a-Provider. You don't need prior authorization or a 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
toll-free number:
1-855-661-6973**

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.

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 right away

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

The provider who treats you for your behavioral health emergency may feel you need care after you are stable. You don't need approval for this care. However, the care must be needed to maintain, improve or resolve your 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 to learn more.

Behavioral Health Limitations and Exclusions

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

Prescriptions

A provider enrolled with Kentucky Medicaid must write your prescriptions. Once you have your prescription, go to any network pharmacy to get it filled. Our online Provider Directory lists all of the pharmacies that take our plan. Or call us and we'll help find one near you.

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.

At the pharmacy, 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 of Kentucky* section for more details about co-pays.

For questions about prescriptions, call us. You can reach us at **1-877-389-9457** (TTY **711**).

Preferred Drug List

We have a Preferred Drug List (PDL). 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 www.wellcare.com/Kentucky.

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

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

For those drugs that require approval (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 you 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

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.

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 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

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 prescription and medical care needs. If you are in this program, you will get all of your controlled substance prescriptions from one pharmacy and one prescriber. This will help the pharmacist and PCP 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

If we feel you would benefit from this program, we may “lock” you into one pharmacy and one prescriber. 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 *Enrollee Grievance Procedures* section later in this handbook.)

For questions about our lock-in program, call us at **1-877-389-9457** (TTY **711**).

Telehealth

Is it difficult for you to get to your provider appointments? Maybe 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 healthcare access for our Enrollees. 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 adult and children's health providers. It can help:

- Cut down the drive time to a provider appointment
- Decrease the number of missed work days



Our pharmacy lock-in program helps to coordinate your drug and medical care needs.

- 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.

MyWellCare Mobile App

With our app, you'll have health information at your fingertips.

The MyWellCare app on your smartphone or tablet lets you:

- Access your Enrollee ID card
- Email your Enrollee ID card
- Search for providers, quick-care clinics and hospitals
- View wellness services available to you
- View appointment reminders

So go ahead – download MyWellCare today. It's free at both Apple and Android app stores.

Not Registered? It's Easy!

Download the MyWellCare App on your smartphone, select your State and under Product select Medicaid.

- Accept the Agreement
- Several Icons will come up
 - Click on any "Icon" to get the "Enrollee login Screen"
- Click on "Not Registered" at the bottom
- Complete the Registration

That's it! You're ready to get health information anywhere, anytime! Remember to tell Customer Service if you want to get text messages from us with reminders and information.

Care Management

We know you may have special care needs. To help with these, we have care 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 care management services if you have:

- Complex illnesses that require the coordination of many services
- Children with special healthcare needs
- Had or are going to have a transplant
- A high-risk pregnancy
- Multiple chronic illnesses
- High-risk behavioral healthcare needs
- Experienced domestic abuse
- A responsibility for someone in foster care or adult guardianship
- Special healthcare needs
- Asthma
- Coronary Artery Disease (CAD)
- Congestive Heart Failure (CHF)
- Chronic Obstructive Pulmonary Disease (COPD)
- Depression
- Diabetes
- High blood pressure

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

We also have health coaches available to help you:

- Stop smoking
- Manage weight

To learn more about these no-cost programs, or to sign up, give us a call. Call toll-free at **1-866-635-7045** (TTY **711**).

Service Coordinators

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

- Arranging transportation to medical appointments
- Finding providers
- Managing care with different providers
- Answering questions about benefits, healthcare 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 three business days.

If at any time you want to change your Service Coordinator, you can. To do so, call us at **1-877-393-3090** (TTY **711**). You can write us too. Send your change request to:

WellCare of Kentucky
Attn: Service Coordinator
P.O. Box 438000
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

Non-emergency medical transportation is offered if you can't get a free ride to a covered service. Kentucky Medicaid provides rides. 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

<https://chfs.ky.gov/agencies/dms/dpo/bpb/Pages/transportation.aspx>

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
- You're transitioning to adulthood and need help choosing an adult primary care practitioner

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 (TTY 711)** 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 and Periodic Screening, Diagnosis and Treatment – (EPSDT) Health Check Services

We have health check services for children's wellness. It's called an Early and Periodic Screening, Diagnosis and Treatment (EPSDT). It provides needed care to Enrollees 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 these health checks, your child's PCP will:

- Do a full 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 shots.

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	<ul style="list-style-type: none"> • Well-baby* checkup at birth • Hearing screening • Newborn screening blood tests • Dose 1 of 2 of the Hepatitis B (HepB) vaccine
3–5 days	<ul style="list-style-type: none"> • 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) • Dose 1 of 2 of the Hepatitis B (HepB) vaccine, if not done at birth
1 month	<ul style="list-style-type: none"> • Well-baby checkup • Newborn screening blood tests if not already completed • Shots: Dose 2 of 2 of the Hepatitis B (HepB) vaccine, if not already received • TB screening

Age	Screening/Immunizations (Shots) and Timing
2 months	<ul style="list-style-type: none"> • Well-baby checkup • Newborn screening blood tests if not already completed • Shots: Rotavirus (RV); Diphtheria, Tetanus, and Pertussis (DTaP); Haemophilus influenzae type b (Hib); Pneumococcal conjugate (PCV); and inactivated poliovirus (IPV) vaccines
4 months	<ul style="list-style-type: none"> • Well-baby checkup • Newborn screening blood tests if not already completed • Shots: Rotavirus (RV); Diphtheria, Tetanus, and Pertussis (DTaP); Haemophilus influenzae type b (Hib); Pneumococcal conjugate (PCV); and inactivated poliovirus (IPV) vaccines • Hemoglobin (Hgb) screening
6 months	<ul style="list-style-type: none"> • Well-baby checkup • Newborn screening blood tests if not already completed • Shots <ul style="list-style-type: none"> - 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 test
9 months	<ul style="list-style-type: none"> • Well-baby checkup • Newborn screening blood tests if not already completed, including hemoglobin or hematocrit • Shots <ul style="list-style-type: none"> - Dose 3 of the Hepatitis B (HepB) vaccine (if not already received; recommended between ages 6 to 18 months) - Dose 3 of 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 test

Age	Screening/Immunizations (Shots) and Timing
12 months (1 year)	<ul style="list-style-type: none"> • Well-baby checkup • Catch-up shots as needed • Newborn screening blood tests if not already completed, including hemoglobin or hematocrit if not done at 9-month visit • Shots <ul style="list-style-type: none"> - Dose 3 of the Hepatitis B (HepB) vaccine (if not already received; recommended between ages 6 to 18 months) - Dose 3 of 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 test • Dental visit as need identified by child's doctor**
15 months	<ul style="list-style-type: none"> • Well-baby checkup • Catch-up shots as needed • Shots <ul style="list-style-type: none"> - 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 of 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 test • Dental visit as need identified by child's doctor**

Age	Screening/Immunizations (Shots) and Timing
18 months	<ul style="list-style-type: none"> • Well-baby checkup • Catch-up shots as needed • Shots <ul style="list-style-type: none"> - 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 of 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 to 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 test • Dental visit as need identified by child's doctor**
24 months (2 years)	<ul style="list-style-type: none"> • Well-baby checkup • Catch-up shots 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 test • Dental visit as need identified by child's doctor**
30 months (2½ years)	<ul style="list-style-type: none"> • Well-child* checkup • Catch-up shots as needed • Yearly flu shot if not already received • Screenings for TB, developmental health, autism, oral health, and cholesterol (dyslipidemia) • Blood lead risk test (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

Age	Screening/Immunizations (Shots) and Timing
3 years	<ul style="list-style-type: none"> • Well-child* checkup • Catch-up shots as needed • Yearly flu shot if not already received • Screenings for TB, developmental health, autism, oral health, and cholesterol (dyslipidemia) • Blood lead risk test (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	<ul style="list-style-type: none"> • Well-child checkup each year • Catch-up shots as needed • Shots <ul style="list-style-type: none"> - 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 test (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	<ul style="list-style-type: none"> • Well-child checkup every year • Catch-up shots 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 test (at age 6)
11–12 years	<ul style="list-style-type: none"> • Well-child checkup every year • Catch-up tests 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	<ul style="list-style-type: none"> • Well-child checkup every year • Catch-up shots 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
13–17 years	<ul style="list-style-type: none"> • Well-child checkup every year • Catch-up shots 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 beginning at age 16***
18–20 years (up to 21st birthday)	<ul style="list-style-type: none"> • Well-child checkup every year • Catch-up shots 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: 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 test 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 Enrollee'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, and 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 test are indicated for females unless 3 consecutive normal test, allowing Pap tests 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 test and Chlamydia test, which begins at age 16	Every 1–3 years or per PCP’s recommendations
Female 40 years and older	Mammography	Every 1–2 years
50 years and older	Colorectal Cancer Screening	Periodically depending upon test
	Hearing Screening	Periodically
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 2 nd dose if identified at risk
Seasonal Flu	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 and older – 3 doses
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 ages ≥56 years
Human Papillomavirus (HPV)**	*For eligible Enrollees through 26 years of age (three dose series)
Zoster	Age 60 and older – 1 dose
Haemophilus Influenzae Type B (Hib)	For eligible Enrollees who are at high risk and who have not previously received Hib vaccine (1 dose)

Prevention

- Discuss aspirin for heart health
 - 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 screenings for men after 40 years old

Counseling

- **Calcium Intake:** 1,000 mg/day (women age 18–50 years old), 1,200–1,500 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 safety when taking several medications, and advanced directives

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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 of Kentucky. Also, WellCare of Kentucky 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.*

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. It has two parts:

- Part 1 – you choose someone to make physical and behavioral healthcare 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)

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

**Remember ...
It's your choice.**

- 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 also need two witnesses to sign it
- 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 **711**)
- Talk with your PCP

ENROLLEE 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 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 talk more about grievances and appeals further in this Enrollee handbook. If you have questions, give us a call. Our toll-free number is **1-877-389-9457** (TTY **711**). 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

You would file a grievance to let us know that you're not happy with our plan, a provider or a benefit/service. Examples of issues that could lead to a grievance include:

- 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 at anytime. This could be a friend, a relative or a lawyer. 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.

File a grievance at any time about the issue you are not happy about took place.

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

Steps in the Grievance Process	
<p>1 Contact us</p>	<ul style="list-style-type: none"> • Call 1-877-389-9457 (TTY 711) 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
<p>2 First notification to you</p>	<ul style="list-style-type: none"> • We'll send you a letter within five 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 five days, the letter will have our decision
<p>3 Second notification to you</p>	<ul style="list-style-type: none"> • If we don't make a decision within the five 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

You can file an appeal if you don't agree with a decision we made about covering 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 healthcare 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 don't agree with a denial for financial liability (copayments, premiums, cost share).

You'll get a letter from us when any of these actions occur. It's called a "Notice of Adverse Benefit Determination" or NABD. It will tell you how and why we made our decision. You can file an appeal if you do not agree with our decision. You only have one level of appeal with the Plan.

You must file your appeal request within 60 calendar days from the date of the Notice of Adverse Benefit Determination. You can file by calling or writing to us. To do so by phone, call **1-877-389-9457** (TTY **711**). 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.) Expedited appeals received over the phone do not require a follow-up written request.

Send Your Written Appeal Requests Here

For appeal requests for
medical services:

WellCare of Kentucky
Attn: Appeals Department
Appeals Department
P.O. Box 436000
Louisville, KY 40253

Fax to: **1-866-201-0657**

For appeal requests for
pharmacy medications:

WellCare of Kentucky
Attn: Pharmacy Medication
Appeals Department
P.O. Box 436000
Louisville, KY 40253

Fax to: **1-888-865-6531**

You or your authorized representative can file the appeal. (This includes your PCP or another provider.)

We must have your written consent before someone can file an appeal for you. You must fill out an “Appointment of Representative” (AOR) form to allow someone else to act for you. 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 an Enrollee 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 60 calendar days.

If you don't send us your appeal request within 60 calendar days of the date on the Notice of Adverse Benefit Determination, your request may be denied.

For standard appeals, we'll send you a letter within five business days of getting your appeal request. It lets you know we received your appeal. If we're able to make a decision within the five business days, we'll send you a final decision letter. If we can't make a decision within the five 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.

Expedited 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 an Expedited Appeal.

You or your provider must call or fax us to ask for an Expedited Appeal. Call us at **1-877-389-9457** (TTY **711**). Or fax it to the numbers listed in the last section.

If your Expedited Appeal is filed by phone, written notice is not needed.

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

If we decide you need an Expedited Appeal, we will call you with our decision within 72 hours. We'll also send you a letter with our decision.

If you ask for an Expedited 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 an Enrollee'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 expedited). 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 an expedited 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, to make a decision as well. (This is called an "extension.") We will do this if we feel we need more information and it's in your best interest. We will call you to let you know about the extension and provide you with written notice of the reason for the delay within two business days of deciding to extend the time frame. We will also tell you that you have a right to file a grievance if you don't agree with the plan taking more time.

You also have the right to ask for a copy of your appeal file free of charge or review your appeal during or after the appeal is complete.

Here's a recap 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
Expedited appeal	72 hours or sooner (if your health requires it)
Pre-service appeal (for care you've not yet received)	30 calendar days
Post-service appeal (for care you've already received)	30 calendar days

If we do not resolve an appeal within 30 calendar days, you may ask for a State Fair Hearing.

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. You may also ask for a State Fair Hearing if we do not make an appeal decision within the time frame.

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

(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 part of a service.

A hearing officer from the Kentucky Cabinet for Health and Family Services will decide if we made the right decision. You or someone who has your written consent may ask for a State Fair Hearing. This must be done within 120 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 explain why we made our decision. You or your representative tells 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 E. Main St. 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 and/or State Fair Hearing. To do this, all of the following must be met:

- You or your authorized representative with your written consent must file your appeal with us and ask to continue your benefits within 10 calendar days after we mail the Notice of Adverse Benefit Determination; or
- Within 10 calendar days of the intended effective date of the plan's proposed action, whichever is later
- The appeal or hearing must address the reduction, suspension or stopping of a previously authorized service
- The services were ordered by an authorized provider
- The period covered by the original authorization cannot have ended

Be sure to ask to continue your benefits within the 10-day time frame from the plan sending the Notice of Adverse Benefit Determination. 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
- 10 calendar days pass after we mail our appeal decision letter, unless you request a hearing with continuation of benefits within 10 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 approve and pay for the care. We do this no later than 72 hours from the date we receive notice changing the decision.

If the appeal or hearing is not decided in your favor, you may have to pay for the care you got during the hearing process.

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: **1-800-372-2973** (TTY **1-800-627-4702**)



Online: **<https://chfs.ky.gov/agencies/os/omb/Pages/default.aspx>**



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



IMPORTANT
ENROLLEE INFORMATION

YOUR WELLCARE OF KENTUCKY MEMBERSHIP

This section tells you about joining and leaving our plan. If you have any questions, call us. The toll-free number is **1-877-389-9457** (TTY **711**).

Enrollment

To enroll or renew with WellCare of Kentucky:

- Call DCBS at **1-855-306-8959**, or stop by their office to complete an interview
- You can also call DMS Customer Service at **1-855-446-1245** or **1-800-635-2570**
- OR call the Social Security Administration (SSA) at **1-800-772-1213**

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)

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 can 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 healthcare 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 healthcare 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 **711**).

Remember to Renew Your Eligibility

To keep all of the great benefits you have with WellCare, you must recertify for Medicaid each year. You can do this by either passive or active renewal.

New Medicaid Renewal Options

When you signed up for Medicaid, did you give your approval to Medicaid to access the Federal HUB? If so, you are automatically eligible for the passive renewal process. If Medicaid verifies all the information they need, you do not need to take any further action. Your benefits automatically renew.

What if the HUB can't verify income or the information they need? Then you must complete a "Request for Information" to renew.

You can give your approval to access the HUB when you apply for Medicaid. The approval is good for up to 5 years. It may also be updated via the Benefind website at **benefind.ky.gov/**.

Watch Your Mail

When you are up for renewal, the Kentucky Department for Community Based Services (DCBS) will mail you a "Notice of Renewal Interview" or Request for Information letter.

IMPORTANT ENROLLEE INFORMATION

What You Need to Do to Keep Your Coverage

- Call DCBS at **1-855-306-8959**. Or stop by their office to complete an interview. Or go online to Benefind at **benefind.ky.gov/**
- You can also call DMS Customer Service at **1-855-446-1245** or **1-800-635-2570**
- Or call the Social Security Administration (SSA) **1-800-772-1213**

Once you've finished the interview, you will get a printed application. You must sign the application and mail it back to DCBS right away. You can also sign the application electronically or by voice signature.

PASSIVE RENEWAL: When you allow Medicaid to do on-going data checks from trusted data sources such as the HUB, your health coverage can be recertified automatically.

ACTIVE RENEWAL: What if you did not approve access to the HUB? Then you must complete the renewal process with DCBS. You can do this by returning a completed renewal form or by interview or by phone.

Act Fast

The sooner you get your paperwork in, the better! If your signed paperwork is sent late, you may have to reapply and start the process over again.

Call Us for Help!

Do you have any questions about your eligibility? If you'd like some help, call our Customer Service team at **1-877-389-9457 (TTY 711)**.

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.

If you have questions about renewing your Medicaid eligibility, call us. Or you can call your Medicaid Managed Care Specialist at **1-855-306-8959**.

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 an Enrollee 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 **711**).

Leaving WellCare of Kentucky and changing to another health plan will not affect your Medicaid status. Instead, you would 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
- Do not update your address with DCBS if you move
- Voluntarily leave our health plan
- Die
- Go to jail
- Become eligible for Medicare
- Commit fraud or abuse your healthcare 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

IMPORTANT ENROLLEE INFORMATION

- 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 Enrollee
- 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 Enrollees)

IMPORTANT INFORMATION ABOUT WELLCARE OF KENTUCKY

Here we talk about some of the things we do “behind the scenes.” Call us with your questions. You can reach us at **1-877-389-9457 (TTY 711)**. 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 makeup of our company?
- How do we run our business?
- How do we pay the providers who are in our network?
- Does the way 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 Enrollees
- Make sure that our Enrollees have fair access to safe and effective care

We review the following areas:

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

Quality Improvement and Enrollee Satisfaction

We're always looking at ways to improve care and service for our Enrollees. 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 Enrollees 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 Enrollees 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 healthcare fraud every year. It involves false information. An Enrollee or provider can use false information to get a service or benefit that is not allowed.

Here are some other examples of provider and Enrollee 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 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 **www.wellcare.com/Kentucky/Report-Fraud-and-Abuse**. 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.

Help with Problems Beyond Medical Care

It can be hard to focus on your health if you have problems with your housing or worry about having enough food to feed your family. WellCare of Kentucky can connect you to resources in your community to help you manage issues beyond your medical care.

WellCare Community Connections is here for you.

Call our Community Connections Help Line at **1-866-775-2192** to talk to a Peer Coach if you:

- Worry about your housing or living conditions
- Have trouble getting enough food to feed you or your family
- Find it hard to get to appointments, work or school because of transportation issues
- Feel unsafe or are experiencing domestic violence. If you are in immediate danger, call **911**.
- Have another type of need such as:
 - Financial Assistance (utilities, rent)
 - Affordable childcare
 - Job/education assistance
 - Family Supplies – diapers, formula, cribs, and more

YOUR ENROLLEE RIGHTS

As an Enrollee 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
- 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 healthcare 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 or appeal about our plan or the care we provide; also, to know that if you do, it will not change how you're treated
- Native American Indians enrolled with WellCare of Kentucky may get services from an I/T/U primary care provider or specialist that is part of the WellCare of Kentucky provider network

As our Enrollee, you have certain rights and responsibilities.

- "I" is Indian
Health Service

- "T" is Tribal operated
facility/program

- "U" is Urban
Indian Clinic

IMPORTANT ENROLLEE INFORMATION

- 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 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 healthcare wishes known through advance directives
- Prepare advance medical directives pursuant to KRS311.621.to KRS311.643
- Have a say in our Enrollee 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 healthcare
- 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 ENROLLEE RESPONSIBILITIES

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

- Know your Enrollee rights
- Give information that we and your providers need in order to provide 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 Enrollee handbook to understand how our health plan works
- Carry your WellCare of Kentucky Enrollee 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 healthcare
- 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

IMPORTANT ENROLLEE INFORMATION

- 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

Third Party Liability (TPL)

We need to know if you have other health insurance along with Medicaid. Contact Wellcare of Kentucky if you have other insurance coverage or lose insurance coverage from another plan. Call Wellcare of Kentucky's Customer Service Department at **1-877-389-9457** (TTY **711**).

When you have other health insurance, your provider should always bill that health insurance first. Medicaid always pays last. This is called "Third Party Liability" (TPL). If Wellcare of Kentucky pays the bill when you have other health insurance, your other health insurance will have to pay the money back. If you file a lawsuit or otherwise recover expenses from any other source, you or your attorney must notify Wellcare of Kentucky. For questions about TPL, call **1-877-389-9457** (TTY **711**).

Examples of other insurance are:

- Personal health insurance
- Veteran's coverage
- Worker's compensation
- Auto insurance to cover injury due to an auto accident
- Recover expenses from a lawsuit or from any other source due to an injury, disease, or disability
- Insurance that pays you if you have cancer, heart disease, and other disabilities
- Student health insurance policies
- Sports health insurance policies
- Medicare

Health Insurance Portability and Accountability Act (HIPAA)

Your health information is personal. HIPAA rules give you the right to control your personal health information (PHI). Any health information that can be used to identify you is protected health information.

Anyone who takes part in your medical care can see your PHI. Everyone who handles your health information is legally required to protect the privacy of your PHI. Anyone who uses your PHI in a wrong way is responsible for that.

PHI can be legally used in certain ways. A provider who is treating you can see your PHI as a part of your care and treatment.

You can decide to let people use your PHI if you think it is necessary. If you decide to let someone else use your PHI, you need to write a detailed letter stating that person is allowed to use it. A person has to have a written statement to ask for your PHI, even if that person is a spouse or a family member.

Where Do I Send Questions?

If you have questions about HIPAA and your PHI, please contact our Privacy Officer, in writing.

The address is:

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

Complaints:

If you think your PHI has been used incorrectly, you can make a complaint.

The address is:

The Secretary of Health and Human Services
Room 615F
200 Independence Ave., SW
Washington, D.C. 20201

You can call the U.S. Department of Health and Human Services at **877-696-6775**.

You can also call the United States Office of Civil Rights at **866-OCR-PRIV (866-627-7748)** or **866-788-4989** TTY.

Discrimination is Against the Law

WellCare of Kentucky complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. WellCare of Kentucky does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

WellCare of Kentucky provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

WellCare of Kentucky also provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, call us toll-free at **1-877-389-9457** (TTY: **711**). We're here for your Monday–Friday from 7 a.m. to 7 p.m.

If you believe that WellCare of Kentucky has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

EEO/Civil Rights Compliance Branch
Cabinet for Health and Family Services
Office of Human Resource Management
275 E. Main St, Mail Stop 5C-D
Frankfort, KY 40621
Telephone: **1-502-564-7770**
Fax: **1-502-564-3129**
Email/Web: <https://chfs.ky.gov/Pages/civil-rights.aspx>

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the EEO/Civil Rights Compliance Branch is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue
SW Room 509F
HHH Building
Washington, D.C. 20201
Telephone: **1-800-368-1019**, **1-800-537-7697** (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-877-389-9457** (TTY: **711**).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-877-389-9457** (TTY: **711**).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-877-389-9457** (TTY: **711**)。

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-877-389-9457** (TTY: **711**).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-877-389-9457** (TTY: **711**).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-877-389-9457** (TTY: **711**).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-877-389-9457** (TTY: **711**).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-877-389-9457** (TTY: **711**)번으로 전화해 주십시오.

Opmierksamkeet: Wann du [Deutsch (Pennsylvania German/Dutch)] schwetzsch, kansch du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schpooch. Ruf selli Nummer uff **1-877-389-9457** (TTY: **711**).

ध्यान दनिहोस्: तपार्इंले नेपाली बोल्नुहुन्छ भने तपार्इंको नमित्तिभाषा सहायता सेवाहरू नःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् **1-877-389-9457** (TTY: **711**)।

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa **1-877-389-9457** (TTY: **711**).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-877-389-9457** (TTY: **711**).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-877-389-9457** (TTY: **711**).

ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona **1-877-389-9457** (TTY: **711**).

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite **1-877-389-9457** (TTY: **711**).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。 **1-877-389-9457** (TTY: **711**) まで、お電話にてご連絡ください。

A blank sheet of lined paper with a header section consisting of three horizontal lines and a main body consisting of 20 horizontal lines.



1-877-389-9457 (TTY 711)



www.wellcare.com/Kentucky



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