Kentucky

Enrollee Handbook

WellCare®
Beyond Healthcare. A Better You.

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WellCare of Kentucky...
Caring for You

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

Our handbook will be your guide to the full range of Medicaid healthcare services available to you. If you have questions about the information in your welcome packet, this handbook or your health plan, call Customer Service 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**. We can also help you make an appointment with your doctor and tell you more about the services you can get with your new health plan.

How Managed Care Works

Our Plan, Our Providers and You

You're our priority. We work hard to make sure you get the care you need to stay healthy.

- Many people get their health benefits through managed care, which works like a central home for your health. Managed care helps coordinate and manage all your healthcare needs.
- WellCare of Kentucky has a contract with the Kentucky Department for Medicaid Services to meet the healthcare needs of people with Kentucky Medicaid. In turn, WellCare of Kentucky partners with a group of healthcare providers to help us meet your needs. These providers (doctors, therapists, specialists, hospitals, home care providers and other healthcare facilities) make up our **provider network**. You will find a list in our provider directory. You can visit our website to find the provider directory online at **www.wellcare.com/Kentucky**. You can also call Customer Service to get a copy of the provider directory.

- When you join WellCare of Kentucky, our providers are there to support you. Most of the time, that person will be your Primary Care Provider (PCP). If you need to have a test, see a specialist or go into the hospital, your PCP can help arrange it.
- Your PCP is available to you day and night. If you need to speak to your PCP after hours or weekends, leave a message and how you can be reached. Your PCP will get back to you as soon as possible. Even though your PCP is your main source for healthcare, in some cases, you can go to other doctors for some services without checking with your PCP.

How to Use This Handbook

This Enrollee handbook will give you details about your benefits and how your health plan works.

You'll find very valuable information. 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

This handbook is your guide to health and wellness services. It also tells you the steps to take to make the plan work for you. The first few pages will tell you what you need to know right away. Please read it, use it for reference or check it out a bit at a time and keep it in a safe place. We hope it will answer most of your questions. If it doesn't, call us. If you lose your handbook, call us. We'll send you a new one by mail or email if you agree to receive information from us by email. You can also find the handbook on our website at **www.wellcare.com/Kentucky**.

When you have a question, check this handbook, ask your Primary Care Provider (PCP) or call Customer Service. 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 at **www.wellcare.com/Kentucky**.

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 your welcome kit and 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.

Help from Customer Service

- For help with non-emergency issues and questions, call Customer Service 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 at **www.wellcare.com/Kentucky**.
- In case of a medical emergency, call **911**.
- **You can call Customer Service to get help anytime you have a question:**
  - Updating your contact information such as your mailing address and phone number
  - Getting a new WellCare of Kentucky ID card
  - Finding and choosing a Primary Care Provider (PCP)
  - Making an appointment with a provider
  - To ask about benefits and services
  - To get help with referrals
  - Filing a grievance or appeal
  - To replace a lost ID card or handbook
  - To report the birth of a new baby
  - Or ask about any change or other issue that might affect you or your family's benefits
- If you are or become pregnant, your child will become part of WellCare of Kentucky on the day your child is born. You should call us and your local Department of Community Based Services right away if you become pregnant. We can also help choose a doctor for both you and your newborn baby before he or she is born.
- **If English is not your first language (or if you are reading this for someone who doesn't read English), we can help.** We want you to know how to use your health plan, no matter what language you speak. We can even arrange to have a translator or sign language interpreter at your appointments. Just call us and we will find a way to talk with you in your own language. We have a group of people who can help. There's no cost to you for this.
- For people with disabilities: If you use a wheelchair or have trouble hearing or understanding, call us if you need extra help. If you are reading this for someone who is blind, deaf-blind or has difficulty seeing, we can also help. We can tell you if a doctor's office is wheelchair accessible or is equipped with special communications devices. Also, we have services like:

- TTY machine. Our TTY phone number is **711**.
- Information in large print
- Help in making or getting to appointments
- Names and addresses of providers who specialize in your condition

Auxiliary Aids and Services

If you have a hearing, vision or speech disability, you have the right to receive information about your health plan, care and services in a format that you can understand and access. We provide free aids and services to help people communicate effectively with us, like:

- A TTY machine. Our TTY phone number is **711**.
- Qualified American Sign Language interpreters
- Written information in other formats (like Braille, large print or audio)

These services are available to enrollees with disabilities at no cost. To ask for aids or services, call Customer Service at **1-877-389-9457** (TTY **711**).

Kentucky Medicaid complies with federal civil rights laws and does not leave out or treat people differently because of race, color, national origin, age, disability or sex. If you believe that WellCare of Kentucky failed to provide these services, you can file a complaint. To file a complaint or to learn more, call Customer Service at **1-877-389-9457** (TTY **711**).

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 Services
P.O. Box 438000
Louisville, KY 40253

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

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The WellCare of Kentucky Dictionary

As you read this handbook, you may see some new words. Here is 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.
Adverse Action: A decision your health plan can make to reduce, stop or restrict your healthcare services.
Appeal: A request you or your authorized representative make to the health plan to review a decision the plan made to deny, cut back or stop healthcare services.
Authorized Representative: A trusted person (family member, friend, provider, or attorney) who you allow to speak for you concerning your Medicaid benefits, enrollment or claims.
Behavioral Healthcare: Mental health (emotional, psychological and social well-being) and substance use (alcohol and drugs) disorder treatment and rehabilitation services.
Benefits: A set of healthcare services covered by your health plan.
Care Manager: A specially trained healthcare worker who works with you and your doctors to make sure you get the right care when and where you need it.
Complaint: When you let us know you're not happy with our health plan, a provider, care or services. (Same as *Grievance*)
Co-payment: The amount of money you may have to pay for a provider visit, service or drug prescription. Also called a co-pay.

Dictionary

Words/Phrases

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).

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

Durable Medical Equipment: Certain items (like a walker or a wheelchair) your doctor can order for you to use if you have an illness or injury.

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.

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

Words/Phrases

Emergency Medical Condition: A situation in which your life could be threatened, or you could be hurt permanently if you don't get care right away, (such as severe pain, psychiatric disturbances and/or symptoms and substance use, heart attack or broken bones) 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: Ambulance transportation to the nearest hospital or medical facility for emergency medical condition.

Emergency Room Care: Care you receive in a hospital if you are experiencing an emergency medical condition.

Emergency Services: Services you receive to treat your emergency medical condition.

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

Enrollee: You or someone who has joined our health plan and who has Medicaid managed care.

Dictionary

Words/Phrases

Excluded Services: Healthcare services that are not covered by Medicaid.

Federal HUB (the HUB): Verifies information that determines eligibility for enrollment in qualified health plans and insurance affordability programs. It connects to federal data sources that verify consumer application information, including income, citizenship, immigration status, and access to minimum essential coverage.

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

Grievance: A complaint you can write to or call our health plan about if you have a problem; when you're not happy with your health plan, provider, care or services. (Same as *Complaint*)

Habilitation Services and Devices: Services and therapy that help a person with disabilities keep, learn or improve skills and functioning for daily living. They can be either inpatient or outpatient.

Health Insurance: A type of insurance coverage that pays for your health and medical costs. Your Medicaid coverage is a type of insurance.

Health Plan (or Plan): The managed care company providing you with health insurance coverage. 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*)

Home Healthcare: Healthcare services provided in your home such as nurse visits or physical therapy.

Words/Phrases

Hospice Services: Special services for patients and their families during the final stages of illness (6 or fewer months, as determined by their doctor) and after death. Hospice services include certain physical, psychological, social and spiritual services that support terminally ill individuals and their families or caregivers.

Hospitalization: Admission to a hospital for treatment that usually requires an overnight stay.

Hospital Outpatient Care: Care in a hospital that usually does not need an overnight stay.

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*)

Dictionary

Words/Phrases

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

Medicaid: A health plan that helps some individuals pay for healthcare.

Medically Necessary: Medical services or treatments that you need to get well and stay healthy.

Member: A person who has Medicaid managed care.

Network (or Provider Network): A complete list of doctors/hospitals, pharmacies and other healthcare workers who have a contract with our health plan to provide healthcare services for enrollees.

Non-Emergency Medical Transportation: Transportation your plan can arrange to help you get to and from your appointments, including personal vehicles, taxis, vans, mini-busses, mountain area transports and public transportation.

Non-Participating Provider: A doctor, hospital or other licensed facility or healthcare provider who hasn't signed a contract 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 doctor, hospital or licensed facility or healthcare provider who has signed a contract with our health plan to give service to enrollees.

Words/Phrases

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

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

Plan (or Health Plan): The managed care company providing you with health insurance coverage.

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

Preauthorization: When we need to approve healthcare services or medicines before you get them. Also 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 that, by law, requires a prescription by a doctor.

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

Primary Care Provider (PCP): The provider who takes care of and coordinates all your health needs. Your PCP is often the first person you should contact if you need care. Your PCP is usually in general practice, family practice, internal medicine, or pediatrics or is an OB/GYN (Obstetrics and Gynecology).

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

Dictionary

Words/Phrases

Provider Directory: A list of participating providers in your health plan's network.

Rehabilitation Services and Devices: Healthcare services and equipment that help you recover from an illness, accident, injury or surgery. These services can include 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.

Skilled Nursing Care: Services from licensed nurses in your home or in a nursing home that provide 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 is trained and practices in a special area of medicine such as cardiology (heart doctor) or ophthalmology (eye doctor).

State Fair Hearing: A way you can make your case before an administrative law judge if you are not happy about a decision our health plan made that limited or stopped your services after your appeal.

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

Words/Phrases

Substance Use: A medical problem that includes using or depending on alcohol and/or legal or illegal drugs in the wrong way.

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 for a sudden illness or injury that you need sooner than a routine visit to your PCP, but the problem will not cause serious harm to your health. And is not considered an emergency healthcare problem. You may go to an Urgent Care in a walk-in clinic for a non-life-threatening illness or injury (like the flu or sprained ankle).

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** Monday–Friday from 7 a.m. to 7 p.m. EST
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	**1-866-685-8664**
State of Kentucky	
Kentucky Department for Community Based Services (DCBS)	**1-855-306-8959** Fax: **1-502-573-2007**

Important Phone Numbers

State of Kentucky (continued)	
Kynect	Online at **www.kynect.ky.gov** **1-855-306-8959**
State of Kentucky Medicaid Non-Emergency Transportation	**1-888-941-7433**
State of Kentucky Department for Medicaid Services (DMS) Customer Service	**1-800-635-2570** For TTY, call **711** to talk to KY Relay
To Report Child and Adult Abuse	**1-877-KYSAFE1** **1-877-5972331** **https://chfs.ky.gov/Pages/contact.aspx**
National Domestic Violence Hotline	**1-800-799-SAFE (7233)**
Social Security Administration (SSA)	**1-800-772-1213**
Medicaid Managed Care Ombudsman Program	**1-800-372-2973** **TTY 1-800-627-4702**
Kentucky Attorney General Office of Medicaid Fraud and Abuse	**https://ag.ky.gov/about/Office-Divisions/OMFA/Pages/default.aspx**
Department for Medicaid Services (DMS) Fraud and Abuse	**1-800-372-2970**
Kentucky Children's Health Insurance Plan (KCHIP)	**1-877-KCHIP-18 (1-877-524-4718)** **TTY/TDD: 1-877-KCHIP-19 (1-877-524-4719)** **Hispanic Interpreter: 1-800-662-5397** **https://kidshealth.ky.gov/pages/contactinfo.aspx**

Your Quick Reference Guide

I Want To:	I Can Contact:
Find a doctor, specialist or healthcare service	My Primary Care Provider (PCP). If you need help with choosing your PCP, call Customer Service at **1-877-389-9457** (TTY **711**). Monday–Friday from 7 a.m. to 7 p.m. Eastern Time.
Get the information in this handbook in another format or language	Customer Service at **1-877-389-9457** (TTY **711**). Monday–Friday from 7 a.m. to 7 p.m. Eastern Time.
Keep better track of my appointments and health services	My PCP or my health plan.
Get help with getting to and from my doctor's appointments	Customer Service at your health plan. You can also find more information on Transportation Services in this handbook.
Get help to deal with my stress or anxiety	Call **911** if you are in danger or need immediate medical attention. Behavioral Health Crisis Hotline at any time, 24 hours a day, 7 days a week. **1-855-661-6973**.
Get answers to basic questions or concerns about my health, symptoms or medicines	Nurse Advice Line, at any time, 24 hours a day, 7 days a week, or talk with your PCP. 24 hour Nurse Advice Line **1-800-919-8807**.
• Understand a letter or notice I got in the mail from my health plan • File a complaint about my health plan • Get help with a recent change or denial of my healthcare services	Customer Service at **1-877-389-9457** (TTY **711**). Monday–Friday from 7 a.m. to 7 p.m. Eastern Time or the Medicaid Managed Care Ombudsman Program toll-free at **1-800-372-2973**. You can also find more information about the Ombudsman Program in this handbook.

I Want To:	I Can Contact:
Update my address	• Call DCBS at **1-855-306-8959** or visit a local office • Or update online with Kynect at **www.kynect.ky.gov** • Call the Social Security Administration (SSA) at **1-800-772-1213** or visit a local office
Find my health plan's provider directory or other general information about my plan	Health Plan **www.wellcare.com/Kentucky**

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 or Request for Information letter.

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 Kynect at **www.kynect.ky.gov**. You can use Kynect 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.
  - Call DMS Customer Service at **1-855-446-1245** or **1-800-635-2570**
  - Call the Social Security Administration (SSA) **1-800-772-1213**
  - 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. You can also sign the application electronically or by voice signature.

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

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

Your Health Plan ID Card

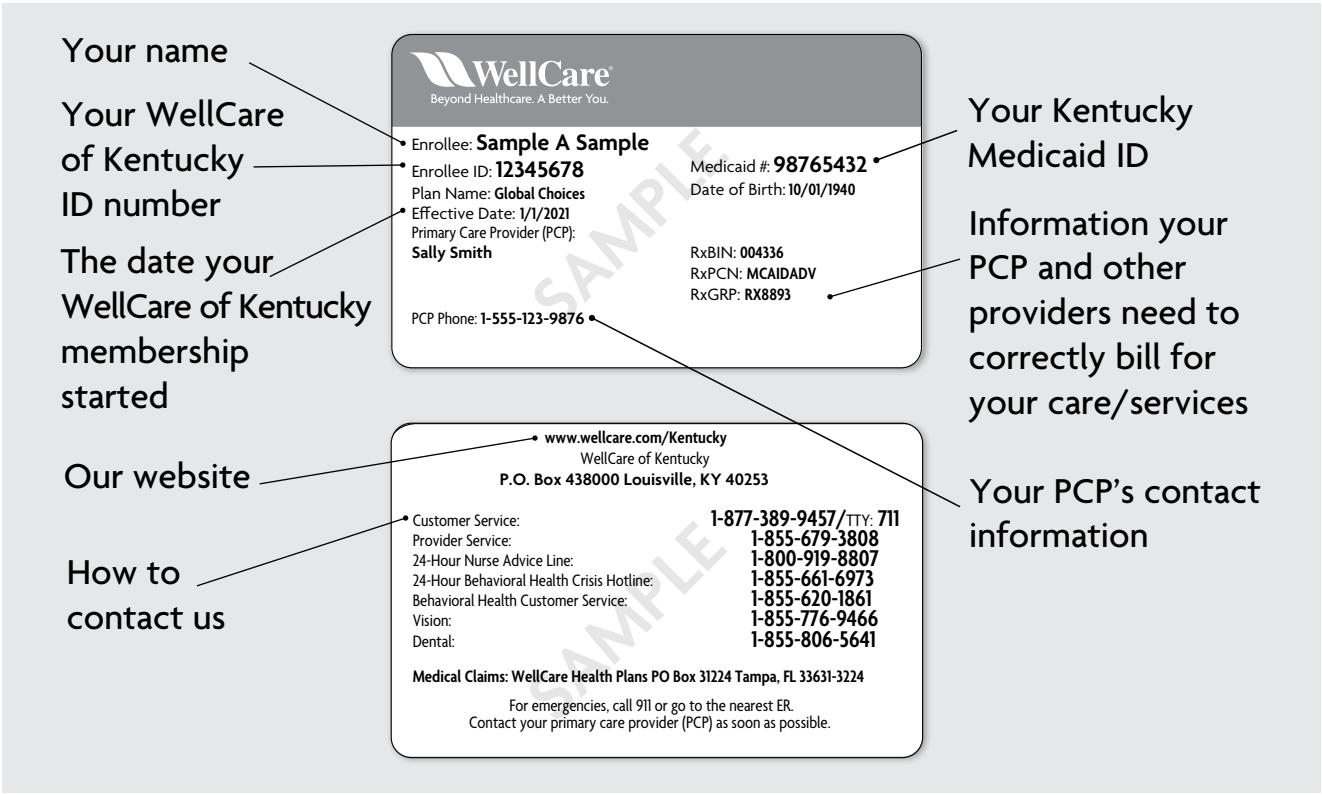
Check Your ID Card and Keep It with You at All Times

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. Your WellCare of Kentucky ID card is mailed to you after we mail your welcome packet and enrollee handbook within 5 days after you enroll in our health plan. We use the mailing address on file at your local Department for Community Based Services (DCBS).

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 ID number
- Medicaid ID number
- Primary Care Provider (PCP) name, address and phone number
- Effective date (the date you enrolled in our plan)

And information on how you can contact us if you have any questions. If anything is wrong on your ID card, call us at **1-877-389-9457** (TTY **711**) right away.



Remember to keep your WellCare of Kentucky ID card with you at all times. You need to show it every time you get care.

I.D. CARD

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 don't get your WellCare of Kentucky ID card, or it is lost or stolen, call us. Our toll-free number is **1-877-389-9457** (TTY **711**). We'll send you another one. You can also log on to our website at **www.wellcare.com/Kentucky** to get a new one or access your ID card or email it using 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.

Part I

First Things You Should Know

Get to Know Your Primary Care Provider (PCP)

Your Primary Care Provider (PCP) is your partner in healthcare they can be a doctor, nurse practitioner, physician assistant or another type of provider who will care for your health. He or she will manage your needs and help you get referrals for special services if you need them. This includes:

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

How to Get Regular Healthcare

- "Regular healthcare" means exams, regular check-ups, shots or other treatments to keep you well, give you advice when you need it, and refer you to the hospital or specialists when needed. It means you and your Primary Care Provider (PCP) work together to keep you well or to see that you get the care you need.
- Day or night, your PCP is only a phone call away. Be sure to call your PCP whenever you have a medical question or concern. If you call after hours or on weekends, leave a message and where or how you can be reached. Your PCP will call you back as quickly as possible. Remember, your PCP knows you and knows how your health plan works.
- Your PCP will take care of most of your healthcare needs, but you must have an appointment to see your PCP. If you cannot keep an appointment, call to let your PCP know.
- **Making your first regular healthcare appointment.** As soon as you choose or are assigned a PCP, we encourage all of our new Enrollees to call and make an appointment to visit their PCPs within the first 90 days (three months) of becoming a new Enrollee, even if you are not sick. There is several things you can do to help your PCP to get to know you and your healthcare needs and create a plan of care for you. Your PCP will need to know as much about your medical history as possible, be sure to get your medical records from any doctors you've seen in the past. Make a list of your medical background, any problems you have now and the questions you want to ask your PCP. Bring your medications and supplements with you that you are taking. 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.

- **If you need care before your first appointment**, call your PCP's office to explain your concern. Your PCP will give you an earlier appointment. You should still keep the first appointment to talk about your medical history and ask questions.

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)

How to Choose Your Primary Care Provider

When you enroll, you will be able to choose your own PCP. To choose your PCP, call Customer Service. If you do not select a PCP, we will choose one for you. You can find your PCP's name and contact information on your ID card. See "How to Change Your PCP" to learn how you can change your PCP.

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 patient

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

- When choosing your new PCP, you may want to find a PCP who:
  - You have seen before
  - Understands your health problems
  - Is taking new patients
  - Can speak in your language
  - Has an office that is easy to get to

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 enrolled in **WellCare of Kentucky** (depending on each family member's needs). A pediatrician treats children. Family practice doctors treat the whole family. Internal medicine doctors treat adults. Call Customer Service at **1-877-389-9457** (TTY **711**) to get help with choosing a PCP that is right for you and your family.
- You can find the list of all the doctors, clinics, hospitals, labs and others who partner with WellCare of Kentucky in our provider directory. You can visit our website to look at the provider directory online. You can also call Customer Service to get a copy of the provider directory.
- Women can choose a women's health specialist (OB/GYN) as a PCP for preventive and routine care.
- Women do not need a PCP referral to see a plan OB/GYN doctor or another provider who offers women's healthcare services.
- Women can get routine check-ups, follow-up care if needed and regular care during pregnancy.
- If you have a difficult health condition or special healthcare need, you may be able to choose a specialist to act as 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 your provider leaves our provider network, we will tell you within 15 days from when we know about this. If the provider who leaves is your PCP, we will help you choose another PCP.

How to Change Your PCP

- You can find your Primary Care Provider's (PCP's) name and contact information on your ID card. You can change your assigned PCP within 90 days from the date you receive your ID card. Just call Customer Service. After that, you can change your PCP up to one time each year without giving a reason for the change.
- If you want to change your PCP more than once a year, you can do so at any time if you have a good reason (good cause). For example, you may have good cause if you:
  - Disagree with your treatment plan
  - Your PCP moves to a different location that is not convenient for you
  - You have trouble communicating with your PCP because of a language barrier or another communication issue
  - Your PCP is not able to meet your special needs

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

1. 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
2. Our printed Provider Directory:
   - Ask us to mail one to you at no cost to you, or you can find a copy at **www.wellcare.com/Kentucky**
   - It lists providers by county and specialty
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

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 or separately. (If you didn't, or there is more than one enrollee in the household call us and we'll send you one(s).) You should fill it out completely and send it back to us. 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.

24-Hour Nurse Advice Line toll-free number: 1-800-919-8807 (TTY: 711)

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

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. However, 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

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 Handbook
- Finding a provider with the *Find a Provider* search tool
- Your Enrollee rights and responsibilities
- 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, Handbook and Provider Directory
- Access your Healthy Rewards Program
- Find links to help you learn about behavioral health conditions

Our website:
www.wellcare.com/Kentucky

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**

Know Your Rights and Responsibilities

As an Enrollee of our plan, you have rights and responsibilities. See the *Your Enrollee Rights* and also *Your Enrollee Responsibilities* sections in this handbook to learn more.

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. This is 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 Kynect at **www.kynect.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 to a new home
- 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
- 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 Kynect at **www.kynect.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.

	All Regions	
Type of Provider	**Drive Time/Distance if you live in an URBAN area within:**	**Drive Time/Distance if you live in an area other than an URBAN area within:**
PCPs	30 minutes or 30 miles	35 minutes or 35 miles
Hospitals	30 minutes or 30 miles	
Behavioral health providers	50 minutes or 50 miles	
Pharmacies	30 minutes or 30 miles	
Vision, lab or radiology providers	50 minutes or 50 miles	
Dental providers	50 minutes or 50 miles	

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

It is important that you can visit a doctor within a reasonable amount of time. How long you should wait for an appointment depends on the type of care you need.

When you call for an appointment, use this Appointment Guide, which shows the times for each type of care and how long you many have to wait to be seen. Keep these times in mind as you set your appointments.

Appointment Guide		
Type of Appointment	**Type of Care**	**Appointment Time**
Medical	Emergency or urgent care requested after normal business office hours	Right away (both in and out of our service area), 24 hours a day, 7 days a week, 365 days a year (prior authorization is not needed for emergency services)
	Urgent Care services (care for problems like sprains, flu symptoms, or minor cuts and wounds)	Within 48 hours (2 days) of your request
	PCP pediatric sickness	Within 24 hours (1 day) of your request
	Routine/wellness PCP visit	Within 30 days of your request
	Specialist visit	Within 30 days of your request
	Follow-up care after a hospital stay	As needed
Dental	Urgent	Within 48 hours (2 days)
	Routine visit	Within 30 days of your request
Behavioral Health and Substance Abuse	Emergency services (services to treat a life threatening condition)	Right away (both in and out of our service area), 24 hours a day, 7 days a week, 365 days a year (prior authorization is not needed for emergency services)
	Urgent care services	Within 48 hours (2 days) of your request
	Routine services	Within 30 days of your request

How to Get Specialty Care – Referrals

- 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. A specialist is a doctor who is trained and practices in a specific area of medicine (like a heart doctor or a surgeon). Talk with your PCP to be sure you know how referrals work. If your PCP does not provide an approved service, ask him or her how you can get it.
- 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
- If you think a specialist does not meet your needs, talk with your PCP. Your PCP can help you if you need to see a different specialist.
- There are some treatments and services that your PCP must ask us to approve before we will pay for you to get them. Your PCP will be able to tell you what they are or you can contact Customer Service if you have questions.
- If you have trouble getting a referral you think you need, contact Customer Service.
- If we do not have a specialist in our provider network who can give you the care you need, we will refer you to a specialist outside of our plan. This is called an out-of-network referral. Your PCP or another network provider must ask for approval before we will pay for you to go an out-of-network provider.
- Sometimes, we may not approve an out-of-network referral because we have a provider in our network who can treat you. If you do not agree with WellCare of Kentucky decision, you can ***appeal*** our decision. See Page 118 to find out how.
- Sometimes, we may not approve an out-of-network referral for a specific treatment because you asked for care that is not very different from what you can get from our provider. If you do not agree with our decision, you can ***appeal*** our decision. See Page 118 to find out how.

Out-of-Network Providers

If we do not have a specialist in our provider network who can give you the care you need, we will get you the care you need from a specialist outside our plan, or an **out-of-network provider**. For help and more information about getting services from

an out-of-network provider, talk to your Primary Care Provider (PCP) or call Customer Service at **1-877-389-9457** (TTY **711**).

Services without a Referral

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

- Primary care vision
- Primary care dental
- Family Planning
- Maternity care
- Women's Healthcare
- Children's Screening and Local Health Department Services
- Sexually transmitted disease screening, evaluation and treatment
- Testing for HIV, HIV-related conditions and other communicable diseases
- Chiropractic services
- Behavioral Health Services
- 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.

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 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.

Emergency Care

You are always covered for emergencies. An emergency medical condition is a situation in which your life could be threatened, or you could be hurt permanently if you don't get care right away. 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
- Pain, bleeding, fever, or vomiting
- 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, seizures
- Poisoning
- Heavy blood loss that won't stop or a bad burn
- Loss of consciousness
- When you feel you might hurt yourself or others
- Drug overdose

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

You don't need approval from your plan or your PCP before getting emergency care that is given at an urgent care center or ER. You are not required to use our hospitals or doctors.

Call your PCP or our 24-hour Nurse Advice Line at 1-800-919-8807 if you're not sure if it's an emergency.

- Tell the person you speak with what is happening. They can:
  - Tell you what to do at home
  - Tell you to come to the PCP's office
  - Tell you to go to the nearest urgent care or emergency room
- If you are out of the area when you have an emergency:
  - Go to the nearest emergency room.

Remember: Use the Emergency Department only if you have an emergency.

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. See the *Services Covered by WellCare of Kentucky*.

Some examples of **non-emergencies** are colds, upset stomach or minor cuts and bruises.

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**).

Urgent Care

You may need urgent care for an injury or an illness that is not an emergency, but still needs prompt care and attention within 48 hours. This is different than your routine doctor's visits. This could be something like:

- A child with an ear ache who wakes up in the middle of the night and won't stop crying
- The flu or if you need stitches
- A sprained ankle or bad splinter you cannot remove

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 any time day or night. He or she can tell you how to treat it. Our Nurse 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.

Care Outside Kentucky

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. In some cases, we may pay for healthcare services you get from a provider located along the Kentucky border or in another state. If you get care outside of the approved provider network without prior authorization, you will be responsible for the charges. Your PCP and we can give you more information about which providers and services are covered outside of Kentucky, and how you can get them if needed. 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.

- If you need medically necessary emergency care while traveling anywhere within the United States, we will pay for your care.
- We will not pay for care received outside of the United States.

If you have any questions about getting care outside of Kentucky or the United States, talk with your PCP or call Customer Service at **1-877-389-9457** (TTY **711**).

Part II
Your Benefits

The rest of this handbook is for your information when you need it. It lists covered and non-covered services. If you are having problems, the handbook tells you what to do. The handbook has other information you may find useful. Keep it handy for when you need it.

Benefits

Kentucky Medicaid Managed Care provides benefits or healthcare services covered by your health plan. Your health benefits can help you stay as healthy as possible. We will provide or arrange for most services that you will need. For example, we can help if you:

- Need a physical or immunizations
- Have a medical condition (things like diabetes, cancer, heart problems)
- Are pregnant
- Are sick or injured
- Experience a substance use disorder or have behavioral health needs
- Need assistance with tasks like eating, bathing, dressing or other activities of daily living
- Need help getting to the doctor's office
- Need medications

The section below describes the specific services covered by Medicaid. Ask your Primary Care Provider (PCP) or call Customer Service if you have any questions about your benefits.

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

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

- You must get the services below from the providers who are part of WellCare of Kentucky or an in-network provider and they 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 from us first

- 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.

Talk with your PCP or call Customer Service if you have any questions or need help with any health services.

Regular Healthcare

- Office visits with your PCP, including regular checkups, routine labs and tests
- Referrals to specialists
- Eye/hearing exams
- Well-baby care
- Well-child care
- Immunizations (shots) for children and adults
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services for enrollees under age 21 (see Page 73 for more information about *EPSDT services*)
- Help with quitting smoking or dipping

Maternity Care

- Pregnancy care
- Childbirth education classes
- OB/GYN and hospital services
- One medically necessary post-partum home visit for newborn care and assessment following discharge
- Care management services for high-risk pregnancies during pregnancy and for two months after delivery
- Hospital Care
- Inpatient care
- Outpatient care
- Labs, X-rays and other tests

Home Health Services

- Must be medically necessary and ordered by your doctor
- Time-limited skilled nursing services
- Specialized therapies, including physical therapy, speech-language pathology and occupational therapy
- Home health aide services (help with activities such as bathing, dressing, preparing meals and housekeeping)
- Medical supplies

Personal Care Services/Private Duty Nursing

- Must be medically necessary and ordered by your doctor
- Help with common daily activities like eating, dressing and bathing, for individuals with disabilities and ongoing health conditions

Hospice Care

- Hospice helps patients and their families with their special needs that come during the final stages of sickness.
- Hospice provides medical, supportive and palliative care to terminally ill individuals and their families or caregivers.
- You can get these services in your home, in a hospital or in a nursing home.

Vision Care

- Services provided by ophthalmologists and optometrists, including routine eye exams and medically necessary lenses.
- Specialist referrals for eye diseases

Pharmacy

- Prescription drugs
- Some medicines sold without a prescription (also called "over-the-counter"), like allergy medicines

- Insulin and other diabetic supplies (like syringes, test strips, lancets and pen needles)
- Smoking cessation products, including over-the-counter
- Enteral formula
- Birth control
- Medical and surgical supplies

Emergency Care Services

- Emergency care services are procedures, treatments or services needed to evaluate or stabilize an emergency.
- After you have received emergency care, you may need other care to make sure you remain in stable condition.
- Depending on the need, you may be treated in the emergency department, in an inpatient hospital room or in another setting.

Specialty Care

- Respiratory care services
- Podiatry services
- Chiropractic services
- Cardiac care services
- Surgical services

Nursing Home Services

- Must be ordered by a physician and authorized by your Health Plan.
- Includes short term or rehabilitation stays.
- You must get this care from a nursing home that is in your Health Plan's provider network.

Behavioral Health Services and Substance Use Disorder Services

Behavioral healthcare includes mental health (your emotional, psychological, and social well-being) and substance (alcohol and drugs) use disorder treatment and rehabilitation services. All enrollees have access to services to help with mental health issues like depression or anxiety, or to help with alcohol or other substance use disorders. These services include:

- Behavioral Health Services (Mental Health & Substance Abuse)
  - Services to help figure out if you have a mental health or substance abuse treatment need (diagnostic assessment services)
  - Mobile or facility based crisis management services
  - Outpatient behavioral health therapy (individual, group & family)
  - Inpatient behavioral health services
  - Partial hospitalization
  - Other Supportive Services such as: Peer Supports, Comprehensive Community Supports and Targeted Case Management
- Substance Use Disorder Services
  - Outpatient treatment

For more information on Behavior Healthcare, please go to Page 90.

If you believe you need access to more intensive behavioral health services that WellCare of Kentucky does not provide, talk with your PCP or call Customer Service at 1-877-389-9457 (TTY 711).

Transportation Services

- **Emergency:** If you need emergency transportation (an ambulance), call **911**.
- **Non-Emergency:** Non-emergency medical transportation is available if you can't get a free ride to a covered service.

How to Get Non-Emergency Transportation

Kentucky Medicaid will pay to take some enrollees to get medical services covered by Kentucky Medicaid. If you need a ride, you must talk to the transportation broker in your county to schedule a trip.

Each county in Kentucky has a transportation broker. You can only use the transportation broker for a ride if you can't use your own car or don't have one. If you can't use your car, you have to get a note for the transportation broker that explains why you can't use your car. If you need a ride from a transportation broker and you or someone in your household has a car, you can:

- Get a doctor's note that says you can't drive
- Get a note from your mechanic if your car doesn't run
- Get a note from the boss or school official if your car is needed for someone else's work or school
- Get a copy of the registration if your car is junked

Kentucky Medicaid doesn't cover rides to pick up prescriptions.

For a list of transportation brokers and their contact information, please visit **https://chfs.ky.gov/agencies/dms/dpo/bpb/Pages/transportation.aspx** or call Kentucky Medicaid at **1-800-635-2570**.

For more information about transportation services, call the Kentucky Transportation Cabinet at **1-888-941-7433**. You can also find this information at **https://chfs.ky.gov/agencies/dms/dpo/bpb/Pages/transportation.aspx**.

The hours of operation are Monday through Friday, 8 a.m. to 4:30 p.m. Eastern Time and Saturday 8 a.m. to 1 p.m. Eastern Time. If you need a ride, you have to call 72 hours before the time that you need the ride. If you have to cancel an appointment, call your broker as soon as possible to cancel the ride.

You should always try to go to a medical facility that is close to you. If you need medical care from someone outside your service area, you have to get a note from your PCP. The note has to say why it is important for you to travel outside your area. (Your area is your county and the counties next to it.)

Family Planning

You can go to any doctor or clinic that takes Medicaid and offers family planning services. You can also visit one of our family planning providers. Either way, you do not need a referral from your PCP. You can get birth control and birth control devices (IUDs, implantable contraceptive devices and others) that are available with a prescription, and emergency contraception and sterilization services. You can also see a family planning provider for human immunodeficiency virus (HIV) and sexually transmitted infection

(STI) testing and treatment and counseling related to your test results. Screenings for cancer and other related conditions are also included in family planning visits.

Other Covered Services

- Durable medical equipment/prosthetics/orthotics
- Hearing aids products and services
- Telehealth
- Extra support to manage your health
- Home infusion therapy
- Rural Health Clinic (RHC) services
- Federally Qualified Health Center (FQHC) services
- Free Clinic services

If you have any questions about any of the benefits above, talk to your PCP or call Customer Service.

Benefits Offered by the State

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 more information and to learn about resources.
- **Non emergency medical transportation** - If you cannot find a way to get to your healthcare appointment, you may be able to get a ride from a transportation company. Call **1-888-941-7433** for help or go to **https://chfs.ky.gov/agencies/dms/dpo/bpb/Pages/transportation.aspx** for a list of transportation brokers or companies and how to contact them.
- **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.

Extra Support to Manage Your Health

Managing your healthcare alone can be hard, especially if you are dealing with many health problems at the same time. If you need extra support to get and stay healthy, we can help. We know you may have special care needs. To help with these, you may have a Care Manager on your healthcare team, at no additional cost to you. A Care Manager is a specially trained healthcare worker who works with you and your doctors to make sure you get the right care when and where you need it.

Your Care Manager can:

- Coordinate your appointments and help arrange for transportation to and from your doctor
- Support you in reaching your goals to better manage your ongoing health conditions
- Answer questions about what your medicines do and how to take them
- Follow up with your doctors or specialists about your care
- Connect you to helpful resources in your community
- Help you continue to receive the care you need if you switch health plans or doctors

WellCare of Kentucky can also connect to you to a Care Manager who has special training in supporting:

- People who need access to services like nursing home care or personal care services to help manage daily activities of living (like eating or bathing) and household tasks
- Pregnant women with certain health issues (like diabetes) or other concerns (like wanting help to quit smoking)
- Children from birth to age 5 who may live in stressful situations or have certain health conditions or disabilities
- People experiencing addiction
- People with mental health conditions

You may qualify for care management services if you have priority conditions such as:

- Asthma
- Cancer
- Heart Disease
- Coronary Artery Disease (CAD)
- Congestive Heart Failure (CHF)
- Chronic Obstructive Pulmonary Disease (COPD)
- Pre-diabetes, Diabetes
- High blood pressure
- Obesity
- Cancer
- Tobacco Use

Or have other priority concerns:

- Complex illnesses that require the coordination of many services
- Adult or children with special healthcare needs
- Newborns and infants with special healthcare needs such as low birth weight
- Had or are going to have a transplant
- A high-risk pregnancy
- Multiple chronic illnesses
- High-risk behavioral healthcare needs
- Domestic abuse
- Substance Abuse
- A responsibility for someone in foster care or adult guardianship

Your care manager will help you arrange your care needs. To do this, he or she:

- Will ask you questions to get more information about your condition
- Will ask you questions about your living arrangement including family, home and finances, to assist in identifying ways they can help you

- 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 Care Management
- 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

At times, a member of your Primary Care Provider's (PCP's) team will be your Care Manager. You may opt out of the program at any time. To learn more about how you get can extra support to manage your health, talk to your PCP or call the WellCare Care Management team at **1-866-635-7045** (TTY **711**).

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's Community Connections Help Line 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

Other Programs to Help You Stay Healthy

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	Enrollees age 21 and over are eligible to receive an annual allowance of **$150** to purchase eyeglasses or contacts every 12 months.
Boy Scouts	• **FREE** annual Membership for Enrollees ages 5–18 to join the Boy Scouts. Includes the fee for health and accident insurance • **$25 toward a uniform**
Care and Disease Management	Programs that help you with: • Special health conditions • Managing illnesses • Read more about the programs later in this handbook
Criminal record Expungement (certification only)	Will cover **$40** towards the certification fee associated with criminal record expungement (as allowed by statue)
Fitbit	Enrollees must complete two (2) Healthy Rewards activities in order to receive a Fitbit. Part of our Healthy Rewards Program please see page 68.

WellCare of Kentucky Extra Programs and Benefits	
Amazon Membership	Amazon Prime Enrollees that complete a healthy reward activity will have the option to select a 3-month Amazon Prime membership. The Amazon Prime membership gives the enrollee access to: • Exercise videos • TV shows • Movies • Music • Digital and audio books • Grocery items • Discounts at Whole Foods and more Part of our Healthy Rewards Program please see page 68.
College/Trade School Scholarship	Enrollees have a chance to win one of 50 scholarships available at **$1,000** per winner. Scholarships are for enrollees age 18 and up who have been accepted to attend a college or a University
Weight Watchers	WellCare offers a 6-month membership benefit for Medicaid enrollees. The goal of the program is to support healthy lifestyles and improve health outcomes. Requirements: • Enrollees must be 13 years old or older (must be accompanied by an adult if under the age of 18) • BMI must be greater or equal to 25 for adults 18 years or older (Children 13-19 ranked in 85% percentile). • Completion of baseline form by physician
Early Start	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 • **FREE** text and web based educational platform set up for you. It offers health tips on pregnancy and baby's health and wellness.

WellCare of Kentucky Extra Programs and Benefits	
Free Sports Physical	**Sports Physical:** one physical per year, provided by a PCP, for children age 6–18
Girl Scouts	• **FREE** annual membership for Enrollees ages 5–18 to join the Girl Scouts. • **$25 toward a uniform**
WellCare BabySteps Maternity Care Management Program	• **FREE diapers**, **Playpen, Stroller or Car Seat** and gift cards through the Healthy Rewards Program • Up to **$50** for attending all required doctor visits through the Healthy Rewards Program
Healthy Rewards Program	Earn rewards for taking steps that help you live a healthy life by completing certain health checkups, including well-child visits. Rewards include: • **FREE** Visa® prepaid debit card • Gift cards or E-cards to selected retailers • **FREE diapers, Playpen, Stroller or Car Seat**
Kentucky Community Connections Help Line (CCHL)	**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 61 to learn more about getting *Help with Problems beyond Medical Care*. • **1-866-775-2192** (TTY: **711**)
Meals Program	**Meals Program** for Enrollees discharged from inpatient hospital, behavioral health, rehabilitation or skilled nursing facility: • 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	Each head-of-household is eligible to receive OTC items each month that are mailed directly to their home. No prescription is required! The OTC allowance amount is based on the Kentucky enrollee's household size. Only WellCare of Kentucky Medicaid plan enrollees who live in the same home will be counted as part of the household. • 1 person household – **$10** per month • 2 person household – **$20** per month • 3+ person household – **$25** per month You can choose from over 150 items including diapers, reading glasses, pain relievers, vitamins, hand soap, lotion and more • Items are mailed right to your home • We have three easy ways to order ◇ 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 **www.wellcare.com/Kentucky** and log in to our Member portal *(for instructions on how to access the Member Portal go to Page 94)*
SafeLink Cellphone	Enrollees may receive a **FREE** cellphone through SafeLink. Phone includes 350 monthly minutes, 3 GB of data and unlimited texts.
XtraSavings Discount Programs	Enrollees can get discounts with the following programs: • **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 referral 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 offer 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*
	Family planning* • Birth control advice • Pregnancy tests • Sterilization • Medically necessary abortion • Tests – Sexually transmitted infections – Breast cancer and pelvic exams

WellCare of Kentucky Extra Programs and Benefits	
MORE Benefits and Programs (continued)	**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
	Respite – Caregivers of enrollees will receive 200 hours of in-home respite and 5 days out-of-home respite per plan year. Care Manager approval required
	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	Enrollees can choose between: • **$25** pre-paid debit card or a gift card or e-card; or • 3-month membership to Amazon Prime; or • Fitbit *In order to qualify for a Fitbit, enrollees must complete two (2) activities (not including enrollees ages 0-15 months)
Children's Health	0–15 Months	Well-child visit per periodicity schedule (6 visits)	**$10** per visit for a total of **$60** on a prepaid debit card or a gift card or e-card
	2–21 years old	Completion of an annual well-child or adolescent visit.	Enrollees can choose between: • **$25** pre-paid debit card or a gift card or e-card; or • 3-month membership to Amazon Prime; or • Fitbit *In order to qualify for a Fitbit, enrollees must complete two (2) activities (not including enrollees ages 0-15 months)

Program	Visit Type	What To Do	What You Can Earn
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)	Enrollees can choose between: • **$25** pre-paid debit card or a gift card or e-card; or • 3-month membership to Amazon Prime; or • Fitbit *In order to qualify for a Fitbit, enrollees must complete two (2) activities (not including enrollees ages 0-15 months)
	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)	Enrollees can choose between: • **$25** pre-paid debit card or a gift card or e-card; or • 3-month membership to Amazon Prime; or • Fitbit *In order to qualify for a Fitbit, enrollees must complete two (2) activities (not including enrollees ages 0-15 months)

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)	Enrollees can choose between: • **$25** pre-paid debit card or a gift card or e-card; or • 3-month membership to Amazon Prime; or • Fitbit *In order to qualify for a Fitbit, enrollees must complete two (2) activities (not including enrollees ages 0-15 months)
		Complete an annual HbA1C lab test (Enrollees with diabetes ages 18–75)	Enrollees can choose between: • **$25** pre-paid debit card or a gift card or e-card; or • 3-month membership to Amazon Prime; or • Fitbit *In order to qualify for a Fitbit, enrollees must complete two (2) activities (not including enrollees ages 0-15 months)
		Blood Pressure Control (ages 18–75)	Enrollees can choose between: • **$25** pre-paid debit card or a gift card or e-card; or • 3-month membership to Amazon Prime; or • Fitbit *In order to qualify for a Fitbit, enrollees must complete two (2) activities (not including enrollees ages 0-15 months)

Program	Visit Type	What To Do	What You Can Earn
Well Women	Cervical Cancer Screening	Complete an office visit for cervical cancer screening (Pap test) (ages 21–64)	Enrollees can choose between: • **$25** pre-paid debit card or a gift card or e-card; or • 3-month membership to Amazon Prime; or • Fitbit *In order to qualify for a Fitbit, enrollees must complete two (2) activities (not including enrollees ages 0-15 months)
	Mammogram Screening	Complete an annual Mammogram Screening – (ages 50–74)	Enrollees can choose between: • **$25** pre-paid debit card or a gift card or e-card; or • 3-month membership to Amazon Prime; or • Fitbit *In order to qualify for a Fitbit, enrollees must complete two (2) activities (not including enrollees ages 0-15 months)
	Chlamydia Screening	Complete an annual screening (ages 16–24)	Enrollees can choose between: • **$25** pre-paid debit card or a gift card or e-card; or • 3-month membership to Amazon Prime; or • Fitbit *In order to qualify for a Fitbit, enrollees must complete two (2) activities (not including enrollees ages 0-15 months)

Program	Visit Type	What To Do	What You Can Earn
Adult Health	Annual Adult Health Screening	Complete an annual adult screening (Wellness Visit – Enrollees age 20 and older)	Enrollees can choose between: • **$25** pre-paid debit card or a gift card or e-card; or • 3-month membership to Amazon Prime; or • Fitbit *In order to qualify for a Fitbit, enrollees must complete two (2) activities (not including enrollees ages 0-15 months)
Dental Care	Preventive Dental Visit	Any preventive dental visit for all WellCare of Kentucky Enrollees age 2–20	Enrollees can choose between: • **$25** pre-paid debit card or a gift card or e-card; or • 3-month membership to Amazon Prime; or • Fitbit *In order to qualify for a Fitbit, enrollees must complete two (2) activities (not including enrollees ages 0-15 months)
Tobacco Cessation	Tobacco Cessation Counseling	Eligible enrollees agree to receive and review tobacco cessation education tools and resources. Enrollees need to attest to completing a Quit smoking program.	Enrollees can choose between: • **$25** pre-paid debit card or a gift card or e-card; or • 3-month membership to Amazon Prime; or • Fitbit *In order to qualify for a Fitbit, enrollees must complete two (2) activities (not including enrollees ages 0-15 months)

Program	Visit Type	What To Do	What You Can Earn
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).	Enrollees can choose between: • **$25** pre-paid debit card or a gift card or e-card; or • 3-month membership to Amazon Prime; or • Fitbit *In order to qualify for a Fitbit, enrollees must complete two (2) activities (not including enrollees ages 0-15 months)

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**). You can also visit us online at **www.wellcare.com/Kentucky**.

Benefits You Can Get from WellCare of Kentucky OR a Medicaid Provider

Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

We have health check services for children's wellness. Plan enrollees under age 21 can get any treatment or health service that is medically necessary to treat, prevent or improve a health problem. This special set of benefits is called an Early and Periodic Screening, Diagnosis and Treatment (EPSDT). Enrollees who need EPSDT benefits:

- Can get EPSDT services through WellCare of Kentucky or any Medicaid provider
- Do not have to pay any co-pays for EPSDT services
- Can get help with scheduling appointments and arranging for free transportation to and from the appointments

EPSDT includes any medically necessary service that can help treat, prevent or improve an enrollee's health issue, including:

- Comprehensive health screening services (well-child checks, developmental screenings and immunizations)
- 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
- Home health services
- Hospice services
- Inpatient and outpatient hospital services
- Lab and X-ray services
- Personal care services
- Physical and occupational therapy
- Prescription drugs
- Prosthetics
- Rehabilitative services
- Services for speech, hearing and language disorders
- Transportation to and from medical appointments
- Any other necessary health services to treat, fix or improve a health problem

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.

If you have questions about EPSDT services, talk with your child's Primary Care Provider (PCP). You can also find more information when you visit **www.wellcare.com/Kentucky** or call **1-877-389-9457** (TTY **711**).

Services NOT Covered

Receiving Non-Covered Services

Kentucky Medicaid only pays for services that are medically necessary. Below are some of the services that Kentucky Medicaid does not pay for. 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.

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 from providers who are not Kentucky Medicaid providers
- Services that are not medically necessary
- Massage and hypnosis
- Hospital stays if you can be treated outside the hospital
- Fertility drugs
- 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 (unless the mother's life is in danger, or in the case of incest or rape)
- Paternity testing
- 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
- Braces for teeth, dentures, partials, and bridges for persons 21 and over
- Glasses and contact lenses for persons 21 and over
- Hearing aids for persons 21 and over
- Fans, air conditioning, humidifiers, air purifiers, computers, home repairs
- 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 not covered (including those listed above)
- Unauthorized services
- Services provided by providers who are not part of your Health Plan
- Services for which an Enrollee is not required to pay and for which no other person has a legal responsibility to pay

This list does not include all services that are not covered. To determine if a service is not covered, call Customer Service.

If You Get a Bill

If you get a bill for a treatment or service you do not think you should pay for, do not ignore it. Call Customer Service at **1-877-389-9457** (TTY **711**) right away. We can help you understand why you may have gotten a bill. If you are not responsible for payment, WellCare of Kentucky will contact the provider and help fix the problem for you.

You have the right to ask for State Fair Hearing if you think you are being asked to pay for something Medicaid or WellCare of Kentucky should cover. A State Fair Hearing allows

you or your representative to make your case before an administrative law judge. See the *State Fair Hearing* section in this handbook for more information. If you have any questions, call Customer Service.

Enrollee Co-payment

Co-payments (co-pay) are not required for any service.

Part III
Plan Procedures

Service Authorization and Actions

Prior Authorizations (PAs)

Sometimes your PCP or another provider may need to ask us to approve care before you get a service. We may also need to approve some services for you to continue receiving them. This is called "preauthorization" or "prior authorization" (or PA for short). You can ask for this or your PCP or provider will contact us for this approval.

The following services must be approved before you get them:

- 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**).

Asking for approval of a treatment or service is called a **service authorization request**. To get approval for these treatments or services, you need to:

- Have your PCP or provider will contact us for this approval. They may call us at **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.

Service Authorization Requests for Children under Age 21

Special rules apply to decisions to approve medical services for children under age 21

receiving Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services. To learn more about *EPSDT services*, see Page 73 or visit our website at **www.wellcare.com/Kentucky**.

What Happens After We Get Your Service Authorization Request

WellCare of Kentucky has a review team to be sure you get the services we promise. Qualified healthcare workers are on the review team. Their job is to be sure that the treatment or service you asked for or need is covered by WellCare of Kentucky and is medically necessary.

Any decision to deny a service authorization request or to approve it for an amount that is less than requested is called an **adverse action (or action)**. These decisions will be made by a healthcare worker. You can request the specific medical standards, called **clinical review criteria**, used to make the decision for actions related to medical necessity.

After we get your request, we will review it under either a **standard** or an **expedited** (faster) process. You or your doctor can ask for an expedited review if it is believed that a delay will cause serious harm to your health. If your request for an expedited review is denied, we will tell you and your case will be handled under the standard review process. In all cases, we will review your request as fast as your medical condition requires us to do so but no later than described in the next section of this handbook.

We will tell you and your provider in writing if your request is approved or denied. We will also tell you the reason for the decision. We will explain what options you will have for an appeal or a Fair Hearing if you don't agree with our decision.

Preauthorization and Time Frames

We will review your request for a preauthorization within the following time frames:

- **Standard review:** We will decide about your request within two (2) Business Days of receiving the request.
- **Expedited (fast track) review:** We will decide about your request and you will hear from us within twenty-four (24) hours.
- In most cases, if you receive a service and a new request is made to keep receiving a service, we must tell you before we change the service if we decide to reduce, stop or restrict the service. **If we approve a service and you have started to receive that service, we will not reduce, stop or restrict the service during the time it has been approved unless we determine the approval was based on information that was known to be false or wrong.**

If we deny payment for a service, we will send a notice to you and your provider the day the payment is denied. These notices are not bills. **You will not have to pay for any care you received that was covered by your plan or by Medicaid, even if WellCare of Kentucky later denies payment to the provider**.

Prior Authorization Time Frames		
Type of Request	Decision Time Frame	Who Can Request One
Standard (for non-emergency)	Within 2 business days of receiving the request	Your PCP or provider
Expedited/Fast (for urgent care)	Within 24 hours of receiving the request	Your PCP or provider

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 or outside 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.

Part III: Plan Procedures

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

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.

Pregnant moms also have access to a text and web-based educational platform. This free service offers health tips on pregnancy and the baby's health and wellness. All you have to do is text the word **STEPSKY** to **52046**. You will receive **FREE** messages on your cellphone. They can help you through your pregnancy.

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)

Part III: Plan Procedures

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

What to Expect During Pregnancy Care Visits with Your Provider	
Visit Before the Baby Is Born	Talk to you about what your body will do when the baby is coming
	Talk to you about what it feels like to have a baby
	Talk to you about work and going on trips away from home
	Ask how you and your family are feeling about the baby coming
First Visit After the Baby Is Born	Take your weight and blood pressure
	Give you a Pap test and an exam to make sure you are healing properly
	Ask if you are eating and taking your vitamins
	Ask if you are walking, stretching and bending
	Ask how you and your family are feeling about the baby
	Talk to you about future babies and planning

Sources:

Guidelines for Perinatal Care, Sixth Edition, ©October 2007 by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists and supported in part by March of Dimes and the Healthcare Effectiveness Data and Information Set (HEDIS) Standards for Access and Availability, ©2007 by the National Committee for Quality Assurance

Recommendations to Improve Preconception Health and Health Care — United States, MMWR, April 21, 2006/55(RR06); 1–23

Legal Disclaimer: Always talk with your doctor(s) about the care that is right for you. This material does not replace your doctor's advice. It is based on third-party sources. We are presenting it for your information only. It does not imply that these are benefits

covered by WellCare 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 with 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 Healthcare

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

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

24-Hour Behavioral Health Crisis Line

toll-free number: **1-855-661-6973**

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

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

In a behavioral health emergency, you can:

- Call **911**
- Call an ambulance if you don't have **911** in your area
- Go to the nearest hospital emergency room 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.

At the pharmacy, just show your WellCare of Kentucky ID card to pick up your prescription.

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, just visit **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 famotidine)
- 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. Each doctor may prescribe a different drug for you, which can sometimes be dangerous. So to help with this, we have set up a Pharmacy Lock-In program.

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

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 assign you to 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
- Reduce the physical and financial costs of untreated health issues

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

Secure Member Portal Registration

The secure member portal offers an array of tools for our enrollees. Access plan information, make premium payments, and choose your communication preferences and much more. To access these features, you must register for the member portal.

To register:

1. From **www.wellcare.com**, click the Login/Register button in the top navigation. Then select 'Member,' your state and your plan.
2. Click on the "Register for an Account" link to open a new window to the web registration screen.
3. Register by entering your information listed on your Enrollee ID card:
   a. Enrollee ID
   b. Date of Birth
   c. First Name
   d. Last Name
   e. Valid email address
4. Read the Terms & Conditions. Click the button to accept the Terms & Conditions.
5. Create a username. Your username must:
   a. Start with a letter

b. Be 8-12 characters

c. Contain only letters (a-z, A-Z), numbers (0-9), and/or underscore (_).

d. Contain at least one letter and one number

6. Select a security question. Provide an answer to your security question and confirm.
7. After you have provided your username and security question, you will be redirected to a confirmation page. You will receive your temporary password within 24 hours at the email address listed.
8. Login with your username and temporary password. You will then be prompted to create a password.
9. Create a password. Your password must:
   a. Contain 8 to 12 characters.
   b. Contain at least one capital and one lower case letter (a-z, A-Z)
   c. Contain at least one number (0-9)
10. Once your account is successfully created and confirmed, select the "Member" tab to navigate to the secure home page.

You can use the Member Homepage to access all secure features. If you have any questions or have any issues with the member portal, contact us.

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 ID card
- Email your 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 "Member 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 with reminders and information.

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, please 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 also write to us. 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.

Your Care When You Change Health Plans or Doctors (Transition of Care)

If you join WellCare of Kentucky from another health plan, we will contact you within 5 business days from your expected enrollment date with us. We will ask you some questions about your health.

- If you choose to leave WellCare of Kentucky, we will share your health information with your new plan.
- You can finish receiving any services that have already been authorized by your previous health plan. After that, we will help you find a provider in our network to get any additional services if you need them.
- In almost all cases, your doctors will be WellCare of Kentucky providers. There are some instances when you can still see another provider that you had before you joined WellCare of Kentucky. You can continue to see your doctor if:
  - At the time you join WellCare of Kentucky, you have an ongoing course of treatment or an ongoing special health condition. In that case, you can ask to keep your provider for up to 90 days.
  - You are more than 3 months pregnant when you join WellCare of Kentucky and you are getting prenatal care. In that case, you can keep your provider until after your delivery and for up to 60 days of post-partum care.
  - You are pregnant when you join WellCare of Kentucky and you receive services from a behavioral health treatment provider. In that case, you can keep your provider until after your delivery.

If your provider leaves WellCare of Kentucky, we will tell you in writing at least 30 days from when we know about this. We will tell you how you can choose a new PCP or

choose one for you if you do not make a choice within 30 days. See the "*How to Choose Your Primary Care Provider*" on Page 33.

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

If you have any questions, call Customer Service at **1-877-389-9457** (TTY **711**).

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.

Pediatric Preventive Health Guidelines (Newborn to Age 21)

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

The following chart includes recommendations published by the American Academy of Pediatrics and Bright Futures, Centers for Disease Control and Prevention; and the United States Preventive Services Task Force (USPSTF).[1,2,3,4]

Age	Screening/Immunizations (Shots) and Timing
Newborn	• Well-baby* checkup at birth • Hearing screening • Newborn screening blood tests • Dose 1 of 2 of the Hepatitis B (HepB) vaccine
3–5 days	• This visit is especially important if your baby was sent home within 48 hours of birth • Well-baby checkup as recommended by doctor • Newborn screening blood tests (if not done at birth) • Dose 1 of 2 of the Hepatitis B (HepB) vaccine, if not done at birth
1 month	• 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	• 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	• 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	• Well-baby checkup • Newborn screening blood tests if not already completed • Shots – 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	• Well-baby checkup • Newborn screening blood tests if not already completed, including hemoglobin or hematocrit • Shots – 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)	• 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 – 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	• Well-baby checkup • Catch-up shots as needed • Shots – 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	• Well-baby checkup • Catch-up shots as needed • Shots – 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)	• 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)	• 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	• 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	• Well-child checkup each year • Catch-up shots as needed • Shots – 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	• 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	• 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	• 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	• 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)	• 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. An 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.

NOTES:

[1] American Academy of Pediatrics and Bright Futures. Recommendations for preventive pediatric healthcare.

[2] Centers for Disease Control and Prevention, published annually. Recommended immunization schedule for persons aged 0 through 6 years – United States.

[3] Centers for Disease Control and Prevention, published annually. Recommended immunization schedule for persons aged 7 through 18 years – United States. 4 Centers for Disease Control and Prevention, published annually. Catch-up immunization schedule for persons aged 4 months through 18 years who start late or who are more than 1 month behind – United States.

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 make appointments. Just 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.

The following chart includes recommendations published by the U.S. Preventive Services Task Force (USPSTF); Centers for Disease Control and Prevention; American Academy of Family Physicians; American Cancer Society; American Academy of Pediatrics; American Congress of Obstetricians and Gynecologists; American Society of Clinical Oncology; National Comprehensive Cancer Network (NCCN); American Diabetes Association; and the American Optometric Association.1-13

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

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

Immunizations	
Tetanus-diphtheria and Acellular Pertussis (Td/Tdap)	18 years and older, Tdap: Substitute 1-time dose of Tdap for Td, then boost with Td every 10 years
Varicella (VZV)	All adults without evidence of immunity to varicella should receive 2 doses of single-antigen varicella vaccine if not previously vaccinated, or the second dose if they have received only 1 dose
Measles, Mumps, Rubella (MMR)	Adults born during or after 1957 should receive 1–2 doses
Pneumococcal Polysaccharide (PPSV)	65 years of age and older, all adults who smoke or have certain chronic medical conditions – 1 dose; may need a 2nd dose if identified at risk
Seasonal 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

Immunizations	
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

NOTES:

[1] U.S Preventive Services Task Force (USPSTF). Recommendations on variety of topics.

[2] Centers for Disease Control and Prevention. Compendium of Evidence-Based Interventions and Best Practices for HIV Prevention.

[3] American Academy of Family Physician. Clinical recommendations.

[4] American Cancer Society Guidelines for the Early Detection of Cancer.

[5] American Academy of Pediatrics. Policy statement: breastfeeding and the use of human milk.

[6] American Congress of Obstetricians and Gynecologists. Optimizing Support for Breastfeeding as Part of Obstetric Practice (Committee Opinion 658).

[7] American College of Obstetricians and Gynecologists. Practice bulletin no. 129: osteoporosis.

[8] Centers for Disease Control and Prevention. Recommended adult immunization schedule for ages 19 years or older - United States, published annually.

[9] American Congress of Obstetricians and Gynecologists. ACOG statement on breast cancer screening guidelines.

[10] American Society of Clinical Oncology. Clinical practice guidelines.

[11] National Comprehensive Cancer Network (NCCN). NCCN Guidelines.

[12] American Diabetes Association. Standards of medical care in diabetes, published annually.

[13] American Optometric Association. Recommended eye examination frequency for pediatric patients and adults.

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

There may come a time when you become unable to manage your own healthcare. A family member or other person close to you then has to make decisions for you. By planning in advance now, you can arrange for your wishes to be carried out. An advance directive is a set of directions you give about the medical and mental healthcare you want if you ever lose the ability to make decisions for yourself.

Making an advance directive is your choice. You have the right to choose your own medical care. If you become unable to make your own decisions, and you have no advance directive, your doctor or behavioral health provider will consult with someone close to you about your care. If you don't want a certain type of care, you have the right to tell your doctor you don't want it. Discussing your wishes for medical and behavioral health treatment with your family and friends now is strongly encouraged. This will help to make sure that you get the level of treatment you want if you can no longer tell your doctor or other physical or behavioral health providers what you want. 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 are three ways for you to make a formal advance directive. These include living wills, healthcare power of attorney, and advance instructions for mental health treatment.

Living Will

In Kentucky, a living will is a legal document that tells others that you want to die a natural death if you:

- Become incurably sick with an irreversible condition that will result in your death within a short period of time
- Are unconscious and your doctor determines that it is highly unlikely that you will regain consciousness
- Have advanced dementia or a similar condition which results in a substantial cognitive loss and it is highly unlikely the condition will be reserved

In a living will, you can direct your doctor not to use certain life-prolonging treatments such as a breathing machine (called a "respirator" or "ventilator"), or to stop giving you food and water through a feeding tube.

A living will goes into effect only when your doctor and one other doctor determine that you meet one of the conditions specified in the living will. Discussing your wishes with your friends, family and your doctor now is strongly encouraged so that they can help make sure that you get the level of care you want at the end of your life.

Healthcare Power of Attorney

A healthcare power of attorney is a legal document in which you can name one or more people as your healthcare agents to make medical and behavioral health decisions for you as you become unable to decide for yourself. You can always say what medical or behavioral health treatments you would want and not want. You should choose an adult you trust to be your healthcare agent. Discuss your wishes with the people you want as your agents before you put them in writing.

Again, it is always helpful to discuss your wishes with your family, friends and your doctor. A healthcare power of attorney will go into effect when a doctor states in writing that you are not able to make or to communicate your healthcare choices. If, due to moral or religious beliefs, you do not want a doctor to make this determination, the law provides a process for a non-physician to do so.

Advance Instruction for Mental Health Treatment

An advance instruction for mental health treatment is a legal document that tells physicians and mental health providers what mental health treatments you would want and the ones you would not want. This is important if you later cannot decide for yourself. You can also name a person to make those decisions for you at that time. Your advance instruction can be a lone document. You can also combine it with a healthcare power of attorney. An advance instruction for mental health may be followed up by a physician or mental health provider. The physician or eligible psychologist must write and state that you cannot make or communicate mental healthcare decisions.

An adult may execute an advance directive for mental health treatment that includes one or more of the following:

- Refusal of specific psychotropic medications, but not an entire class of psychotropic medications. This refusal may be due to factors that include but are not limited to their lack of efficacy, known drug sensitivity, or previous experience of adverse reactions;
- Refusal of electric shock therapy (ECT);
- Stated preferences for psychotropic medications;
- Stated preferences for procedures for emergency interventions; and
- Provision of information in any area specified by the grantor.

Remember ... It's your choice.

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:

- 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 have a team of qualified grievance and appeals specialists responsible for processing and resolving your grievance or appeal. 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

If You Have Problems with Your Health Plan

You would file a grievance to let us know that you're not happy with our plan, care, 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
- Cultural needs

Problems that are not solved right away over the phone and any complaint that comes in the mail will be handled according to our complaint procedures described below.

You or someone you give your consent to speak for you may file a grievance at any time. 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.

If you wish to disenroll from the Plan you must first file a formal grievance for cause with the Plan. You can do this any time either in writing or by calling us.

Call us at: **1-877-389-9457** (TTY **711**).
You can reach us Monday–Friday, 7 a.m. to 7 p.m.

Write to: WellCare of Kentucky
Att: Appeals and Grievance Department
P.O. Box 436000
Louisville, KY 40253

We will provide you a resolution in writing in 30 days.

Your disenrollment request must include:

- Your First and Last Name
- Social Security Number
- KY Medicaid ID number for you and all the household members requesting Disenrollment
- Your current address and Phone number
- The reason you are requesting disenrollment

WellCare of Kentucky will send you a decision letter.

If your request is not approved, a letter will be sent to you explaining the reason and how you may appeal the decision to the Department of Medicaid Services (DMS) Enrollment Processing Branch (EPB).

The Department of Medicaid Services (DMS) Enrollment Processing Branch (EPB) will review the Disenrollment for Cause appeal request and make the final decision. You and WellCare of Kentucky will receive communication from the Enrollment Processing Branch (EPB) regarding the outcome.

If you are not satisfied with the DMS EPB's decision, you, or your authorized representative, your legal guardian, or provider acting on your behalf with written consent may ask for a State Fair Hearing. You will have thirty (30) days from the date on the letter advising of the decision to make a request for a State Fair Hearing. The request must be in writing. See the *State Fair Hearing* section on Page 122, for more information on asking for a State Hair Hearing.

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

If you need our help because of a hearing or vision impairment, or if you need translation services, or help filing out the forms, we can help you. We will not make things hard for you or take any action against you for filing a complaint.

You can also contact the Medicaid **Managed Care Ombudsman Program** for help with problems you have with WellCare of Kentucky, care, provider or services. They will be able to assist you with your Grievance see Page 115 for more information about the *Ombudsman Program*.

If You Are Unhappy with Your Health Plan: How to File a Grievance (Complaint)

Steps in the Grievance Process	
1 Contact us	• 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**
2 First notification to you	• 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
3 Second notification to you	• 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

If your complaint is about the denial of an expedited appeal, we will let you know in writing that we got it within 24 hours of receiving it. We will review your complaint about the denial of an expedited appeal and tell you how we resolved it in writing within 5 days of receiving your complaint.

If you are not happy with how we resolved your issue, you can file a complaint with the Medicaid **Managed Care Ombudsman Program**. The Ombudsman Program can look into your concerns and help you with your issue see Page 125 for more information about the *Ombudsman Program*.

Appeals

If you are not satisfied with our decision about your care, you can file an appeal:

- If you are not satisfied with an action we took or what we decide about your service authorization request see Page 80 about *Service Authorizations and Actions*, **you can file an appeal or a request for us to review the decision**. You have 60 days from the date of the notice to file an appeal.
- You can do this yourself or your authorized representative can do it for you. You can call Customer Service at **1-877-389-9457** (TTY **711**) or visit **www.wellcare.com/Kentucky** if you need help filing an appeal.
- The appeal can be made by phone or in writing. If you call us, you must also file your appeal in writing for a standard appeal. We can help you complete the appeal form.
- If your appeal review needs to be expedited (reviewed more quickly than the standard time frame) because you have an immediate need for health services, you do not need to follow up in writing after you call us.
- We will not treat you any differently or act badly toward you because you file an appeal.

- To file an appeal, write to:

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

- To file an appeal by phone, call Customer Service at **1-877-389-9457** (TTY **711**).
- Before and during the appeal, you or your representative can see your case file, including medical records and any other documents and records being used to make a decision on your case free of charge.
- You can ask questions and give any information (including new medical documents from your providers) that you think will help us to approve your request. You may do that in-person, in writing or by phone. You will have limited time to submit additional information for expedited appeals.
- **If you need help with understanding the Appeals process**, you can contact the Medicaid **Managed Care Ombudsman Program** see Page 125 for more information about the *Ombudsman Program*.

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 (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 only have one level of appeal with the Plan.

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 passed away
- 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.

Time Frames for Appeals

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 (fast track) appeal

- 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 from your appeal. 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

If we need more information to make either a standard or an expedited decision about your appeal, we will:

- Write and tell you what information is needed. We will call you right away and send a written notice later.
- Explain why the delay is in your best interest.
- Make a decision no later than 14 days from the day we asked for more information.

If you need more time to gather your documents and information, just ask. You, your provider or someone you trust may ask us to delay your case until you are ready. We want to make the decision that supports your best health. This can be done by calling Customer Service at **1-877-389-9457** (TTY **711**).

You will not be treated differently or punished when you file 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 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 made, that reduced, stopped or limited your services after you receive our decision about your appeal, you can ask for a **State Fair Hearing** (hearing, for short) from Kentucky Medicaid. You can ask in writing for a State Fair Hearing. 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. A State Fair Hearing is your opportunity to give more information and facts, and to ask questions about your decision before an administrative law judge. The judge in your State Fair Hearing is not a part of WellCare of Kentucky in any way.

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.

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

A state employee called a hearings officer is in charge of your State Fair Hearing. The hearings officer will send you a letter with the date and time for your hearing. The letter will also explain the hearing process. If you do not want to speak or are unable to speak for yourself, you can choose someone to speak for you at the hearing. You can request the State Fair Hearing or you can ask someone to do it for you. You can choose anyone you want, including a friend, your doctor, a legal guardian, a relative or an attorney to speak for you. If you pick a person to do the State Fair Hearing for you, that person is your Authorized Representative. If you didn't already do so during the appeal, you must fill out a consent form to let someone else speak for you.

If you filled out a consent form for the appeal, they'll be able to speak for you. If you didn't, you can still call us to get one for the State Fair Hearing.

If you request a hearing, the request must:

- Be in writing and specify the reason for the request
- Be mailed or filed within 120 days from the day you hear from us about our decision of your appeal
- Include your name, address and phone number
- Indicate the date of service or the type of service denied
- Include your provider's name
- Include a copy of the last appeal decision letter you got from us

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.

To request a State Fair Hearing, you should send your letter to the following address.

Department for Medicaid Services
Division of Program Quality and Outcomes
275 E. Main St. 6C-C
Frankfort, KY 40621

If you **need help to understand the State Fair Hearing**, you can contact the Medicaid **Managed Care Ombudsman Program** see Page 125 for more information about the *Ombudsman Program*.

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 timely 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.

Medicaid Managed Care Ombudsman Program

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 use various public services are treated fairly.

The Ombudsman Program can:

- Answer your questions about your benefits
- Help you to understand your rights and responsibilities
- Provide information about Medicaid and Medicaid Managed Care
- Help you understand a notice you have received
- Refer you to other agencies that may also be able to assist you with your healthcare needs
- Help to resolve issues you are having with your healthcare provider or health plan
- Be an advocate for you when dealing with an issue or a complaint affecting access to healthcare
- Provide information to assist you with your appeal, grievance, mediation or fair hearing
- Connect you to legal services if you need it to help resolve a problem with your healthcare

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**

Email: **CHFS.Listens@ky.gov**

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

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 Kynect website at **www.kynect.ky.gov**.

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.

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 at **1-877-389-9457** (TTY **711**). You can also 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

1. **If YOU Want to Leave the Health Plan (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.
   - If you want to leave WellCare of Kentucky at any other time, you can do so only with a good reason (good cause). Some examples of good cause include:
     - You move out of our service area
     - Your PCP is no longer in our network
     - You lack access to covered services
     - You can't access a qualified provider to treat your medical condition

- How to Change Plans
  - You can ask to change plans. To change plans you should write or call WellCare of Kentucky or Medicaid with your reason(s) for the request. If your request to change is not given you may request a State Fair Hearing see Page 122.
    - ◇ Call DCBS at **1-855-306-8959**.
  - You will get a notice that the change will take place by a certain date. WellCare of Kentucky will provide the care you need until then.
- If you wish to disenroll from the Plan you must first file a formal grievance for cause with the Plan. You can do this any time either in writing or by calling us.
  - Call us at: **1-877-389-9457** (TTY **711**).
    You can reach us Monday–Friday, 7 a.m. to 7 p.m.
  - Write to:

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

  We will provide you a resolution in writing in 30 days.
- Your disenrollment request must include:
  - Your First and Last Name
  - Social Security Number
  - KY Medicaid ID number for you and all the household members requesting Disenrollment
  - Your current address and Phone number
  - The reason you are requesting disenrollment

  WellCare of Kentucky will send you a decision letter.

  If your request is not approved, a letter will be sent to you explaining the reason and how you may appeal the decision to the Department of Medicaid Services (DMS) Enrollment Processing Branch (EPB).

  The Department of Medicaid Services (DMS) Enrollment Processing Branch (EPB) will review the Disenrollment for Cause appeal request and make the final decision. You and WellCare of Kentucky will receive communication from the Enrollment Processing Branch (EPB) regarding the outcome.

If you are not satisfied with the DMS EPB's decision, you, or your authorized representative, your legal guardian, or provider acting on your behalf with written consent may ask for a State Fair Hearing. You will have thirty (30) days from the date on the letter advising of the decision to make a request for a State Fair Hearing. The request must be in writing. See the *State Fair Hearing* section on Page 122 for more information on asking for a State Hair Hearing.

Disenrollment WITH cause may happen at any time during the year if you have a specific reason to request the change. The following are reasons you may request a disenrollment with cause:

- WellCare of Kentucky does not, because of moral or religious objections, cover the service you need;
- You need related services (i.e., a cesarean section and a tubal ligation) to be performed at the same time; not all related services are available within the WellCare of Kentucky network; and your physician determines that receiving the services separately would be an unnecessary risk; or

Other reasons, including poor quality of care, lack of access to services covered under the contract or lack of access to providers experienced in dealing with the your special needs.

2. You could Become Ineligible for Medicaid Managed Care (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
  - Abuse or harm health plan enrollees, providers or staff
  - Choose another health plan during your Enrollment Anniversary plan change period and our health plan membership is not capped (by the State)
  - Enter a waiver program
  - Go into a long-term care nursing facility for more than 30 days

  - Do not fill out forms honestly or do not give true information (commit fraud)
- 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)

If you become ineligible for Medicaid, all your services may stop. If this happens, Call DCBS at **1-855-306-8959**. You can also contact the Medicaid **Managed Care Ombudsman Program** to discuss your options for appeal see Page 125 for more information about the *Ombudsman Program*.

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

How You Can Help with Health Plan Policies

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? Please visit the NCQA's website at **www.ncqa.org**.

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

You can do this by going to our website **www.wellcare.com/Kentucky** and click on "Contact us"

Maybe you would like to work with an enrollee committee in our health plan or with Kentucky, like:

- WellCare of Kentucky Quality Member Advisory Committee (QMAC)

To learn more about how you can help.

- Write to us at:

WellCare of Kentucky
Attention: Quality
13551 Triton Park Blvd. #1800
Louisville, KY 40223

Please be sure to include your name, phone number, and enrollee ID number that is listed on your ID card.

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. If you suspect that someone is committing Medicaid fraud, report it.

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 deductibles
- Using someone else's WellCare of Kentucky ID card
- Sharing your own WellCare of Kentucky ID card with another person
- An individual does not report all income or other health insurance when applying for Medicaid

As our Enrollee, you have certain rights and responsibilities.

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 **1-866-685-8664**. 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

- Call the Kentucky Medicaid Fraud and Abuse Hotline toll-free at **1-800-372-2970**
- Call the U.S. Office of Inspector General's Fraud Line at **1-800-HHS-TIPS** (**1-800-447-8477**)

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 list of the DCBS offices near you.

Information from Customer Service

You can call Customer Service at **1-877-389-9457** (TTY **711**) to get help **anytime you have a question**. You may call us to choose or change your Primary Care Provider (PCP), to ask about benefits and services, to get help with referrals, to replace a lost ID card, to report the birth of a new baby, or ask about any changes or other issues that might affect you or your family's benefits. We can answer any questions you may have about the information in this handbook.

Keep Us Informed

Call Customer Service at **1-877-389-9457** (TTY **711**) when these changes happen in your life:

- You have a change in Medicaid eligibility
- You give birth
- There is a change in Medicaid coverage for you or your children

If you no longer get Medicaid, check with your local Department of Social Services. You may be able to enroll in another program.

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
  - "I" is Indian Health Service
  - "T" is Tribal operated facility/program
  - "U" is Urban Indian Clinic

- 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 an Enrollee of our health plan, you have the responsibility to:

- Know your 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 handbook to understand how our health plan works
- Carry your WellCare of Kentucky 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
- 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
- Work with your PCP to protect and improve your health
- Listen to your PCP's advice and ask questions when you are in doubt
- Call or go back to your PCP if you do not get better or ask to see another provider
- Tell us if you have problems with any healthcare staff by calling Customer Service at **1-877-389-9457** (TTY **711**)
- Use the emergency department only for real emergencies
- Call your PCP when you need medical care, even if it is after-hours

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 write to our Privacy Officer.

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 **1-877-696-6775**.

You can also call the United States Office of Civil Rights at **1-866-OCR-PRIV** (**866-627-7748**) or **1-866-788-4989** 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 Deitsch (Pennsylvania German/Dutch) schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff **1-877-389-9457** (TTY: **711**).

ध्यान दनिुहोस्: तपार्इंले नेपाली बोल्नुहुन्छ भने तपार्इंको नमि्तं भाषा सहायता सेवाहरू नःिशुल्क 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。

1-877-389-9457 (TTY 711)

www.wellcare.com/Kentucky

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

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Beyond Healthcare. A Better You.

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