



— KENTUCKY —
MEMBER HANDBOOK



DRAFT



WELLCARE OF KENTUCKY

CARING FOR YOU

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

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

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

This member handbook will give you details about your benefits and how your health plan works. It comes in 3 parts to make it easier for you to find the answers you need:

Part 1: This section has information for both our members who are not part of Kentucky HEALTH and for our members who receive benefits through Kentucky HEALTH.

Part 2: This section is for all children and adults who are not part of Kentucky HEALTH.

Part 3: This section is for adults receiving Medicaid benefits through Kentucky HEALTH.

WELLCARE OF KENTUCKY CARING FOR YOU

Please read it and keep it in a safe place. We hope it will answer most of your questions. If it doesn't, call us. Call toll-free at **1-877-389-9457** (TTY **711**). You can reach us Monday–Friday, 7 a.m. to 7 p.m. Eastern time. You can also find us on the web. Go to **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 of receiving 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.

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

TABLE OF CONTENTS

TABLE OF CONTENTS

WELLCARE OF KENTUCKY CARING FOR YOU	3
PART 1: This section has information for both our members who are not part of Kentucky Health and for our members who receive benefits through Kentucky Health	11
THE WELLCARE OF KENTUCKY DICTIONARY	13
IMPORTANT PHONE NUMBERS	19
RENEW YOUR COVERAGE	21
Watch Your Mail	21
What You Need to Do to Keep Your Coverage.....	21
Act Fast	21
Call Us for Help!	21
GETTING STARTED WITH US	23
Get to Know Your Primary Care Provider (PCP).....	23
What is a “Well Visit?” It’s your first visit to your PCP.....	23
Send Us Your New Member Questionnaire.....	25
Remember to Use Our 24-Hour Nurse Advice Line.....	26
In an Emergency	26
Contact Us	27
Know Your Rights and Responsibilities.....	27
Hold on to This Handbook	27
Eligibility and Enrollment in WellCare of Kentucky	28
CARE BASICS.....	29
Medically Necessary	29
Clinically Appropriate	29
Making and Getting to Your Medical Appointments	29

TABLE OF CONTENTS

Our Service Area.....	32
IMPORTANT PLAN INFORMATION	33
Services Available without Authorization	33
Services Covered.....	34
Receiving Non-Covered Services.....	42
Services Not Covered by WellCare of Kentucky	42
Non-Emergency Medical Transportation	43
How to Get Covered Services.....	43
Understanding Referrals and Prior Authorizations.....	43
Referrals.....	43
Prior Authorizations (PAs).....	44
Utilization Management (UM)	45
Second Medical Opinion	46
After-Hours Care	46
Urgent Care	46
Emergency Care.....	47
Out-of-Area Emergency Care	48
Post-Stabilization Care.....	48
Long-Term Care	49
Pregnancy and Newborn Care	49
Healthy Moms Program	50
Pregnancy and Newborn Care Guidelines	50
Women, Infants and Children (WIC).....	54
WellCare of Kentucky’s Extra Benefits	55
MyWellCare App.....	59
Behavioral Healthcare	60

TABLE OF CONTENTS

24-Hour Behavioral Health Crisis Line	60
What to Do in a Behavioral Health Emergency or if You are Out of Our Service Region	60
Behavioral Health Limitations and Exclusions	61
Prescriptions	61
Preferred Drug List	62
Other Drugs You Can Get at the Pharmacy	63
Pharmacy Lock-In	63
Telehealth	64
Care Management	64
Service Coordinators	66
Transition of Care	66
Planning Your Care	67
Preventive Health	67
Early and Periodic Screening, Diagnosis and Treatment – EPSDT (Health Check) Services	68
Pediatric Preventive Health Guidelines (Newborn to Age 21)	69
For children with asthma:.....	76
For children with diabetes:	76
Annual Women’s Health Exam	78
Adult Preventive Health Guidelines	79
Prevention	81
Counseling.....	81
Advance Directives	83
Member Grievance Procedures	85
Grievances	85
State Fair Hearing Process	87

TABLE OF CONTENTS

Continuation of Benefits During an Appeal or State Fair Hearing	88
Office of the Ombudsman	89
Remember to Renew Your Eligibility	89
New Medicaid Renewal Options.....	89
Watch Your Mail.....	90
What You Need to Do to Keep Your Coverage	90
Passive Renewal	90
Active Renewal.....	90
Act Fast	90
Call Us for Help!.....	90
Important Information about WellCare of Kentucky	91
Plan Structure/Operations and How Our Providers Are Paid	91
Evaluation of New Technology	91
Quality Improvement and Member Satisfaction.....	91
Fraud, Waste and Abuse.....	92
To Report Fraud, Waste and Abuse with WellCare of Kentucky	92
To Report Fraud, Waste and Abuse with Kentucky Medicaid.....	93
Family Resource and Youth Services Centers (FRYSC).....	93
Your Member Rights	94
Your Member Responsibilities	96
PART 2: This section is for all children and adults who are not part of Kentucky Health.....	99
Check Your ID Card and Keep It with You at All Times.....	100
Our Website	101
Healthy Rewards Program.....	102
Dental Services	104

TABLE OF CONTENTS

Appeals	104
Fast Appeal Requests.....	106
Additional Information.....	107
YOUR WELLCARE OF KENTUCKY MEMBERSHIP	108
Enrollment	108
Enrollment Anniversary	108
Reinstatement	109
Moving Between WellCare of Kentucky Service Regions	109
Disenrollment	109
Voluntary Disenrollment.....	109
Involuntary Disenrollment	110
Extra Help in Your Community	110
Services Beyond Healthcare	111
PART 3: This section is only for adults receiving Medicaid benefits through Kentucky Health	113
Dictionary	114
Eligibility	115
Kentucky HEALTH Alternative Benefit Plan (ABP).....	116
Your WellCare ID Card.....	118
Check Your ID card and Keep It with You at All Times.....	118
Our Website	119
My Rewards Account.....	120
Cost Sharing: Investing in Your Health.....	122
Cost sharing: Additional Details.....	123
How can I pay my premium?	124
What if I can't pay my premium?.....	124

TABLE OF CONTENTS

What if I don't pay my premium?	125
Monthly Deductible Statement and Claim Summary.....	125
Kentucky Integrated Health Insurance Premium Payment (KI-HIPP) program (formerly called Premium Assistance).....	126
PATH Community Engagement	127
What if I don't qualify for an exemption, but still can't meet my hours?.....	129
Medically Frail.....	130
Suspensions and Penalties	132
Services Beyond Healthcare.....	133
Good Cause Exemptions from Premium Requirements and PATH Community Engagement.....	134
Moving Between WellCare of Kentucky Service Regions	136
Disenrollment	136
Involuntary Disenrollment.....	136
Appeals	137
Fast Appeal Requests.....	139
Additional Information.....	140



PART 1

This section has information for both our members who are not part of Kentucky HEALTH and for our members who receive benefits through Kentucky HEALTH.

DRAFT

THE WELLCARE OF KENTUCKY DICTIONARY

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

WORDS/PHRASES

Advance Directive: A legal document, such as a living will, that tells your doctor and family how you wish to be cared for if you can't make your wishes known yourself.

Appeal: A request you make when you do not agree with our decision to deny, cut back or end a service. Someone else can also ask for an appeal for you with your permission.

Benefits: Healthcare that's covered by our health plan. (Same as *Services*)

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

Co-payment/Co-pay: This is how much you pay when getting care from a WellCare of Kentucky provider.

Department for Community Based Services (DCBS): Provides family support, child care, child and adult protection, and eligibility determinations for Medicaid and SNAP. 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): Kentucky Medicaid provides healthcare for eligible low-income Kentuckians including children, families, pregnant women, the aged and the disabled.

DICTIONARY

WORDS/PHRASES

Disenrollment: When your medical benefits have stopped and you are no longer in Medicaid. You can choose to leave WellCare of Kentucky (voluntary) or you may be disenrolled 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.

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

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

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

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

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

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

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

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

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

WORDS/PHRASES

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

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

Immunizations: Shots that can help keep you and your children safe from many serious diseases. There are some shots your child 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.

Kentucky HEALTH: Kentucky's new health program for some members who are eligible for Medicaid. It seeks to help you lead a healthier life and become engaged in your community.

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

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

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

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

DICTIONARY

WORDS/PHRASES

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

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

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

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

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

Over-the-Counter (OTC): Medical or health-related items that you do not need a prescription to buy. These items are not usually covered by Medicaid. We offer you OTC items at no charge. They are mailed directly to your home each month. Some items include vitamins, medicine and diapers.

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

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

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

Prescription: Your doctor's order for a drug he or she recommends you take.

Preventive care: Screenings, checkups and other services to prevent health problems.

WORDS/PHRASES

Primary Care Provider (PCP): A medical provider who has been trained and practices in general medicine. He or she manages most of your healthcare needs.

Prior Authorization (PA): When we need to approve care or services before you get them.

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

Referral: When your medical provider sends you to see another healthcare provider.

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

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.

Women, Infants and Children (WIC): A nutrition program that works with women, babies and children.



IMPORTANT PHONE NUMBERS

WellCare of Kentucky

Customer Service	1-877-389-9457
TTY	711
24-Hour Nurse Advice Line	1-800-919-8807
Behavioral Health Customer Service	1-855-620-1861
24-Hour Behavioral Health Crisis Hotline	1-855-661-6973
Vision (only for qualified members)	1-855-776-9466
Dental (only for qualified members)	1-855-806-5641

State of Kentucky

Kentucky Department for Community Based Services (DCBS)	1-855-306-8959 Fax: 502-573-2007
Benefind	Online at benefind.ky.gov

IMPORTANT PHONE NUMBERS

State of Kentucky (continued)	
State of Kentucky Medicaid Non-Emergency Transportation (only for qualified members)	1-888-941-7433
State of Kentucky Medicaid Customer Service	1-800-635-2570 For TTY, call 711 to talk to KY Relay
State of Kentucky Department for Medicaid Services (DMS)	1-800-635-2570
To Report Child and Adult Abuse	1-800-752-6200
National Domestic Violence Hotline	1-800-799-SAFE (7233)
Social Security Administration (SSA)	1-800-772-1213
Office of the Medicaid Services Ombudsman	1-800-372-2973 TTY 1-800-627-4702

RENEW YOUR COVERAGE

RENEW YOUR COVERAGE

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

Watch Your Mail

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

What You Need to Do to Keep Your Coverage

- Call DCBS at **1-855-306-8959**. Or stop by their office to complete an interview.
- You may also:
 - Go online to Benefind at **benefind.ky.gov**
 - Mail or Fax a hardcopy application to:
DCBS Family Support
P.O. Box 2104
Frankfort, KY 40602
Fax: **1-502-573-2007**

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

Act Fast

The sooner you get your paperwork in, the better! If your signed paperwork comes in late, you may have to reapply and start the process again. Also, some Kentucky HEALTH members who do not finish this process on time may have a penalty.

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**).

DRAFT

GETTING STARTED WITH US

GETTING STARTED WITH US

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

Get to Know Your Primary Care Provider (PCP)

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

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

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

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

Be sure to get your medical records from any doctors you’ve seen in the past. This will be very helpful to your PCP. If you need help with scheduling your first PCP visit or getting your records, call us toll-free at **1-877-389-9457** (TTY **711**). We’ll be happy to help.

PCPs in our network are trained in specialties such as:

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

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

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

GETTING STARTED WITH US

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

- You have a chronic illness and long relationship with the specialist treating you
- AND
- Your specialist and our medical director agree in writing that this would help you.

If we deny your request for a specialist to be a PCP, you can ask for an appeal. See the *Appeals* section to learn how to ask for an appeal.

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

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

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

You can change your PCP at any time. When choosing your new PCP, remember:

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

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

1. Our printed Provider Directory:

- We mailed one to you with this handbook
- It lists providers by county and specialty

GETTING STARTED WITH US

2. Find a Provider Tool:

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

3. Call us:

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

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

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

You may not have to select a PCP if:

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

A PCP may choose not to see you if the PCP feels that he or she is not able to 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 Member Questionnaire

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

So you know:

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

GETTING STARTED WITH US

Remember to Use Our 24-Hour Nurse Advice Line

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

You can get help with things like:

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

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 calling your doctor or going to the hospital. But if you think it is a real medical emergency, call **911** first or go to the nearest emergency room.

In an Emergency ...

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

For a behavioral health emergency:

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



24-Hour Nurse Advice Line
toll-free number:

1-800-919-8807 (TTY 711)

GETTING STARTED WITH US

Contact Us

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

Call us any time you need help with:

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



Customer Service
toll-free number:
1-877-389-9457 (TTY 711)

If you speak a different language or need something in Braille, large print or audio, don't worry. We have translation and alternative format services (including sign language). We can even arrange to have a translator or sign language interpreter at your appointments. Just call us toll-free at **1-877-389-9457 (TTY 711)**. There's no cost to you for this.

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

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

Know Your Rights and Responsibilities

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

Hold on to This Handbook

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

- Your covered benefits and services and how to get them
- Advance directives (learn more about these in the *Advance Directives* section later in this handbook)

GETTING STARTED WITH US

- How to use our grievance and appeals process for when you're not happy with our health plan or a decision we made
- How we protect your privacy

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

Eligibility and Enrollment in WellCare of Kentucky

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

MAKE SURE WE HAVE YOUR CORRECT ADDRESS

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

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

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

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

To update major changes:

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

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 a RURAL area within:
PCPs	30 minutes or 30 miles	45 minutes or 45 miles
Hospitals	30 minutes	
Behavioral health providers	60 minutes	

CARE BASICS

ALL REGIONS		
Type of Provider	Drive Time/Distance if you live in an URBAN area within:	Drive Time/Distance if you live in a RURAL area within:
Pharmacies	60 minutes	
Vision, lab or radiology providers	60 minutes	
Dental providers	60 minutes	

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

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

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

CARE BASICS

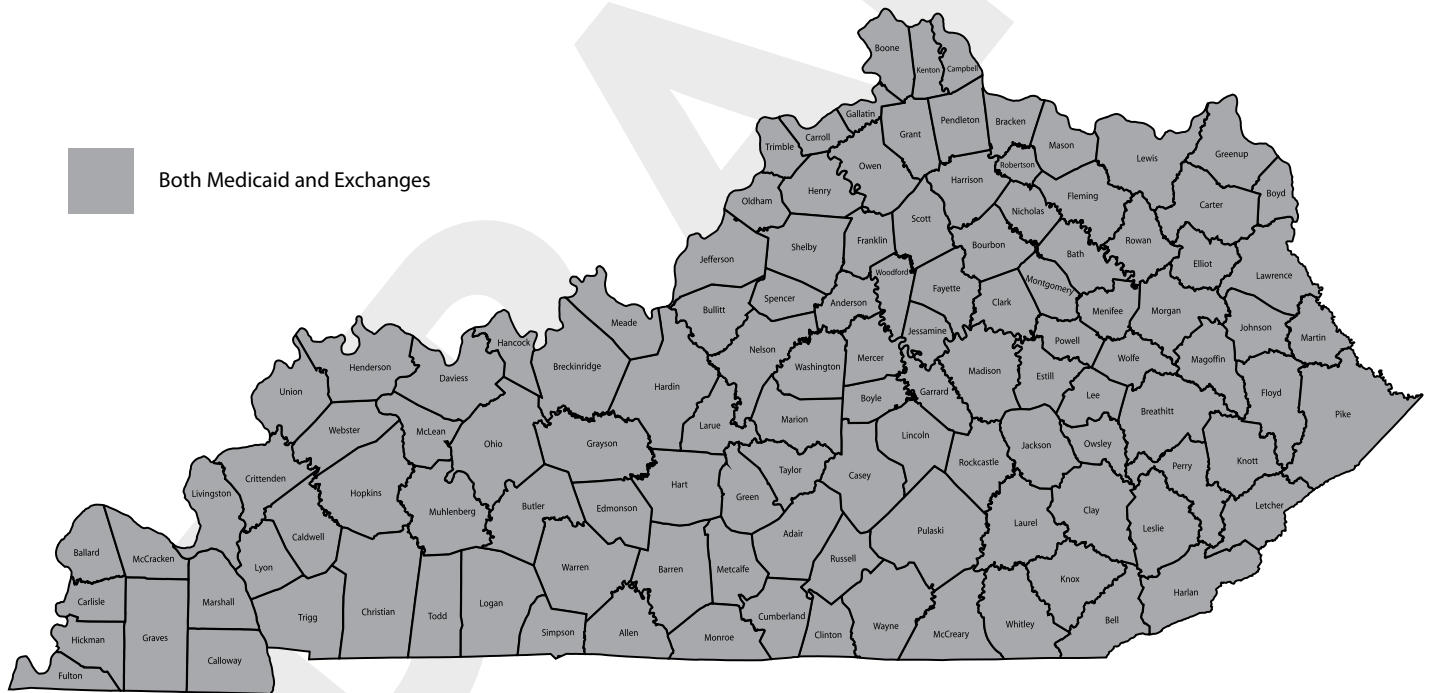
Type of Appointment	Type of Care	Appointment Time
Dental	Urgent	Within 48 hours (2 days)
	Routine visit	3 weeks from the day of your request
Behavioral Health and Substance Abuse	Emergency	Right away (both in and out of our service area), 24 hours a day, 7 days a week (prior authorization is not required for emergency services)
	Urgent	Within 48 hours (2 days) of your request
	Routine visit	Less than 10 days of your request

IMPORTANT PLAN INFORMATION

Our Service Area

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

As a member of our plan, you must get your care within the WellCare of Kentucky provider network. If you get care outside of the approved provider network without prior authorization, you will be responsible for the charges. The only exception is for an emergency. In an emergency, you do **not** have to be in our service area to get care. Call **911** or go to the nearest hospital.



IMPORTANT PLAN INFORMATION

IMPORTANT PLAN INFORMATION

Co-payments: We want to make sure you get the care you need. Be sure to read the *Services Covered* section for co-pay amounts on the next page.

There are no co-pays for:

- Children age 18 or younger who are in foster care
- Children
- Hospice care members
- Members in personal or family care homes
- Pregnant women

Some Kentucky HEALTH members do not have to pay co-pays. Please refer to that section for details.

However, if you go to the emergency room and it is not a true emergency, you may be responsible for a non-emergency co-payment. Kentucky HEALTH members will receive a deduction from your My Rewards Account if you have one. This deduction increases each visit that it's not a true emergency.

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 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* (if covered as a benefit in your plan)
- One women's health visit to an in-network OB/GYN provider each year
- Post-stabilization services
- Visits to your PCP

IMPORTANT PLAN INFORMATION

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 card with you.

Services Covered

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

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

- WellCare of Kentucky or an in-network provider must approve your care
- If you get a service that we do not approve, you may have to pay for it yourself
- Sometimes we may not have a provider in our network who can give you needed care. If this happens, we'll cover the care out-of-network. There would be no additional cost to you. However, you will need to get approval first from us.
- With approval, we will ensure the cost to you is no greater than it would be if the services were provided within our network
- Please see the *Understanding Referrals and Prior Authorizations* section for more information

Benefits/Services	Co-pay Amount	Description/More Information
Allergy services	\$0	• Covers both adult and children
Alternative birthing center	\$0	• 2 visits within 6 weeks of delivery
Ambulatory surgical centers	\$4	<ul style="list-style-type: none"> • Per visit • Does not cover cosmetic surgery (except for post-mastectomy re-constructive surgery)

IMPORTANT PLAN INFORMATION

Benefits/Services	Co-pay Amount	Description/More Information
Behavioral health services	\$3	<ul style="list-style-type: none"> • Mobile crisis • Residential crisis stabilization • Assertive community treatment (ACT) • Peer support • Parent training • Wellness recovery support and crisis planning • Crisis intervention outpatient
Cervical and vaginal cancer screening (Pap tests, pelvic exams)	\$0	<ul style="list-style-type: none"> • Per screening • 1 each year unless more are needed and as ordered by the provider
Chiropractic care (restrictions may apply)	\$3	<ul style="list-style-type: none"> • Per visit • 26 visits per 12-month period
Dental services	\$3 \$0 co-pay for children preventive services	<ul style="list-style-type: none"> • Per visit • Preventive Services • Diagnostic services • 1 oral exam each 12-month period • 2 oral exams for members younger than 21 if in conjunction with a cleaning • 1 cleaning each 12-month period for members 21 and older • 2 cleanings each 12-month period for members younger than 21 • 1 set of X-rays each 12-month period • Extractions and fillings • Oral surgery • Orthodontic and prosthodontic services

IMPORTANT PLAN INFORMATION

Benefits/Services	Co-pay Amount	Description/More Information
Durable medical equipment	\$4	<ul style="list-style-type: none"> • Per item
Dialysis End-Stage Renal Disease (ESRD)	\$0	<ul style="list-style-type: none"> • Per visit • Services and procedures that promote and maintain the functioning of the kidneys and related organs
Early & Periodic Screening, Diagnosis and Treatment (EPSDT) services – health checks for children under age 21	\$0	<ul style="list-style-type: none"> • 1 neonatal exam (right after the baby is born) • 1 exam at 1, 2, 4, 6, 9, 12, 15, 18 and 24 months • 1 exam each year for children ages 3 to 20
Emergency room	\$0 \$8 non-emergency	<ul style="list-style-type: none"> • Per emergency visit • Per non-emergency visit
Emergency ambulance and air transportation	\$0	<ul style="list-style-type: none"> • Per service • Basic life support (BLS) • Advanced life support (ALS) ambulance services
Family planning	\$0	<ul style="list-style-type: none"> • Per visit • Members of child-bearing age • Provided through routine physician visits or family planning clinics
Habilitation services	\$0	<ul style="list-style-type: none"> • Up to 20 visits per calendar year
Hearing services for children under 21	\$0	<ul style="list-style-type: none"> • 1 complete hearing evaluation per calendar year

IMPORTANT PLAN INFORMATION

Benefits/Services	Co-pay Amount	Description/More Information
HIV screening	\$0	<ul style="list-style-type: none"> • Per screening includes: <ul style="list-style-type: none"> - Pregnant women - Those who have an increased risk for the infection - Anyone who asks for the test
Home health care services	\$0	<ul style="list-style-type: none"> • Per visit • 20 limited visits per calendar year • Limits may be “exceeded” if medically necessary • Includes: <ul style="list-style-type: none"> - Skilled nursing - Home health aide - Physical, speech and occupational therapy <p>Please note: These services are covered for up to 20 visits per calendar year</p>
Inpatient Hospital Services	\$50	<ul style="list-style-type: none"> • Per admission
Inpatient Mental Health / Substance Use Services	\$50	<ul style="list-style-type: none"> • Per admission
Immunizations	\$0	<ul style="list-style-type: none"> • Per immunization • Includes: <ul style="list-style-type: none"> - Adults and children - Flu - Pneumonia - Hepatitis B

IMPORTANT PLAN INFORMATION

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

IMPORTANT PLAN INFORMATION

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

IMPORTANT PLAN INFORMATION

Benefits/Services	Co-pay Amount	Description/More Information
Psychiatric residential treatment facilities (PRTFs) (children ages 6 through 21)	\$0	<ul style="list-style-type: none"> • Services are covered for residents ages 6 to 21 who need intensive care and a more highly structured setting than they can get in family and other community-based alternatives to hospitalization
Rural health clinic (RHC), federally qualified health center (FQHC) & primary care center (PCC)	\$3	<ul style="list-style-type: none"> • Per visit
Second opinion	\$0	<ul style="list-style-type: none"> • Per visit
Specialized children's services clinics	\$0	<ul style="list-style-type: none"> • Per visit • Sexual abuse medical exams are covered if medically necessary and member is under age 18
Targeted case management services	\$0	<ul style="list-style-type: none"> • Per service • Behavioral health services that include a minimum of 4 sessions in 1 month including: <ul style="list-style-type: none"> -1 face-to-face contact -1 face-to face contact with a parent, family member, guardian or other person who has custody or supervision of the member -2 additional contacts that may be by telephone or face-to-face
Telehealth	\$0	<ul style="list-style-type: none"> • Per service <ul style="list-style-type: none"> -Use of phones and other technology to access to health services from a distance -Must use a provider within the Kentucky Telehealth Network

IMPORTANT PLAN INFORMATION

Benefits/Services	Co-pay Amount	Description/More Information
Therapeutic group residential services	\$0	<ul style="list-style-type: none"> • Per service • Services in a therapeutic environment with 24-hour supervision and treatment in a group residential facility
Therapy – physical, speech, occupational	PT – \$3 ST – \$3 OT – \$3	<ul style="list-style-type: none"> • Up to 20 visits per calendar year
Tobacco cessation	\$0	<ul style="list-style-type: none"> • Per visit (doctor)
Transplant services	\$0	<ul style="list-style-type: none"> • Per service
Urgent care center	\$3	<ul style="list-style-type: none"> • Per visit • Urgent or emergency treatment is covered if the PCP's office isn't open or can't be reached
Vision (adults 21 and over)		<ul style="list-style-type: none"> • 1 exam per year • 1 pair of eyeglasses per 24 months
Vision (children under 21)		<ul style="list-style-type: none"> • 1 eye exam each calendar year • Limit of 1 pair of eyeglasses per year, or a 2nd pair if 1st pair is broken or prescription changes

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

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

IMPORTANT PLAN INFORMATION

Receiving Non-Covered Services

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

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

Services Not Covered by WellCare of Kentucky

- Any lab service performed by a facility or individual provider without current certification from the Clinical Laboratory Improvement Amendment (CLIA)
- Cosmetic procedures or services performed only to improve appearance
- Hysterectomies performed only to prevent pregnancy
- Medical or surgical treatment of infertility (for example, the reversal of sterilization, in vitro fertilization, etc.)
- Induced abortion and miscarriage services that go against federal and Kentucky laws and judicial opinions
- Paternity 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 member
- Services provided outside of the United States, unless approved by the Secretary of the Kentucky Cabinet for Health and Family Services
- Services or supplies greater than what's allowed by federal or state laws, judicial opinions and the Kentucky Medicaid program
- Services for which a member is not required to pay and for which no other person has a legal responsibility to pay

IMPORTANT PLAN INFORMATION

Non-Emergency Medical Transportation

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

*This service may not be available to some Kentucky HEALTH members.

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

- Bus
- Public transit
- Taxi
- Van

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

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

You can also find this information on the web. Log on to <http://chfs.ky.gov/dms/trans.htm>

How to Get Covered Services

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

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

Understanding Referrals and Prior Authorizations

Referrals

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

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

IMPORTANT PLAN INFORMATION

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

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

Prior Authorizations (PAs)

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

Approval is needed for these types of services:

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

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

If we do not approve your request, we'll let you know. If we do not approve a request, and you still get the service, the provider cannot bill you unless you agreed to pay for it in writing. If an approval is denied, you can ask for an appeal. If you still are not happy once the appeal is complete, you can ask for a State Fair Hearing. (Please see the *Member Grievance Procedures* section for more on this.)

IMPORTANT PLAN INFORMATION

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

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

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

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

Utilization Management (UM)

Utilization management (UM) is a common process used by health plans. It’s how we make sure members get the right care at the right place. It also helps us 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 members and providers get services. They can call the number to get approval for urgent services 24 hours a day, seven 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

IMPORTANT PLAN INFORMATION

Call us if you have questions about our UM program. Call toll-free **1-877-389-9457** (TTY **711**).

Second Medical Opinion

Your PCP can guide you through the process when you want a second opinion about your care. He or she will ask you to pick another doctor in our network. You can also go directly to another in-network provider about getting a second opinion. If you can't find one, don't worry. We can help you find a doctor to see you. If no network doctor can see you, you'll be able to choose a doctor outside of our network. (You won't have to pay for this.)

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

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

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

After-Hours Care

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

Your PCP's office will have a doctor on call. An on-call doctor is available 24 hours a day, 7 days a week. He or she will call you back and tell you what to do. You may go to an urgent care center if you can't reach your PCP's office. (You don't need approval before going to an urgent care center.)

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

Urgent Care

You may need urgent care for a health problem that isn't an emergency, but needs treatment within 48 hours. This is different than your routine doctor's visits. This could be something like:

- An injury
- Illness
- Severe pain

IMPORTANT PLAN INFORMATION

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

When you get to the center, show your WellCare of Kentucky ID card. Also, ask the staff to call us. Be sure to let your PCP know if you get care at an urgent care center so you can get follow-up care.

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

Emergency Care

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

- Bodily injury
- Damage to an organ or other body part
- Injury to yourself or others
- Serious harm to yourself or others due to alcohol or drug abuse or behavioral health issues
- Serious harm to your health

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

- There is no time to go to your doctor's regular hospital
- You're in labor

Here are some examples of emergencies:

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

IMPORTANT PLAN INFORMATION

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

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

The choice is yours. You don't need to get our approval for emergency care you would get at an urgent care center or ER.

When you get to the ER, show your WellCare of Kentucky ID card. Also, ask the staff to call us. The ER provider will decide if your visit is an emergency. If your condition is not an emergency, you can choose to stay. But you may have to pay a co-pay. (See the *Services Covered* section for co-pay amounts.)

Out-of-Area Emergency Care

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

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

When you get to the hospital, don't forget 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

If you have to pay for this visit, let us know. We'll tell you how you can ask to be repaid for the visit. If a provider sends you a bill, keep it. It is very important that you keep copies of all your medical reports, bills and proof of payment. We'll need these to repay you. If you have questions, call us toll-free at **1-877-389-9457 (TTY 711)**.

Post-Stabilization Care

After an ER visit, call your PCP within 48 hours. You may need to get follow-up care until your health gets better. This is called post-stabilization care. We cover this 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.

IMPORTANT PLAN INFORMATION

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.

Pregnancy and Newborn Care

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

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

Baby "To Do" List

Let these people know I'm having a baby:

- Family
- WellCare of Kentucky
- My 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

Names?

Clothes?

IMPORTANT PLAN INFORMATION

If you're pregnant and just joining our plan, you should see your PCP within 14 days of becoming a member. 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 Healthy Moms Program. Keep reading to learn more about it.



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

Healthy Moms Program

We have a free program for pregnant moms. It's called the Healthy Moms Program. The goal of the program is to keep you and your baby healthy. To do this, we'll reach out to you to do a health screening. The screening will help us learn if case management could be a help to you. If so, our registered nurses and caseworkers will help you. They can help you cope with any issues during your pregnancy.

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

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

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

Pregnancy and Newborn Care Guidelines

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

Sources:

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

IMPORTANT PLAN INFORMATION

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

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

What to Expect During your 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

IMPORTANT PLAN INFORMATION

<p>What to Expect During your Pregnancy Care Visits with Your Provider</p>	
<p>First Visit</p>	<p>Ask you about other pregnancies or sicknesses</p>
	<p>Ask you about your mom’s, dad’s and grandparents’ health and sicknesses</p>
	<p>Ask you if you have signed up for WIC</p>
	<p>Look in your ears, nose and throat</p>
	<p>Listen to your heart, lungs and stomach</p>
	<p>Look at your ankles for swelling</p>
	<p>Ask you to lie down and do an internal exam and Pap test</p>
	<p>Take blood to run some tests</p>
	<p>Give you any shots that you did not get yet</p>
	<p>Do an ultrasound to listen to the baby’s heart rate and see how the baby is doing</p>
	<p>Talk to you about further testing, as needed</p>
	<p>Talk to you about what to eat, drink and do to have a healthy pregnancy</p>

IMPORTANT PLAN INFORMATION

What to Expect During your 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

IMPORTANT PLAN INFORMATION

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

Women, Infants and Children (WIC)

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

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

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

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

IMPORTANT PLAN INFORMATION

WellCare of Kentucky's Extra Benefits

We're excited to offer extra benefits and programs to our members at no additional cost. To learn more about these, or if you have questions, give us a call. Our toll-free number is **1-877-389-9457** (TTY **711**).

WellCare of Kentucky Extra Programs and Benefits	
Adult Vision	<ul style="list-style-type: none"> • <Adults (over 21) get 1 pair of eyeglasses per 24 months>
Over-the-Counter Items	<p>Get up to \$10 worth of products each month – that's \$120 each year! You can choose from over 150 items including diapers, reading glasses, pain relievers, vitamins, hand soap, lotion and more</p> <ul style="list-style-type: none"> • Items are mailed right to your home • We have three easy ways to order – <ul style="list-style-type: none"> - Call us toll-free at 1-877-389-9457 (TTY 711) and talk to one of our team members - Call this same number and use our automated service - Go to our website at www.wellcare.com/Kentucky and log in to our member portal
Healthy Rewards Program*	<p>Healthy Rewards Program*</p> <p>Earn rewards for taking steps that help you live a healthy life by completing certain health checkups, including well-child visits. Rewards include:</p> <ul style="list-style-type: none"> • FREE reloadable Visa debit card • Gift cards to selected retailers • FREE diapers <p>*For all children and adults who are not part of Kentucky HEALTH.</p>
Healthy Moms Program	<ul style="list-style-type: none"> • FREE diapers and gift cards through the Healthy Rewards Program* • Up to \$50 FREE for attending all required doctor visits through the Healthy Rewards Program* <p>*This is for members who are not part of Kentucky HEALTH</p>

IMPORTANT PLAN INFORMATION

WellCare of Kentucky Extra Programs and Benefits	
Early Start	<p>Programs to give you and your baby a healthy start:</p> <ul style="list-style-type: none"> • FREE maternity education booklet, care guides and advice, like tips to help you stay healthy while you're pregnant • FREE 24-hours, 7-days-a-week health advice when you call our Nurse Advice Line • Text4Baby® – FREE service offering health tips on pregnancy and baby's first year
Free Sports Physical	<p>Sports Physical: one physical per year, provided by a PCP, for children age 6–18</p>
Care and Disease Management	<p>Programs that help you with:</p> <ul style="list-style-type: none"> • Special health conditions • Managing illnesses
Meals Program	<p>Meals Program for members discharged from inpatient hospital, rehabilitation or skilled nursing facility.</p> <ul style="list-style-type: none"> • Meal deliveries must begin within 14 days of discharge • 10 meals per authorization • No annual limit implying member is eligible after any inpatient discharge
Kentucky Community Connections Help Line	<p>FREE Kentucky Community Connections Help Line to connect you to a wide range of services such as Financial Assistance (utility, rent), food assistance, and transportation along with many other services</p> <ul style="list-style-type: none"> • 1-866-775-2192
Boy Scouts	<p>FREE annual membership members ages 5–18 to join the Boy Scouts. Includes the fee for health and accident insurance</p>

IMPORTANT PLAN INFORMATION

WellCare of Kentucky Extra Programs and Benefits	
Girl Scouts	FREE annual membership members ages 5–18 to join the Girl Scouts.
XtraSavings Discounts Program	<p>Members can get discounts with the following programs:</p> <p>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.</p> <p>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.</p>
Safelink Cell Phone	Members may receive a FREE cell phone through Safelink. Phone includes 350 monthly minutes and unlimited text.
Stay Connected Program	Qualified members with a high-risk pregnancy or chronic condition may receive a free cell phone to stay in touch with WellCare care managers, providers and family members
MORE Benefits and Programs	<p>24-hour Nurse Advice Line:</p> <ul style="list-style-type: none"> • 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)

IMPORTANT PLAN INFORMATION

WellCare of Kentucky Extra Programs and Benefits

MORE Benefits and Programs (continued)

Steps2Success Program: WellCare wants to help members reach their employment, financial and/or educational goals.

- **Training: FREE** job training and financial education classes.
- **Reading Scholarships: FREE** reading scholarships for qualified members who are in pre-kindergarten to 5th grade who want to improve their reading skills.
- **General Educational Development® (GED) Exam:** We understand the importance of education, which is why we're offering this program
- You can take the GED® test for **FREE** if you're age 16 or older and don't have your high school diploma
- **Visit our website to:**
 - Read Frequently Asked Questions (FAQ)
 - Get the registration form
 - Find help preparing for the test

FREE flu shots*

Family planning*:

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

HIV counseling and testing*

Member newsletters mailed to your home with information about:

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

IMPORTANT PLAN INFORMATION

WellCare of Kentucky Extra Programs and Benefits	
MORE Benefits and Programs (continued)	Health and wellness page on our website that gives tips to help you and your loved ones stay healthy
	The largest selection of providers that gives you and your family access to primary care providers (PCPs), specialists, hospitals and pharmacies
	FREE 24-hour crisis line for help with drug and alcohol abuse and behavioral health concerns
	Access to all medically necessary prescription drugs*

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 member ID card
- Email your member ID card
- Search for providers, quick-care clinics and hospitals
- View wellness services available to you
- View appointment reminders
- View your premium payment history (if applicable) and due dates

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

IMPORTANT PLAN INFORMATION

That's it! You're ready to get health information anywhere, anytime!

Remember to tell Customer Service if you want to get text messages from us with reminders and information.

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 (PA) or a referral from your PCP.

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



**24-Hour Behavioral
Health Crisis Line
toll-free number:
1-855-661-6973**

24-Hour Behavioral Health Crisis Line

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

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

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

IMPORTANT PLAN INFORMATION

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

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

**Keep your co-pays low with generic drugs.
They can cost less and work the same as brand-name drugs.
Ask your provider or pharmacist for a generic drug option, if available.**

At the pharmacy, show your WellCare of Kentucky ID card to pick up your prescription. You may also have to pay a co-pay. Please refer to the *Services Covered* section for more details about co-pays.

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

IMPORTANT PLAN INFORMATION

Preferred Drug List

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

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

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

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

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

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

To get these items, simply take your prescription to a network pharmacy.
You'll also need to show them your WellCare of Kentucky ID card.

IMPORTANT PLAN INFORMATION

Other Drugs You Can Get at the Pharmacy

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

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

Pharmacy Lock-In

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

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

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

If we feel you would benefit from this program, we may “lock” you into one pharmacy and one prescriber. We'll send you a letter to let you know if you are in this program. We'll also let your PCP and pharmacy know. If you do not want to be in the lock-in program, you can file an appeal with us. (See the *Member Grievance Procedures* section later in this handbook.)



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

IMPORTANT PLAN INFORMATION

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 members. This service works great if you:

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

The service can help put you in touch with adult and children's health specialists. It can help:

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

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

Care Management

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

You may qualify for care management services if you have:

- | | |
|---|--|
| <ul style="list-style-type: none"> • Complex illnesses that require the coordination of many services • Children with special healthcare needs • Had or are going to have a transplant • A high-risk pregnancy • Multiple chronic illnesses • High-risk behavioral healthcare needs • Experienced domestic abuse | <ul style="list-style-type: none"> • A responsibility for someone in foster care or adult guardianship • Special healthcare needs • Asthma • Coronary Artery Disease (CAD) • Congestive Heart Failure (CHF) • Chronic Obstructive Pulmonary Disease (COPD) |
|---|--|

IMPORTANT PLAN INFORMATION

- Depression
- Diabetes
- High blood pressure
- Obesity
- Tobacco use
- Cancer
- Infant Mortality
- Low Birth Weight
- Substance Abuse Disorder

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

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

We may contact you to talk about care management if:

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

We also have health coaches available to help you:

- Stop smoking
- Manage weight

To learn more about these no-cost programs, or to sign up, give us a call. Call toll-free at **1-877-393-3090** (TTY **711**).

IMPORTANT PLAN 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 members to help with:

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

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

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

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

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

Transition of Care

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

- You're leaving another health plan and just starting with us
- One of your providers leaves our network
- You leave our plan to go to another plan
- You're transitioning to adulthood and need help choosing an adult primary care practitioner

IMPORTANT PLAN INFORMATION

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

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

Planning Your Care

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

Preventive Health

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

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

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

IMPORTANT PLAN INFORMATION

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

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

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

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

IMPORTANT PLAN INFORMATION

Pediatric Preventive Health Guidelines (Newborn to Age 21)

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

Age	Screening/Immunizations (Shots) and Timing
Newborn	<ul style="list-style-type: none"> • Well-baby* checkup at birth • Hearing screening • Newborn screening blood tests • Dose 1 of 2 of the Hepatitis B (HepB) vaccine
3–5 days	<ul style="list-style-type: none"> • This visit is especially important if your baby was sent home within 48 hours of birth • Well-baby checkup as recommended by doctor • Newborn screening blood tests (if not done at birth) • Dose 1 of 2 of the Hepatitis B (HepB) vaccine, if not done at birth
1 month	<ul style="list-style-type: none"> • Well-baby checkup • Newborn screening blood tests if not already completed • Shots: Dose 2 of 2 of the Hepatitis B (HepB) vaccine, if not already received • TB screening
2 months	<ul style="list-style-type: none"> • Well-baby checkup • Newborn screening blood tests if not already completed • Shots: Rotavirus (RV); Diphtheria, Tetanus, and Pertussis (DTaP); Haemophilus influenzae type b (Hib); Pneumococcal conjugate (PCV); and inactivated poliovirus (IPV) vaccines
4 months	<ul style="list-style-type: none"> • Well-baby checkup • Newborn screening blood tests if not already completed • Shots: Rotavirus (RV); Diphtheria, Tetanus, and Pertussis (DTaP); Haemophilus influenzae type b (Hib); Pneumococcal conjugate (PCV); and inactivated poliovirus (IPV) vaccines • Hemoglobin (Hgb) screening

IMPORTANT PLAN INFORMATION

Age	Screening/Immunizations (Shots) and Timing
6 months	<ul style="list-style-type: none"> • Well-baby checkup • Newborn screening blood tests if not already completed • Shots <ul style="list-style-type: none"> - Dose 3 of the Hepatitis B (HepB) vaccine (recommended between ages 6 to 18 months) - Rotavirus (RV); Diphtheria, Tetanus, and Pertussis (DTaP); Pneumococcal conjugate (PCV); and inactivated poliovirus (IPV) vaccines - Begin yearly flu shot (fall or winter) • TB screening, oral health screening and blood lead risk test
9 months	<ul style="list-style-type: none"> • Well-baby checkup • Newborn screening blood tests if not already completed, including hemoglobin or hematocrit • Shots <ul style="list-style-type: none"> - Dose 3 of the Hepatitis B (HepB) vaccine (if not already received; recommended between ages 6 to 18 months) - Dose 3 of the inactivated poliovirus (IPV) vaccines (if not already received; recommended between ages 6 to 18 months) - Yearly flu shot if not already received • Screenings for TB, developmental health, and oral health as well as a blood lead risk test

IMPORTANT PLAN INFORMATION

Age	Screening/Immunizations (Shots) and Timing
12 months (1 year)	<ul style="list-style-type: none"> • Well-baby checkup • Catch-up shots as needed • Newborn screening blood tests if not already completed, including hemoglobin or hematocrit if not done at 9-month visit • Shots <ul style="list-style-type: none"> - Dose 3 of the Hepatitis B (HepB) vaccine (if not already received; recommended between ages 6 to 18 months) - Dose 3 of the inactivated poliovirus (IPV) vaccines (if not already received; recommended between ages 6 to 18 months) - Haemophilus influenzae type b (Hib); Pneumococcal conjugate (PCV); Varicella (VAR); Measles, Mumps, Rubella (MMR); and the Hepatitis A (HepA) vaccines - Yearly flu shot if not already received • Screenings for TB, developmental health, and oral health as well as a blood lead risk test • Dental visit as need identified by child's doctor**

IMPORTANT PLAN INFORMATION

Age	Screening/Immunizations (Shots) and Timing
15 months	<ul style="list-style-type: none"> • Well-baby checkup • Catch-up shots as needed • Shots <ul style="list-style-type: none"> - Dose 3 of the Hepatitis B (HepB) vaccine (if not already received; recommended between ages 6 to 18 months) - Dose 4 of the Diphtheria, Tetanus, and Pertussis (DTaP) vaccine (recommended between ages 15 to 18 months) - Haemophilus influenzae type b (Hib) and Pneumococcal conjugate (PCV) vaccines - Dose 3 of the inactivated poliovirus (IPV) vaccines (if not already received; recommended between ages 6 to 18 months) - Dose 2 of Hepatitis A (HepA) vaccines (recommended between ages 12–23 months) - Yearly flu shot if not already received • Screenings for TB, developmental health, and oral health as well as a blood lead risk test • Dental visit as need identified by child’s doctor**
18 months	<ul style="list-style-type: none"> • Well-baby checkup • Catch-up shots as needed • Shots <ul style="list-style-type: none"> - Dose 3 of the Hepatitis B (HepB) vaccine (if not already received; recommended between ages 6 to 18 months) - Dose 4 of the Diphtheria, Tetanus, and Pertussis (DTaP) vaccine (if not already received; recommended between ages 15 to 18 months) - Dose 3 of the inactivated poliovirus (IPV) vaccines (if not already received; recommended between ages 6 to 18 months) - Dose 2 of Hepatitis A (HepA) vaccines (to be taken 6 months after dose 1; recommended between ages 12–23 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**

IMPORTANT PLAN INFORMATION

Age	Screening/Immunizations (Shots) and Timing
24 months (2 years)	<ul style="list-style-type: none"> • Well-baby checkup • Catch-up test as needed • Yearly flu shot if not already received • Screenings for TB, developmental health, autism, oral health and cholesterol (dyslipidemia) as well as a blood lead risk test • Dental visit as need identified by child's doctor**
30 months (2½ years)	<ul style="list-style-type: none"> • Well-child* checkup • Catch-up tests 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
3 years	<ul style="list-style-type: none"> • Well-child* checkup • Catch-up shots as needed • Yearly flu shot if not already received • Screenings for TB, developmental health, autism, oral health, and cholesterol (dyslipidemia) • Blood lead risk test (if not completed between ages 12 and 24 months) • Dental visit as need identified by child's doctor**; may be up to twice a year

IMPORTANT PLAN INFORMATION

Age	Screening/Immunizations (Shots) and Timing
4–5 years	<ul style="list-style-type: none"> • Well-child checkup each year • Catch-up shots as needed • Shots <ul style="list-style-type: none"> - Dose 5 of the DTaP vaccine - Dose 4 of the IPV vaccine - Dose 2 of the MMR vaccine - Dose 2 of the VAR vaccine • Yearly flu shot if not already received • Screenings for TB, developmental health, autism, oral health, hearing, vision (between age 4 and 5 years) and cholesterol (dyslipidemia) (if not done at age 3) • Blood lead risk test (if not completed between ages 12 and 24 months) • Dental visit as need identified by child’s doctor**; may be up to twice a year • Urine test at age 5
6–20 years	<ul style="list-style-type: none"> • Well-child checkup every year • Catch-up shots as needed • Human papillomavirus vaccine (HPV) at a minimum age of 9 • Yearly flu shot if not already received • Dental visit twice a year • Screenings for TB and developmental health • Hearing tests at ages 6, 8 and 10 • Vision screening at ages 6, 8, 10 and 12; follow-up screenings should be done at ages 15 and 18 • Cholesterol (dyslipidemia) screening at ages 6, 8 and 10, then annually • Blood sugar screening beginning at age 10 and continuing every three years when at risk (see below) • Blood lead risk test (at age 6)

IMPORTANT PLAN INFORMATION

Age	Screening/Immunizations (Shots) and Timing
11–12 years	<ul style="list-style-type: none"> • Well-child checkup every year • Catch-up tests as needed • Human papillomavirus vaccine (HPV) at a minimum age of 9 • Dose 1 of Meningococcal conjugate vaccine (MCV) • Tetanus, diphtheria and pertussis (Tdap) • Yearly flu shot if not already received • Dental visit twice a year • STI screening to be performed for sexually active individuals, as appropriate • Cervical dysplasia screening for sexually active females***
13–14 years	<ul style="list-style-type: none"> • Well-child checkup every year • Catch-up shots as needed • Human papillomavirus vaccine (HPV) at a minimum age of 9 • Yearly flu shot if not already received • Dental visit twice a year • Hemoglobin test • STI screening to be performed for sexually active individuals, as appropriate
13–17 years	<ul style="list-style-type: none"> • Well-child checkup every year • Catch-up shots as needed • MCV4 booster (at age 16 years); Tdap if not done previously • Human papillomavirus vaccine (HPV) at a minimum age of 9 • Yearly flu shot if not already received • Dental visit twice a year • STI screening to be performed for sexually active individuals, as appropriate • Cervical dysplasia screening for sexually active females beginning at age 16***

IMPORTANT PLAN INFORMATION

Age	Screening/Immunizations (Shots) and Timing
18–20 years (up to 21st birthday)	<ul style="list-style-type: none"> • Well-child checkup every year • Catch-up shots as needed • Yearly flu shot if not already received • Dental visit twice a year • STI screening to be performed for sexually active individuals, as appropriate • Cervical dysplasia screening for sexually active females***

NOTES:

*Well-baby, -child and -adolescent checkups may include the following: physical exam (with infant totally unclothed or older child undressed and suitably covered), health history, developmental and psychosocial/behavioral assessment, health education (sleep position counseling from 0–9 months, injury/violence prevention and nutrition counseling), height, weight, test for obesity (known as BMI), vision and hearing screening, head circumference at 0–24 months, and blood pressure at least every year beginning at age 3.

**Dental visits may be recommended beginning at age 6 months.

***Females should have a pelvic exam and Pap smear between ages 18 and 21, sooner if sexually active.

For children with asthma:

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

For children with diabetes:

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

- Overweight (BMI >85th percentile for age and sex; weight for height >85th percentile; or weight >120% of ideal for height) **AND** two of the following risk factors:
 - Family history of type 2 diabetes in first- or second-degree relative
 - Race/ethnicity (Native American, African American, Latino, Asian American, Pacific Islander)

IMPORTANT PLAN INFORMATION

- Signs of insulin resistance or conditions associated with insulin resistance (acanthosis nigricans, hypertension, dyslipidemia, polycystic ovary syndrome, or small for gestational age birthweight)
- Maternal history of diabetes or GDM during the child's gestation

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

- **Blood sugar average** should be done at least yearly. A member's hemoglobin A1C (HbA1C) should be less than 7%.
- **LDL cholesterol** should be done at least yearly. Treatment may be necessary if LDL results are greater than 100mg/dL.
- **Dilated eye exam** should be done yearly by an eye doctor to check for diabetic retinopathy.
- **Foot exam** should be done yearly.
- **Urine test for protein and microalbumin** should be done yearly to check how well the kidneys are working.

References:

Guideline on periodicity of examination, preventive dental services, anticipatory guidance/counseling, and oral treatment for infants, children and adolescents. American Academy of Pediatric Dentistry website. http://www.aapd.org/media/policies_guidelines/g_periodicity.pdf. Published 2013. Accessed July 31, 2017.

American Diabetes Association. (2013). Executive summary: standards of medical care in diabetes – 2013. *Diabetes Care*, 36(Supp. 1), S4–S10. http://care.diabetesjournals.org/content/37/Supplement_1/S5. Accessed July 31, 2017.

Harlor, A., & Bower, C. (2009). Committee on Practice and Ambulatory Medicine, and the Section on Otolaryngology (Head and Neck Surgery): hearing assessment in infants and children – recommendations beyond neonatal screening. *Pediatrics*, 124, 1252–1263. doi:10.1542/peds.2009–1997.

Dental caries in children from birth through age 5 years: screening. U.S. Preventive Services Task Force. <https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/dental-caries-in-children-from-birth-through-age-5-years-screening>. Published May 2014. Accessed July 31, 2017.

IMPORTANT PLAN INFORMATION

Tobacco smoking cessation in children and adolescents: primary care interventions. U.S. Preventive Services Task Force website. <https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/tobacco-use-in-children-and-adolescents-primary-care-interventions>. Published 2013 (2016 update in progress). Accessed July 31, 2017.

Vision in children ages 6 months to 5 years: screening. U.S. Preventive Services Task Force website. <https://www.uspreventiveservicestaskforce.org>. Published 2011 (2017 update in progress). Accessed July 31, 2017.

Visual Impairment in Children Ages 1-5: Screening. U.S. Preventive Services Task Force website. <https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/visual-impairment-in-children-ages-1-5-screening>. Published 2011. Accessed July 31, 2017.

Bright Futures/American Academy of Pediatrics recommendations for preventive pediatric healthcare. American Academy of Pediatrics website. https://www.aap.org/en-us/Documents/periodicity_schedule.pdf. Published February 2017. Accessed July 31, 2017.

Recommended eye examination frequency for pediatric patients and adults. American Optometric Association website. <https://www.aoa.org/patients-and-public/caring-for-your-vision/comprehensive-eye-and-vision-examination/recommended-examination-frequency-for-pediatric-patients-and-adults?sso=y>. Published 2015. Accessed July 31, 2017.

Catch-up immunization schedule, United States, 2017. Centers for Disease Control and Prevention website. Published 2017. <https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf#page=3>. Accessed July 31, 2017.

Recommended immunization schedule for children and adolescents aged 18 years or younger, United States, 2017. Centers for Disease Control and Prevention website. <https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>. Published 2017. Accessed July 31, 2017.

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

IMPORTANT PLAN INFORMATION

- Perform a clinical breast exam
- Check to see if your cervix, ovaries, uterus, vagina and vulva are of normal size, shape and position
- Check for signs of sexually transmitted infections (STIs), cancer and other health problems
- Perform a Pap test if needed
- Talk with you about birth control and protection from STIs

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

Adult Preventive Health Guidelines

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

Recommendations for periodic health exam visits for asymptomatic adults are:

- **Ages: 18 to 39 years:** Exam frequency: every 1 to 3 years (annual Pap test are indicated for females unless 3 consecutive normal tests, 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

IMPORTANT PLAN INFORMATION

Age	Screening	Frequency
50 years and older	Colorectal cancer screening Hearing screening	Periodically depending upon test Periodically
Female >65 years old, or >60 years at risk	Osteoporosis (bone mass measurement)	Every two years or per PCP's recommendations
65 years and older, or younger for those that have diabetes or other risk factors	Vision including glaucoma or diabetic retinal exam as needed	Every two years for routine exams, or Annual if diabetic or other risk factors

Immunizations	
Tetanus-diphtheria and Acellular Pertussis (Td/Tdap)	18 years and older, Tdap: Substitute 1-time dose of Tdap for Td, then boost with Td every 10 years
Varicella (VZV)	All adults without evidence of immunity to varicella should receive 2 doses of single-antigen varicella vaccine if not previously vaccinated, or the second dose if they have received only 1 dose
Measles, Mumps, Rubella (MMR)	Adults born during or after 1957 should receive 1–2 doses
Pneumococcal Polysaccharide (PPSV)	65 years of age and older, all adults who smoke or have certain chronic medical conditions – 1 dose; may need a 2 nd dose if identified at risk
Seasonal Flu	All adults annually
Hepatitis A Vaccine (HepA)	All unvaccinated individuals who anticipate close contact with an international adoptee or those with certain high-risk behaviors
Hepatitis B Vaccine (HepB)	Adults at risk, 18 years of age 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 aged ≥56 years

IMPORTANT PLAN INFORMATION

Immunizations	
Human Papillomavirus (HPV)**	* For eligible members through 26 years of age (three dose series)
Zoster	Age 60 and older 1 dose
Haemophilus Influenzae Type B (Hib)	For eligible members 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

References:

Colorectal cancer screening. American College of Gastroenterology Website. Published 2009. <https://gi.org/guideline/colorectal-cancer-screening/>. Accessed July 31, 2017.

Colorectal cancer: screening. U.S. Preventative Services Task Force website. <https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/colorectal-cancer-screening2>. Published 2016. Accessed July 31, 2017.

IMPORTANT PLAN INFORMATION

Hepatitis B virus infection: screening. U.S. Preventive Services Task Force Website. <https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/hepatitis-b-virus-infection-screening-2014>. Published 2014. Accessed July 31, 2017.

Hepatitis B in pregnant women: screening. U.S. Preventive Services Task Force website. <https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/hepatitis-b-in-pregnant-women-screening>. Published 2009. Accessed July 31, 2017.

Hepatitis C: screening. U.S. Preventive Services Task Force website. <https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/hepatitis-c-screening>. Published 2013. Accessed July 31, 2017.

CDC fact sheet: Hepatitis C – proposed expansion of testing recommendations, 2012. Centers for Disease Control and Prevention website. <https://www.cdc.gov/nchhstp/newsroom/docs/hcv-testingfactsheetnoembargo508.pdf>. Published 2012. Accessed July 31, 2017.

Recommended adult immunization schedule for adults aged 19 years or older – United States, 2016. Centers for Disease Control and Prevention website. <http://www.cdc.gov/vaccines/schedules/hcp/adult.html>. Published 2017. Accessed July 31, 2017.

Press release CDC’s advisory committee recommends human papillomavirus virus vaccination. Retrieved from Centers for Disease Control and Prevention website. <https://www.cdc.gov/media/pressrel/r060629.htm>. Published June 29, 2006. Accessed July 31, 2017.

Breast cancer screening. U.S. Preventive Services Task Force website. <https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/breast-cancer-screening1>. Published January 2016. Accessed July 31, 2017.

Oeffinger KC, Fontham ETH, Etzioni R, Herzig A, Michaelson JS, Ya-Chen TS, et al. Breast cancer screening for women at average risk: 2015 guideline update from the American Cancer Society. *JAMA*. 2015;314(15):1599-1614. doi:10.1001/jama.2015.12783.

ACOG statement on breast cancer screening guidelines. American Congress of Obstetricians and Gynecologists website. <http://www.acog.org>. Published January 2016. Accessed July 31, 2017.

Cervical cancer: screening. U.S. Preventive Services Task Force website. <https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/cervical-cancer-screening>. Published May 2012 (2016 update pending). Accessed July 31, 2017.

IMPORTANT PLAN INFORMATION

Third report of the expert panel on detection, evaluation, and treatment of high blood cholesterol in adults (Adult Treatment Panel III). National Heart Lung and Blood Institute website. <https://www.nhlbi.nih.gov/health-pro/guidelines/current/cholesterol-guidelines/final-report>. Published 2002. Accessed July 31, 2017.

Osteoporosis: screening. U.S. Preventive Services Task Force website. <https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/osteoporosis-screening>. Published 2011 (2017 review in progress). Accessed July 31, 2017.

Practice bulletin no. 129: osteoporosis. American College of Obstetricians and Gynecologists website. <http://www.acog.org>. Published 2012. Accessed July 31, 2017.

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

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

Advance Directives

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

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

Remember... It's your choice.

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

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

IMPORTANT PLAN INFORMATION

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

IMPORTANT PLAN INFORMATION

Member Grievance Procedures

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

There are two ways we handle concerns. They are:

1. Grievances (or complaints)
2. Appeals

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

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

We'll talk more about grievances and appeals further in this member 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).

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

Grievances

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

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

You or someone you allow to speak for you may file a grievance. 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.

IMPORTANT PLAN INFORMATION

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 within 30 calendar days from the day the issue you are not happy about took place.

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

Steps in the Grievance Process	
<p style="text-align: center;">1</p> <p>Contact us</p>	<ul style="list-style-type: none"> • Call 1-877-389-9457 (TTY 711) with your concern – we'll try and fix it over the phone (especially if it's because we need more information) • You can also mail your grievance to us: <div style="margin-left: 20px;"> <p>WellCare of Kentucky Attn: Appeals and Grievance Department P.O. Box 436000 Louisville, KY 40253</p> </div>
<p style="text-align: center;">2</p> <p>First notification to You</p>	<ul style="list-style-type: none"> • We'll send you a letter within 5 business days after getting your grievance to let you know we are looking into your concerns • If we're able to resolve the issue within these 5 days, the letter will have our decision
<p style="text-align: center;">3</p> <p>Second notification to You</p>	<ul style="list-style-type: none"> • If we don't make a decision within the 5 business days, we'll have a decision for you within 30 calendar days after getting your grievance • We will send you a letter within 30 calendar days after getting your grievance with our decision • You may ask us for up to 14 more calendar days so you can provide more information • We also may ask for 14 more calendar days to make a decision, if we think more information is needed and it's in your best interest

IMPORTANT PLAN INFORMATION

State Fair Hearing Process

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

A hearing officer from the Kentucky Cabinet for Health and Family Services will decide if we made the right decision. You or someone who has your written consent may ask for a State Fair Hearing. This must be done within 120 days from the date of the final appeal decision letter.

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

If you request a hearing, the request must:

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

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

- You
- Your authorized representative (if you've chosen one)
- A WellCare of Kentucky representative
- A hearing officer from the Kentucky Cabinet for Health and Family Services

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

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

IMPORTANT PLAN INFORMATION

You may request a State Fair Hearing at this address:

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

Continuation of Benefits during an Appeal or State Fair Hearing

You can ask that we continue to cover your medical services during your appeal and/or State Fair Hearing. To do this all of the following must be met:

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

Be sure to ask to continue your benefits within the 10-day time frame from the Plan sending the notice. 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'll approve and pay for the care. We will 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. You may also have to pay for costs that we've paid.

IMPORTANT PLAN INFORMATION

Office of the Ombudsman

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

	By phone: 1-800-372-2973 (TTY 1-800-627-4702)
	Online: chfs.ky.gov/os/omb
	By mail: The Office of the Ombudsman Cabinet for Health and Family Services 275 E. Main St. 1E-B Frankfort, KY 40621

Remember to Renew Your Eligibility

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

New Medicaid Renewal Options

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

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

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

IMPORTANT PLAN INFORMATION

Watch Your Mail

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

What You Need to Do to Keep Your Coverage

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

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

Passive Renewal

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

Active Renewal

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

Act Fast

The sooner you get your paperwork in, the better! If your signed paperwork is sent late, you may have to reapply and start the process over again. Also, some Kentucky HEALTH members who do not finish this process on time may have a penalty.

Call Us for Help!

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

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

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.

IMPORTANT PLAN INFORMATION

Important Information about WellCare of Kentucky

Here we'll talk about some of the things we do "behind the scenes." Call us with your questions. 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. Eastern time.

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 members
- Make sure that our members have fair access to safe and effective care

We review the following areas:

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

Quality Improvement and Member Satisfaction

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

IMPORTANT PLAN INFORMATION

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

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

Fraud, Waste and Abuse

Billions of dollars are lost to healthcare fraud every year. It involves false information. A member or provider can use false information to get a service or benefit that is not allowed.

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

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

To Report Fraud, Waste and Abuse with WellCare of Kentucky

One way you can help stop fraud, waste and abuse is to review your Explanation of Benefits (EOB) when you get it in the mail. Look for any service that you did not receive or any provider you did not see.

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

IMPORTANT PLAN INFORMATION

You can also report fraud on our website. Go to www.wellcare.com/Kentucky/Report-Fraud-and-Abuse. Giving a report through the web is kept private too.

To Report Fraud, Waste and Abuse with Kentucky Medicaid

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

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

Family Resource and Youth Services Centers (FRYSC)

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

City	Telephone Number
Murray	1-270-339-2192
Morganfield	1-270-285-2553
Louisville	1-502-271-7720
Crittenden	1-859-227-8206
Lexington	1-502-229-4789
Richmond	1-859-200-7777
Morehead	1-606-207-4287
Jackson	1-606-272-7031
Frankfort	1-859-230-2104
Elizabethtown	1-270-505-6533

IMPORTANT PLAN INFORMATION

Your Member Rights

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

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

As our member, you have certain rights and responsibilities.

- Agree to or refuse treatment and actively participate in making decisions
- Decide with your doctor on the care you get
- Talk openly about care you need for your health, no matter the cost or benefit coverage, and the choices and risks involved (this information must be given in a way you understand)
- Timely access to care that does not have any communication or physical access barriers
- Have the risks, benefits and side effects of medications and other treatments explained to you
- Know about your 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

IMPORTANT PLAN INFORMATION

- 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” stands for Indian Health Service
 - “T” stands for Tribal-operated facility/program
 - “U” stands for 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 member rights and responsibilities policy
- Use our grievance process to file a grievance, get help with filing an appeal and get a hearing from us and/or the Department for Medicaid Services
- Appeal medical or administrative decisions by our or the State’s grievance process
- Exercise these rights no matter your sex, age, race, ethnicity, income, education or religion
- Have our staff observe your rights

IMPORTANT PLAN INFORMATION

- 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 Member Responsibilities

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

- Know your member rights
- Give information that we and your providers need
- Follow WellCare of Kentucky's and DCBS' policies and procedures
- Learn about your care and treatment options
- Actively participate in personal health and care decisions, and practice healthy lifestyles
- Report suspected fraud, waste and abuse
- Follow plans and instructions for care that you have agreed on with your doctor
- Understand your health problems
- Help set treatment goals that you and your doctor agree to
- Read your member handbook to understand how our health plan works
- Carry your WellCare of Kentucky member ID card at all times
- Show your ID card 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

IMPORTANT PLAN INFORMATION

- Be on time for appointments
- Tell the doctor's office if you need to cancel or change an appointment
- Respect the rights of all providers
- Respect the property of all providers
- Respect the rights of other patients
- Not be disruptive in your doctor's office
- Know the medicines you take, what they are for and how to take them the right way
- Make sure your PCP has copies of all previous medical records
- Let us know within 48 hours, or as soon as possible, if you are admitted to the hospital or get emergency room care
- Be responsible for cost sharing only as specified under covered services co-payments

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PART 2

THIS SECTION IS FOR ALL CHILDREN
AND ADULTS WHO ARE NOT PART
OF KENTUCKY HEALTH

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IMPORTANT MEMBER INFORMATION

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

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

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

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

The diagram shows a sample WellCare ID card with callouts pointing to specific information:

- Your Name:** Points to the member name, Sally Smith.
- WellCare of Kentucky ID number:** Points to the Member ID, 9999999.
- The date your WellCare of Kentucky membership started:** Points to the Effective Date, 5/1/2019.
- Our website:** Points to www.wellcare.com/Kentucky.
- How to contact us:** Points to the contact information section.
- Your Kentucky Medicaid ID:** Points to the Medicaid ID, 1234567.
- Your PCP's contact information:** Points to the Primary Care Provider (PCP) name and address, Sally Smith, 1234 MAIN ST, SUITE A, ANYWHERE, HI 33618.
- Information your PCP and other providers need to correctly bill for your care/services:** Points to the RxBIN, MCAIDADV, and RxGRP codes.

WellCare of Kentucky ID Card Information:

Member: **Sample E Sample**
 Member ID: **9999999**
 Plan Name: **Sample Plan**
 Effective Date: **5/1/2019**
 Primary Care Provider (PCP):
Sally Smith
 ZMD1234
 1234 MAIN ST
 SUITE A
 ANYWHERE, HI 33618
 PCP Phone: 1-555-555-1235

Medicaid #: **1234567**
 Date of Birth: **01/27/1971**

www.wellcare.com/Kentucky
 For emergencies, call 911 or go to the nearest ER.
 Contact your **primary care provider** as soon as possible.

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

WellCare of Kentucky
 P.O. Box 438000 Louisville, KY 40253

Medical claims are to be mailed to: WellCare Claims P.O. Box 31224 Tampa, FL 33631-3224	RxBIN: 004336 RxPCN: MCAIDADV RxGRP: RX8775
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IMPORTANT MEMBER INFORMATION

Don't forget to keep your WellCare of Kentucky ID card with you at all times. You'll need to show it every time you get care. It has important information about your health plan. By showing your ID card, you can avoid getting a bill from a provider.

Your WellCare of Kentucky ID card has important information on it about your health plan. By showing 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 member information on your ID card. If you get a bill from a provider, give us a call.

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

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

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 Member Handbook
- Finding a provider with the *Find a Provider* search tool
- Your member rights and responsibilities
- Member 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 Member Materials, like your ID Card, Member Handbook and Provider Directory
- Access your Healthy Rewards Program



Our website:
[www.wellcare.com/
Kentucky](http://www.wellcare.com/Kentucky)

IMPORTANT MEMBER INFORMATION

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**

Healthy Rewards Program

WellCare of Kentucky will reward members 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 Members	PCP Visit	Initial PCP Visit within 90 days of enrollment	\$25 on a reloadable debit card or a gift card
Member Information	Updated Member Information	Members get an annual reward for keeping their information current: phone number, address, and email address	\$10 on a reloadable debit card or a gift card
Children's Health	0–15 Months	Well-child visit per periodicity schedule (6 visits)	\$10 per visit for a total of \$60 on a reloadable debit card or a gift card
Healthy Pregnancy	Prenatal Care Visits	Members must complete a prenatal visit during their first trimester or within 42 days of enrollment (age 12 and up)	\$25 on a reloadable debit card or a gift card
	Completion of Prenatal Visit	Members who complete a prenatal visit will have the choice to get 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 21–56 days after the birth of the baby (age 12 and up)	\$25 on a reloadable debit card or a gift card

IMPORTANT MEMBER INFORMATION

Program	Visit Type	What To Do	What You Can Earn
Chronic Care Management	Diabetes	Complete an annual eye exam (members with diabetes ages 18–75)	\$25 on a reloadable debit card or a gift card
		Complete an annual HbA1c lab test (members with diabetes ages 18–75)	\$25 on a reloadable debit card or a gift card
		Blood Pressure Control (members with diabetes ages 18–75)	\$25 on a reloadable debit card or a gift card
Well Women	Cervical Cancer Screening	Complete an office visit for an annual Cervical Cancer Screening (Pap test) (ages 21–64)	\$25 on a reloadable debit card or a gift card
	Mammogram Screening	Complete an annual Mammogram Screening – (ages 50–74)	\$25 on a reloadable debit card or a gift card
	Chlamydia Screening	Complete an annual Chlamydia Screening (ages 16–24)	\$25 on a reloadable debit card or a gift card
Adult Health	Annual Adult Health Screening	Complete an annual Adult Health Screening (Wellness Visit – members age 20 and older)	\$25 on a reloadable debit card or a gift card
Dental Care	Preventive Dental Visit	Any preventive Dental visit for all members (ages 2–20)	\$25 on a reloadable debit card or a gift card

IMPORTANT MEMBER INFORMATION

To learn more about WellCare of Kentucky's Healthy Rewards Program, give us a call or go online. Our toll-free number is **1-877-389-9457 (TTY 711)**.

Our website is **www.wellcare.com/Kentucky**.

*You don't need a referral from your PCP to get these services. You'll need to choose a network provider to make sure that services and medications are covered by the plan. Just call us toll-free at **1-877-389-9457 (TTY 711)**. Or visit us online at **www.wellcare.com/Kentucky**.

Dental Services

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

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

Please refer to the *Services Covered* section for more details.

Appeals

You can file an appeal if you don't agree with a decision we made about covering your care. You can appeal any service, including EPSDT services. You can ask for an appeal 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 few doctors
- You don't agree with a denial for financial liability (copayments, premiums, cost share).

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

IMPORTANT MEMBER INFORMATION

You must file your appeal request within 60 calendar days from the date of receiving a Notice of Adverse Benefit Determination. You can file by calling or writing to us. To do so by phone, call **1-877-389-9457 (TTY 711)**. If you call in your appeal, you must follow up with a written, signed request. (Make sure to do this within 10 calendar days of calling in your appeal.) Expedited appeals received over the phone do not require a follow-up written request.

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

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

We 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 form. Call us to get this form. Please note that a representative may file for a member who:

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

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.

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

IMPORTANT MEMBER INFORMATION

we'll let you know within 30 calendar days. We will send you a letter with our decision within 30 calendar days after getting your appeal request.

Fast Appeal Requests

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

You or your provider must call or fax us to ask for a Fast Appeal. Call us at **1-877-389-9457** (TTY **711**). Or fax it to the numbers listed in the last section. If your fast appeal is filed by phone, written notice is not needed.

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

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

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

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

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

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

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

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

IMPORTANT MEMBER INFORMATION

Additional Information

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

You may also ask us for up to 14 more calendar days to give us more information. We may ask for 14 more calendar days to make a decision as well. (This is called an "extension.") We will do this if we feel we need more information and it's in your best interest. We will provide you with written notice of the reason for the delay within two business days of deciding to extend the time frame. We will also tell you that you have a right to file a grievance if you don't agree with the plan taking more time.

You also have the right to 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
Fast appeal	72 hours or sooner (if your health requires it)
Pre-service appeal (for care you have not yet received)	30 calendar days
Post-service appeal (for care you've already received)	30 calendar days

If we do not resolve an appeal within 30 calendar days, you may ask for a State Fair Hearing. For information on the State Hearing Process, please see Page 87 of this Member Handbook.

IMPORTANT MEMBER 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'll be able to change health plans if you wish, as long as you're still eligible for Medicaid. This is called your "Enrollment Anniversary."

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

- An administrative appeal decision
- Clauses within an administrative rule or statute
- A legal decision

IMPORTANT MEMBER INFORMATION

- 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**).

Reinstatement

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

Moving Between WellCare of Kentucky Service Regions

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

Disenrollment

Voluntary Disenrollment

During your first 90 days on the plan, you may ask to cancel your WellCare of Kentucky membership and change to another health plan. You can do this without cause. This means you don't need a good reason to disenroll. Call us at **1-877-389-9457** (TTY **711**).

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

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

IMPORTANT MEMBER INFORMATION**Involuntary Disenrollment**

You may lose your WellCare of Kentucky membership if you:

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

You cannot be removed from our plan for these reasons:

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

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

IMPORTANT MEMBER INFORMATION**Other programs that support children and families are:**

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

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

Services Beyond Healthcare

Through WellCare Community Connections, you can connect to a wide range of services that help you live a better, healthier life.

WellCare Community Connections is Here For You

Everyone deserves to live the best life possible. Yet a lot of things can affect your ability to do that. A phone call to our Community Connections Help Line can connect you with services. Plus it's here for both WellCare members, non-members and caregivers. Our Peer Coaches will listen to your needs and refer you to existing resources all over the country or right in your local area.

Call to get the help you need. **1-866-775-2192**

Get connected with the right social services, including:

- Financial assistance (utilities, rent)
- Medication assistance
- Housing services
- Transportation
- Support groups
- Food assistance
- Affordable childcare
- Job/education assistance
- Family supplies – diapers, formula, cribs, and more

DRAFT



PART 3:

THIS SECTION IS ONLY FOR ADULTS
RECEIVING MEDICAID BENEFITS
THROUGH KENTUCKY HEALTH.

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DICTIONARY

Kentucky HEALTH is the Commonwealth's new health and wellness program. Remember to keep this Member Handbook in your important papers. When you have questions, you can find all of your answers here. Below is a list of some key words and phrases that you may come across as a Kentucky HEALTH member.

Words/Phrases

Cost Sharing: What a member pays to get healthcare services, which can include monthly premium payments or co-pays

Deductible Account: A virtual account that allows you to keep track of healthcare costs

Federal Poverty Level: The point at which the U.S. government says someone is poor, based on the number of people in the household and their yearly income.

Kentucky Integrated Health Insurance Premium Payment (KI-HIPP) program: A way for the state to pay part of a member's premium if an employer's insurance is available and cost-effective

My Rewards Account: Virtual account you can use to get extra benefits. You can earn virtual dollars for doing things like taking care of your health and learning job skills

PATH Community Engagement: Work and work-related activities that some people must do to keep Kentucky HEALTH benefits

Primary Caregiver: Points to know about a primary caregiver include:

- It is an adult member of a household who provides care for a dependent in the household
- For Kentucky HEALTH, only one adult member in a household can be the primary caregiver
- An example would be a stay-at-home parent taking care of his or her child or taking care of an elderly family member

WellCare of Kentucky has two types of Medicaid options:

- Original Medicaid; and
- Kentucky HEALTH

Kentucky HEALTH improves your health by:

- Encouraging you to take better care of yourself and involving you in your community
- Giving you the tools and incentives you need to live a healthier life
- Empowering you to take more control over your healthcare

Most Kentucky HEALTH members will pay premiums or co-pays as a way to invest in their personal health.

The Department for Medicaid Services (DMS) wants to make your Medicaid experience look more like regular health insurance, including things like:

- Making regular and on-time premium payments;
- Tracking health costs; and
- Managing healthcare spending

Eligibility

How does Kentucky HEALTH apply to me?

It depends on your situation. You should have received a notice of eligibility that lets you know about your Medicaid coverage.

- If you are enrolled in Kentucky HEALTH, you'll will also get a letter that contains more details about your enrollment. If you have not received this notification, Customer Service can assist you.

You might be affected by changes in Kentucky HEALTH if you are:

- A Medicaid expansion member (age 19 to 64)
- A Parent or caretaker of Medicaid children
- A former foster care member (Under age 26)
- Receiving Transitional Medical Assistance (TMA)
- A Refugee

KENTUCKY HEALTH INFORMATION

- A pregnant woman
- A child enrolled in Medicaid or KCHIP (Kentucky Children's Health Insurance Program)

You are not affected by Kentucky HEALTH requirements if you are:

- A member enrolled in Medicare
- Over 64 years of age, blind or disabled
- A child in Foster Care
- A child involved in a subsidized adoption

How will the services I get change through Kentucky HEALTH?

Good news! You can still get all current medical services. But the way you get those medical services might change.

Kentucky HEALTH members will be enrolled in one of two potential benefit plans, depending on their individual circumstances:

- **Medicaid State Plan** – A WellCare benefit plan identical to the one provided to WellCare members before Kentucky HEALTH
- **Kentucky HEALTH Alternative Benefit Plan (ABP)** – A WellCare benefit plan with services and benefits similar to what members would receive in a non-Medicaid insurance plan

Kentucky HEALTH Alternative Benefit Plan (ABP)

- Some members will be enrolled in the Kentucky HEALTH ABP. (See the table.)
- You will still get preventive and specialty medical services through WellCare
- **Vision** and **Dental** benefits will be available through your My Rewards Account — a special health savings account lets you earn reward dollars for healthy activities

KENTUCKY HEALTH INFORMATION

Population	Changes in covered services
Medicaid expansion adults only (21+) and Refugees	Enrolled in ABP. Vision and Dental will now be covered by (DMS) through the My Rewards Account
Medicaid expansion adults only (19-20)	Enrolled in ABP. Vision and Dental benefits still provided by WellCare
Medically frail adults and Survivors of Domestic Violence	No changes
Former foster youth under age 26	No changes
Pregnant women	No changes
Parents and Caretakers	No changes
Transitional Medical Assistance	No changes
All other WellCare members	No changes

KENTUCKY HEALTH INFORMATION

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

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

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

The diagram shows a sample WellCare ID card with callouts pointing to various fields:

- Your Name:** Points to the member name field.
- Your WellCare of Kentucky ID number:** Points to the Member ID field.
- The date your WellCare of Kentucky membership started:** Points to the Effective Date field.
- Your Kentucky Medicaid ID:** Points to the Medicaid # field.
- Your PCP's contact information:** Points to the Primary Care Provider (PCP) name and phone field.
- Our website:** Points to the website URL.
- How to contact us:** Points to the Customer Service, Provider Service, and 24-hour nurse advice line numbers.
- Information your PCP and other providers need to correctly bill for your care/services:** Points to the RxBIN, RxPCN, and RxGRP fields.

KENTUCKY HEALTH INFORMATION

Don't forget to keep your WellCare of Kentucky ID card with you at all times. You'll need to show it every time you get care. It has important information about your health plan. By showing your ID card, you can avoid getting a bill from a provider.

Your WellCare of Kentucky ID card has important information on it about your health plan. By showing 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 member information on your ID card. If you get a bill from a provider, give us a call.

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

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

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 Member Handbook
- Use our *Find a Provider* search tool
- Your member rights and responsibilities
- Member newsletters

On our website, you can also:

- Get a general overview of Kentucky HEALTH
- View instructional videos helping you with questions about Kentucky HEALTH
- Make a premium payment online
- Review answers to questions that you may have
- Watch videos on various health topics
- Find a drug by using our *Drug Search Tool*
- Change your address, phone number and your PCP



Our website:
[www.wellcare.com/
Kentucky](http://www.wellcare.com/Kentucky)

KENTUCKY HEALTH INFORMATION

- 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 Member materials such as your ID card, member handbook and provider directory
- Make a guest payment on behalf of a member
- Review frequently asked questions
- View your Deductible Account Statement

To learn more about the Kentucky HEALTH Program visit this website:
<https://kentuckyhealth.ky.gov>

My Rewards Account

Kentucky HEALTH members may be eligible for a rewards program:

- The My Rewards Account is offered to Kentucky HEALTH adults who
 - Are pregnant, or
 - Have paid a premium to gain access to the My Rewards Account

Members get rewards when they complete certain activities.

How do I receive rewards?

You can earn rewards by doing healthy activities like:

- Go to the dentist for a cleaning
- Take your child in for a checkup
- Get a health screening or flu shot

For a full list of all the activities that you can complete go to <https://kentuckyhealth.ky.gov>

You can also earn dollars for your My Rewards Account if you have money left in your Deductible Account at the end of the year. If you do not use all \$1,000 in the year, up to half of the money left in the Deductible Account at the end of the year may be rolled into your My Rewards Account.

KENTUCKY HEALTH INFORMATION

Your My Rewards Account may also be penalized. You may have money taken out of your account if:

1. You go to the emergency room and it is not a true emergency. The deduction amount goes up each time that it's not a true emergency.
2. You do not pay your premium, if it is required.
3. You ask to leave Medicaid.

What can I use My Rewards Account for?

- If you are eligible for My Rewards Account, you may use the My Rewards Account for extra benefits.
- Medicaid expansion adults and Refugees on ABP may also use the My Rewards Account for routine vision and dental services
- Transportation is not a covered benefit for the My Rewards Account
- For a full list of benefits that can be purchased with the My Rewards Account funds visit <https://kentuckyhealth.ky.gov>

How do I get a My Rewards Account?

- Pregnant women and Refugees are automatically enrolled in the My Rewards Account, as long as you did not have an existing penalty at the time that you reported your pregnancy.
- Other Kentucky HEALTH members can activate their My Rewards Account and keep their account active by paying their monthly premium
- Members can access their My Rewards Account status and balance at citizenconnect.ky.gov.

When can I start earning rewards?

There's good news if you are a Kentucky HEALTH member. You may have already earned rewards! You will get credit for any qualifying activities you have completed with Medicaid since Jan. 1, 2018.

Check your My Rewards Account status and balance at citizenconnect.ky.gov

KENTUCKY HEALTH INFORMATION

Cost Sharing: Investing in Your Health

As a Kentucky HEALTH member, you will likely pay either monthly premiums or co-pays. This lets you invest in your health.

Monthly household premiums are between \$1 and \$15, depending on your income. Premiums cover your share of all WellCare covered visits for the month. You will not have to pay more — no matter how many trips to the doctor.

This chart shows you how cost sharing might affect you. Pregnant women, children and refugees are exempt from cost sharing.

Member category	Benefits of paying monthly premiums	Consequences for non-payment of premium
Former Foster Care, Medically Frail, and Survivors of Domestic Violence	<ul style="list-style-type: none"> You will have an active My Rewards Account and can earn more benefits 	<ul style="list-style-type: none"> You will not have access to a My Rewards Account for extra benefits
All other non-pregnant adults who are Kentucky HEALTH members	<p>More benefits through My Rewards Account</p> <ul style="list-style-type: none"> You will not have to pay more — regardless of the number of trips to the doctor You will not have to pay more — regardless of the number of trips to the doctor Avoid losing your benefits Avoid paying co-payments which are more expensive than paying your monthly premium 	<ul style="list-style-type: none"> My Rewards Account is suspended <\$25> will be taken out of your My Rewards Account Your benefits may be suspended if your income is over the federal poverty level. The federal poverty level depends on household size; it could range from <\$12,490> for a single (individual) adult to <\$25,750> for <2> adults and <2> children (family of <4> for <2019>) If you are not suspended, you will have copays for your services

KENTUCKY HEALTH INFORMATION

Please remember to pay your premium. If you don't, you may lose your benefits or be enrolled in a plan with co-pays. A co-pay is a set amount you will pay to get care when you go to the doctor or fill a prescription.

Co-pays vary based on the type of service. They can be more expensive than monthly family premiums. For example, you might pay:

Benefit	Co-pay
Inpatient Hospital Services	\$50
Outpatient hospital or ambulatory surgical center visit	\$4
Generic prescription drug	\$1
Brand name drug	\$4
Emergency room for a non-emergency visit	\$8
Durable medical equipment	\$4
Office visit (Physician services)	\$3
Occupational, Physical therapy, and Speech-language pathology services	\$3
Laboratory, diagnostic or radiology services	\$3

For a full list of co-pays please see page 34 in this Member Handbook.

Cost sharing: Additional Details

If you have a premium and do not pay it, your income level will determine if you:

- Have to pay a co-pay when you use your benefits or
- Lose coverage under Medicaid

KENTUCKY HEALTH INFORMATION

How can I pay my premium?

We've created many options to pay your premium. Many places will accept payment. There are lots of ways to pay:

- You can use cash, check, money order, by credit/debit card, or online by logging on to www.wellcare.com/Kentucky and clicking "Pay your Premium link in the Member Toolbox". You can use a credit/debit card, checking or savings account.
- You can pay at retail locations, such as Walmart, Kroger, CheckSmart and City National Bank
- To find a payment center nearest you, you can visit www.checkfreepay.com
- You can call Customer Service to help you make your payment over the phone

What if I can't pay my premium?

It's not always possible to pay your premium on time. Kentucky HEALTH understands that and will avoid or lift a penalty in some circumstances. You might be eligible for a temporary exemption from a penalty if:

- You or a member of your family was institutionalized
- A family member died
- You were a victim of a natural disaster
- You reported an address change to DMS but did not receive your notice
- You were hospitalized
- You were evicted or became homeless
- You were incarcerated

Do you think you might qualify? Please call Customer Service at **1-877-389-9457** (TTY **711**). You can reach us Monday–Friday from 7 a.m. to 7 p.m. Or visit us at www.wellcare.com/Kentucky. But you will need to upload the proof on the self-service portal at benefind.ky.gov or you can take the proof to your local Department for Community Based Services office.

Don't forget: If you can't pay and don't qualify for an exemption, friends, neighbors, churches, providers or other charities can pay for you. Contact us to learn more.

KENTUCKY HEALTH INFORMATION

What if I don't pay my premium?

There is a penalty for not paying a premium. You can remove that penalty once per year.

In order to remove a penalty, before the end of the six-month penalty period, you have to:

- Pay two months of past due premiums;
- Pay one month of future premiums; and
- Complete a re-entry course at **citizenconnect.ky.gov**

If you are required to pay a monthly cost share, but don't pay your premium, you may enter a six-month penalty period, which could include:

- A suspension of benefits; or
- Enrollment in a co-pay plan (depends on your income)

After the six month penalty, you can pay one month of premium to regain benefits without co-pays.

What if I lose access to my medical Benefits?

If you lose access to your medical benefits, you may still have access to medical care through free and low-cost clinics. These include Federally Qualified Health Centers (FQHCs). These clinics are located all across Kentucky. You can find a local clinic at **findahealthcenter.hrsa.gov**. Many clinics cannot refuse to provide services if someone is unable to pay. Some clinics may use a sliding fee scale to base price on a person's income.

If you have a medical emergency, you should go to the emergency room.

Monthly Deductible Account Statement and Claim Summary

Most Kentucky HEALTH adults get a monthly Deductible Account and claim summary statement. This excludes pregnant women and children.

Deductible Account: The Commonwealth of Kentucky wants you to be active in your healthcare. When you understand how the system works, you can make cost-conscious decisions. Here are some things to know:

- The Deductible Account is a virtual account, managed by your health plan
- The Commonwealth of Kentucky will fund the \$1,000 Deductible Account
- As you see providers for non-preventive services, money is taken out of your Deductible Account up to \$1,000

KENTUCKY HEALTH INFORMATION

- Once you have received more than \$1,000 in services, WellCare will continue to pay all of your medical claims.
 - **You will not get a bill for any covered services**
- If you get less than \$1,000 in services in a year, part of the account may be deposited into your My Rewards Account, up to \$500 in the following year

You can go to <https://kentucky.wellcare.com/login/Member> to view your statement under the “Documents from WellCare” section or you get a monthly statement that lets you:

- Review a summary of your claims
- Track your deductible account balance and the expenses your account is paying

It is not a bill. You do not have to pay for any covered service.

The only effect to you is:

- You will get a monthly statement that explains your healthcare spending, and
- The unspent balance may roll over into a My Rewards Account at the end of the year

Kentucky Integrated Health Insurance Premium Payment (KI-HIPP) program (formerly called Premium Assistance)

What do I need to know about the Kentucky Integrated Health Insurance Premium Payment (KI-HIPP) program

Kentucky HEALTH members who can use their employer’s insurance may be able to use the KI-HIPP program. This will help pay some of the premium for your employer’s plan.

- If you are eligible for Kentucky HEALTH, you may need to enroll in your employer’s health plan.
- If you enroll in KI-HIPP, you will no longer be a WellCare member
- Your employer’s health plan must be cost-effective for the state to help pay your premium
- Kentucky HEALTH will reimburse you (less the required monthly Kentucky HEALTH premium amount) for the cost of your employer’s plan. You will still be required to pay up to \$15 a month as your share of the cost

KENTUCKY HEALTH INFORMATION

- You will have access to the benefits covered by your employer's plan AND any benefits covered by Kentucky HEALTH that may not be covered by your employer's plan
- You will also have access to the provider network of your employer's plan

PATH Community Engagement

PATH (Partnering to Advance Training and Health) Community Engagement can help move you toward financial security.

Completing the 80 hours in required activities can have these benefits:

- Better health
- Engagement in your community,
- Improved employability, and
- Long-term independence.

Kentucky HEALTH offers beneficiaries access to community engagement and employment resources through its PATH Community Engagement Program.

You can use PATH Community Engagement for job opportunities, job training, volunteer opportunities, and much more. And it's all free of charge!

Do I have to participate in the PATH Community Engagement Program?

Adult Kentucky HEALTH members must participate to stay eligible unless they qualify for an exemption

Members who do not have to meet PATH Community Engagement requirements

Pregnant women

Medically Frail adults

Former foster youth (under age 26)

Full-time students

Primary caregiver of a dependent

Refugees

Survivors of Domestic Violence

KENTUCKY HEALTH INFORMATION

What are the PATH Community Engagement requirements?

Completing PATH Community Engagement requirements will only take 80 hours of approved activities each month; PATH Community Engagement requirements will roll out across the state during 2019. You'll get a notice from Kentucky HEALTH that tells you when your requirements start, so you have time to prepare and find activities

How do I complete my requirements?

To register for PATH Community Engagement activities or submit your community engagement hours or inquire if a certain activity meets the requirements:

- Visit citizenconnect.ky.gov
- In person at a Kentucky Career Center (KCC) (find the KCC locations at KCC.ky.gov)
- <Paper form request>
- Call <1-855-459-6328>

What types of activities meet my requirement?

Some PATH Community Engagement activities that qualify are:

Job skills training;
Job search activities;
Education related to employment;
General education (i.e. GED, community college);
Vocational education/ training;
Subsidized or unsubsidized employment;
Community work experience;
Community service/public service;
Caregiving services for a non-dependent relative or other person with a chronic, disabling health condition; and
Participation in Substance Use Disorder (SUD) treatment.

KENTUCKY HEALTH INFORMATION

For a full list of activities that qualify visit <https://kentuckyhealth.ky.gov>

What happens if I am required to meet the PATH Community Engagement and do not complete and report my hours?

If you do not report 80 hours of PATH Community Engagement activities by the end of the month, you will have 30 days to:

- Make up and report the missing hours; OR
- Show the required documentation; OR
- Take a re-entry course; OR
- Show good cause for not meeting the requirement.

During those 30 days, you also need to meet the 80-hour requirement for that month, as well. If you complete any of the options above, your medical benefits will not be suspended.

If you do not complete any of the options above, then you will be in a “penalty period,” during which you will not have Medicaid benefits. You can get your benefits back by:

- Completing a month of hours and reporting the hours on **CitizenConnect.ky.gov** (80 hours in a 30-day period); OR
- Taking a re-entry course. These courses are offered online at **CitizenConnect.ky.gov** or in-person.

After you complete one of the options above, you will begin receiving your Medicaid benefits again. You may lose benefits if you are not eligible for any other form of Medicaid.

The option to avoid suspension or re-enter from suspension is only available once per benefit year. Re-entry courses are available at **citizenconnect.ky.gov**.

What if I don't qualify for an exemption, but still can't meet my hours?

We offer a resource to help WellCare members meet PATH Community Engagement requirements. It's called WellCare Works. This program connects you to tools for work and education success. It's available as an extra benefit for our valued members like you.

KENTUCKY HEALTH INFORMATION

Looking for a job? Want to volunteer for a cause? Trying to get more education? If so, WellCare Works puts these resources at your fingertips:

- Free GED® test preparation and testing
- Job search help
- Resume building
- Interview coaching and more!

Get Started Today!

It's easy to put the program to work for you.

- Log on to your member portal through www.wellcare.com/Kentucky. Choose the Login/Register link at the top of the screen
- If you have not done so, choose Register for an Account
- When you are logged in, find the WellCare Works link on the right side of the screen.

Need support with the WellCare Works website? Call **1-800-705-6178** toll-free Monday through Friday, 9 a.m. to 8 p.m.

Our Community Connections Help Line can get you connected with the right social services, including:

- Financial Assistance (utility, rent)
- Food assistance
- Medication Assistance
- Transportation
- Housing Services
- Support groups
- Affordable child care
- Job/education assistance
- Family Supplies – diapers, formula, cribs, and more

Call to get the help you need. **1-866-775-2192**

Medically Frail

Some Kentucky HEALTH members will have different requirements and benefits if they are determined to be Medically Frail.

If Kentucky HEALTH determines you are Medically Frail, you:

- Will have no changes in benefits
- Will have no mandatory premiums or co-payments
- Will have no PATH Community Engagement requirements

KENTUCKY HEALTH INFORMATION

How did I qualify as Medically Frail?

You qualify because of information reported by you, your doctor, or the Department for Community Based Services (DCBS).

Some common reasons someone could be in the Medically Frail group are:

- Disabling mental disorder
- Chronic substance abuse
- Serious medical condition
- Difficulties with activities of daily living
- Retirement, Survivors, Disability Income (RSDI)
- Chronic homelessness

You also might be eligible if you are chronically homeless or survivor of domestic violence.

- You can report that you are experiencing domestic violence to the Department for Community Based Services (DCBS). You will then have a Medically Frail status for 12 months.
- You can contact DCBS by calling **1-855-306-8959** or visiting a local DCBS office.

How do I get this exemption?

There are four ways to qualify as Medically Frail. If you believe you may qualify, you can contact us for more information.

Self-identified

- You can complete the health screening questions at **benefind.ky.gov** to receive information about who qualifies as Medically Frail
- Once that is completed, you can contact WellCare for more information.
- We will attempt to see if you qualify using claim information.

Claim Information

- WellCare will review your claim history to see if you meet DMS requirements for Medically Frail.
- If your claim history does not meet the DMS requirements, you will need to make an appointment with your healthcare provider.

KENTUCKY HEALTH INFORMATION

Provider Attestation

- Your provider can help treat any medical issues you have.
- Your provider can also fill out a Medically Frail Provider Attestation form and send it to us.
- Providers complete and submit a Medically Frail attestation on your behalf.

State Systems

- The state systems identify individuals who are on the Ryan White program (HIV/AIDS) or on RSDI due to disability

Suspensions and Penalties

Kentucky HEALTH members face new penalties if you:

- Fail to complete your annual recertification
- Voluntarily withdraw from Medicaid coverage

These penalties do not apply to all Kentucky HEALTH members.

- **Recertification penalty:** Does not impact children, pregnant women, survivors of domestic violence, Medically Frail, or Former Foster Youth (under age 26)
- **Voluntary withdraw penalty:** Only impacts the head of household requesting the withdrawal

You can also be stopped from regaining benefits in Medicaid for up to 6 months if you get one of these penalties.

How can I make sure I don't receive the new penalties?

You want to make sure you aren't suspended and can recertify in Medicaid. Here's how to make it happen:

- Make sure to report all address changes to DMS so you get any documents they send you
- Respond to any DMS requests for information or paperwork
- Report any changes of your circumstances to DMS.
 - You will not be subject to a penalty if you report your changes.

KENTUCKY HEALTH INFORMATION

If you get a penalty notice, you can ask for an appeal. If you want to keep getting benefits while the appeal is reviewed:

- You must ask for the appeal before the penalty starts, and
- You must ask to keep getting benefits.

Services Beyond Healthcare

Through WellCare Community Connections, you can connect to a wide range of services that help you live a better, healthier life.

WellCare Community Connections is Here For You

Everyone deserves to live the best life possible. Yet a lot of things can affect your ability to do that. A phone call to our Community Connections Help Line can connect you with services. Plus it's here for both WellCare members, non-members and caregivers. Our Peer Coaches will listen to your needs and refer you to existing resources all over the country or right in your local area.

Call to get the help you need. **1-866-775-2192**

Get connected with the right social services, including:

- Financial Assistance (utilities, rent)
- Medication Assistance
- Housing services
- Transportation
- Support groups
- Food assistance
- Affordable childcare
- Job/education assistance
- Family Supplies – diapers, formula, cribs, and more

KENTUCKY HEALTH INFORMATION

WellCare’s Community Connections is there to help you if you have trouble understanding or meeting the new requirements for premiums or PATH Community Engagement.

Help Paying Premiums	PATH Community Engagement	Member Counseling and Coaching
Providing resources to assist Members unable to pay premiums due to certain life situations and challenges	Linking members with job and/or volunteerism opportunities via social service agencies and KY-based workforce innovation boards	Pointing members to additional counseling and/or social programs to assist in removing Member barriers and obstacles due to specific life challenges (on a case-by-case basis)
	Linking members to an online, on-demand platform for job search, coaching, and counseling	
	Providing educational resources such as courses and other preparatory opportunities	

Good Cause Exemptions from Premium Requirements and PATH Community Engagement

If you are unable to meet your premium payment or PATH Community Engagement requirements, you may be able to give a “good cause” reason. This might help you avoid penalties and suspensions.

If you failed to pay your premium and believe you qualify for one of the exemptions below, please call us. You can reach us at **1-877-389-9457 (TTY 711)**. Or log on to **www.wellcare.com/Kentucky**. We will report your reason to DMS. However, you will still have to verify that you qualify. You can do this by uploading the verification source on the self-service portal at **benefind.ky.gov** or taking the verification source listed below to your local DCBS office within 10 days.

If you failed to meet your PATH Community Engagement requirement and believe you qualify for one of the exemptions below, please call and report that at **<CE phone number>**.

KENTUCKY HEALTH INFORMATION

You will still have to verify that you qualify. You can do this by uploading the verification source on the self-service portal at **benefind.ky.gov** or taking the verification source listed below to your local DCBS office within 10 days.

Good Cause Reason	Verification Source
A member of your immediate family who was living in your home was institutionalized or died	Death Certificate, Doctor's Statement, Statement from Institution, Statement from Funeral Home, Collateral Contact
You were a victim of declared natural disaster, such as a flood, storm, earthquake, or serious fire	Federally Declared Disaster, Property Loss Statement, Collateral Contact
You submitted an address change timely to your local DCBS office or benefind.ky.gov , but notice was not delivered	Address Change Notice, Collateral Contact
You were hospitalized, or otherwise incapacitated for the entire month	Written Statement, Landlord Letter, Lease Document, Collateral Contact
You were a victim of domestic violence	Written Statement, Landlord Letter, Statement from Institution, Doctor's Statement, Collateral Contact
You were evicted from your home or became homeless	Written Statement, Landlord Letter, Lease Document, Collateral Contact
You were incarcerated for the entire month	Original Record, Statement from Institution, Written Statement
You have a Medical Condition that is considered a disability by the Americans with Disabilities Act (ADA)	Written Statement, Doctor's Statement
You are a Caregiver for someone with a disability as defined by the Americans with Disabilities Act (ADA)	Written Statement, Doctor's Statement

KENTUCKY HEALTH INFORMATION

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. You may be suspended if you do not notify us and DMS that you have moved.

Disenrollment

You may ask to cancel your WellCare of Kentucky membership and change to another health plan.

Former Foster Youth and pregnant women can do this during your first 90 days on the plan without cause. This means you don't need a good reason to disenroll. Medically Frail individuals can change to another health plan within the first 60 days on the plan if they do not pay their premium. Once you pay your premium, you can only change to another health plan for good reason or at open enrollment. 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'll get your Medicaid benefits from a new health plan. You may still file a grievance or an appeal even if you have left our plan.

All other Kentucky HEALTH members can only change to another plan before their enrollment with WellCare is completed. Since this member handbook is only sent to active WellCare members, if you are in Kentucky HEALTH and are not pregnant or a Former Foster Youth, you will not be allowed to pick another health plan until open enrollment unless you have a "just cause reason"

Involuntary Disenrollment

You may lose your WellCare of Kentucky membership if you:

- Lose your Medicaid eligibility
- Do not update your address with DCBS if you move
- Voluntarily leave our health plan
- Die
- Go to jail
- Become eligible for Medicare
- Commit fraud or abuse your healthcare services

KENTUCKY HEALTH INFORMATION

- Choose another health plan during your Enrollment Anniversary plan change period and our health plan membership is not capped (by the State)
- Enter a waiver program
- Go into a long-term care nursing facility for more than 30 days

You cannot be removed from our plan for these reasons:

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

Appeals

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

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

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

KENTUCKY HEALTH INFORMATION

You must file your appeal request within 60 calendar days from the date of receiving a Notice of Adverse Benefit Determination. You can file by calling or writing to us. To do so by phone, call **1-877-389-9457 (TTY 711)**. If you call in your appeal, you must follow up with a written, signed request. (Make sure to do this within 10 calendar days of calling in your appeal.) Expedited appeals received over the phone do not require a follow-up written request.

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

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 complete 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 that a representative may file for a member who:

- Has died
- Is an adult and incapacitated (disabled)
- Is a minor
- 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 decision notice, your request may be denied.

KENTUCKY HEALTH INFORMATION

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

Fast Appeal Requests

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

You or your provider must call or fax us to ask for a Fast Appeal. Call us at **1-877-389-9457 (TTY 711)**. Or fax it to the numbers listed in the last section. If your fast appeal is filed by phone, written notice is not needed.

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

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

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

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

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

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

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

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

KENTUCKY HEALTH INFORMATION

Additional Information

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

You may also ask us for up to 14 more calendar days to give us more information. We may ask for 14 more calendar days to make a decision as well. (This is called an "extension.") We will do this if we feel we need more information and it's in your best interest. We will provide you with written notice of the reason for the delay within two business days of deciding to extend the time frame. We will also tell you that you have a right to file a grievance if you don't agree with the plan taking more time.

You also have the right to 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
Fast appeal	72 hours or sooner (if your health requires it)
Pre-service appeal (for care you have not yet received)	30 calendar days
Post-service appeal (for care you've already received)	30 calendar days

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

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

You may request a State Fair Hearing at this address:

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

KENTUCKY HEALTH INFORMATION

For members part of the Kentucky HEALTH Program, there are 11 types of appeals; however, only 2 appeals types are handled by the Plan

Appeals Handled By the Plan-contact us	Appeals Not Handled by the Plan-contact DMS
Appeals for Reimbursement and Coverage of Benefits	Appeals for Termination due to Change or Discontinuance at Recertification
Appeals for Medically Frail	Appeal due to Suspensions for Non-payment
	Appeals due to Suspensions for PATH Community Engagement Non-Compliance
	Appeals due to a Premium Change
	Appeals for Change in Benefit Packages
	Appeals for Re-entry
	Appeals for Premium Assistance
	Appeals for the My Rewards Account
	Appeals for the Deductible Account

If you disagree with a decision and would like to file an appeal, and the decision is not handled by the plan, please follow the State Appeals Module for a State Fair Hearing. If the appeals process is handled by the plan, please follow the appeals process outlined above.

Appeals for reimbursement and coverage determination- for services that were not covered, you may request an appeal through the plan's internal appeals process. The plan will resolve the claims and billing issues in accordance with current guidelines. If the decision is not approved, you may request a State Fair Hearing.

KENTUCKY HEALTH INFORMATION

Members may request an appeal of a denied Medically Frail determination.

- Members will maintain a Medically Frail status during the appeals process only if the member was receiving Medically Frail benefits before the appeals process and requested the appeal within the 10-day adverse action period.
- Members appealing a denied Medically Frail determination from a self-attestation will not be considered Medically Frail during the appeals process
- If the member's appeal determines that the member is Medically Frail, coverage will be granted in alignment with the appeals decision.

DRAFT

Attachment C.12.f.ii-1 Sample Enrollee Handbook
Discrimination is Against the Law

WellCare of Kentucky complies with all applicable federal civil rights laws. We do not exclude or treat people in a different way based on race, color, national origin, age, disability or sex.

We have free aids and services to help people with disabilities communicate with us. That includes help such as sign language interpreters. We can also give you info in other formats. Those formats include large print, audio, accessible electronic formats and Braille.

If English is not your first language, we can translate for you. We can also provide written info in other languages.

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

Do you feel that we did not give you these services? Or do you feel we discriminated in some way? If so, you can file a grievance in person, by mail, fax, or email. You can reach us at WellCare of Kentucky Grievance Department, P.O. Box 31384, Tampa, FL 33631-3384. You can reach us by phone at **1-866-530-9491**; TTY **711**. Our fax is **1-866-388-1769**. Our email is **OperationalGrievance@wellcare.com**. If you need help filing a grievance, a WellCare of Kentucky Civil Rights Coordinator can help you.

You can also file a civil rights complaint online with the U.S. Dept. of Health and Human Services, Office for Civil Rights. Go to the Complaint Portal at <http://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. File by mail to: U.S. Dept. of Health and Human Services, 200 Independence Ave. SW., Room 509F, HHH Building, Washington, DC 20201. You can call them at **1-800-368-1019**, **1-800-537-7697** (TTY).

You can get complaint forms at <http://www.hhs.gov/ocr/office/file/index.html>.

If English is not your first language, we can translate for you. We can also give you info in other formats. That includes Braille, audio and large print. Just give us a call toll-free. You can reach us at **1-877-389-9457**. For TTY, call **711**.

Si el español es su lengua materna, podemos brindarle servicios de traducción. También podemos proporcionarle información en otros formatos, como braille, audio y letra de imprenta grande. Simplemente, llámenos sin cargo al **1-877-389-9457**. Para TTY llame al **711**.

如果中文是您的母語，我們可以為您翻譯。我們也可以用其它格式為您提供資訊。這些格式包括布萊葉文、音頻及大字體。僅需撥打我們的免費電話。您可以撥打 **1-877-389-9457** 聯絡我們。TTY 用戶請撥打 **711**。

Wenn Deutsch Ihre erste Sprache ist, können wir für Sie übersetzen. Wir können Ihnen auch Informationen in anderen Formaten. Dazu gehören Braille, Audio und Großdruck. Rufen Sie uns einfach an. Sie erreichen uns unter **1-877-389-9457** (TTY **711**).

Attachment C.12.f.ii-1 Sample Enrollee Handbook

Nếu Tiếng Việt là ngôn ngữ chính của quý vị, chúng tôi có thể thông dịch cho quý vị. Chúng tôi cũng có thể cung cấp cho quý vị thông tin ở các định dạng khác như chữ nổi Braille, âm thanh và bản in cỡ lớn. Chỉ cần gọi chúng tôi theo số miễn phí **1-877-389-9457** (TTY **711**).

إذا كانت لغتك الأصلية هي اللغة العربية، فنحن بأستطاعتنا الترجمة لك. ويمكننا أيضاً إعطائكم المعلومات في اشكال اخرى مثل طريقة البرايل للمكفوفين والصوت والمطبوعات ذات الحجم الكبير. هذه الخدمات تقدم مجاناً وبدون مقابل. فقط قم بالاتصال على رقم التلفون المجاني: **1-877-389-9457** أو (TTY **711**).

Ako srpsko-hrvatski je svoj prvi jezik, možemo prevesti za vas. Mi također mogu vam dati informacije u drugim formatima. To uključuje i Brailleovo pismo, audio i velike ispis. Samo nas nazovite besplatni. Možete nas kontaktirati na **1-877-389-9457** (TTY **711**).

日本語が母国語であれば、翻訳することができます。他の形式の情報も提供しています。それには、点字、音声、大型印刷物が含まれます。フリーダイヤルでご連絡ください。1-877-389-9457 (TTY 711) までお電話ください。

Si votre langue maternelle est le français, nous pouvons faire la traduction. Nous pouvons également vous fournir l'information dans des formats comme le braille, en version audio et imprimé en gros caractères. Il suffit de nous appeler au numéro sans frais **1-877-389-9457** (TTY **711**).

귀하의 모국어가 한국어 인 경우, 통역서비스를 제공해 드립니다. 점자, 오디오, 큰 활자 등 다른 형식으로 된 정보도 제공해 드릴 수 있습니다. 무료 전화 1-877-389-9457 (TTY 711) 번으로 전화 주십시오.

Als Pennsylvania Nederlands uw eerste taal, kunnen wij voor u vertalen. We geven u ook informatie in andere formaten. Dat geldt ook voor braille, audio en grote print. Geef ons een toll-free bellen. U kunt ons bereiken op **1-877-389-9457** (TTY **711**).

नेपाली आफ्नो पहिलो भाषा हो भने, हामी तपाईं को लागि अनुवाद गर्न सक्नुहुन्छ। हामी पन तपाईं अन्य ढाँचामा जानकारी पनि सक्छ। त्यो ब्रेल, अडियो र ठूलो प्रिन्ट समावेश छ। बस हामीलाई एक कल नःशुल्क पनि। तपाईं **1-877-389-9457** (TTY **711**) मा हामीलाई पुग्न सक्छ।

Oromoon Afaan kee kan jalqabaa yoo ta'e, siif hikuu ni dandeenya. Haala danaa biraatiinis odeffannoo siif kennu ni daneenya. Kunis karaa sirrina barreefama qaro-dhabeeyyii, sagalee fi maxxansa qubee gurgudaatiin ta'u danda'a. Kallatiin karaa bilbila kanfaltii maleetiin nuuf bilbilaa. Karaa **1-877-389-9457** (TTY **711**) tiin nu argu dandeessu.

Если русский Ваш основной родной язык, мы можем перевести для Вас. Мы также можем предоставить информацию в других форматах, например, на шрифте Брайля, записанную на аудионосителях и распечатанную крупным шрифтом. Просто позвоните нам по бесплатному номеру **1-877-389-9457** (TTY **711**).

Kung hindi ka nagsasalita ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika. Kasama dito ang Braille, audio at malalaking letra. Tumawag ng libre sa **1-877-389-9457** (TTY **711**).

Yaba Ikirundi ari rwo rurimi uvuga ubwa mbere, turashobora kugusigurira mu rundi rurimi. Turashobora kandi kukuronsa amakuru mu zindi foruma. Harimwo inyandiko ikoreshwa n'abatabona, amajwi twafashe ku vyuma n'inyandiko yanditse mu ndome niniya cane. Utegerezwa kuduhamagara gusa kuri telephone bahamagara ku buntu. Wodutera akamu kuri numero **1-877-389-9457** (TTY **711**).

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1-877-389-9457 (TTY 711)



www.wellcare.com/Kentucky

