Georgia

Member Handbook

WellCare

Georgia Families
Choices for a Healthy Life
Welcome to WellCare. As you work with everyone here, you'll see that we put you first. This means you get better care.

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

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

This member handbook will tell you more about your benefits and how your health plan works. Please read it and keep it in a safe place. We hope it will answer most of your questions. If it doesn’t, call us. Call toll-free at 1-866-231-1821 (TTY/TDD 1-877-247-6272). We’re here to answer all of your questions. You can also find us on the Web. Go to georgia.wellcare.com.

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

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

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

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<thead>
<tr>
<th>Words/Phrases</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Advance Directive</strong></td>
<td>A legal document, like a living will, that tells your doctor and family how you wish to be cared for if you’re unable to make your wishes known yourself.</td>
</tr>
<tr>
<td><strong>Administrative Review</strong></td>
<td>A request for a review you can make when you don’t agree with our decision to deny, reduce and/or end a service.</td>
</tr>
<tr>
<td><strong>Benefits/Services</strong></td>
<td>Health care that’s covered by our plan.</td>
</tr>
<tr>
<td><strong>Emergency</strong></td>
<td>A very serious medical condition that must be treated right away.</td>
</tr>
<tr>
<td><strong>Grievance</strong></td>
<td>When you let us know that you have a concern with our plan or a provider.</td>
</tr>
<tr>
<td><strong>Health Checks</strong></td>
<td>Regular health exams for children.</td>
</tr>
<tr>
<td><strong>Health Plan</strong></td>
<td>A plan like ours that works with health care providers to provide care to keep you and your family healthy.</td>
</tr>
<tr>
<td><strong>Identification (ID) Card</strong></td>
<td>A card we give you that shows you’re a member in our plan.</td>
</tr>
<tr>
<td><strong>Immunizations</strong></td>
<td>Shots that can help keep you and your children safe from many serious diseases.</td>
</tr>
<tr>
<td><strong>Inpatient</strong></td>
<td>When you get admitted to a hospital.</td>
</tr>
<tr>
<td><strong>Medically Necessary Services</strong></td>
<td>Medical services you need to get well and stay healthy.</td>
</tr>
<tr>
<td><strong>Member</strong></td>
<td>You or someone who has joined our health plan.</td>
</tr>
<tr>
<td>Words/Phrases</td>
<td>Definition</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Out-of-Network:</td>
<td>A term we use when a provider is not contracted with our plan</td>
</tr>
<tr>
<td>Outpatient:</td>
<td>When you get treated at a medical facility, but are not admitted as an inpatient</td>
</tr>
<tr>
<td>Post-Stabilization Services:</td>
<td>Follow-up care after you leave the hospital to make sure you get better</td>
</tr>
<tr>
<td>Preferred Drug List (PDL):</td>
<td>A list of drugs that has been put together by doctors and pharmacists</td>
</tr>
<tr>
<td>Prescription:</td>
<td>A drug for which your doctor writes an order</td>
</tr>
<tr>
<td>Prior Authorization (PA):</td>
<td>When we need to approve care or prescriptions before you get them</td>
</tr>
<tr>
<td>Primary Care Provider (PCP):</td>
<td>Your personal doctor who helps manage all of your health care needs</td>
</tr>
<tr>
<td>Provider:</td>
<td>Those who work with us to give medical care, like doctors, hospitals, pharmacies and labs</td>
</tr>
<tr>
<td>Provider Network:</td>
<td>All of the providers who have a contract with us to give care to our members</td>
</tr>
<tr>
<td>Specialist:</td>
<td>A doctor who has been to medical school, trained and practices in a specific field of medicine</td>
</tr>
<tr>
<td>Treatment:</td>
<td>The care you get from doctors and facilities</td>
</tr>
<tr>
<td>TTY/TDD:</td>
<td>A special number to call if you have trouble hearing or have a speech impairment</td>
</tr>
</tbody>
</table>
# Important Phone Numbers

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WellCare</strong></td>
<td></td>
</tr>
<tr>
<td>Customer Service</td>
<td>1-866-231-1821</td>
</tr>
<tr>
<td>TTY/TDD</td>
<td>1-877-247-6272</td>
</tr>
<tr>
<td>24-Hour Nurse Advice Line</td>
<td>1-800-919-8807</td>
</tr>
<tr>
<td>Prior Authorization (PA)</td>
<td>1-866-231-1821</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>1-800-424-5412</td>
</tr>
<tr>
<td>Weight Watchers®</td>
<td>1-877-393-3090</td>
</tr>
<tr>
<td>Fraud, Waste and Abuse Hotline</td>
<td>1-866-678-8355</td>
</tr>
<tr>
<td><strong>Georgia Department of Community Health (DCH)</strong></td>
<td></td>
</tr>
<tr>
<td>Georgia Families®</td>
<td>1-888-423-6765</td>
</tr>
<tr>
<td>PeachCare for Kids®</td>
<td>1-877-427-3224</td>
</tr>
<tr>
<td>Georgia Department of Community Health’s Program Integrity Hotline</td>
<td>1-800-533-0686</td>
</tr>
<tr>
<td>Healthcare Facilities Regulations</td>
<td>1-404-657-5726</td>
</tr>
<tr>
<td></td>
<td>1-404-657-5728</td>
</tr>
<tr>
<td></td>
<td>1-800-878-6442</td>
</tr>
<tr>
<td><strong>Georgia Department of Insurance</strong></td>
<td></td>
</tr>
<tr>
<td>Division of Regulatory Services</td>
<td>1-404-656-2074</td>
</tr>
<tr>
<td>Division of Life and Health</td>
<td>1-404-656-2085</td>
</tr>
</tbody>
</table>
Getting Started with Us
Getting Started with Us

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

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

You’ll get your WellCare ID card in the mail. If you don’t receive it, call us. Our toll-free number is 1-866-231-1821 (TTY/TDD 1-877-247-6272). We’ll send you another one. You can also order a new one through our website. Log on to georgia.wellcare.com. Keep reading to learn more.

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

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

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Your WellCare ID number
Your name
The date your WellCare membership started
Our website
How to contact us

---

Your Medicaid/PeachCare® ID number

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Information your PCP and other providers need to correctly bill for your care/services
Don’t forget to keep your WellCare ID card (and Medicaid card) with you at all times. You’ll need to show it every time you get care. It has important information on it about your health plan. By showing your ID card, you can avoid getting a bill from a provider.

Remember: if you get a letter or voice message from a provider asking for your insurance/health plan information, call them right away. Give them your WellCare member information on your ID card. If you get a bill from a provider, give us a call. We’ll help to resolve the issue.

If your ID card is lost or stolen, call us. Or log on to our website to get a new one.

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

Get to Know Your PCP

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

- Regular checkups
- Immunizations
- Referrals to other providers, like specialists

We encourage all of our new members to visit their PCPs within the first 90 days (three months) of the start date on their ID card. If you’re pregnant, you should see your PCP within 14 days of the start date on your ID card. This way your PCP will be able to get to know your health history. Plus, he or she can create a plan of care for you.

Be sure to get your medical records from any doctors you’ve seen in the past. This will be very helpful to your PCP. If you need help with this, call us toll-free at 1-866-231-1821 (TTY/TDD 1-877-247-6272). We’ll be happy to help.

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

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

Women can choose a provider trained in obstetrics/gynecology (OB/GYN) as a PCP.
If you didn’t decide on a PCP before joining our plan, we chose one for you. We made this choice based on:

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

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

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

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

• Find a Provider:
  − This is a tool on our website
  − You can search for a provider within a certain distance of your home
  − Because we’re always adding new providers to our network, this is the best way to get our most current provider network information

• Call us:
  − We can help you find a provider right over the phone
  − If you’d like a printed directory, call us and we’ll mail one to you

To change your PCP, call us. Call toll-free 1-866-231-1821 (TTY/TDD 1-877-247-6272). (You can request 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 at the beginning of the next month.

We’ll send you a new ID card with your new PCP listed on it.
Remember to Use Our 24-Hour Nurse Advice Line

We have nurses to take your call any day of the week. You can call anytime 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 problems 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. Give as many details as you can: for example, where it hurts. Or what it looks and feels like. The nurse can then help you decide if you:

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

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

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

Customer Service toll-free number:
1-866-231-1821
(TTY/TDD 1-877-247-6272)

Call us any time you need help with:

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

It’s important for us and your case worker at the Division of Family and Children Services (DFCS) to know if there is a major change in your life. For example, let us know if:

- You move
- Your 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
- You start a new job or your income changes
- You get health insurance from another company

If you speak a different language or need something in Braille, large print or audio, we can help. 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 give us a call. There’s no cost to you for this.

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

WellCare of Georgia
Attn: Customer Service
P.O Box 31370
Tampa, FL 33631
Our Website
You may be able to find answers to your questions on our website. Log on to georgia.wellcare.com for information on/about:

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

On our website, you can also:

- Update your address and phone number
- Request a change to your primary care provider (PCP)
- Place your monthly over-the-counter (OTC) items order (for more details, refer to the OTC brochure that came with this handbook)

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

Hold onto this Handbook
You'll find very valuable information in this handbook. Information about:

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

If you lose it, call us. We’ll send you a new one. You can also find it on our website.
Eligibility and Enrollment in Georgia Families® and WellCare of Georgia, Inc.

Medicaid

The Georgia Department of Community Health (DCH) sponsors the Georgia Medicaid program, Georgia Families®. DCH has partnered with WellCare to provide health care to Georgia children and adults who are eligible for Medicaid.

DFCS determines if a person is eligible for Georgia Families®. To be eligible, a person must fall into one of these groups:

- **Low-Income Families (Low-Income Medicaid)** – Adults and children who meet the standards of the old AFDC (Aid to Families with Dependent Children) program
- **Transitional Medicaid** – Former Low-Income Medicaid (LIM) families who are no longer eligible for LIM because their earned income exceeds the income limit
- **Pregnant Women (Right from the Start Medicaid or RSM)** – Pregnant women with a family income at or below 200% of the federal poverty level who receive Medicaid through the RSM program
- **Children (Right from the Start Medicaid or RSM)** – Children younger than age 19 whose family income is at or below the appropriate percentage of the federal poverty level for their age and family
- **Children (Newborn)** – A child who is born to a woman who is eligible for Medicaid on the day the child is born
- **Women Eligible due to Breast and Cervical Cancer** – Women younger than age 65 who have been screened through a Title XV Center for Disease Control (CDC) screening and have been diagnosed with breast or cervical cancer
- **Refugees** – Those individuals who have the required Immigration and Naturalization Service (INS) documentation that shows they meet a status in one of these groups: refugees, asylees, Cuban parolees/Haitian entrants, Amerasians or human trafficking victims
PeachCare for Kids®

WellCare also serves kids age 18 and younger enrolled in Georgia’s State Children’s Health Insurance Program. The program is called PeachCare for Kids®. It’s for children who aren’t financially eligible for Medicaid. You must pay a monthly premium.

For more information about PeachCare for Kids®, call 1-877-427-3224.

Or write to:

PeachCare for Kids®
P.O. Box 2583
Atlanta, GA 30301
Care Basics

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

Medically Necessary

We approve care that is “medically needed” or “necessary.” This just means the care:

• Is for an illness that would put your health in danger
• Follows accepted medical practices
• Is provided in a safe, proper and cost-effective place, depending on the diagnosis and how sick you are
• Is not for convenience only
• Is needed when there is no better or less costly care, service or place available

Making and Getting to Your Medical Appointments

We have guidelines to make sure you get to your medical appointments in a timely manner.1 (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.

<table>
<thead>
<tr>
<th>Type of Provider</th>
<th>Drive Time/Distance if You Live in an Urban Area</th>
<th>Drive Time/Distance if You Live in a Rural Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCPs</td>
<td>8 miles</td>
<td>15 miles</td>
</tr>
<tr>
<td>Specialists</td>
<td>30 minutes or 30 miles</td>
<td>45 minutes or 45 miles</td>
</tr>
<tr>
<td>Hospitals</td>
<td>30 minutes or 30 miles</td>
<td>45 minutes or 45 miles</td>
</tr>
<tr>
<td>Pharmacies (24-hour)</td>
<td>15 minutes or 15 miles (to a pharmacy open 24 hours)</td>
<td>30 minutes or 30 miles (to a pharmacy open 24 hours or one that has a pharmacist on call or available after hours)</td>
</tr>
<tr>
<td>Dental Providers</td>
<td>30 minutes or 30 miles</td>
<td>45 minutes or 45 miles</td>
</tr>
</tbody>
</table>

How long you should wait for an appointment depends on the kind of care you need. Keep these times in mind as you’re setting your appointments.
<table>
<thead>
<tr>
<th>Type of Appointment</th>
<th>Type of Care</th>
<th>Appointment Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Emergency</td>
<td>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)</td>
</tr>
<tr>
<td></td>
<td>Urgent</td>
<td>Within 24 hours (1 day) of your request</td>
</tr>
<tr>
<td></td>
<td>PCP pediatric sickness</td>
<td>Within 24 hours (1 day) of your request</td>
</tr>
<tr>
<td></td>
<td>PCP adult sickness</td>
<td>Within 24 hours (1 day) of your request</td>
</tr>
<tr>
<td></td>
<td>Routine/wellness PCP visits</td>
<td>14 days of your request</td>
</tr>
<tr>
<td></td>
<td>Specialist visit</td>
<td>30 days of your request</td>
</tr>
<tr>
<td></td>
<td>Follow-up care after a hospital stay</td>
<td>As needed</td>
</tr>
<tr>
<td><strong>Medical</strong></td>
<td>Urgent</td>
<td>Within 48 hours (2 days)</td>
</tr>
<tr>
<td></td>
<td>Routine visits</td>
<td>21 days of your request</td>
</tr>
<tr>
<td><strong>Dental</strong></td>
<td>Emergency</td>
<td>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)</td>
</tr>
<tr>
<td></td>
<td>Urgent</td>
<td>Within 24 hours (1 day) of your request</td>
</tr>
<tr>
<td></td>
<td>Routine visit</td>
<td>14 days of your request</td>
</tr>
<tr>
<td><strong>Behavioral Health</strong></td>
<td>Urgent</td>
<td>Within 24 hours (1 day) of your request</td>
</tr>
</tbody>
</table>

1The doctors in our network must offer you the same office hours as patients with other insurance. When you arrive at your appointment, you should only have to wait up to 60 minutes (for a scheduled appointment). For a walk-in, you should only have to wait up to 90 minutes.
Our Service Area

Each county in Georgia belongs to a service region. Here’s a map of Georgia and its counties.

WellCare is in all service regions. These regions make up our service area.

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

Medicaid
You may have to make a small co-payment (co-pay for short) when you get care. This depends on your Medicaid category. If you cannot pay your co-pay, you will still get the care you need. You may have to pay it at a later date. Pregnant women, nursing home residents and hospice care members do not have co-pays.

PeachCare for Kids®
PeachCare for Kids® members ages 6 to 18 may have small co-pays for certain types of care. They also have to pay a small monthly premium. (This is required by the Georgia Department of Community Health.) This monthly premium is paid directly to PeachCare for Kids®.

<table>
<thead>
<tr>
<th>PeachCare for Kids® Monthly Premiums</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 5 and under</td>
</tr>
<tr>
<td>Age 6 and older</td>
</tr>
<tr>
<td>2 or more children, ages 6–18</td>
</tr>
</tbody>
</table>
Your Health Plan
Services Covered by WellCare

To follow is a list of services we cover.

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

• WellCare or a network doctor must approve your care
• If you get a service that we do not approve, you may have to pay for it yourself
• Sometimes we may not have a provider in our network who can give you needed care; if this happens, we’ll cover the care out-of-network (at no additional cost to you), but you will need to get approval first from us or your PCP

For questions about these services, give us a call. We can be reached toll-free at 1-866-231-1821 (TTY/TDD 1-877-247-6272).
<table>
<thead>
<tr>
<th>Services</th>
<th>Limits</th>
<th>Medicaid Co-Pays</th>
<th>PeachCare for Kids® (age 6 and up) Co-Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory surgical Services</td>
<td></td>
<td>$3</td>
<td>$3</td>
</tr>
<tr>
<td>Behavioral health services</td>
<td>Younger than age 21 – up to 30 days are covered</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>Services in a state-operated mental hospital or institution for mental diseases are not covered</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age 21 and older – as medically necessary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Childbirth education Services</td>
<td></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Dental services for Medicaid members under age 21 and PeachCare for Kids® members (Health Check)</td>
<td>Services include:</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>• 2 exams each benefit year</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 2 cleanings each benefit year</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>• 2 fluoride treatments each benefit year</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 1 filling per tooth</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Dentures – 1 pair every 3 years</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>• Denture repairs – 2 adjustments each benefit year</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Oral surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Orthodontic treatment – when medically necessary and prior authorized</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Services</td>
<td>Limits</td>
<td>Medicaid Co-Pays</td>
<td>PeachCare for Kids® (age 6 and up) Co-Pays</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>--------------------------------------------------</td>
<td>------------------</td>
<td>-------------------------------------------</td>
</tr>
<tr>
<td>Dental services for members over age 21</td>
<td>Services include:</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>• Emergency and related dental services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental services for pregnant members</td>
<td>Services include:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 2 exams</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>• 2 fluoride treatments</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 1 filling per tooth</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Periodontal treatments – when medically</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>necessary and prior authorized</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Durable medical equipment (DME)</td>
<td></td>
<td>$0</td>
<td>$2</td>
</tr>
<tr>
<td>Emergency services</td>
<td>$0 (if an emergency)</td>
<td>$0 (if an emergency)</td>
<td></td>
</tr>
<tr>
<td>Emergency transportation services</td>
<td>$3 (if not an emergency)</td>
<td>$3 (if not an emergency)</td>
<td></td>
</tr>
<tr>
<td>Family planning services and supplies</td>
<td></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Services</td>
<td>Limits</td>
<td>Medicaid Co-Pays</td>
<td>PeachCare for Kids® (age 6 and up) Co-Pays</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
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<td>------------------------------------------</td>
</tr>
<tr>
<td>Federally Qualified Health Center (FQHC) services</td>
<td></td>
<td>$2</td>
<td>$2</td>
</tr>
<tr>
<td>Health Check services</td>
<td>Medicaid – ages 0 to 21</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>PeachCare for Kids® – ages 0 to 19</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Hearing services for Medicaid members under age 21 and PeachCare for Kids® members (Health Check)</td>
<td>Services include:</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>• Tests</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Hearing aids – 1 every 3 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Hearing aid fitting and dispensing</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Hearing aid repairs and parts</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Inner ear implants</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Newborn hearing tests – based on medical necessity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home health services</td>
<td>Social, chore and hearing services, and Meals-on-Wheels are not covered</td>
<td>$0</td>
<td>$3</td>
</tr>
<tr>
<td>Hospice services</td>
<td></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>IDEA (Individual Disability Education Act)</td>
<td>Ages 0 to 3 – as medically necessary</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Services</td>
<td>Limits</td>
<td>Medicaid Co-Pays</td>
<td>PeachCare for Kids® (age 6 and up) Co-Pays</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>------------------------------------------------------------------------</td>
<td>--------------------------------------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>Inpatient hospital services</td>
<td>Psychiatric hospitalizations up to 30 days are covered (per treatment episode)</td>
<td>$12.50 (unless admitted from an emergency room or transferred from another health facility)</td>
<td>$12.50 (unless admitted from an emergency room or transferred from another health facility)</td>
</tr>
<tr>
<td>Lab and X-ray services</td>
<td></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Nurse midwife services</td>
<td></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Nurse practitioner services</td>
<td></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Nursing facility services</td>
<td>Long-term nursing facility stays (more than 30 days) are not covered</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Obstetrical services</td>
<td></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Occupational therapy services</td>
<td>Younger than 21 – as medically necessary</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>Age 21 and older – as medically necessary for short-term rehabilitation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthopedic and prosthetic services</td>
<td>Braces, artificial limbs, artificial eyes, custom molded shoes and diabetic shoes only</td>
<td>$3</td>
<td>$3</td>
</tr>
<tr>
<td>Services</td>
<td>Medicaid Co-Pays</td>
<td>PeachCare for Kids® (age 6 and up) Co-Pays</td>
<td></td>
</tr>
<tr>
<td>--------------------------------</td>
<td>------------------</td>
<td>------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Oral surgery</td>
<td>$2</td>
<td>Co-Pay - $0.50</td>
<td></td>
</tr>
<tr>
<td>Outpatient hospital services</td>
<td>$3</td>
<td>(non-emergency hospital visit) $2</td>
<td></td>
</tr>
<tr>
<td>(non-emergency)</td>
<td></td>
<td>PeachCare for Kids® (age 6 and up)</td>
<td></td>
</tr>
<tr>
<td>Physical therapy</td>
<td></td>
<td>Co-Pay - $1</td>
<td></td>
</tr>
<tr>
<td>Physician services – PCP and</td>
<td></td>
<td>(non-emergency hospital visit) $2</td>
<td></td>
</tr>
<tr>
<td>specialist visits</td>
<td></td>
<td>PeachCare for Kids® (age 6 and up)</td>
<td></td>
</tr>
<tr>
<td>Podiatry services</td>
<td></td>
<td>Co-Pay - $2</td>
<td></td>
</tr>
<tr>
<td>Pregnancy-related services</td>
<td></td>
<td>(non-emergency hospital visit) $2</td>
<td></td>
</tr>
<tr>
<td>Services for flatfoot,</td>
<td></td>
<td>PeachCare for Kids® (age 6 and up)</td>
<td></td>
</tr>
<tr>
<td>subluxation, routine foot</td>
<td></td>
<td>Co-Pay - $2</td>
<td></td>
</tr>
<tr>
<td>care, supportive devices and</td>
<td></td>
<td>(non-emergency hospital visit) $2</td>
<td></td>
</tr>
<tr>
<td>vitamin B-12 injections</td>
<td></td>
<td>PeachCare for Kids® (age 6 and up)</td>
<td></td>
</tr>
<tr>
<td>Services for flatfoot, subluxation, routine foot care, supportive devices and vitamin B-12 injections are not covered</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Services</td>
<td>Limits</td>
<td>Medicaid Co-Pays</td>
<td>PeachCare for Kids®</td>
</tr>
<tr>
<td>------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
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</tr>
</tbody>
</table>
|                              | See our Preferred Drug List (PDL) for the drugs we cover  
This list will also have drugs that may have limits such as prior authorization, quantity limits, step therapy, age limits or gender limits  
Drugs not on our PDL may be covered with a prior authorization |                  |                     |
| Prescription drugs           |                                                                                                                                  |                  | Preferred drugs – $.50  
Non-preferred drugs – co-pays are based on the cost of the drug as follows:  
| Cost of Drug                  | Co-Pay  
$10.00 or less | $.50  
$10.01–$25.00 | $1  
$25.01–$50.00 | $2  
More than $50.01 | $3  
Pregnant women, nursing facility residents and hospice care members do not have co-pays |                  |                     |
| Private-duty nursing services |                                                                                                                                  | $0               | $0                   |
| Rural Health Clinic (RHC) services |                                                                                                                                  | $2               | $2                   |
| Speech therapy services      | Younger than age 21 – as medically necessary  
Older than age 21 – as medically necessary for short-term rehabilitation | $0               | $0                   |
<p>| Substance abuse treatment services | Inpatient and rehabilitative services are covered as part of a written care plan | $12.50           | $12.50               |</p>
<table>
<thead>
<tr>
<th>Services</th>
<th>Covered for:</th>
<th>Co-Pays</th>
<th>Cost of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swing bed services</td>
<td>• Pregnant women under age 21 and other pregnant women at risk for adverse outcomes</td>
<td>$0</td>
<td>$10.00 or less</td>
</tr>
<tr>
<td>Targeted case management</td>
<td>• Infants and toddlers with established risk for developmental delay</td>
<td>$0</td>
<td>$10.01–$25.00</td>
</tr>
<tr>
<td>Transplants – heart and lung</td>
<td>• Covered for members younger than age 21 and PeachCare for Kids® members (Health Check), but not for adults age 21 and older covered transplants</td>
<td>$0</td>
<td>$25.01–$50.00</td>
</tr>
<tr>
<td>Vision services</td>
<td>• For Medicaid members under age 21 and PeachCare for Kids® members, services include:</td>
<td></td>
<td>More than $50.01</td>
</tr>
<tr>
<td></td>
<td>• 1 eye exam each year</td>
<td>$0.50</td>
<td>• 1 pair of lenses per year</td>
</tr>
<tr>
<td></td>
<td>• 1 pair of glasses per year</td>
<td>$1</td>
<td>• Vision exam</td>
</tr>
<tr>
<td></td>
<td>• Emergency care</td>
<td>$2</td>
<td>• For adults age 21 and older with chronic diseases</td>
</tr>
</tbody>
</table>

**Notes:**

- Transplant services are covered only for members under age 21 and PeachCare for Kids® members (Health Check).
- For adults age 21 and older with chronic diseases, certain vision services may be covered.
- Co-Pays and cost limits apply.

**Examples:**

- Transplant Co-Pay: $0.50
- Vision Co-Pay: $1
- Targeted case management Co-Pay: $0
- Swing bed services Co-Pay: $0

**Additional Information:**

- PeachCare for Kids® (age 6 and up) Co-Pays: $0
- Medicaid Co-Pays: $0

**Website:** georgia.wellcare.com
WellCare’s Extra Benefits

We’re excited to offer extra benefits and special programs to our members. To learn more about these or if you have questions, give us a call. Our toll-free number is 1-866-231-1821 (TTY/TDD 1-877-247-6272).

<table>
<thead>
<tr>
<th>WellCare Extra Programs and Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WellCare Hugs:</strong>&lt;br&gt;The program encourages prenatal and postpartum care</td>
</tr>
<tr>
<td><strong>FREE Maternity Education Booklet:</strong>&lt;br&gt;Tips to help you stay well while you’re pregnant</td>
</tr>
<tr>
<td><strong>FREE Baby Stroller or Play Yard:</strong>&lt;br&gt;When you go to all your provider visits during your pregnancy and after delivery</td>
</tr>
<tr>
<td><strong>FREE Baby Showers:</strong>&lt;br&gt;• You can get gifts and tips for keeping you and your baby healthy&lt;br&gt;• Get a chance to win a FREE grand prize at the shower</td>
</tr>
<tr>
<td><strong>FREE Cell Phone:</strong>&lt;br&gt;• You can get a free cell phone if you have a high-risk pregnancy&lt;br&gt;• For you to stay in touch with your WellCare case manager, providers and family members&lt;br&gt;Call your case manager to see if you qualify</td>
</tr>
<tr>
<td>WellCare Extra Programs and Benefits</td>
</tr>
<tr>
<td>-------------------------------------</td>
</tr>
</tbody>
</table>

**WellCare HealthyStart** – programs to help you stay fit and healthy

**Weight Watchers®:**
- FREE memberships for qualified members
- We cover 6-month memberships to Weight Watchers® if you’re age 13 or older*
- If you have a body mass index (called BMI) of 25 or greater, you may qualify for this program (BMI measures body fat based on your height and weight)
- To learn more and to get started, call 1-877-393-3090
*If you’re younger than age 18, you must attend Weight Watchers® meetings with a parent or guardian

**Stop Smoking Program:**
- FREE
- Available if you want to quit smoking

**Health and Wellness Website**
- Provides tips and tools to help you and your loved ones stay healthy
- Visit [georgia.wellcare.com/live_healthy](georgia.wellcare.com/live_healthy)

**WellCare JumpStart** – programs to help educate kids about health and wellness

**Healthy Kids Club:**
- FREE
- For children ages 4 to 11
- Provides kids and parents with fun health tips and cool tools to encourage immunizations and checkups

**Boys & Girls Clubs of America® Memberships:**
- FREE memberships for children ages 6 to 18
- With this program, there are no contracts and no joining/monthly fees (excludes specialty programs)
- You’ll be able to take advantage of health programs and fun activities during the school year
- Does not include summer camp programs
## More Benefits and Programs

### Over-the-Counter (OTC) Supplies:
- Get up to $10 worth of products each month – that’s $120 each year
- You can choose from over 120 items like diapers, pain relievers, reading glasses, dental kits and more
- Your items are mailed right to your home
- We have three easy ways to order –
  1. Call us at 1-866-231-1821 and talk to one of our team members
  2. Call this same number and use our automated service
  3. Go to our website and log in to our member portal

### General Educational Development (GED) Exam:
- We understand the importance of education, which is why we’re offering this program
- You can take the GED tests for free if you’re age 16 or older and don’t have your high school diploma
- Visit our website to –
  - Read Frequently Asked Questions (FAQ)
  - Get the registration form
  - Find help preparing for the test

### FREE Hypoallergenic Bedding:
- Available to qualified members who have asthma or other respiratory conditions

### Personalized Case Managers:
- To help meet your health care needs

### FREE Flu Shots

### Personalized help with setting up provider visits and scheduling transportation
Services Not Covered by WellCare

We do not cover these services:

- Chore services
- Long-term nursing home stays over 30 days
- Meals-on-Wheels
- Portable X-rays
- Routine foot care
- Services for flatfoot
- Social services
- Subluxation
- Vitamin B-12 injections
How to Get Covered Services

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

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

Prior Authorization (PA)

Prior authorization (or PA for short) means we must approve a service or prescription drug before you can get it. You or your PCP/specialist should contact us to ask for this approval. If we do not approve your request, we’ll let you know. Plus, we’ll give you details about how to file an administrative review. (Keep reading for more on administrative reviews.)

<table>
<thead>
<tr>
<th>Type of Request</th>
<th>Decision Time Frame</th>
<th>Who Can Request One</th>
<th>How to Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal (for non-emergency care)</td>
<td>14 business days</td>
<td>You, your provider</td>
<td>Call: 1-866-231-1821</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Fax: 1-813-262-2907</td>
</tr>
<tr>
<td>Expedited/Fast* (for urgent care, when you think your health could be in danger)</td>
<td>1 business day (24 hours)*</td>
<td>You, your provider</td>
<td>Call: 1-866-231-1821</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Fax: 1-813-262-2907</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Say: “I’d like an expedited/fast decision”</td>
</tr>
</tbody>
</table>

*Sometimes we may need more time to make a fast decision. If so, we’ll make it within three business days.

Please note: PA decisions for services that have already been provided are made within 30 days of us getting all needed information.
Services Available Without Authorization

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

• Direct access to in-network women’s health specialists for routine and preventive health care services
• Emergency/urgent care
• Family planning (any health plan provider)
• One women’s health visit to an OB/GYN provider each year
• Post-stabilization services
• Visits to your PCP

Even though you don’t need approval for these services, you will need to pick a network provider. You can find a provider using our online provider search tool – Find a Provider. (Go to georgia.wellcare.com.) When you’ve made your choice, call to set up an appointment. Remember to take your ID card with you.

Utilization Management (UM)

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

Our UM program has four parts. They are:

1. Prior authorization – getting our approval before getting a service
2. Prospective reviews – making sure the care is right for you before you get it
3. Concurrent reviews – reviewing your care as you get it to see if something else might be better for you
4. Retrospective reviews – finding out if the care you got was appropriate

At times, we may deny coverage for services or care. These denial decisions are made by our clinical staff. (They’re nurses and doctors.) Here are some things you should know about this decision process:

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

Call us if you have questions about our UM program. Call toll-free 1-866-231-1821 (TTY/TDD 1-877-247-6272).
Second Medical Opinion

Call your PCP when you want a second opinion about your care. He or she will ask you to pick another doctor in our network. If you can’t find one, don’t worry. 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.

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

After-Hours Care

What if you get sick or hurt when your PCP’s office is closed? If it’s not an emergency, call our 24-hour Nurse Advice Line at 1-800-919-8807. Or you can call your PCP. His or her number is on your ID card.

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

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

Urgent Care

You may need urgent care for a health problem that isn’t an emergency, but needs treatment within 48 hours. Problems like:

- An injury
- Illness
- Severe pain

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

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

Remember... you can also go to an urgent care center when you travel outside of Georgia.
Emergency Care

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

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

For moms-to-be, it may be an emergency if you think:

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

Here are some examples of an emergency:

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

Call your PCP or our Nurse Advice Line if you’re not sure if it’s an emergency.

In an emergency, you can:

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

The choice is yours. You don’t need a PA for emergency care.

When you get to the ER, show your WellCare ID card. Also, ask the staff to call us. The ER provider will decide if your visit is an emergency. If the ER provider decides your condition is not an emergency, you may be required to pay a co-pay. (See the Services Covered by WellCare service chart for co-pay amounts.)
Out-of-Area Emergency Care

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

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

• Show your WellCare ID card
• Ask the staff to call us for instructions on how to file your claim
• 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 reimbursed for the visit. But it is very important that you keep copies of your medical reports, bills and proof of payment. We will need these to reimburse you.

Post-Stabilization Care

After an ER visit, call your PCP within 24 to 48 hours. You may need to get follow-up care until your health gets better. This is called “post-stabilization” care. You don’t need a PA for post-stabilization care, which we cover. But it must be needed to maintain, improve or resolve your medical condition.

Pregnancy and Newborn Care

When you find out you are 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 at 1-866-231-1821
  - My case worker at DFCS
  - My PCP

- Schedule my first prenatal visit and talk with the provider about future prenatal visits and those after Baby gets here (postpartum)

- Start thinking about which provider to pick for Baby
  - I need to have this done before Baby gets here (if not, WellCare will pick one for me)

- Names???

- Clothes???

You should see your PCP within 14 days of joining our plan. Make sure to go to all your prenatal and postpartum visits.

Just as important as keeping your appointments is letting us know when you become pregnant. We can provide you with helpful information about having and caring for your baby. We can also enroll you in our free Prenatal Rewards Program.

A few reminders:

- If you have a baby while you’re a WellCare member, we’ll cover him or her from birth
- You must let your DFCS case worker 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
Our Prenatal Program

We have a free Prenatal Program if you’re pregnant. The goal of the program is 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 to know if you could benefit from prenatal case management. If so, our registered nurses and licensed social workers will help you deal with any physical, emotional or social concerns during your pregnancy.

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

Pregnancy Care Guidelines

See your provider as soon as you find out you’re pregnant. Your provider will be able to determine if you’re at risk of having your baby too early. It’s better to find potential problems early when they’re easier to treat.1 Seeing your provider early and regularly gives you a better chance of having a healthier baby.2

Sources:

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

2 *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.

<table>
<thead>
<tr>
<th>What to Expect during your Prenatal/Postpartum Visits with Your Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Each Visit</strong></td>
</tr>
<tr>
<td>- Take your weight and blood pressure</td>
</tr>
<tr>
<td>- Ask for a urine sample</td>
</tr>
<tr>
<td>- Measure to see how the baby is growing</td>
</tr>
<tr>
<td>- Listen to the baby’s heart rate</td>
</tr>
<tr>
<td>- Ask if you feel the baby moving</td>
</tr>
<tr>
<td>- Ask if you’re leaking any liquids</td>
</tr>
<tr>
<td>- Ask if you’re eating and taking your vitamins</td>
</tr>
<tr>
<td>- Ask if you’re walking, stretching and bending</td>
</tr>
<tr>
<td>- Talk to you about not smoking, drinking alcohol or using drugs</td>
</tr>
<tr>
<td>- Talk to you about what your body will do when the baby is coming</td>
</tr>
<tr>
<td>- Ask you if anyone is hitting or hurting you</td>
</tr>
<tr>
<td>- Ask how you and your family are feeling about the baby coming</td>
</tr>
<tr>
<td>- Ask you about your safety</td>
</tr>
<tr>
<td><strong>First Visit</strong></td>
</tr>
<tr>
<td>- Ask you about your other pregnancies or sicknesses</td>
</tr>
<tr>
<td>- Ask you about your mom’s, dad’s and grandparents’ health and sicknesses</td>
</tr>
<tr>
<td>- Ask you if you have signed up for WIC</td>
</tr>
<tr>
<td>- Look in your ears, nose and throat</td>
</tr>
<tr>
<td>- Listen to your heart, lungs and stomach</td>
</tr>
<tr>
<td>- Look at your ankles for swelling</td>
</tr>
<tr>
<td>- Ask you to lie down and do an internal exam and Pap test</td>
</tr>
<tr>
<td>First Visit (Continued)</td>
</tr>
<tr>
<td>------------------------</td>
</tr>
<tr>
<td>Take blood to run some tests</td>
</tr>
<tr>
<td>Give you any shots that you did not get yet</td>
</tr>
<tr>
<td>Do an ultrasound to listen to the baby’s heart rate and see how the baby is doing</td>
</tr>
<tr>
<td>Talk to you about further testing, as needed</td>
</tr>
<tr>
<td>Teach you about what to eat, drink and do to have a healthy pregnancy</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Visit Before the Baby is Born</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Talk to you about what your body will do when the baby is coming</td>
<td></td>
</tr>
<tr>
<td>Talk to you about what it feels like to have a baby</td>
<td></td>
</tr>
<tr>
<td>Talk to you about work and going on trips away from home</td>
<td></td>
</tr>
<tr>
<td>Ask how you and your family are feeling about the baby coming</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>First Visit after the Baby is Born</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Take your weight and blood pressure</td>
<td></td>
</tr>
<tr>
<td>Give you a Pap test and an exam to make sure you are healing properly</td>
<td></td>
</tr>
<tr>
<td>Ask if you are eating and taking your vitamins</td>
<td></td>
</tr>
<tr>
<td>Ask if you are walking, stretching and bending</td>
<td></td>
</tr>
<tr>
<td>Ask how you and your family are feeling about the baby</td>
<td></td>
</tr>
<tr>
<td>Talk to you about future babies and planning</td>
<td></td>
</tr>
</tbody>
</table>

**Sources:**

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

*Recommendations to Improve Preconception Health and Health Care—United States, MMWR, April 21, 2006/55(RR06); 1–23*
Legal Disclaimer: Preventive health guidelines are based on information and recommendations of independent third parties available before printing. These guidelines are not a replacement for your provider’s medical advice. Your provider may have more up-to-date information. Members should always talk with their provider(s) about what care and treatment are right for them. The fact that a service or item is in these guidelines is not a guarantee of coverage or payment. Members should look at their own health plan coverage papers to see what is or is not a covered benefit. WellCare does not offer medical advice or provide medical care, and does not guarantee any results or outcomes. WellCare does not warrant or guarantee, and shall not be liable for any information that is in these guidelines or that is not in these guidelines or for any recommendations made by independent third parties from whom any of the information was obtained. Version: 08/2008 (revised)

Dental Care for Members Over Age 21

Emergency dental care is covered if you’re over 21. Please refer to the Services Covered by WellCare section for more details.

Dental Care for Medicaid Members Under Age 21 and PeachCare for Kids® Members

We encourage you to set up an appointment with your dentist soon after you join our plan. To find a dentist in your area, call the number on the back of your ID card. You can also search for one using our Find a Provider tool on our website. Go to georgia.wellcare.com. If you need help making an appointment, we can help. Call us at toll-free at 1-866-231-1821 (TTY/TDD 1-877-247-6272).

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

Behavioral Health Care

Your mental or behavioral health is an important part of staying healthy. If you experience 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 georgia.wellcare.com.)

- 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

As a reminder, you must get a PA to see a provider who is not in our network. You’ll have to pay for the care if you don’t.

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 Nurse Advice Line if you’re not sure if it’s an emergency.

In a behavioral health emergency, you can:

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

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

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

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

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

Behavioral Health Limitations and Exclusions

We cover up to 30 days of hospital stay a year. This is for short-term behavioral health and help with drug problems. We also cover short hospital stays and therapy out of the hospital.
Prescriptions

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

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

For questions about prescriptions, call us. We can be reached at 1-866-231-1821 (TTY/TDD 1-877-247-6272).

Preferred Drug List

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

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

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

For those drugs that require prior authorization (and those not on our PDL), your provider will need to send us a Coverage Determination Request (CDR). In some cases, we may require you to try another drug before approving the one originally requested. We may not approve the requested drug if you do not try the alternative drug first.

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

- Those used for eating problems 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
• Barbiturates, except phenobarbital
• DESI (Drug Efficacy Study Implementation) drugs and drugs that are identical, related or similar to such drugs
• Investigational or experimental drugs
• Those used for any purpose that is not medically accepted

Other Drugs You Can Get at the Pharmacy
There are some over-the-counter (OTC) drugs you can get at the pharmacy with a prescription. Some of the drugs we cover include:
• Diphenhydramine (for allergy relief)
• Meclizine (to help with motion sickness)
• H2 receptor antagonists (to treat acid reflux and ulcers)
• Ibuprofen (pain reliever for headaches, toothaches and back pain)
• Multi-vitamins/multi-vitamins with iron
• Insulin
• Insulin syringes
• Non-sedating antihistamines (allergy relief that won’t make you sleepy)
• Iron
• Topical antifungals
• Urine test strips
• Coated aspirin
• Antacids
• Proton pump inhibitors (also help with acid reflux and ulcers)

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

We’ve joined with Georgia Partnership for TeleHealth, Inc. (GPT), to improve health care access for our members. This service works great if you:

To get these items, simply take your prescription to a network pharmacy. You’ll also need to show them your WellCare ID card.
• Have a hard time getting around (mobility)
• Live too far from a specialist

The service can help put you in touch with more than 200 specialists in over 40 different adult and pediatric specialties. It can help:
• Cut down the drive time to a provider appointment
• Decrease the number of missed work days
• Reduce the physical and financial costs of untreated health issues

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

Case and Disease Management

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

You may qualify for case management services if you have:
• Children with special health care needs
• Had or are going to have a transplant
• A high-risk pregnancy
• Multiple chronic illnesses
• Behavioral health care needs

While in the program, you’ll work with a care manager. He or she will partner with you to help coordinate your care needs. To do this, he or she:
• May ask you questions to get more information about your condition
• Will work with your PCP to arrange services you need and help you understand your illness
• Will provide information to help you understand how to care for yourself and how to access services, including local resources

We may contact you to talk about care management if:
• You ask about this program
• Your PCP thinks the program would help you
• We feel you may qualify for these services
You may qualify for disease management services if you have:

- Asthma
- Coronary artery disease (CAD)
- Congestive heart failure (CHF)
- Chronic obstructive pulmonary disease (COPD)
- Diabetes
- HIV
- Hypertension

Through our disease management program, you can get educational materials to help manage your condition.

To learn more about or to sign up for these no-cost programs, give us a call. Call toll-free at 1-866-231-1821 (TTY/TDD 1-877-247-6272).

**Transportation for Medicaid Members**

These services are available when you need transportation to medically needed appointments and you:

- Are a Medicaid member (this service is not covered for PeachCare for Kids® members)
- Have no way to get a ride (in your own car or from a family member or friend)
- Live in an area where there’s no public transportation
- Cannot get to public transportation because of your medical condition

When setting up your transportation:

- Call the transportation provider for your county (see the following chart); they’re available Monday–Friday, 7 a.m. to 6 p.m.
- You must call three days ahead of your appointment

<table>
<thead>
<tr>
<th>Transportation Provider and Phone Number</th>
<th>Counties Served</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>North Region</strong></td>
<td></td>
</tr>
<tr>
<td>Southeastrans, Inc.</td>
<td></td>
</tr>
<tr>
<td>Toll-free: <strong>1-866-388-9844</strong></td>
<td></td>
</tr>
<tr>
<td>Local: <strong>1-678-510-4555</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Banks, Barrow, Bartow, Catoosa, Chattooga, Cherokee, Clarke, Cobb, Dade, Dawson, Douglas, Elbert, Fannin, Floyd, Forsyth, Gilmer, Gordon, Greene, Gwinnett, Habersham, Hall, Haralson, Hart, Jackson, Lumpkin, Madison, Morgan, Murray, Newton, Oglethorpe, Oconee, Paulding, Pickens, Polk, Rabun, Rockdale, Stephens, Towns, Union, Walker, Walton, White and Whitfield</strong></td>
<td></td>
</tr>
<tr>
<td>Transportation Provider and Phone Number</td>
<td>Counties Served</td>
</tr>
<tr>
<td>-----------------------------------------</td>
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</tr>
<tr>
<td><strong>Atlanta Region</strong>&lt;br&gt;Southearstrans, Inc.&lt;br&gt;Local: 1-404-209-4000</td>
<td>Fulton and DeKalb</td>
</tr>
<tr>
<td><strong>Central Region</strong>&lt;br&gt;LogistiCare&lt;br&gt;Toll-free: 1-888-224-7988</td>
<td>Baldwin, Bibb, Bleckley, Butts, Carroll, Clayton, Coweta, Crawford, Dodge, Fayette, Hancock, Heard, Henry Houston, Jasper, Johnson, Jones, Lamar, Laurens, Meriwether, Monroe, Montgomery, Peach, Pike, Pulaski, Putnam, Spalding, Telfair, Treutlen, Troup, Twiggs, Upson, Washington, Wheeler, Wilcox and Wilkinson</td>
</tr>
<tr>
<td><strong>East Region</strong>&lt;br&gt;LogistiCare&lt;br&gt;Toll-free: 1-888-224-7988</td>
<td>Appling, Atkinson, Bacon, Brantley, Bryan, Burke, Bulloch, Camden, Candler, Charlton, Chatham, Clinch, Coffee, Columbia, Effingham, Emanuel, Evans, Glascock, Glynn, Jeff Davis, Jefferson, Jenkins, Liberty, Lincoln, Long, McDuffie, McIntosh, Pierce, Richmond, Screven, Taliaferro, Tattnall, Toombs, Ware, Warren, Wayne and Wilkes</td>
</tr>
<tr>
<td><strong>Southwest Region</strong>&lt;br&gt;LogistiCare&lt;br&gt;Toll-free: 1-888-224-7985</td>
<td>Baker, Ben Hill, Berrien, Brooks, Calhoun, Chattahoochee, Clay, Colquitt, Cook, Crisp, Decatur, Dooly, Dougherty, Early, Echols, Grady, Harris, Irwin, Lanier, Lee, Lowndes, Macon, Marion, Miller, Mitchell, Muscogee, Quitman, Randolph, Schley, Seminole, Stewart, Sumter, Talbot, Taylor, Terrell, Thomas, Tift, Turner, Webster and Worth</td>
</tr>
</tbody>
</table>
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 health plan to go to another one

We want to be sure you continue to see your doctors and get your medications. Please call or have your provider call 1-866-231-1821 if 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
To follow are guidelines for preventive care. We’ve provided these to help you remember to see your PCP. 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 recommended exams, we may call you. Or we might send you a letter. We do this as a reminder for you. So if you get a call or letter about your yearly flu shot or your child missing a health check, pay attention to it. These reminders are meant to help you and your family stay healthy.

Please remember – these are suggested guidelines. They 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.

Health Check Services
We offer health checkups to all Medicaid members ages 0 to 21. We also offer these services to PeachCare for Kids® members ages 0 to 19. These services can help your children to grow up healthy.

Health check care may include services like:

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

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

**Pediatric Preventive Health Guidelines (Newborn to 21 Years of Age)**
These guidelines are recommendations only. Other services may be needed.

<table>
<thead>
<tr>
<th>Age</th>
<th>Screening/Immunizations and Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newborn</td>
<td>Well-baby checkup* at birth</td>
</tr>
<tr>
<td></td>
<td>Hearing test</td>
</tr>
<tr>
<td></td>
<td>Newborn screening blood tests</td>
</tr>
<tr>
<td></td>
<td>Immunizations: HepB shot</td>
</tr>
<tr>
<td>3–5 days</td>
<td>Well-baby checkup as recommended by PCP</td>
</tr>
<tr>
<td></td>
<td>Newborn screening blood tests</td>
</tr>
<tr>
<td>1 month</td>
<td>Well-baby checkup</td>
</tr>
<tr>
<td></td>
<td>Immunizations: second HepB</td>
</tr>
<tr>
<td>2 months</td>
<td>Well-baby checkup</td>
</tr>
<tr>
<td></td>
<td>Immunizations: RV, DTaP, Hib, PCV, IPV</td>
</tr>
<tr>
<td>4 months</td>
<td>Well-baby checkup</td>
</tr>
<tr>
<td></td>
<td>Immunizations: RV, DTaP, Hib, PCV, IPV</td>
</tr>
<tr>
<td>6 months</td>
<td>Well-baby checkup</td>
</tr>
<tr>
<td></td>
<td>Lab testing: blood lead</td>
</tr>
<tr>
<td></td>
<td>Immunizations: RV, DTaP, Hib, PCV, IPV, HepB, flu shot (if fall or winter)</td>
</tr>
<tr>
<td>9 months</td>
<td>Well-baby checkup</td>
</tr>
<tr>
<td></td>
<td>Lab testing: blood lead</td>
</tr>
<tr>
<td>Age</td>
<td>Screening/Immunizations and Timing</td>
</tr>
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<td>-------------------</td>
<td>---------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>12 months (1 year)</td>
<td>Well-baby checkup</td>
</tr>
<tr>
<td></td>
<td>Lab testing: blood lead, hemoglobin or hematocrit</td>
</tr>
<tr>
<td></td>
<td>Immunizations: Hib, MMR, HepA, Varicella, PCV, flu shot</td>
</tr>
<tr>
<td></td>
<td>Dental visit** as needed</td>
</tr>
<tr>
<td>15 months</td>
<td>Well-baby checkup</td>
</tr>
<tr>
<td></td>
<td>Immunizations: DTaP</td>
</tr>
<tr>
<td>18 months</td>
<td>Well-baby checkup</td>
</tr>
<tr>
<td></td>
<td>Immunizations: second HepA (6 months after the first dose)</td>
</tr>
<tr>
<td></td>
<td>Dental visit</td>
</tr>
<tr>
<td>24 months (2 years)</td>
<td>Well-baby checkup</td>
</tr>
<tr>
<td></td>
<td>Lab testing: blood lead</td>
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<tr>
<td></td>
<td>Immunizations: flu shot</td>
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<tr>
<td></td>
<td>Dental visit</td>
</tr>
<tr>
<td>30 months</td>
<td>Well-baby checkup</td>
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<tr>
<td></td>
<td>Dental visit</td>
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<tr>
<td>3 years</td>
<td>Well-child* checkup</td>
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<tr>
<td></td>
<td>Eye screening</td>
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<tr>
<td></td>
<td>Immunizations: flu shot</td>
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<tr>
<td></td>
<td>Dental visit twice a year</td>
</tr>
<tr>
<td>4–6 years</td>
<td>Well-child checkup each year</td>
</tr>
<tr>
<td></td>
<td>Eye screening</td>
</tr>
<tr>
<td></td>
<td>Immunizations: MMR, DTaP, IPV, Varicella, flu shot each year</td>
</tr>
<tr>
<td></td>
<td>Dental visit twice a year</td>
</tr>
<tr>
<td>Age</td>
<td>Screening/Immunizations and Timing</td>
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<td>---------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>7–10 years</td>
<td>Well-child checkup every year</td>
</tr>
<tr>
<td></td>
<td>Immunizations: HPV*** (at 9 years of age minimum), flu shot each year</td>
</tr>
<tr>
<td></td>
<td>Dental visit twice a year</td>
</tr>
<tr>
<td>11 and 12 years</td>
<td>Well-child checkup each year</td>
</tr>
<tr>
<td></td>
<td>Immunizations: MCV, Tdap, HPV series, flu shot each year</td>
</tr>
<tr>
<td></td>
<td>Dental visit twice a year</td>
</tr>
<tr>
<td>13–21 years</td>
<td>Well-adolescent* checkup every year</td>
</tr>
<tr>
<td></td>
<td>Immunizations: HPV series*** if not already completed, flu shot each year</td>
</tr>
<tr>
<td></td>
<td>Dental visit twice a year</td>
</tr>
</tbody>
</table>

*Well-baby, -child and -adolescent checkups/physical exam with infant totally undressed or older child undressed and suitably covered, health history, developmental and behavioral assessment (autism, depression and/or Attention Deficit Hyperactivity Disorder – ADHD), health education (sleep position counseling from 0–9 months, injury/violence prevention and nutrition counseling), height, weight, test for obesity (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

***Subject to individual state coverage

The following services are provided as needed:

- Hemoglobin or hematocrit at ages 4, 12, 18, 24 months and 3 years through 21 years
- Lead risk assessments and/or testing from age 6 months to age 6 years
- Tuberculosis risk assessments and/or testing from age 12 months through age 21 years (at ages 1, 6, 12, 18, 24 months and 3 to 21 years old)
- Cardiovascular disease risk assessments and cholesterol screening from ages 2 years through 21 years
- Sexually transmitted infections testing from ages 11 years through 21 years
- “Catch up” on any shots that have been missed at an earlier age
• Depression, substance abuse, sexual activity, tobacco use and cessation, and physical activity
• Referrals to specialists as needed

References:

Annual Women’s Health Exam
Getting your annual women’s health exam is an important part of staying healthy.

During this yearly exam, your provider will:
• Review your medical and gynecological history
• Take your blood pressure, weight and other vital signs
• Examine your body, including your skin and other parts of your body, to check your overall health
• Perform a clinical breast exam
• Check to see if your cervix, ovaries, uterus, vagina and vulva are of normal size, shape and position
• Check for signs of sexually transmitted infections (STIs), cancer and other health problems
• Perform a Pap test if needed
• Talk with you about birth control and protection from STIs
If you haven’t had your annual women’s health exam, set one up today. We can help you to find a provider, as well as making your appointment. Give us a call.

**Adult Preventive Health Guidelines**

If you’re new to WellCare, 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:

- **Age 19 to 39** – every 1 to 3 years (women should get an annual Pap smear – if 3 normal smears in a row, then 1 every 3 years)
- **Age 40 to 64** – every 1 to 2 years based on risk factors
- **Age 65 and older** – every year

<table>
<thead>
<tr>
<th>Age</th>
<th>Screening</th>
<th>Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men and women 18 years of age and older</td>
<td>Blood pressure, height, body mass index (BMI), alcohol use</td>
<td>Each year from age 18 to 21; then, every 1 to 2 years or at PCP’s recommendation</td>
</tr>
<tr>
<td>Men under 34 years of age</td>
<td>Cholesterol (non-fasting TC/HDL)</td>
<td>Every 5 years (more often if elevated)</td>
</tr>
<tr>
<td>Women under 34 years of age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men 35 to 65 years of age</td>
<td>Cholesterol (non-fasting TC/HDL)</td>
<td>Every 5 years (more often if elevated)</td>
</tr>
<tr>
<td>Women 45 to 65 years of age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High-risk men and women 20 years of age</td>
<td>Cholesterol (non-fasting TC/HDL)</td>
<td>Every 5 years (more often if elevated)</td>
</tr>
<tr>
<td>Women 18 years of age and older who are sexually active (consider at age 12 if sexually active)</td>
<td>Pap smear and chlamydia</td>
<td>Every 1-3 years and at PCP’s recommendation</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td><strong>Screening</strong></td>
<td><strong>Timing</strong></td>
</tr>
<tr>
<td>---------</td>
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</tr>
<tr>
<td>Women 40 years of age and older</td>
<td>Mammography</td>
<td>Every 1 to 2 years</td>
</tr>
<tr>
<td>Men and women 50 years of age and older</td>
<td>Colorectal</td>
<td>Periodically, depending upon test</td>
</tr>
<tr>
<td>Men and women 50 years of age and older</td>
<td>Hearing</td>
<td>Periodically</td>
</tr>
<tr>
<td>Women 65 years of age and older (60 and older if at risk)</td>
<td>Osteoporosis (bone mass measurement)</td>
<td>Every 2 years or at PCP’s recommendations</td>
</tr>
<tr>
<td>Men and women under 65 years of age who have diabetes or other risk factors</td>
<td>Vision (including glaucoma or diabetic retinal exam as needed)</td>
<td>Every 2 years for routine exams or annually if diabetic or other risk factors</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Immunizations</strong></th>
<th><strong>Timing</strong></th>
</tr>
</thead>
</table>
| Tetanus-Diphtheria and acellular pertussis (Td/Tdap) | 18 years of age and older  
Tdap: substitute 1-time dose of Tdap for Td, then boost with Td every 10 years |
<p>| Varicella (VZV) | All adults without evidence of immunity to varicella: 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: 1-2 doses |</p>
<table>
<thead>
<tr>
<th>Immunizations</th>
<th>Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pneumococcal polysaccharide (PPSV)</td>
<td>65 years of age and older, all adults who smoke or have certain chronic medical conditions: 1 dose. May need a 2nd dose if identified at risk</td>
</tr>
<tr>
<td>Seasonal Flu</td>
<td>Every Year</td>
</tr>
<tr>
<td>Hepatitis A vaccine (HepA)</td>
<td>All unvaccinated adults who anticipate close contact with an international adoptee or those with certain high-risk behaviors</td>
</tr>
<tr>
<td>Hepatitis B vaccine (HepB)</td>
<td>Adults at risk, age 18 years of age and older: 3 doses</td>
</tr>
<tr>
<td>Meningococcal conjugate vaccine (MCV)</td>
<td>College freshmen living in dormitories who have not been immunized with MCV and others at risk, 18 years of age and older: 1 dose Meningococcal polysaccharide vaccine is preferred for adults under 56 years of age</td>
</tr>
<tr>
<td>Human papillomavirus vaccine (HPV)**</td>
<td>*For eligible members through 26 years of age: 3-dose series</td>
</tr>
<tr>
<td>Zoster</td>
<td>Age 60 and older: 1 dose</td>
</tr>
<tr>
<td>Haemophilus Influenza type b (Hib)</td>
<td>For eligible high-risk members and those not previously immunized: 1 dose</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talk about aspirin to prevent cardiovascular events</td>
</tr>
<tr>
<td>Men: 40 years of age and older periodically</td>
</tr>
<tr>
<td>Women: 50 years of age and older periodically</td>
</tr>
</tbody>
</table>
**Prevention**

Talk about the importance of preventive exams (mammograms and breast self-examination for women at high risk and who have a family history)

Talk about prostate-specific antigen (PSA) test and rectal exam for men after 40 years of age at PCP’s discretion

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**Counseling**

Calcium: 1,000mg a day for women 18 to 50 years of age; 1,200mg to 1,500mg a day for women 50 years of age and older

Folic acid: 0.4mg a day for women of childbearing age; 4mg a day for women who have had children with neural tube defects (NTDs)

Breastfeeding: women after giving birth

Quitting tobacco; drug and alcohol use; STDs and HIV; nutrition; physical activity; sun exposure; oral health; injury prevention; polypharmacy; advance directives

*Unless there is a medical reason not to get a specific vaccine*

**Subject to individual state coverage**

References:

- Centers for Disease Control and Prevention. Recommended adult immunization schedule - United States, 2011. MMWR 2011;60(4). The recommended adult immunization schedule has been approved by the Advisory Committee on Immunization Practices, the American Academy of Family Physicians, the American College of Obstetricians and Gynecologists, and the American College of Physicians
• Cleveland Clinic www.cchs.net/health/health-info Periodic Health Exams and Cancer Screening
• ACG Recommendations on Colorectal Cancer Screening for Average and Higher Risk Patients in Clinical Practice, April 2008

Legal Disclaimer: Preventive health guidelines are based on guidelines from third parties available before printing; these guidelines are not a replacement for your doctor’s medical advice; he/she may have more current details; you should always talk with your doctor(s) about what care and treatment is right for you; the fact that a service or item is in these guidelines is not a guarantee of coverage or payment; members should look at their own plan coverage papers to see what is or is not a covered benefit; WellCare does not offer medical advice or provide medical care, and does not guarantee any results or outcomes; WellCare does not warrant or guarantee, and shall not be liable for:

• Information in these guidelines
• Information not in these guidelines
• Any recommendations made by independent third parties from whom any of the information was obtained

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 save 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 communicate it yourself.

In Georgia, there’s a specific kind of advance directive. It’s called a Georgia Advance Directive for Health Care. There are three parts to it:

• Part 1 – allows you to choose someone to make health care decisions for you (this used to be called a Durable Power of Attorney for Health Care)
• Part 2 – make your wishes known about stopping or continuing life support and getting or refusing nutrition and/or hydration (this used to be called a living will)
• Part 3 – lets you choose someone to be your guardian if a court decides that you need one
We know that making these kinds of decisions can be hard. And you need to be ready to answer some tough questions. Here are some things to think about as you write your advance directives:

- It’s your choice to fill one out
- It is your right, under state law, to make decisions regarding medical care, including the right to accept or refuse medical or surgical treatment
- Filling one out does not mean you want to commit suicide, physician-assisted suicide, homicide or euthanasia (mercy killing)
- Filling one out will not affect anything that is based on your life or death (for example, other insurance)
- You must be of sound mind to complete one
- You must be at least 18 years of age or an emancipated (legally free) minor
- You must sign it; you’ll need two witnesses to sign it too
- After you fill one out, keep it in a safe place; you should give a copy of it to someone in your family and your PCP
- You can make changes to it at any time
- If you create a Georgia Advance Directive for Health Care, it’ll take the place of any other advance directives you have, like a living will or Durable Power of Attorney for Health Care

  - If you decide not to create a Georgia Advance Directive for Health Care, your current living will and/or Durable Power of Attorney for Health Care will not change (as long as it/they were created before June 30, 2007)

- 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 Georgia Department of Community Health, Health Care Facilities Regulations at 1-800-878-6442 or 1-404-657-5726 or 1-404-657-5728

Remember…
it’s your choice.

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

- Call us
- Talk with your PCP
- Contact the Georgia Department of Human Services, Division of Aging Services –
  
  - Call at 1-404-657-5319
  - Visit them at 2 Peachtree Street NW, Suite 9395, Atlanta, GA 30303-3142.
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 three levels of processes in how we handle concerns. They are:

1. Grievance (or concern) process
2. Administrative Review (also called an appeal) process
3. Administrative Law/DCH Hearing process

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:

• We must be fair
• We cannot disenroll you from our plan
• We cannot treat you differently

We'll talk more about these processes on the next few pages. If you have questions, give us a call. Our toll-free number is 1-866-231-1821 (TTY/TDD 1-877-247-6272). We're happy to help if you speak a different language or need this information in a different format (like large print or audio). You can also call to learn about grievances and administrative reviews filed with us over the past three years.

Grievance Process

A grievance is when you have a concern with us or a provider. It could be for:

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

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

We also provide this information to the state.
You or someone you choose to act for you (your authorized representative) can file a grievance with us over the phone or in writing. A provider may not file a grievance for you, unless he or she is acting as your authorized representative.

Your grievance must be filed within one year of when the issue that you were concerned about took place.

Please note: a doctor will review your grievance if it’s about a medical issue.

<table>
<thead>
<tr>
<th>Steps in the Grievance Process</th>
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</thead>
<tbody>
<tr>
<td><strong>1. Contact Us</strong></td>
</tr>
<tr>
<td>• Call 1-866-231-1821 (TTY/TDD 1-877-247-6272) with your concern – we’ll try and fix it over the phone (especially if it’s because we need more information or to confirm what we have to solve the concern or because the issue needs to be resolved immediately)</td>
</tr>
<tr>
<td>• You can also mail your grievance to us:</td>
</tr>
<tr>
<td>WellCare of Georgia</td>
</tr>
<tr>
<td>Attn: Grievance Department</td>
</tr>
<tr>
<td>P.O. Box 31384</td>
</tr>
<tr>
<td>Tampa, FL 33631-3384</td>
</tr>
<tr>
<td>• Or fax to 1-866-388-1769</td>
</tr>
<tr>
<td><strong>2. First notification to you</strong></td>
</tr>
<tr>
<td>• We’ll send you a letter within 10 days after getting your grievance</td>
</tr>
<tr>
<td>• If we’re able to resolve the issue within these 10 days, the letter will have our decision</td>
</tr>
<tr>
<td><strong>3. Second notification to you</strong></td>
</tr>
<tr>
<td>• If we don’t make a decision within the 10-day time frame, we’ll have a decision for you within 90 days after getting your grievance</td>
</tr>
<tr>
<td>• We will send you a letter within 90 days after getting your grievance with our decision</td>
</tr>
</tbody>
</table>
Administrative Review Process

An administrative review is an appeal you can make when you don’t agree with a decision we made about your care. 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 (by provide, we mean authorize, pay for or arrange a service)
- We reduce, suspend or stop services you’ve been getting that we already approved
- We do not pay for the health care services you get

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

You must file your review request within 30 days of the date on the NOA. You can file by calling or writing to us. To do so by phone, call 1-866-231-1821 (TTY/TDD 1-877-247-6272). If you call in your review, you must follow up with a written, signed request.

<table>
<thead>
<tr>
<th>Send Your Written Review Requests Here</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>For review requests for medical services:</strong></td>
</tr>
<tr>
<td>WellCare of Georgia</td>
</tr>
<tr>
<td>Attn: Administrative Review Department</td>
</tr>
<tr>
<td>P.O. Box 31368</td>
</tr>
<tr>
<td>Tampa, FL 33631-3368</td>
</tr>
<tr>
<td>Fax to: 1-866-201-0657</td>
</tr>
<tr>
<td><strong>For review requests for pharmacy medications:</strong></td>
</tr>
<tr>
<td>WellCare of Georgia</td>
</tr>
<tr>
<td>Attn: Pharmacy Medication Administrative Review Department</td>
</tr>
<tr>
<td>P.O. Box 31398</td>
</tr>
<tr>
<td>Tampa, FL 33631-3398</td>
</tr>
<tr>
<td>Fax to: 1-888-865-6531</td>
</tr>
</tbody>
</table>
You can file your review yourself. Or you can have someone file it for you. (This includes your PCP or another provider.) We can also help to file a review for you.

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

We’ll send you a letter within 10 business days of getting your review request. It’ll let you know we received your review. If we’re able to make a decision within the 10 days, the letter will have our decision. If we can’t make a decision within 10 days, we’ll let you know in the letter how long it will take. You or your authorized representative can review the information we used to make our decision.

If you do not send us your review request within 30 days of the date on the NOA, your request will be denied. We’ll send you a letter if this happens.

**Fast Review Requests**

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

You’ll need to ask your provider to support a fast review. We will give you a fast review right away if your provider says it’s needed. If you ask for a fast review without your provider’s support, we’ll decide if one is critical for your health.

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

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

- Change the appeal to the time frame for a standard decision (30 days)
- Make reasonable efforts to call you
- Follow up with a written letter within two days
- Tell you over the phone and in writing that you may file a grievance about your provider not supporting the fast appeal request

To file a fast review request, call us at **1-866-231-1821 (TTY/TDD 1-877-247-6272)**. (If your review request is filed verbally, written notice is not needed.) Or fax it to the numbers provided in the previous section.
Additional Information

You or your authorized representative can give us more information if you feel it’ll help your review (regular or fast reviews). You can do this at any time during the review process.

You may also ask us for up to 14 more days to provide more information. (You may do this in writing or in person.) We may ask for 14 more days too to make a decision. (This is called an extension.) We would do this if we feel more information is needed and it’s in your best interest.

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

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

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

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

<table>
<thead>
<tr>
<th>Type of Review Request</th>
<th>Maximum Amount of Time We’ll Take to Make a Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fast review</td>
<td>72 hours or sooner (if your health requires it)</td>
</tr>
<tr>
<td>Pre-service review (for care you have not yet received)</td>
<td>30 days</td>
</tr>
<tr>
<td>Post-service review (for care you’ve already received)</td>
<td>45 days</td>
</tr>
</tbody>
</table>
Administrative Law/DCH Hearing Process

If you don’t agree with our administrative review decision, you have another option. If you’re a Medicaid member, you can ask for a hearing with an Administrative Law Judge. If you’re a PeachCare for Kids® member, you can request a hearing with DCH. Before you can ask for either of these, you must complete our review process. (This means you can ask for a hearing only after you’ve gotten our final review decision letter.) You must ask for a hearing within 30 days of the date on our final review letter.

Administrative Law Hearing

For Medicaid Members

Send request to

WellCare of Georgia, Inc.
Administrative Law Hearing
P.O. Box 31580
Tampa, FL 33631-3580

An Administrative Law Judge makes the final decision on your review

DCH Hearing

For PeachCare for Kids® members

Send request to

Department of Community Health
PeachCare for Kids® Administrative Review Request
2 Peachtree St., NW, 37th Floor
Atlanta, GA 30303-3159

An Administrative Law Judge makes the final decision on your review
A hearing is a legal proceeding. Those who attend the hearing include:

- You
- Your authorized representative (if you’ve chosen one)
- WellCare’s attorney
- Administrative Law Judge (for Medicaid) or Formal Grievance Committee (for PeachCare for Kids®)

Before the hearing, you and/or your authorized representative will have a chance to look over the information we used to make our review decision. (The time for review may be limited when a fast resolution is needed.) For Medicaid, the Administrative Law Judge will hear both sides. The Formal Grievance Committee will do so for PeachCare for Kids®.

We’ll explain why we made our decision. You or your authorized representative will tell the judge why you think we made the wrong decision. You’ll also have an opportunity to provide additional information that may not have been available or in your case file at the time you asked us for an administrative review. The Administrative Law Judge (for Medicaid) or Formal Grievance Committee (for PeachCare for Kids®) will then make a decision based on the information given.

**Continuation of Benefits During a Review or Hearing**

You can ask that we continue to cover your medical services during the review and/or hearing. To do this:

- You must send us a request to continue your benefits within ten days of receiving our Notice of Proposed Action (NOA)
- The review or hearing must be for the stopping or reduction of a previously authorized service
- The service must have been ordered by one of our network providers
- The time period covered by the original authorization cannot have ended
Be sure to ask for a continuation of benefits within the required 10 days. 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 the hearing notice of action letter, unless you request a hearing with continuation of benefits within 10 calendar days from the date we mail this letter
• The Administrative Law Judge (for Medicaid) or Final Grievance Committee (for PeachCare for Kids”) does not decide in your favor
• The time period or service limits of a previously authorized service have been met

If the hearing is decided in your favor, we’ll approve and pay for the care that is needed as quickly as possible. (This is if you didn’t receive the care during the review of your case.)

If the hearing is not decided in your favor, you will have to pay for the cost of the care you received during the hearing process.
Important Member Information
In this section, we'll touch on our enrollment and disenrollment processes. If you have any questions, call us. The toll-free number is 1-866-231-1821 (TTY/TDD 1-877-247-6272).

Enrollment

If you did not choose a health plan, the state chose one for you. Before they picked one, they tried to reach you by phone, mail and in person. If they couldn’t contact you or you didn’t respond, they chose WellCare for you.

Enrollment Anniversary

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

Outside of your Enrollment Anniversary period, you will only be able to 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:

- Moving out of our service region
- Moral or religious reasons
- Requesting to be on the same health plan as your family members
- Poor quality of care
- Change of eligibility

Remember to Recertify Your Eligibility with the Georgia Division of Family and Children Services (DFCS)

You’ll receive paperwork from DFCS. It’ll be sent when it’s time to recertify your eligibility. This paperwork will tell you what you need to do and by what date. Be sure to provide all of the information that’s required.
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).

It’s important that you tell us and DFCS when you move. That way your recertification paperwork is sent to the right address.

Make sure you complete this paperwork. And do it quickly. If you don’t, your WellCare benefits could end.

If you have questions about recertifying your Medicaid eligibility, call us. Or you can call DFCS toll-free at 1-877-423-4746. They also have a website you can visit. Go to www.compass.ga.gov.

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 new one.

Moving between WellCare Service Regions
WellCare is offered in all regions of Georgia. 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
You may ask to cancel your WellCare membership and change to another health plan during your first 90 days with us. You can do this without cause. This means you don’t need a valid reason to disenroll. Call 1-888-423-6765 (TTY/TDD 1-877-889-4424).

Disenrolling from WellCare and changing to another health plan will not affect your Medicaid eligibility. Instead, you’ll get your Medicaid benefits from a new health plan. You may still file a grievance or administrative review even if you have left our plan.
Involuntary Disenrollment

There are certain reasons you can be disenrolled from our plan. Examples would be if you:

- Go into a nursing home or state institution or into a place for the mentally handicapped for more than 30 days
- Commit fraud or abuse your health care services
- Act in a disruptive way, and this behavior is not caused by a known illness
- Lose your Medicaid eligibility or can no longer be a member
- Go to jail

You **CANNOT** be removed from our plan for these reasons:

- Medical problems you had before becoming our member
- A change in your health
- Reduced mental capacity
- Disruptive behavior because of your special needs
- The amount of services you use
- Missed medical appointments
- Not following your PCP’s plan for your care
Here we’ll talk about some of the things we do “behind the scenes.” Call us with your questions. We can be reached at 1-866-231-1821 (TTY/TDD 1-877-247-6272). We’re available Monday through Friday, 7 a.m. to 7 p.m.

**Plan Structure and Operations and How Our Providers Are Paid**

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

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

If you do, 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 few reasons. They are to:

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

We do this review in the following areas:

- Behavioral health procedures
- Medical devices
- Medical procedures
- Pharmaceuticals
Quality Improvement and Member Satisfaction

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

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

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

Fraud, Waste and Abuse

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

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

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

To Report Fraud, Waste and Abuse with WellCare

One way you can help stop fraud, waste and abuse is to review your Explanation of Benefits (EOB) when you get it in the mail. Look for any service that you did not receive or any provider you did not see.
If you know of any fraud that has occurred, call our 24-hour fraud hotline. The toll-free number is 1-866-678-8355. It’s private. You can leave a message without leaving your name. If you do leave a number, we’ll call you back. We’ll call to make sure the information we have is complete and accurate.

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

To Report Fraud, Waste and Abuse with Georgia Medicaid
To report suspected fraud and/or abuse in Georgia Medicaid:

- Call the Georgia Department of Community Health’s Program Integrity Hotline toll-free at 1-800-533-0686
Extra Help in Your Community

The 211 phone line is a national service. It was started in Atlanta by the United Way, who still supports the service. This service can help connect you with help and resources in your community. Types of help you can get include:

Basic needs –
- Food banks
- Clothing
- Shelters
- Rent and utilities

Support for children and families –
- Child care
- Success by Six (after-school programs)
- Head Start (family centers)
- Summer camps
- Outdoor play
- Tutoring
- Protection services

Volunteer employment support –
- Out-of-work benefits
- Money help
- Job training
- Rides
- Education

Support for older and disabled people –
- Home health care
- Adult day care
- Meals-on-Wheels
- Respite care
- Rides
- Homemaker services

Call 211 today.
Your Member Rights

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

• Get information about our health plan, services and providers
• Get information about your rights and responsibilities
• Know the names and titles of providers caring for you
• Be treated with respect and dignity
• Have your privacy protected
• Decide with your provider on the care you get
• Talk openly about care you need for your health, no matter the cost or benefit coverage, and the treatment choices and risks involved (the information must be given in a way you understand)
• Have the risks, benefits and side effects of medications and other treatments explained to you
• Know about your health care needs after you get out of the hospital or leave a provider’s office
• Refuse care, as long as you agree to be responsible for your decision
• Refuse to take part in any medical research
• File a grievance or administrative review about our plan or the care we provide; also, to know that if you do, it will not change how you are treated
• Not be responsible for our debts in the event of bankruptcy and not be held liable for:
  - Covered services provided to you for which the government does not pay us
  - Covered services provided to you for which the government or we do not pay the provider who furnished the services
  - Payments of covered services under a contract, referral or other arrangement to the amount 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 as a means of force, discipline, convenience or revenge

As our member, you have certain rights and responsibilities.
• Ask for and get a copy of your medical records from your provider; also, to ask that the records be changed/corrected if needed
  - Requests must be received in writing from you or the person you choose to represent you
  - The records will be provided at no cost
  - They will be sent within 14 days of receipt of the request
• Have your records kept private
• Make your health care wishes known through advance directives
• Have a say in our member rights
• Appeal medical or administrative decisions by using our grievance and administrative review process
• Exercise these rights no matter your sex, age, race, ethnicity, income, education or religion
• Have our staff observe your rights
• Have all the above rights apply to the person legally able to make decisions about your health care
• Be provided quality services in accordance with 42 CFR 438.206 through 438.210, including:
  - Accessibility
  - Authorization standards
  - Availability
  - Coverage
  - Coverage outside of network
  - The right to a second opinion
Your Member Responsibilities

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

• Read your member handbook to understand how our health plan works
• Carry your member ID card at all times
• Show your member ID card to each provider
• Carry your Medicaid card at all times
• Give information that we and your providers need to give care
• Follow health plans and instructions for care that you have agreed on with your provider
• Cooperate with the people who provide your health care
• Understand your health problems
• Know the medicines you take, what they are for and how to take them the right way
• Help set treatment goals that you and your provider agree to
• Schedule appointments for all non-emergency care through your provider
• Be on time for appointments
• Tell the provider’s office if you need to cancel or change an appointment
• Get a referral from your provider for specialty care
• Pay your co-payments to providers, as specified by the Georgia Families® program
• Respect the rights of all providers
• Respect the property of all providers
• Respect the rights of other patients
• Not be disruptive in your provider’s office
• Make sure your provider has copies of all previous medical records
• Let us know within 48 hours, or as soon as possible, if you are admitted to the hospital or get emergency room care
• Be responsible for cost sharing only as specified under covered services co-payments
WellCare Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Effective Date of this Privacy Notice: March 29, 2012
Revised as of May 14, 2013

We are required by law to protect the privacy of health information that may reveal your identity. We are also required by law to provide you with a copy of this Privacy Notice which describes our legal duties and health information privacy practices, as well as the rights you have with respect to your health information.

This Privacy Notice applies to the following WellCare entities:

- Easy Choice Health Plan, Inc.
- • Exactus Pharmacy Solutions, Inc.
- • Harmony Health Plan of Illinois, Inc.
- • Harmony Health Plan of Illinois, Inc., d/b/a Harmony Health Plan of Missouri
- • Missouri Care, Incorporated
- • WellCare Health Insurance of Arizona, Inc., operating as ‘Ohana Health Plan, Inc.
- • WellCare Health Insurance Company of Kentucky, Inc.
- • WellCare Health Insurance Company of Kentucky, Inc., d/b/a WellCare of Kentucky, Inc.
- • WellCare Health Plans of New York, Inc.
- • WellCare Health Plans of New Jersey, Inc.
- • WellCare of Connecticut, Inc.
- • WellCare of Florida, Inc.
- • WellCare of Georgia, Inc.
- • WellCare of Louisiana, Inc.
- • WellCare of New York, Inc.
- • WellCare of Ohio, Inc.
- • WellCare of South Carolina, Inc.
- • WellCare of Texas, Inc., operating in Arizona as WellCare of Arizona, Inc.
- • WellCare Prescription Insurance, Inc.

We may change our privacy practices from time to time. If we make any material revisions to this Privacy Notice, we will provide you with a copy of the revised Privacy Notice which will specify the date on which such revised Privacy Notice becomes effective. The revised Privacy Notice will apply to all of your health information from and after the date of the Privacy Notice.
How We May Use and Disclose Your Health Information without Written Authorization

WellCare requires its employees to follow its privacy and security policies and procedures to protect your health information in oral (for example, when discussing your health information with authorized individuals over the telephone or in person), written or electronic form. The following are situations where we do not need your written authorization to use your health information or to share it with others.

1. **Treatment, Payment, and Business Operations.** We may use your health information or share it with others to help treat your condition, coordinate payment for that treatment, and run our business operations. For example:

   **Treatment.** We may disclose your health information to a health care provider that provides treatment to you. We may use your information to notify a physician who treats you of the prescription drugs you are taking.

   **Payment.** We will use your health information to obtain premium payments, specialty pharmacy payments, or to fulfill our responsibility for coverage and the provision of benefits under a health plan, such as processing a physician claim for reimbursement for services provided to you.

   **Health Care Operations.** We may also disclose your health information in connection with our health care operations. These include fraud, waste and abuse detection and compliance programs, customer service and resolution of internal grievances.

   **Treatment Alternatives and Health-Related Benefits and Services.** We may use and disclose your health information to tell you about treatment options or alternatives, appointment reminders, and health-related benefits or services that may be of interest to you.

   **Underwriting.** We may use or disclose your health information for certain underwriting purposes. However, we will not use or disclose your genetic information for underwriting purposes.

   **Family Members, Relatives or Close Friends Involved in Your Care.** Unless you object, we may disclose your health information to your family members, relatives or close personal friends identified by you as being involved in your treatment or payment for your medical care. If you are not present to agree or object, we may exercise our professional judgment to determine whether the disclosure is in your best interest. If we decide to disclose your health information to your family member, relative or other individual identified by you, we will only disclose the health information that is relevant to your treatment or payment.

   **Business Associates.** We may disclose your health information to a “business associate” that needs the information in order to perform a function or service for our business operations. We will do so only if the business associate signs an agreement to protect the privacy of your health information. Third party administrators, auditors, lawyers, and consultants are some examples of business associates.
2. **Public Need.** We may use your health information, and share it with others, in order to comply with the law or to meet important public needs that are described below:

- if we are required by law to do so;
- to authorized public health officials (or a foreign government agency collaborating with such officials) so they may carry out their public health activities;
- to government agencies authorized to conduct audits, investigations, and inspections, as well as civil, administrative or criminal investigations, proceedings, or actions, including those agencies that monitor programs such as Medicare and Medicaid;
- to a public health authority if we reasonably believe you are a possible victim of abuse, neglect or domestic violence;
- to a person or company that is regulated by the Food and Drug Administration for: (i) reporting or tracking product defects or problems, (ii) repairing, replacing, or recalling defective or dangerous products, or (iii) monitoring the performance of a product after it has been approved for use by the general public;
- if ordered by a court or administrative tribunal to do so, or pursuant to a subpoena, discovery or other lawful request by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain a court order protecting the information from further disclosure;
- to law enforcement officials to comply with court orders or laws, and to assist law enforcement officers with identifying or locating a suspect, fugitive, witness, or missing person;
- to prevent a serious and imminent threat to your health or safety, or the health or safety of another person or the public, which we will only share with someone able to help prevent the threat;
- for research purposes;
- to the extent necessary to comply with workers’ compensation or other programs established by law that provide benefits for work-related injuries or illness without regard to fraud;
- to appropriate military command authorities for activities they deem necessary to carry out their military mission;
- to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials;
- to the prison officers or law enforcement officers if necessary to provide you with health care, or to maintain safety, security and good order at the place where you are confined;
- in the unfortunate event of your death, to a coroner or medical examiner, for example, to determine the cause of death;
- to funeral directors as necessary to carry out their duties; and
- in the unfortunate event of your death, to organizations that procure or store organs, eyes or other tissues so that these organizations may investigate whether donation or transplantation is possible under law.
3. **Completely De-Identified and Partially De-Identified Information.** We may use and disclose “completely de-identified” health information about you if we have removed any information that has the potential to identify you. We may also use and disclose “partially de-identified” health information about you for public health and research purposes, or for business operations, if the person who will receive the information signs an agreement to protect the privacy of the information as required by federal and state law. Partially de-identified health information will not contain any information that would directly identify you (such as your name, street address, Social Security number, phone number, fax number, electronic mail address, Web site address, or license number).

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**Requirement for Written Authorization**

We may use your health information for treatment, payment, health care operations or other purposes described in this Privacy Notice. You may also give us written authorization to use your health information or to disclose it to anyone for any purpose. We cannot use or disclose your health information for any reason, except those described in this Privacy Notice, unless you give us a written authorization to do so. For example, we require your written authorization for most uses and disclosures of psychotherapy notes (where appropriate), uses and disclosures of health information for marketing purposes, and disclosures that constitute a sale of your health information. Marketing is a communication about a product or service that encourages recipients of the communication to purchase or use the product or service.

You may revoke your authorization in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.
Your Rights to Access and Control Your Health Information

We want you to know that you have the following rights to access and control your health information.

1. **Right to Access Your Health Information.** You have the right to inspect and obtain a copy of your health information except for health information: (i) contained in psychotherapy notes; (ii) compiled in anticipation of, or for use in, a civil, criminal, or administrative proceeding; and (iii) with some exceptions, information subject to the Clinical Laboratory Improvements Amendments of 1988 (CLIA). If we use or maintain an electronic health record (EHR) for you, you have the right to obtain a copy of your EHR in electronic format. You also have the right to direct us to send a copy of your EHR to a third party that you clearly designate.

    If you would like to access your health information, please send your written request to the address listed on the last page of this Privacy Notice. We will ordinarily respond to your request within 30 days if the information is located in our facility, and within 60 days if it is located off-site at another facility. If we need additional time to respond, we will let you know as soon as possible. We may charge you a reasonable, cost-based fee to cover copy costs and postage. If you request a copy of your EHR, we will not charge you any more than our labor costs in producing the EHR to you.

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

    (i) is reasonably likely to endanger the life and physical safety of you or someone else as determined by a licensed health care professional;

    (ii) refers to another person and a licensed health care professional determines that your access is likely to cause harm to that person; or

    (iii) a licensed health care professional determines that your access as the representative of another person is likely to cause harm to that person or any other person.

    If you are denied access for one of these reasons, you are entitled to a review by a health care professional, designated by us, who was not involved in the decision to deny access. If access is ultimately denied, you will be entitled to a written explanation of the reasons for the denial.

2. **Right to Amend Your Health Information.** If you believe we have health information about you that is incorrect or incomplete, you may request in writing an amendment to your health information. If we do not have your health information, we will give you the contact information of someone who does. You will receive a response within 60 days after we receive your request. If we did not create your health information or your health information is already accurate and complete, we can deny your request and notify you of our decision in writing. You can also submit a statement that you disagree with our decision, which we can rebut. You have the right to request that your original request, our denial, your statement of disagreement, and our rebuttal be included in future disclosures of your health information.
3. **Right to Receive an Accounting of Disclosures.** You have the right to receive an accounting of disclosures of your health information made by us and our business associates. You may request such information for the six-year period prior to the date of your request. Accounting of disclosures will not include disclosures:

   (i) for payment, treatment or health care operations;
   (ii) made to you or your personal representative;
   (iii) that you authorized in writing;
   (iv) made to family and friends involved in your care or payment for your care;
   (v) for research, public health or our business operations;
   (vi) made to federal officials for national security and intelligence activities;
   (vii) made to correctional institutions or law enforcement; and
   (viii) of an incident related to a use or disclosure otherwise permitted or required by law.

If you would like to receive an accounting of disclosures, please write to the address listed on the last page of this Privacy Notice. If we do not have your health information, we will give you the contact information of someone who does. You will receive a response within 60 days after your request is received. You will receive one request annually free of charge, but we may charge you a reasonable, cost-based fee for additional requests within the same twelve-month period.

4. **Right to Request Additional Privacy Protections.** You have the right to request that we place additional restrictions on our use or disclosure of your health information. If we agree to do so, we will put these restrictions in place except in an emergency situation. We do not need to agree to the restriction unless (i) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and (ii) the health information relates only to a health care item or service that you or someone on your behalf has paid for out of pocket and in full. You have the right to revoke the restriction at any time.

5. **Right to Request Confidential Communications.** You have the right to request that we communicate with you about your health information by alternative means or via alternative locations. If you wish to receive confidential communications via alternative means or locations, please submit your written request to the address listed on the last page of this Privacy Notice. You must clearly state in your request that the disclosure of your health information could endanger you and list how or where you wish to receive communications.
6. **Right to Notice of Breach of Unencrypted Health Information.** We are required by law to maintain the privacy of your health information, and to provide you with this Privacy Notice containing our legal duties and privacy practices with respect to your protected health information. Our policy is to encrypt our electronic files containing your health information so as to protect the information from those who should not have access to it. If, however, for some reason we experience a breach of your unencrypted health information, we will notify you of the breach. If we have more than ten people that we cannot reach because of outdated contact information, we will post a notification either on our Web site (www.wellcare.com) or in a major media outlet in your area.

7. **Right to Obtain a Paper Copy of this Notice.** You have the right at any time to obtain a paper copy of this Privacy Notice, even if you receive this Privacy Notice electronically. Please send your written request to the address listed on this page of this Privacy Notice or visit our Web site at www.wellcare.com.

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**Miscellaneous**

1. **Contact Information.** If you have any questions about this Privacy Notice, you may contact the Privacy Officer at 1-888-240-4946 (TTY/TDD 1-877-247-6272), call the toll-free number listed on the back of your membership card, visit www.wellcare.com, or write to us at:

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

2. **Complaints.** If you are concerned that we may have violated your privacy rights, you may complain to us using the contact information above. You also may submit a written complaint to the U.S. Department of Health and Human Services. If you choose to file a complaint, we will not retaliate or take action against you for your complaint.

3. **Additional Rights.** This Privacy Notice explains the rights you have with respect to your health information, including access and amendment rights, under federal law. Some state laws provide even greater rights, including more favorable access and amendment rights, as well as more protection for particularly sensitive information, such as information involving HIV/AIDS, mental health, alcohol and drug abuse, sexually transmitted diseases, and reproductive health. To the extent the law in the state where you reside affords you greater rights than described in this Privacy Notice, we will comply with these laws.