Kentucky Enrollee Handbook

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WellCare of Kentucky...
Caring for You

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

This handbook will be your guide to the full range of Medicaid healthcare services available to you. If you have questions about your welcome packet, this handbook, or your health plan, please call Member Services toll-free at **1-877-389-9457** (TTY: **711**). You can reach us Monday through Friday, from 7 a.m. to 7 p.m., Eastern time. You can also find us on the web at **wellcareky.com**. We can help you with everything from making appointments to telling you more about the services you can get with your health plan.

How to Use This Handbook

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

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

This handbook is your guide to health and wellness services. It also tells you the steps to take to make our health plan work for you. The first few pages will tell you what you need to know right away. Please read the rest of the handbook, use it for reference, or check it out a bit at a time. Be sure to keep it in a safe place. We hope it will answer most of your questions. If it doesn't, call us.

If you lose your handbook, call us. We'll send you a new one by mail or email if you agree to get information from us by email. You can also find the handbook online at **wellcareky.com**.

When you have a question, check this handbook, ask your PCP, or call Member Services at **1-877-389-9457** (TTY: **711**). You can reach us Monday through Friday, from 7 a.m. to 7 p.m., Eastern time. You can also find us online at **wellcareky.com**.

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

How Managed Care Works

The Plan, Our Providers, and You

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

- Many people get their health benefits through **managed care**, which works like a central home for your health. Managed care helps coordinate and manage all of your healthcare needs.
- WellCare of Kentucky has a contract with the Kentucky Department for Medicaid Services to meet the healthcare needs of people with Kentucky Medicaid. In turn, WellCare of Kentucky works with a group of healthcare providers to help us meet your needs. These providers (doctors, therapists, specialists, hospitals, home care providers, and other healthcare facilities) make up our **provider network**.
- You can find a list of providers using our provider directory at **wellcareky.com**. Just click on "Find a Provider / Pharmacy." This online tool has the most up-to-date information about our provider network, including names, addresses, telephone numbers, whether the provider is accepting new patients, professional qualifications, languages spoken, sex, specialty, and board certification status. If you would like to get a printed copy of the provider directory, please call Member Services. You can also contact your provider directly to find out current language translations available.
- When you join WellCare of Kentucky, our providers are there to support you. Your primary care provider (PCP) is your main doctor. If you need to have a test, see a specialist, or go into the hospital, your PCP can help arrange it.
- Your PCP is available to you day and night. If you need to speak to your PCP after hours or on weekends, leave a message. Your PCP will get back to you as soon as possible. Even though your PCP is your main source for healthcare, you can sometimes go to other providers for services without checking with your PCP first. Refer to your health plan.

Help from Member Services

For help with non-emergency issues and questions, call Member Services at **1-877-389-9457** (TTY: **711**). You can reach us Monday through Friday, from 7 a.m. to 7 p.m., Eastern time. You can also find us online at **wellcareky.com**.

In case of a medical emergency, call **911**.

You can call Member Services to get help anytime you have questions about:

- Updating your contact information, such as your mailing address or phone number.
- Getting a new WellCare of Kentucky ID card.
- Choosing or changing your PCP.
- Making an appointment with a provider.

- Benefits and services.
- Getting help with referrals.
- Filing a grievance or appeal.
- Replacing a lost ID card or handbook.
- Reporting the birth of a new baby.
- Any change or other issue that might affect you or your family's benefits.
- Any information in this handbook.

If you are pregnant or are planning to become pregnant, your child will become part of WellCare of Kentucky on the day your child is born. You should call us and your local Department for Community Based Services (DCBS) right away if you become pregnant. We can also help you choose a provider for both you and your child before they are born.

Auxiliary Aids and Services

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

- Qualified American Sign Language interpreters.
- Written information in other formats (like Braille, large print, or audio).

These services are available to Enrollees at no cost. To ask for aids or services, call Member Services at **1-877-389-9457** (TTY: **711**).

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

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

WellCare of Kentucky
Attn: Member Services
13551 Triton Park Blvd, Suite 1200
Louisville, KY 40223

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

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The WellCare of Kentucky Dictionary

As you read this handbook, you may see some new words. Here is what we mean when we use them.

Words/Phrases

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

adverse action: A decision your plan can make to reduce, stop, or deny your healthcare services. Also called an ***action***.

appeal: A request you make to the health plan to review a decision the plan made reduce, stop, or deny your healthcare services.

authorized representative: A trusted person, such as a family member, friend, provider, or attorney, who you allow to speak for you about your Medicaid benefits, enrollment, or claims.

behavioral healthcare: Mental health (emotional, psychological, and social well-being) and substance use (alcohol and drugs) disorder treatment and rehabilitation services.

benefits: A set of healthcare services covered by your health plan.

care manager: A specially trained professional who works with you and your providers to make sure you get the right care when and where you need it.

clinical review criteria: medical standards used to make a decision about whether or not a requested service is medically necessary.

complaint: When you let us know you're not happy with our health plan, a provider, care, or services. Same as ***grievance***.

copayment: The amount of money you may have to pay for a provider visit, service, or drug prescription. Also called a ***copay***.

Words/Phrases

Department for Community Based Services (DCBS): Renews your Medicaid coverage or changes information in your Medicaid file if you have a major life change. A major life change may be a new address, a change in family size, or a new job.

Department for Medicaid Services (DMS): Buys healthcare and other services for people who are eligible to be on Medicaid.

disenrollment: When you no longer wish to be a part of our health plan. This includes the steps to follow to leave WellCare of Kentucky (voluntary) or when Kentucky Medicaid says you are no longer able to be part of our health plan (involuntary).

dual eligible: When you are eligible for both Medicare and Medicaid.

durable medical equipment (DME): Certain items, like a walker or a wheelchair, that your provider can order for you to use if you have an illness or injury.

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT): A program that is for preventive healthcare and includes well-child checkups for children under the age of 21.

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

emergency medical condition: A situation in which your life could be threatened or you could be hurt permanently if you don't get care right away. Some examples are severe pain, a heart attack or stroke, or broken bones. Not getting care may result in:

1. Placing the health of the individual or their unborn child in serious jeopardy.
2. Serious harm to body functions.
3. Serious harm to self or others due to an alcohol or drug abuse emergency.
4. Injury to self or others.
5. With respect to a pregnant individual who has contractions:
   - There is not enough time for a safe transfer to another hospital before delivery.
   - That transfer may threaten the health or safety of the individual or their unborn child.

Words/Phrases

emergency medical transportation: Ambulance transportation to the nearest hospital or medical facility for an emergency medical condition.

emergency room care: Care you get in a hospital if you have an emergency medical condition.

emergency services: Services you get to treat your emergency medical condition.

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

excluded services: Healthcare services that are not covered by Medicaid.

explanation of benefits (EOB): A document you get from your health plan that explains what services you recently got with a healthcare provider.

Federal Data Services Hub (the Hub): Checks information to determine eligibility in certain health plans and programs. It connects to federal data sources that verify consumer application information, including income, citizenship, immigration status, and access to minimum essential coverage.

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

grievance: When you let us know in writing or by phone if you're not happy with our health plan, a provider, care, or services. Same as ***complaint***.

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

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

health plan (or plan): The company providing you with health insurance.

Words/Phrases

health maintenance organization (HMO): A company that works with healthcare providers and facilities to keep you and your family healthy. (Same as ***MCO*** and ***managed care***).

health and wellness items: Health items you can get without a prescription. You can choose things like diapers, dental care items, first-aid items, laundry detergent, and more. We offer some of these items to you at no charge. They are mailed directly to your home each month.

health risk assessment (HRA): A survey to identify any potential risks to your health. Taking the HRA allows WellCare to help you find the resources you need to achieve optimal health.

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

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

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

hospital outpatient care: Care in a hospital that usually does not need an overnight stay.

identification (ID) card: A card we give you that shows you're an Enrollee of our health plan.

immunizations: Shots that can help keep you and your children safe from many serious diseases. There are some shots your child must get before they can start daycare or school in Kentucky.

in network: A term we use when a provider is contracted with our health plan.

inpatient hospital care: Someone admitted to a hospital or medical facility, unusually for a stay of one or more days.

lock-in program: The program that helps coordinate your drug and medical care needs.

Words/Phrases

long-term care: Care for senior Enrollees or Enrollees with disabilities. This care can be given at home, in the community, or in a facility or an institution.

managed care organization (MCO): An HMO or insurer that has a contract with the Kentucky Department for Medicaid Services (DMS). Same as ***HMO*** and ***managed care***.

managed care: An organized way for providers to work together to coordinate and manage all your health needs. Same as ***HMO*** and ***MCO***.

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

medically necessary: Medical services or treatments that you need to get well and stay healthy.

network (or provider network): A complete list of providers, hospitals, pharmacies, and other healthcare professionals who have a contract with our health plan to provide healthcare services for Enrollees.

non-emergency medical transportation (NEMT): Transportation your plan can arrange to help you get to and from your appointments. These can include personal vehicles, taxis, vans, mini-buses, mountain area transports, and public transportation.

non-participating: A provider, hospital, or other licensed facility or healthcare provider who hasn't signed a contract with your health plan.

outpatient: Someone who gets treatment at a medical facility but is not admitted to stay overnight.

participating: A doctor, hospital, or licensed facility or healthcare provider who has signed a contract with your health plan to serve Enrollees.

pharmacy network: A group of drugstores that Enrollees can use.

physician services: Healthcare services provided or coordinated by a licensed medical physician medical doctor (M.D.) or doctor of osteopathic medicine (D.O.).

Words/Phrases

plan (or health plan): The company providing you with health insurance coverage.

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

preauthorization: When we need to approve healthcare services or medicines before you get them. Also called ***prior authorization***.

preferred drug list (PDL): A list of drugs put together by providers and pharmacists for use by Enrollees. These drugs are covered by the plan.

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

prescription drug: A drug that, by law, requires a prescription by a provider.

prescription drug coverage: Covers all or part of the cost of prescription drugs.

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

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

provider directory: A list of participating providers in your health plan's network.

rehabilitation services and devices: Healthcare services and equipment that help you recover from an illness, accident, injury, or surgery. These services can include physical and occupational therapy, audiology, and speech language pathology. Services are limited to those who are expected to improve in a reasonable amount of time.

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

Words/Phrases

services: Healthcare we cover.

service authorization request: Asking for approval of a treatment or service. See also ***preauthorization***.

skilled nursing care: Services from licensed nurses in your home or in a nursing home that provide appropriate care to people who:

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

specialist: A provider who is trained and practices in a special area of medicine such as ***cardiology*** (heart doctor) or ***ophthalmology*** (eye doctor).

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

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

substance use / substance use disorder (SUD): A medical problem that includes using or depending on alcohol and/or legal or illegal drugs.

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

treatment: The care you get from providers and facilities.

TTY: A relay machine used by someone who is deaf, hard of hearing, or has a speech impairment.

TTY phone number: Phone number, usually **711**, that is used to communicate to another person with or without a relay machine.

Words/Phrases

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

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

Important
Phone Numbers

WellCare of Kentucky	
Member Services	**1-877-389-9457** Monday through Friday from 7 a.m. to 7 p.m., Eastern time
TTY	**711**
24-Hour Nurse Advice Line	**1-800-919-8807**
24-Hour Behavioral Health Crisis Hotline	**1-855-661-6973**
Vision: Avesis	**1-855-469-3368**
Dental: Avesis	**1-855-704-0432**
Hearing: Avesis	**1-877-389-9457**
WellCare of Kentucky Care Management Line	**1-844-901-3780 (TTY: 711)** To complete the Health Risk Assessment (HRA), call For English: **1-888-402-8567** For Spanish: **1-888-414-3516**
Pharmacy Benefit Manager: MedImpact	**1-800-210-7628** Available (24/7)
To Report fraud, waste, or abuse with WellCare of Kentucky — 24-hour fraud hotline	**1-866-685-8664**

Important Phone Numbers

State of Kentucky	
Suicide and Crisis Line	**988**
Kentucky Department for Community Based Services (DCBS)	**1-855-306-8959** Fax: **1-502-573-2007**
Kynect	Online at **kynect.ky.gov/benefits** **1-855-306-8959**
State of Kentucky Medicaid Non-Emergency Transportation	**1-888-941-7433**
State of Kentucky Department for Medicaid Services (DMS) Customer Service	**1-800-635-2570** For TTY, call **711** to talk to KY Relay
To report child and adult abuse	**1-877-KYSAFE1** **1-877-597-2331** **chfs.ky.gov/Pages/contact.aspx**
National Domestic Violence Hotline	**1-800-799-SAFE (7233)**
Social Security Administration (SSA)	**1-800-772-1213**
Medicaid Managed Care Ombudsman Program	**1-800-372-2973** **TTY 1-800-627-4702**
Kentucky Attorney General Office of Medicaid Fraud and Abuse	**1-877-228-7384** or visit **ag.ky.gov/about/Office-Divisions/OMFA/Pages/default.aspx**
Department for Medicaid Services (DMS) Fraud and Abuse	**1-800-372-2970**
Kentucky Children's Health Insurance Plan (KCHIP)	**1-877-KCHIP-18 (1-877-524-4718)** **TTY: 1-877-KCHIP-19 (1-877-524-4719)** Hispanic Interpreter: **1-800-662-5397** **kidshealth.ky.gov/pages/contactinfo.aspx**
State Auditor Waste Line	**1-800-592-5378**
Free legal services	Visit **www.klaid.org**
The KY Mediation Network	**1-859-246-2664**

Your Quick Reference Guide

I Want To:	I Can Contact:
Find a provider, specialist, or healthcare service.	My primary care provider (PCP). If you need help choosing a PCP, call Member Services at **1-877-389-9457** (TTY: **711**) Monday through Friday, from 7 a.m. to 7 p.m., Eastern time.
Get the information in this handbook in another format or language.	Member Services at **1-877-389-9457** (TTY: **711**) Monday through Friday from 7 a.m. to 7 p.m., Eastern time.
Keep better track of my appointments and health services.	My PCP or my health plan.
Get help with rides to and from my medical appointments.	Member Services at **1-877-389-9457** (TTY: **711**) Monday through Friday, from 7 a.m. to 7 p.m., Eastern time. You can also find more information on transportation services in this handbook.
Get help to deal with my stress or anxiety.	Call **911** if you are in danger or need immediate medical attention, or call the National Suicide & Crisis Lifeline at **988**. Otherwise, call the Behavioral Health Crisis Hotline 24 hours a day, seven days a week at **1-855-661-6973**.
Get answers to basic questions or concerns about my health, symptoms, or medicines.	Talk to your PCP or call the Nurse Advice Line 24 hours a day, seven days a week at **1-800-919-8807**.
• Understand a letter or notice I got in the mail from my health plan. • File a complaint about my health plan. • Get help with a recent change or denial of my healthcare services.	Member Services at **1-877-389-9457** (TTY: **711**) Monday through Friday, from 7 a.m. to 7 p.m., Eastern time. Or call the Medicaid Managed Care Ombudsman Program toll-free at **1-800-372-2973**. You can also find more information about the Ombudsman Program in this handbook.
Update my address.	Call your local Department for Community Based Services (DCBS) office to report an address change at **1-502-564-3703**. A list of offices can be found at **kynect.ky.gov/benefits/s/find-dcbs-office**.
Find my health plan's provider directory or other general information about my plan.	Visit **wellcareky.com**.

Renew Your Coverage

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

Watch Your Mail

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

- Call DCBS at **1-855-306-8959** or stop by their office for an interview.
- You may also:
  - Go online to Kynect at **kynect.ky.gov/benefits**. You can use Kynect to check if you may be eligible to get benefits if:
    - You are unsure if you qualify for benefits.
    - You are new to Kentucky's public assistance program.
    - You have never gotten benefits before. Simply select the benefits you would like to check and answer questions about yourself and your household.
  - If you need to update your mailing address, phone number, email address, or any other contact Information, please visit **kynect.ky.gov/benefits** or call **1-855-4kynect** (**1-855-459-6328**).
  - Call DMS Customer Service at **1-855-446-1245** or **1-800-635-2570**.
  - Call the Social Security Administration (SSA) at **1-800-772-1213**.
  - Mail or fax a hard copy application to:
    DCBS Family Support
    P.O. Box 2104
    Frankfort, KY 40602
    Fax: 1-502-573-2007

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

Act Fast

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

Call Us for Help!

If you have any questions about your eligibility or need help with the process, call Member Services at **1-877-389-9457** (TTY: **711**). We're here Monday through Friday, from 7 a.m. to 7 p.m., Eastern time.

Getting Started With Us

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

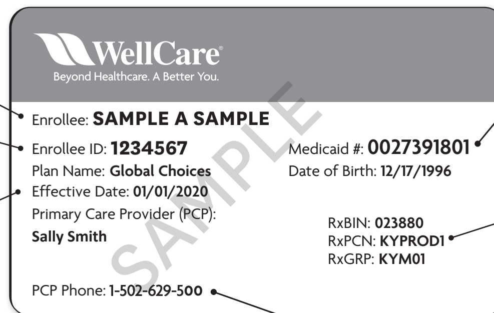
Your Health Plan ID Card — Check Your ID Card and Keep It with You at All Times

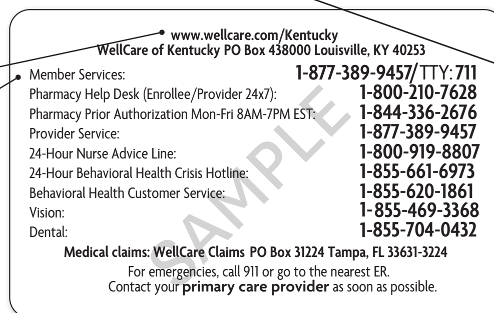
Think of your WellCare of Kentucky ID card as your key to getting your healthcare benefits. You'll get your ID card in the mail soon if you haven't already. Your WellCare of Kentucky ID card is mailed to you after we mail your welcome packet and Enrollee handbook within five days of enrolling in our health plan. We use the mailing address on file at your local DCBS.

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

- Name.
- Enrollee ID number.
- Medicaid ID number.
- Primary care provider (PCP) name, address, and phone number.
- Effective date (the date you enrolled in our plan).

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





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

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

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

If you don't get your WellCare of Kentucky ID card, or if your card is lost or stolen, call us at **1-877-389-9457** (TTY: **711**). We'll send you a new card. You can also visit **wellcareky.com** to get a new ID card or access your ID card online. Finally, you can email your ID card using the MyWellCare app on your smartphone or tablet.

If you find your old WellCare of Kentucky ID card after you've asked us for a new card, destroy the older ID card as it will no longer be valid.

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

Part I:
First Things You Should Know

Get to Know Your Primary Care Provider

Your primary care provider (PCP) is your partner in healthcare. They can be a doctor, nurse practitioner, physician assistant, or another type of provider. They will manage your needs and help you get referrals for special services, if you need them. These include:

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

PCPs in our network are trained in specialties such as:

- Family and internal medicine.
- General practice.
- Geriatrics.
- Pediatrics.
- Obstetrics and gynecology (OB/GYN).
- Advanced practice registered nurse (APRN).

How to Choose Your PCP

When you enroll, you will be able to choose your own PCP. To choose your PCP, call Member Services at **1-877-389-9457** (TTY: **711**). If you do not select a PCP, we will choose one for you. You can find your PCP's name and contact information on your ID card. See ***"How to Change Your PCP"*** to learn how you can change your PCP.

If we choose a PCP for you, we'll make a choice based on:

- Where you may have gotten care or services before.
- Where you live.
- Which language you speak (like English or Spanish).
- If the PCP is accepting new patients.

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

When choosing your new PCP, you may want to find a PCP who:

- You have seen before.
- Understands your health problems.

- Is taking new patients.
- Can speak your language.
- Has an office that is easy to get to.

Remember:

- Our providers are sensitive to the needs of many cultures.
- We have providers who speak your language and understand your traditions and customs.
- We can tell you about a provider's schooling, residency, and qualifications.
- You can contact your provider directly to learn about languages spoken to meet your needs.

You can pick the same PCP for your entire family. Or you can choose a different PCP for each family member enrolled in WellCare of Kentucky (depending on each family member's needs). A pediatrician treats children. Family practice doctors treat the whole family. Internal medicine doctors treat adults. Call Member Services at **1-877-389-9457** (TTY: **711**) to get help with choosing a PCP that is right for you and your family.

You can find a list of all the doctors, clinics, hospitals, labs, and other providers who partner with WellCare of Kentucky in our provider directory. You can use the "Find a Provider / Pharmacy" tool at **wellcareky.com** to see an up-to-date provider directory any time. You can also call Member Services to get a printed copy of the provider directory.

Enrollees can choose an OB/GYN as their PCP for preventive and routine care. You do not need a PCP referral to see a plan OB/GYN. Enrollees who are pregnant can get routine check-ups, regular care, and follow-up care if needed during their pregnancy.

If you have a difficult health condition or special healthcare need, you may be able to choose a specialist to act as your PCP, if:

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

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

If your provider leaves our provider network, we will tell you within 15 days from when we learn about this. If the provider who leaves is your PCP, we will help you choose another PCP.

How to Change Your PCP

Your PCP's name and contact information is printed on your ID card. You can change your PCP any time. Just call Member Services at **1-877-389-9457** (TTY: **711**). You can also make a change through our website at **wellcareky.com**.

Some reasons for changing your PCP might be:

- You disagree with their treatment plan.
- Your PCP moves somewhere that is not convenient for you.

- You have trouble talking with your PCP because of a language barrier or some other issue.
- Your PCP is not able to meet your special needs.

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

1. The “Find a Provider / Pharmacy” tool:
   - Visit **findaprovider.wellcareky.com**.
   - You can search for a provider by location, name, specialty, or keyword.
   - This is the best way to get our most current provider network information.
2. Our printed provider directory, which lists providers by county and specialty:
   - Ask us to mail you a copy at no cost.
   - Find a copy online at **wellcareky.com/members/medicaid/directories.html**.
3. Call us:
   - We can help you find a provider and even set your first appointment over the phone. For any additional information, please call Member Services at **1-877-389-9457** (TTY: **711**).

PCP changes made between the 1st and 10th of the month go into effect right away. Changes made after the 10th of the month will take effect on the first day of the next month. Once the change is made, we’ll send you a new WellCare of Kentucky ID card that lists your new PCP.

You may not have to select a PCP if:

- You’re dual-eligible (meaning you are eligible for both Medicare and Medicaid).
- You are pregnant.
- You have a child with a disability.
- You care for a child who is in the custody of the state.
- You meet income standards set by an inpatient hospital.

A PCP may choose not to see you if the PCP feels that they are not able to meet your healthcare needs. If this happens, you may choose a new PCP or we will assign you one. Call Member Services at **1-877-389-9457** (TTY: **711**) to get help.

How to Get Regular Healthcare

Regular healthcare means exams, check-ups, shots, or other treatments to keep you well, give you advice, and refer you to the hospital or specialists when needed. It means you and your PCP work together to keep you healthy or to see that you get the care you need.

Day or night, your PCP is only a phone call away. Be sure to call your PCP whenever you have a medical question or concern. If you call after hours or on weekends, leave a message. Your PCP will call you back as quickly as possible. Remember, your PCP knows you and knows how your health plan works.

Your PCP will take care of most of your healthcare needs, but you must have an appointment to see your PCP. If you cannot keep an appointment, call to let your PCP know as soon as you can.

Making your First Regular Healthcare Appointment

We encourage all new Enrollees to make an appointment with their PCP within the first 90 days, even if you are not sick. There are several things you can do to help your PCP get to know you and your healthcare needs better. Your PCP will need as much of your medical history as possible, so be sure to get your medical records from any providers you've seen in the past. Make a list of your medical background, any problems you have now, and the questions you want to ask your PCP. Bring a list of any medications and supplements that you are taking with you to your appointment. All of these things will be very helpful to your PCP.

If you need help making your first PCP visit or getting your records, call us at **1-877-389-9457** (TTY: **711**). We'll be happy to help.

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

How to Get Specialty Care — Referrals

Your PCP may send you to a specialist for covered services that your PCP doesn't provide. A specialist is a provider who is trained and practices in a specific area of medicine (like a heart doctor or a surgeon). If your PCP refers you to another doctor, we will pay for your care. Talk with your PCP to be sure you know how referrals work. If your PCP does not provide an approved service, ask them how you can get that service.

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

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

If you think a specialist does not meet your needs, talk with your PCP. Your PCP can help you find a different specialist.

There are some treatments and services that your PCP must ask us to approve before we will pay for them. This is called **preauthorization** or **prior authorization**. Your PCP will be able to tell you what these treatments and services are. If you have trouble getting a referral you think you need, call Member Services.

If we do not have a specialist in our provider network who can give you the care you need, they may refer you to a specialist outside of our plan. This is called an **out-of-network referral**. Your PCP or another network provider must ask for approval before you can get an out-of-network referral. For help and more information about getting services from an out-of-network provider, talk to your PCP or call Member Services at **1-877-389-9457** (TTY: **711**).

- Sometimes, we may not approve an out-of-network referral because we have a provider in our network who can treat you. If you do not agree with WellCare of Kentucky's decision, you can **appeal** our decision.
- Sometimes, we may not approve an out-of-network referral for a specific treatment because you asked for care that is not very different from what you can get from an in-network provider. If you do not agree with our decision, you can **appeal** our decision. See the ***"Appeals"*** section to learn how to ask for an appeal.

If you have a complex health condition or a special healthcare need, you may be able to choose a specialist to act as your PCP. Call Member Services at **1-877-389-9457** (TTY: **711**) for more information.

Services without a Referral

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

- Primary care vision.
- Primary care dental.
- Primary care hearing.
- Family planning.
- Maternity care.
- OB/GYN healthcare.
- Children's screening and local health department services.
- Screening, evaluation, and treatment for sexually transmitted infections (STIs).
- Testing for HIV, HIV-related conditions, and other communicable (spreadable) diseases.
- Chiropractic services.
- Behavioral health services.
- Routine diagnostic tests.
- Lab tests.
- Basic X-ray services.
- Some routine care provided in a provider's office (not in a hospital).

Referrals for Services Not Covered by WellCare of Kentucky

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

After-Hours Care

What if you get sick or hurt when your PCP's office is closed? If it's not an emergency, call our 24-hour Nurse Advice Line at **1-800-919-8807** (TTY: **711**). You can also call your PCP and leave a message. Your PCP's office will have someone on call. An on-call provider is available 24 hours a day, seven days a week. The on-call provider will call you back and tell you what to do. Your PCP's phone number is on your ID card.

If you can't reach your PCP's office, you may go to an urgent care center. You don't need prior authorization to go to an urgent care center. Be sure to call your PCP's office the next day for follow-up care whenever you go to an urgent care center.

Urgent Care

You may need urgent care for an injury or an illness that is not an emergency but that still needs care within 48 hours. This is different than routine medical visits. This could be something like:

- A child with an earache who wakes up in the middle of the night and won't stop crying.
- The flu.
- A cut that needs stitches.
- A sprained ankle.
- A bad splinter you cannot remove.

If you have one of these problems, try calling our 24-hour Nurse Advice Line at **1-800-919-8807** (TTY: **711**). One of our nurses will try to help you over the phone. Or you can call your PCP any time, day or night. They can tell you how to treat it. Our Nurse Advice Line or your PCP may tell you to go to an urgent care center for help. You do not have to get prior authorization before going to an urgent care center.

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

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

Emergencies

You are always covered for emergencies. An emergency medical condition is when your life could be at risk or you could be hurt forever if you don't get care right away. An emergency is when the condition could cause:

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

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

- Think there is no time to go to your provider's regular hospital.
- Have pain, bleeding, fever, or vomiting.
- Are in labor.

Here are some examples of emergencies:

- A broken bone or a cut that needs stitches.
- Heart attack or severe chest pain.
- Signs of a stroke.
- Trouble breathing, convulsions, or loss of consciousness.

- Poisoning.
- Heavy bleeding that won't stop.
- A bad burn.
- When you feel you might hurt yourself or others.
- Drug overdose.

Here are some examples of non-emergencies:

- A cold or sore throat.
- An upset stomach.
- Minor cuts or bruises.

If you believe, you have an emergency:

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

You **don't** need prior authorization from your plan or your PCP before getting emergency care at an urgent care center or ER. You do not have to use our hospitals or providers.

Call your PCP or our 24-hour Nurse Advice Line at 1-800-919-8807 (TTY: 711) if you're not sure if it's an emergency. Tell the person who answers what is happening. They can:

- Tell you what to do at home.
- Tell you to go to your PCP's office.
- Tell you to go to the nearest urgent care center or ER.

If you are out of the area when you have an emergency, go to the nearest ER.

Remember: Use the ER only if you have an emergency.

When you get to the ER, show your WellCare of Kentucky ID card. Ask the staff to call us. The ER will decide if your visit is an emergency. If your condition is not an emergency, you can choose to stay. See the ***"Services Covered by WellCare of Kentucky"*** section.

Out-of-Area Emergency Care

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

When you get to the hospital, remember to:

1. Show your WellCare of Kentucky ID card.
2. Ask the staff to call us for instructions on how to file your claim.
3. Let your PCP know what has happened.

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

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

Care Outside Kentucky

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

As an Enrollee of our plan, you must get your care within the WellCare of Kentucky provider network. In some cases, Medicaid may pay for healthcare services that you get from a provider located along the Kentucky border or in another state. If you get care outside of the approved provider network without prior authorization, you will be responsible for the charges. We can give you more information about which providers and services are covered outside of Kentucky and how you can get care if needed.

The only exception is for an emergency. In an emergency, you do not have to be in our service area to get care. Call 911 or go to the nearest hospital.

- **If you need medically necessary emergency care while traveling anywhere within the United States and its territories,** Medicaid will pay for your care.
- We will not pay for care outside of the United States and its territories.

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

Remember to Use Our 24-Hour Nurse Advice Line

We have nurses able to take your call 24 hours a day, seven days a week at no cost to you. Call a nurse when you're not sure what to do about a health problem. One of our nurses will help you decide what kind of care you need.

You can get help with things like:

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

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

When you call, a nurse will ask some questions about your problem. Tell the nurse as many details as you can. Describe where it hurts or what it feels like. The nurse can then help you decide if you:

- Can care for yourself at home.

- Should wait to see your PCP the next day.
- Need to go to an urgent care center or the hospital.

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

In An Emergency ...

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

For a behavioral health emergency:

- Call our 24-hour behavioral health crisis line at **1-855-661-6973** or call **988**.
- Call **911**.
- Go to the nearest ER.

Our Website

You may be able to find answers to your questions on our website. Go to wellcareky.com for information about:

- Your handbook.
- Finding a provider with the "Find a Provider / Pharmacy" search tool.
- Finding a drug by using our "Drug Search" tool.
- Your Enrollee rights and responsibilities.
- Enrollee newsletters.

Our website:
wellcareky.com

On our secure member portal, you can also:

- Change your address, phone number, and your PCP.
- Order your monthly health and wellness items (for more details, refer to the ***"WellCare of Kentucky Extra Programs and Benefits"*** chart in this handbook).
- Order Enrollee materials, like your ID Card, handbook, and provider directory.
- Access your My Health Pays program.
- Find links to help you learn about behavioral health conditions.

If you move, remember to also change your address and phone number with state agencies:

- Call DCBS at **1-855-306-8959**.
- Call the Social Security Administration (SSA) at **1-800-772-1213**.

Know Your Rights and Responsibilities

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

Digital Health Records — What are My Options for Managing My Digital Health Records?

In 2021, a new federal rule made it easier for Enrollees* to manage their digital health records. This rule is called the Interoperability and Patient Access rule (CMS-9115-F) and makes it easier to get your health records when you need them most.

You now have full access to your health records on your mobile device, such as your smartphone or tablet. This allows you to manage your health better and know what resources are available to you.

**Beginning in 2022, the Payer-to-Payer Data Exchange portion of this rule allows former and current Enrollees to request that their health records go with them as they switch health plans. For more information about this rule, visit the Payer-to-Payer Data Exchange section found on the web page below.*

The new rule makes it easy to find information on:**

- Claims (paid and denied).
- Specific parts of your clinical information.
- Pharmacy drug coverage.
- Healthcare providers.

***You can get information for dates of service on or after Jan. 1, 2016.*

For more information, please visit:
wellcareky.com/members/medicaid/benefits/interoperability-and-patient-access.html.

Eligibility and Enrollment in WellCare of Kentucky

Enrollees with WellCare of Kentucky have additional benefits. You can learn more in the ***"Services Covered by WellCare of Kentucky"*** section of this handbook.

Make Sure We Have Your Correct Address

All Medicaid Enrollees must have a valid address on file with the Kentucky Department for Medicaid Services. This helps ensure you can keep your health benefits. Update your address with the correct state agency if you have moved or if you have not updated your address with the state. Address updates must be made by you or your authorized representative.

- Call DCBS at **1-855-306-8959** or visit a local office.
- Update online with Kynect at **kynect.ky.gov/benefits** or call kynect at **1-855-4kynect** (**1-855-459-6328**).
- Call the Social Security Administration (SSA) at **1-800-772-1213** or visit a local office.

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

- Your move to a new home.
- Your family size changes. These include you getting married or divorced, having or adopting a child, or experiencing the death of your spouse or child.
- You start a new job or your income changes.
- You get health insurance from another company.
- You become pregnant.

To make updates:

- Call DCBS at **1-855-306-8959** or visit a local office.
- Update online with Kynect at **kynect.ky.gov/benefits** or call kynect at **1-855-4kynect** (**1-855-459-6328**).
- Call the Social Security Administration (SSA) at **1-800-772-1213** or visit a local office.

Your
Health Plan

Care Basics

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

We approve care that is ***medically necessary*** and ***clinically appropriate***. Here's what those terms mean.

Medically Necessary

We approve care that is medically needed or necessary. This means the care, services, or supplies give you treatment you need. The care, services, or supplies must:

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

Clinically Appropriate

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

Making and Getting to Your Medical Appointments

We have guidelines to make sure you get to your medical appointments on time. 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>
<tr><th></th><th colspan="2">All Regions</th></tr>
<tr><th>Type of Provider</th><th>Drive Time/Distance if you live in an URBAN area within:</th><th>Drive Time/Distance if you live in an area other than an URBAN area within:</th></tr>
<tr><td>PCPs</td><td>30 minutes or 30 miles</td><td>30 minutes or 30 miles</td></tr>
<tr><td>Hospitals</td><td colspan="2">30 minutes or 30 miles</td></tr>
<tr><td>Behavioral health providers</td><td>30 minutes or 30 miles</td><td>45 minutes or 45 miles</td></tr>
<tr><td>Pharmacies</td><td colspan="2">30 minutes or 30 miles</td></tr>
<tr><td>Vision, lab or radiology providers</td><td colspan="2">50 minutes or 50 miles</td></tr>
<tr><td>Dental providers</td><td colspan="2">50 minutes or 50 miles</td></tr>
<tr><td>Hearing providers</td><td colspan="2">50 minutes or 50 miles</td></tr>
</table>

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

The providers in our network must offer you the same office hours as patients with other insurance. When you call for an appointment, use this appointment guide. It shows the times for each type of care and how long you may have to wait to be seen. Keep these times in mind as you set your appointments.

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

If you are having trouble getting the care you need within the time limits described above, call **1-877-389-9457** (TTY: **711**).

Your
Benefits

The rest of this handbook is for your information when you need it. It lists services that are covered and not covered by your plan. If you are having problems, this handbook can tell you what to do. This handbook also has other information you may find useful. Keep it handy for when you need it.

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

- Need a physical or immunizations (shots).
- Have a medical condition (like diabetes, cancer, or heart problems).
- Are pregnant.
- Are sick or injured.
- Have a substance use disorder or have behavioral health needs.
- Need help with things like eating, bathing, dressing, or other activities of daily living.
- Need help getting to your medical appointments.
- Need medications.

The section below describes the specific services covered by Medicaid. Ask your PCP or call Member Services at **1-877-389-9457** (TTY: **711**) if you have any questions.

Services Covered by WellCare of Kentucky

Here are some important things to remember when getting care:

- You must get services from providers who are part of WellCare of Kentucky. They must approve your care.
- If you get a service that we do not approve, you may have to pay for it yourself.
- Sometimes we may not have a provider in our network who can give you the care you need. If this happens, we'll cover the care out of network. There will be no cost to you, but we will need to approve your care first. With approval, we will make sure any out-of-network cost to you is no greater than it would be if you got services in our network. Please see the ***Understanding Referrals and Prior Authorizations*** section for more information.
- All services provided must be medically necessary and provided or referred by your PCP. Talk with your PCP or call Member Services at **1-877-389-9457** (TTY: **711**) if you have any questions or need help with any health services.

Regular Healthcare

- Office visits with your PCP, including regular checkups, routine labs, and tests.
- Referrals to specialists.
- Eye / hearing exams.
- Well-baby care.
- Well-child care.

- Immunizations (shots) for children and adults.
- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services for Enrollees under age 21 (see the ***"EPSDT"*** section for more details).
- Help with quitting tobacco.

Maternity Care

- Pregnancy care.
- Childbirth education classes.
- OB/GYN and hospital services.
- Care management services for high-risk pregnancies during pregnancy and for two months after delivery. Keep reading for more information.

Hospital Care

- Inpatient care.
- Outpatient care.
- Labs, X-rays, and other tests.

Home Health Services

- Time-limited skilled nursing services.
- Specialized therapies, including physical therapy, speech-language pathology, and occupational therapy.
- Medical supplies.
- Must be medically necessary and ordered by your provider.

Personal Care Services / Private Duty Nursing

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

Hospice Care

- Helps patients and their families with any special needs that come during the final stages of sickness.
- Provides medical and palliative care to terminally ill individuals and support to their families or caregivers.
- Services can be in your home, in a hospital, or in a nursing home.

Dental Care

- Services for all Enrollees, including preventative and restorative treatments. This includes:
  - Fillings.
  - Crowns.
  - Implants.
  - Dentures.

Hearing Care

- Screening tests and hearing aids for all Enrollees.

Vision Care

- Services provided by ***ophthalmologists*** and ***optometrists*** (eye doctors), including routine eye exams and medically necessary glasses or contact lenses for all Enrollees.
- One pair of replacement eyeglasses per calendar year if Enrollee's first pair of eyeglasses is lost or broken.
- Specialist referrals for eye diseases.

Pharmacy

- Prescription drugs.
- Some medicines sold without a prescription (also called "over-the-counter" or OTC).
- Insulin and other diabetic supplies (like syringes, test strips, lancets, and pen needles).
- Things to help you stop using tobacco, including OTC medications.
- Birth control.

Emergency Care

- Procedures, treatments, or services needed to evaluate or stabilize an emergency.
- Other care to make sure you stay in stable condition.
- Treatment may happen in the ER, in an inpatient hospital room, or in another setting.

Specialty Care

- ***Respiratory*** (breathing) care services.
- ***Podiatry*** (foot care) services.
- ***Cardiac*** (heart) care services.
- Chiropractic services.
- Surgical services.

Nursing Home Services

- Includes initial services during rehabilitation stays.
- Care must come from a nursing home that is in the plan's provider network.
- Must be ordered by a provider and authorized by your health plan.

Behavioral Health Services and Substance Use Disorder Services

Behavioral healthcare includes both mental health (your emotional, psychological, and social well-being) and treatment for substance use disorder (SUD), including rehabilitation services.

All Enrollees can get help with mental health issues like depression, anxiety, or substance use disorders. These services include:

- **Behavioral Health Services (Mental Health & SUD)**
  - Services to help figure out if you have a mental health need or SUD treatment need.
  - Mobile or facility-based crisis management services.
  - Outpatient behavioral health therapy (individual, group, and family).
  - Inpatient behavioral health services.
  - Partial hospitalization.
  - Other supportive services such as: peer supports, comprehensive community supports, and targeted case management.
  - Specialized behavioral health services for children with autism.
  - Outpatient behavioral health services.
  - Outpatient behavioral health emergency room services.
  - Research-based intensive behavioral health treatment.
- **SUD Services (including opioid treatment)**
  - Outpatient treatment.
  - Inpatient detox and stabilization.
  - Substance abuse residential treatment
  - Medication-assisted treatment.
  - Partial hospitalization program.
  - Intensive outpatient program.
  - Peer support.
  - Psychoeducation.

Please see the "Behavioral Health" section for more details.

If you believe you need access to more intensive behavioral health services, talk to your PCP or call Member Services at **1-877-389-9457** (TTY: **711**).

Transportation Services

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

How to Get Non-Emergency Transportation

Kentucky Medicaid offers some Enrollees rides to get covered medical services. If you need a ride, you must talk to the transportation broker in your county to schedule a trip.

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

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

For a list of transportation brokers and their contact information, please visit **chfs.ky.gov/agencies/dms/provider/Pages/nemt.aspx** or call the Kentucky Transportation Cabinet at **1-888-941-7433**.

To schedule a ride, please call your local transportation broker 72 hours before you need the ride. If you have to cancel an appointment, call your local transportation broker as soon as possible. The hours of operation are Monday through Friday, from 8 a.m. to 4:30 p.m., Eastern time and Saturday, from 8 a.m. to 1 p.m., Eastern time. For more information, please visit the webpage listed above.

You should always go to a medical facility that is close to you. If you need specialty medical care from a provider outside of your service area, you must get a note from your PCP. This note has to say why it is important for you to travel outside of your service area to see a specialist. Your service area is your county and the counties next to it.

Family Planning

You can go to any provider or clinic that takes Medicaid and offers family planning services. You can also visit one of our family planning providers. Either way, you do not need a referral from your PCP. You can get:

- Birth control.
- Birth control devices (such as IUDs, implantable contraceptive devices, and others) that are available with a prescription.
- Emergency contraception.
- Sterilization services.

You can also see a family planning provider for human immunodeficiency virus (HIV) and sexually transmitted infection (STI) testing, treatment, and counseling related to your test results. Screenings for cancer and other related conditions are also included in family planning visits.

Other Covered Services

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

If you have any questions about any of your benefits, talk to your PCP or call Member Services at **1-877-389-9457** (TTY: **711**).

Benefits Offered by the State

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

- **First Steps:** A program that helps children with developmental disabilities from birth to age 3 and their families by offering services through a variety of community agencies. Call **1-877-417-8377** or **1-877-41-STEPS** for more information.
- **HANDS (Health Access Nurturing and Development Services):** This is a voluntary home visitation program for pregnant Enrollees and new parents. Contact your local health department for more information.
- **Non-emergency medical transportation:** If you cannot find a way to get to your healthcare appointment, you may be able to get a ride from a transportation company. Call **1-888-941-7433** for help or go to **transportation.ky.gov/TransportationDelivery/Pages/Human-Services-Transportation.aspx** for a list of transportation brokers and how to contact them.
- **Services for Children at School:** These services are for children ages 3 to 21 who are eligible under the Individuals with Disabilities Education Act (IDEA) and have an Individual Education Plan (IEP). These services include speech therapy, occupational therapy, physical therapy, and behavioral (mental) health services.

Extra Support to Manage Your Health — Care Management Program

Managing your healthcare alone can be hard, especially if you are dealing with many health problems at the same time. If you need extra support to get and stay healthy, we can help. We know you may have special care needs. To help with these, you may choose to have a care manager on your healthcare team at no additional cost to you. WellCare of Kentucky offers care management services to all Enrollees. Your provider can refer you to care management services, or you can refer yourself.

A care manager will work with you, your PCP, all of your specialty providers, and any health insurance you may have to make sure you get all the services you need. They will make a care plan that includes your health goals and anything you need to achieve those goals. In addition, a care manager can help connect you to other state and local programs.

Your care manager can also help when you are leaving the hospital or other short-term medical setting to make sure you get the services you need when you get home. These services may include home care visits or therapies.

If you think you would like to work with a care manager, please call **1-844-901-3780** (TTY: **711**).

Here are some other things a care manager can help with:

- Making appointments and arranging rides.
- Supporting you in reaching your goals to better manage your ongoing health conditions.
- Answering questions about what your medicines do and how to take them.
- Following up with your providers about your care.
- Helping you continue to get the care you need if you switch health plans or providers.

Some of our care managers specialize in helping:

- Pregnant Enrollees with certain health issues (like diabetes) or other concerns (like quitting tobacco).
- Children from birth to age 17 who may live in stressful situations or have certain health conditions or disabilities.
- People experiencing addiction.
- People with mental health conditions.
- People who want to quit using tobacco.
- People who want to lose or manage their weight.

WellCare of Kentucky may refer you for care management services if you have priority conditions such as:

- Asthma.
- Cancer.
- Heart disease.
- Coronary artery disease (CAD).
- Congestive heart failure (CHF).
- Chronic obstructive pulmonary disease (COPD).
- Pre-diabetes or diabetes.
- High blood pressure.
- Obesity.
- Tobacco use.

Or have other priority concerns:

- Complex illnesses that require the coordination of many services.
- Adult or children with special healthcare needs.
- Newborns and infants with special healthcare needs such as low birth weight.
- Had or are going to have a transplant.
- A high-risk pregnancy.

- Multiple chronic illnesses.
- High-risk behavioral healthcare needs.
- Domestic abuse.
- Substance abuse.
- A responsibility for someone in foster care or adult guardianship.

Your care manager will help you arrange your care needs. To do this, they will:

- Ask questions to get more information about your condition.
- Ask questions about your living arrangements (including family, home, and finances) to find ways to help you.
- Work with your PCP to arrange services you need and help you understand your illness.
- Provide information to help you understand how to care for yourself and how to get services, including local resources.

We may contact you to talk about care management if:

- You ask about care management.
- Your PCP thinks the program would help you.
- We feel you may benefit from these services.

At times, a member of your PCP's team will be your care manager. If you think you would like to work with a care manager, please call **1-844-901-3780** (TTY: **711**). You may opt out of the program at any time.

Help with Problems Beyond Medical Care

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

WellCare of Kentucky's Community Connections Help Line is here for you. Our care support coordinators can help if you:

- Are worried about your housing or living conditions.
- Have trouble getting enough food to feed you or your family.
- Find it hard to get to appointments, work, or school because of transportation issues.
- Feel unsafe or are experiencing domestic violence. (If you are in immediate danger, call **911**.)
- Have other needs like:
  - Help with affordable childcare.
  - Job / education assistance.
  - Family supplies (diapers, formula, cribs, and more).

Call our Community Connections Help Line at **1-866-775-2192** (TTY: **711**). We are here Monday through Friday, from 8 a.m. to 8 p.m., Eastern time.

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

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

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

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

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

- Comprehensive health screening services (well-child checks, developmental screenings, and age-appropriate immunizations, i.e., shots).
- Behavioral and mental health assessments.
- Growth and development charts.
- Vision, hearing, and language screenings.
- Nutritional health and education.
- Lead risk assessment and testing, as appropriate.
- Dental screenings and referral to a dentist.
- Referrals to specialists and treatment, as appropriate.
- Home health services.
- Hospice services.
- Inpatient and outpatient hospital services.
- Lab and X-ray services.
- Personal care services.
- Physical and occupational therapy.
- Prescription drugs.
- Prosthetics.
- Rehabilitative services.
- Services for speech, hearing, and language disorders.
- Transportation to and from medical appointments.
- Any other necessary health services to treat, fix, or improve a health problem.

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

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

These health checks are done at certain ages. (We'll talk about these a little later in this book.) It's very important that your child see their PCP for these checks. Your child's PCP can help find health concerns before they become bigger problems. Your child can also get any needed shots.

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

If you have questions about EPSDT services, talk with your child's PCP. You can also find more details online at **wellcareky.com**. Or you can call **1-877-389-9457** (TTY: **711**).

Other Programs to Help You Stay Healthy

WellCare of Kentucky's Extra Benefits

We're excited to offer extra benefits and programs to our Enrollees at no additional cost. To learn more about these benefits, go to **wellcareky.com** or call **1-877-389-9457** (TTY: **711**).

WellCare of Kentucky Extra Programs and Benefits	
WellCare BabySteps Maternity Care Management Program	• Eligibility: Pregnant Enrollees ages 12 and up who have WellCare of Kentucky as their primary payer. • Pregnant Enrollees ages 12 and up who complete three prenatal visits can choose from baby items such as a stroller, a portable playpen, a car seat, or diapers. One visit must occur during the first trimester or within 42 days of enrollment. • Enrollees ages 12 and up who attend one postpartum visit seven to 84 days after the birth of their child can chose between select products or 750 points. If you have any questions about this program and for complete program details, please go online at **wellcareky.com** or call the My Health Pays Customer Service Center at **1-888-392-1185** (TTY: **711**).

WellCare of Kentucky Extra Programs and Benefits	
Family Planning	Enrollees can get: • Birth control advice. • Pregnancy tests. • Sterilization. • Medically necessary abortion. • Tests for STIs. • Breast cancer and pelvic exams.
Early Start	Programs to give you and your baby a healthy start: • **FREE** maternity education booklet, care guides, and advice, like tips to help you stay healthy while you're pregnant. • **FREE** health advice 24 hours a day, seven days a week when you call our Nurse Advice Line.
Internet Hot Spot	Get a **FREE** internet hot spot and 12 months of internet service for Enrollees ages 8 to 18. Available in limited rural areas.
Tutoring	Twelve **FREE** one-hour tutoring sessions for Enrollees ages 8 to 18. Sessions are available online or in person. Applications are available online or call Member Services for more information.
Reading Scholarships	**FREE** reading scholarships for qualified Enrollees who are in pre-K to fifth grade who want to improve their reading skills.
Boy Scouts of America	**FREE** annual membership for Enrollees ages 5 to 18 to join different Scouting programs based on age. Includes **$25 toward a uniform**.
Girl Scouts	**FREE** annual membership for Enrollees ages 5 to 18 to join the Girl Scouts. Includes **$25 toward a uniform**.
Sports Physical	One **FREE** sports physical per year, provided by a PCP, for children ages 6 to 18.
College/Trade School Scholarship	Enrollees have the opportunity to be selected for one of 50 scholarships in the amount of **$1,000** each. Scholarships are for Enrollees ages 18 and up who have been accepted to attend a college, university, or trade school. Applications are available online or call Member Services for more information.
SafeLink Cellphone	Enrollees may get a **FREE** cellphone through SafeLink. Phone includes unlimited talk and text, up to 25MB of data, and up to 5MB of hotspot data each month.

WellCare of Kentucky Extra Programs and Benefits	
Steps2Success Program	• WellCare of Kentucky wants to help Enrollees take steps to be successful in reaching their employment, financial, and/or educational goals. This includes **FREE** job training and financial referral education classes. • In addition, Enrollees ages 16 and older who do not have a high school diploma can take the GED® test for **FREE**.
Good Measures	**FREE** health coaching to help you lose weight, manage a health condition, strengthen your immune system, or just feel better.
WeightWatchers	WellCare of Kentucky offers a six-month membership for Medicaid Enrollees. The goal of the program is to support healthy lifestyles and improve health outcomes. Available for Enrollees ages 18 and up when requirements are met. Requirements: • BMI must be greater or equal to 25 for Enrollees ages 18 and up. • Completion of baseline form by physician.
State-Issued ID Cards	Get a new or replacement copy of your state-issued ID card at no cost. This does not include driver's licenses or Real ID cards.
Criminal Record Expungement (certification only)	We will cover **$40** toward the fee to expunge (erase) a criminal record (as allowed by statue).
My Health Pays® Program	Earn rewards for taking steps that help you live a healthy life by completing certain health checkups, including well-child visits. Rewards include: • **$75** Nike gift card for Enrollees ages 3 to 20 who complete an annual check-up and dental cleaning. • **FREE** diapers, playpen, stroller, or car seat for pregnant Enrollees when they complete three prenatal visits. One must occur during the first trimester or within 42 days of enrollment. • Rewards and products may be different online and/or by phone If you have any questions about this program and for complete program details, please go online to **wellcareky.com** or call the My Health Pays Customer Service Center at **1-888-392-1185** (TTY: **711**).

WellCare of Kentucky Extra Programs and Benefits	
Health and Wellness Items	Each head of household can get health and wellness items each month that are mailed directly to their home. No prescription is needed! The allowance amount is based on the WellCare of Kentucky Enrollee's household size. Only WellCare of Kentucky Medicaid plan Enrollees who live in the same home will be counted as part of the household. • One-person household: **$10** per month. • Two-person household: **$20** per month. • Three- (or more) person household: **$25** per month. You can choose from a variety of items, including diapers, dental care items, first-aid items, laundry detergent, and more. All items are mailed right to your home. There are three easy ways to order: • Call **1-877-389-9457** (TTY: **711**) and talk to one of our team members. • Call this same number and use our automated service. • Go to **wellcareky.com** and log in to our member portal. ***For instructions on how to access the member portal, see the "Secure Member Portal Registration" section.***
Meals Program	For Enrollees discharged from an inpatient hospital, behavioral health, rehabilitation, or skilled nursing facility. Meal deliveries must begin within 14 days of discharge. Ten meals per authorization with no annual limit. Enrollee is eligible after any inpatient discharge.
24-hour Nurse Advice Line	Enrollees can call 24 hours a day, seven days a week to speak to a nurse and get answers to their health questions. Our trained nurses can give you information on how to treat medical symptoms at home. They can also tell you if you should wait to see your PCP, if you should go to an urgent care center, or if you should go to the ER. Call the Nurse Advice Line toll-free number at **1-800-919-8807** (TTY: **711**).
Community Connections Help Line (CCHL)	**FREE** Kentucky Community Connections Help Line (CCHL) to connect you to community services such as utility assistance, food banks, and transportation in your community. Please see ***"Help with Problems beyond Medical Care"*** to learn more or call **1-866-775-2192** (TTY: **711**).
24-hour Crisis Line	**FREE** help with drug and alcohol abuse and behavioral health concerns.
Care and Disease Management	Programs that help you with special health conditions on managing an illness. Read more about these programs later in this handbook

WellCare of Kentucky Extra Programs and Benefits	
MORE Benefits and Programs	• Flu shots.* • HIV counseling and testing.* • Health and wellness information on our website that gives tips to help you and your loved ones stay healthy. • A large selection of providers that gives you and your family access to PCPs, specialists, hospitals, and pharmacies. • Access to all medically necessary prescription drugs.* • Enrollee newsletters on our website with information about: – Benefit updates and details. – New services. – Events in your community. – Fitness and health education.

*You don’t need a referral from your PCP to get these services. You just need to choose an in-network provider to make sure that services and medications are covered by the plan. Call **1-877-389-9457** (TTY: **711**) or visit **wellcareky.com** for more information.

My Health Pays® Program

WellCare of Kentucky will reward Enrollees who take specific steps toward good health as part of the My Health Pays® program. You can earn rewards just for doing things like getting your checkups, having annual screenings, and getting childhood and adolescent immunizations. See the chart for more details:

Program	Visit Type	What To Do	Required Information	What You Can Earn
Child and Adolescent Health	0 to 12 months	Complete five well-child visits per schedule by child's 12th month birthday. Recommended schedule at 2, 4, 6, 9, and 12 months. One-time reward.	Provider information and date of visit.	Enrollees can choose between select products or 100 points per visit.
	12 to 30 months	Complete three well-child visits: One visit after the child's 12th month birthday and before the 15th month birthday. Two visits after the child's 15th month birthday and before the 30th month birthday. One-time reward.	Provider information and date of visit.	Enrollees can choose between select products or 100 points per visit.
	3 to 20 years old	Enrollees ages 3 to 20 who complete a yearly check-up and dental cleaning. Once per calendar year.	Provider information and date of visit for both yearly check-up and dental cleaning.	Enrollees can choose between select products, a $75 Nike gift card, or 750 points.
	1 to 17 years old	Metabolic monitoring for enrollees ages 1 to 17 who are taking two or more antipsychotic medications. Enrollees must complete both blood glucose and cholesterol testing. Once per calendar year.	Provider information and date of visit.	Enrollees can choose between select products or 250 points.

Program	Visit Type	What To Do	Required Information	What You Can Earn
Child and Adolescent Health	Age 2	Children's health combo requires the following immunizations (shots) before the enrollee's 2nd birthday, as per schedule and documented by provider: • Four diphtheria, tetanus, and acellular pertussis (DTaP). • Three polio (IPV). • One measles, mumps, and rubella (MMR). • Three haemophilus influenza type B (HiB). • Three hepatitis B (HepB). • One chickenpox (VZV). • Four pneumococcal conjugate (PCV). • One hepatitis A (HepA). • Two or three rotavirus (RV). • Two influenza (flu). One-time reward.	Provider information and date of visit.	Enrollees can choose between select products or 250 points.
	12 to 13 year olds	Requires the following immunizations (shots) before the enrollee's 13th birthday, as per schedule and documented by provider: • One meningococcal on or between the 11th and 13th birthday. • One diphtheria, tetanus, and acellular pertussis (DTaP) on or between the 10th and 13th birthday. • Two human papillomavirus (HPV) series on or between the 9th and 13th birthday, as per recommendations. One time reward	Provider information and date of visit.	Enrollees can choose between select products or 250 points.

Program	Visit Type	What To Do	Required Information	What You Can Earn
Healthy Pregnancy	Prenatal care visits	Enrollees ages 12 and up who complete three prenatal visits. One visit must occur during first trimester or within 42 days of enrollment. One reward per pregnancy. Visit must be with an OB/GYN, other prenatal care practitioner, or PCP.	Provider information, dates of prenatal visits, and baby's due date	Enrollees can choose from four baby items: a stroller, a portable playpen, a car seat, or diapers. Or get 2560 points to use toward baby items of your choice. Please note: Reward points are intended to be used for baby items only.
	Postpartum care visit	Enrollees ages 12 and up who attend one postpartum visit seven to 84 days after the birth of their child. For deliveries in 2025, the postpartum visit must occur and be reported by Feb. 27, 2026. One reward per pregnancy.	Provider information and date of visit.	Enrollees can choose between select products or 750 points.

Program	Visit Type	What To Do	Required Information	What You Can Earn
Chronic Care Management	Diabetes	Enrollees ages 18 to 75 with diabetes who complete an annual dilated eye exam. Once per calendar year.	Provider information and date of visit.	Enrollees can choose between select products or 200 points.
	Diabetes	Enrollees ages 18 to 75 with diabetes who do these three screenings: • Annual A1C lab test. • Blood pressure with result less than 140/90. • Kidney health evaluation. Once per calendar year. Must complete all three screenings.	Provider information, date of visit, and test results showing blood pressure below 140/90	Enrollees can choose between select products or 500 points.
Reproductive Health	Cervical cancer screening	Enrollees ages 21 to 64 who complete an office visit for a cervical cancer screening (pap test). Once per calendar year.	Provider information and date of visit.	Enrollees can choose between select products or 250 points.
	Mammogram screening	Enrollees ages 40 to 74 who complete an annual mammogram screening. Once per calendar year.	Provider information and date of visit.	Enrollees can choose between select products or 250 points.
Adult Health	New enrollee initial PCP visit	New enrollees ages 21 and older who visit their PCP for an initial visit within 90 days of enrolling. Once per calendar year.	Provider information and date of visit.	Enrollees can choose between select products or 100 points.
	Annual adult health screening	Enrollees ages 21 and older who complete an annual adult health screening (wellness visit). Once per calendar year.	Provider information and date of visit.	Enrollees can choose between select products or 250 points.
	Colon cancer screening	Enrollees ages 45 to 75 who complete a colon cancer screening. Once per calendar year.	Provider information and date of visit.	Enrollees can choose between select products or 250 points.

Program	Visit Type	What To Do	Required Information	What You Can Earn
Dental Care (Avesis)	Infant preventative dental visit	Any preventive dental visit for enrollees ages 1 to 2. Once per calendar year.	Provider information and date of visit.	Enrollees can choose between select products or 100 points
	Youth preventative dental visit	Enrollees ages 3 to 20. See the "Child and Adolescent Health" category for more details.		
	Topical fluoride treatment	Enrollees ages 1 to 4 who complete two topical fluoride treatments. Once per calendar year. Must complete both treatments.	Provider information and date of visit.	Enrollees can choose between select products or 100 points total.
	Dental sealant	Enrollees ages 6 to 14 who get dental sealant on permanent molars. Once per calendar year.	Provider information and date of visit.	Enrollees can choose between select products or 100 points.
Tobacco Cessation	Tobacco and Smoking Cessation	Enrollees ages 12 and older who use tobacco products. Enrollees must register and complete a Kentucky Tobacco Prevention and Cessation Program and quit for at least six consecutive months. • Adults ages 18 and older may call **1-800-QUIT-NOW (784-8669)** or text QUITNOW to **333888**. • Enrollees ages 17 and younger can call My Life, My Quit at **1-855-891-9989** or Text START MY QUIT to **36072**. Once per calendar year.	Program information, date of registration, date program completed, and smoking quit date.	Enrollee can choose between select products or 250 points.
Behavioral Health	Seven-Day Follow-Up	Enrollees ages 6 and up who go to a behavioral health provider within seven days after a behavioral health hospital stay.	Provider information and date of visit.	Enrollee can choose between select products or 250 points.

Start Earning Your Rewards

1. Go online to **wellcareky.com**.
2. Follow the steps to register for an account or log into the secure member portal and accept the terms and conditions.
3. Click on the **"My Health Pays"** link to explore activities and start earning rewards. The more activities you complete the more points you earn to redeem for rewards from a full catalog of products and more.

For children under age 16, go to **myhealthpayshealthyrewards.com** or call **1-888-392-1185** (TTY: **711**).

If you do not have internet access, please call the My Health Pays Customer Service Center to report your completed activity details. Call **1-888-392-1185** Monday through Friday, from 7 a.m. to 7 p.m., Central time, excluding holidays. Only select products are available over the phone.

For complete program details and to learn more about the My Health Pays Program please go to **wellcareky.com**.

Program details:

- Activities for the 2025 program year must be completed between Jan. 1, 2025, and Dec. 31, 2025.
- Enrollees must report completed 2025 activities beginning Jan 1, 2025 until Feb. 27, 2026 via phone or online until Feb 28, 2026.
- Through the online process you will receive points to shop the online merchandise store.
- Points and funds are no longer available after your coverage ends or 365 days after the date the reward was earned, whichever comes first.
- Eligibility for this program is determined and based on submitted claims, including factors such as age, gender, and chronic conditions.
- Eligible enrollees are those with WellCare of Kentucky as their primary payer.

*Rewards **cannot** be used to buy alcohol, tobacco, or firearms.*

You don't need a referral from your PCP to get these services. You just need to choose an in-network provider to make sure that services and medications are covered by the plan. Call **1-877-389-9457** (TTY: **711**) or visit **wellcareky.com** for more information.

Services NOT Covered

Receiving Non-Covered Services

Kentucky Medicaid only pays for services that are medically necessary. Below are some of the services that Kentucky Medicaid **does not pay** for. You can still get a service not covered by WellCare of Kentucky or Kentucky Medicaid, but you will have to pay for it yourself. We suggest talking to your provider first and agreeing to any service in writing before it is performed. You will not lose your Medicaid benefits if you can't pay for a covered service. Call **1-877-389-9457** (TTY: **711**) if you are not sure whether the health plan pays for a service. We're here to help Monday through Friday, from 7 a.m. to 7 p.m., Eastern time.

Some services not covered include:

- Services from providers who are not Kentucky Medicaid providers.
- Services that are not medically necessary.
- Massage and hypnosis services.
- Hospital stays if you can be treated outside the hospital.
- Fertility drugs.
- Any lab service performed by a facility or individual provider without current certification from the Clinical Laboratory Improvement Amendment (CLIA).
- Cosmetic procedures or services performed only to improve appearance.
- Hysterectomies performed only to prevent pregnancy.
- Medical or surgical treatment of infertility (for example, the reversal of sterilization, in vitro fertilization, etc.).
- Induced abortion and miscarriage services that go against federal and Kentucky laws and judicial opinions.
- Paternity testing.
- Personal service or comfort items.
- Postmortem services.
- Services or drugs that are investigational or experimental.
- Gender affirmation procedures.
- Sterilization of a mentally incompetent or institutionalized Enrollee.
- Fans, air conditioners, humidifiers, air purifiers, computers, or home repairs.
- Services provided outside of the United States, unless approved by the Secretary of the Kentucky Cabinet for Health and Family Services.
- Services or supplies greater than what's allowed by federal or state laws, judicial opinions, and the Kentucky Medicaid program.
- Unauthorized services.
- Services provided by providers who are not part of your health plan.
- Services for which an Enrollee is not required to pay and for which no other person has a legal responsibility to pay.
- Services not covered (including those listed above).

This list does not include all services that are not covered. To see if a service is covered or not covered, call Member Services at **1-877-389-9457** (TTY: **711**).

If You Get a Bill

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

You have the right to ask for a State Fair Hearing if you think you are being asked to pay for something that Medicaid or WellCare of Kentucky should cover. A State Fair Hearing allows you or your representative to make your case before an administrative law judge. See the ***"State Fair Hearing"*** section in this handbook for more information. If you have any questions, call **1-877-389-9457** (TTY: **711**).

Copayments (copays) are not required for any service.

Part II:

Plan Procedures

Service Authorization and Actions

Prior Authorizations (PAs)

WellCare of Kentucky will need to approve some treatments and services **before** you get them. WellCare of Kentucky may also need to give approval for you to **keep getting** some services. This is called **preauthorization** or **prior authorization** (or PA for short). Either you or your PCP can request a PA.

The following treatment and services must be approved before you get them:

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

This is not a complete list, and it may change from time to time. For help with PAs, call **1-877-389-9457** (TTY: **711**).

Asking for approval of a treatment or service is called a **service authorization request**. To get approval for these treatments or services, you need to have your PCP or provider call us at **1-877-389-9457** (TTY: **711**).

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

Service Authorization Requests for Children under Age 21

Special rules apply to decisions to approve medical services for children under age 21 who are getting EPSDT services. To learn more see the ***"EPSDT Services"*** section.

What Happens After We Get Your Service Authorization Request

WellCare of Kentucky has a review team to be sure you get the services we promise. Qualified healthcare professionals are on the review team. Their job is to be sure that the treatment or service you asked for is covered by WellCare of Kentucky and that it will help with your medical condition. Our review team does this by checking your treatment plan against medically acceptable standards.

Any decision to deny a service authorization request or to approve it for an amount that is less than requested is called an **adverse action (or action)**. These decisions will be made by a healthcare

professional. You can request the specific medical standards, called **clinical review criteria**, used to make the decision for actions related to medical necessity.

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

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

Preauthorization and Timeframes

We will review your request for a PA within the following timeframes:

- **Standard review** (for non-emergency): We will make a decision about your request within two business days of getting the request.
- **Expedited (fast) review:** We will decide about your request and you will hear from us within 24 hours.

In most cases, if you are getting a service and a new request is made to keep getting a service, we must tell you before we change the service if we decide to reduce, stop, or restrict the service. If we approve a service and you have started to get that service, we will not reduce, stop, or restrict the service during the time it has been approved unless we determine the approval was based on information that was known to be false or wrong.

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

Prior Authorization Timeframes		
Type of Request	**Decision Timeframe**	**Who Can Request One?**
Standard (for non-emergency)	Within two business days of receiving the request.	Your PCP or provider.
Expedited/Fast (for urgent care)	Within 24 hours of receiving the request.	Your PCP or provider.

Please note: Approval decisions for services that have already been provided are made within five calendar days of obtaining all necessary information to render a decision.

Services Available without Authorization

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

- Direct access to in-network OB/GYN for routine and preventive healthcare services.
- Emergency / urgent care.
- Family planning (any health plan provider).
- Well-child visits for children ages 20 or younger.
- Routine vision care.
- Routine dental care.
- One health visit to an in-network OB/GYN provider each year.
- Post-stabilization services.
- Visits to your PCP.

Even though you don't need approval for these services, you still need to see an in-network provider. You can find a provider using our online provider search tool at **findaprovider.wellcareky.com**. When you've made your choice, call to set up a visit. Remember to take your ID card with you.

Information from Member Services

You can call Member Services at 1-877-389-9457 (TTY: 711) to get help anytime you have a question. You can call us to:

- Choose or change your PCP.
- Ask about benefits and services.
- Get help with referrals.
- Replace a lost ID card.
- Report the birth of a new baby.
- Ask about any changes or other issues that might affect you or your family's benefits.
- Get answers to any questions you may have about this handbook.

If English is not your first language (or if you are reading this for someone who doesn't read English), we can help. We want you to know how to use your health plan, no matter what language you speak. We can even arrange to have a translator or sign language interpreter at your appointments. Just call us. We will find a way to talk with you in your own language. We have a group of people who can help. There is no cost for this service.

Enrollees with Disabilities

If you use a wheelchair or have trouble hearing or understanding, call us if you need extra help. If you are reading this for someone who is blind, deaf-blind, or has difficulty seeing, we can also help. We can tell you if a provider's office is wheelchair accessible or is equipped with special communications devices. We also have services like:

- Written information in other formats (like Braille, large print, or audio).
- Help making or getting to appointments.
- Names and addresses of providers who specialize in your condition.

Utilization Management (UM)

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

Our UM program has three parts. They are:

1. **Pre-service reviews:** Makes sure the care is right for you before you get it.
2. **Concurrent reviews:** Reviews your care as you get it to see if something else might be better for you.
3. **Retrospective reviews:** Finds out if the care you got was right for you.

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

At times, we may deny coverage for services or care. Medical professionals make these denial decisions. 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 at **1-877-389-9457** (TTY: **711**) if you have questions about our UM program.

Second Medical Opinion

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

The second opinion provider 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. They will then decide the best way to treat you.

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

Post-Stabilization Care

After an ER visit, call your PCP within 24 to 48 hours. You may need to get follow-up care until your health gets better. This is called **post-stabilization care**. We cover post-stabilization care. You don't need approval before getting this service. However, this care must be needed to maintain, improve, or resolve your medical condition.

Pregnancy and Newborn Care

When you find out you're pregnant, taking care of yourself can help you and your unborn baby stay healthy. Here are some very important things to do when you get the news. Think of this as your baby "To-Do" list.

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

Baby "To Do" List
Let these people know I'm having a baby: ❑ Family. ❑ WellCare of Kentucky. ❑ My case worker at DCBS. ❑ My PCP.
❑ Schedule your first prenatal visit (ideally in the first trimester). Talk with your provider about future prenatal visits and postpartum (after birth) visits. Try to make your postpartum visit seven to 84 days after delivery.
❑ Start thinking about which provider you'd like your baby to see. Try to do this before the baby gets here. If you do not choose a provider, WellCare of Kentucky will pick one for you.
❑ Pick which car seat, crib, stroller, and highchair you should get. Contact My Health Pays after completing your prenatal visits to pick a bonus item such as a stroller, a portable playpen, a car seat, or diapers.
❑ Give your house a "safety check": • Check baby items, like your baby's crib, to make sure they are safe and up to date. • Remove pillows, blankets, and stuffed animals from the baby's crib to prevent suffocation. • Check that smoke and carbon monoxide detectors are working. • Make sure handrails are securely installed on stairways. Always use them, especially when carrying your baby.

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

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

How to Get a Breast Pump

A breast pump is part of the Enrollee's standard benefits under their insurance plan. The Enrollee can get a breast pump at any time during their pregnancy. Please call Member Services at **1-877-389-9457** (TTY: **711**) for questions on how to use this benefit.

WellCare BabySteps Maternity Care Management Program

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

Pregnancy and Newborn Care Guidelines

See your provider as soon as you find out you're pregnant. They will be able to tell you if you're at risk of having your baby too early. Seeing your provider early and often also gives you a better chance of having a healthy baby.

Sources:

- Prenatal Care, American Academy of Family Physicians (AAFP).
- Labor, Delivery, and Post-Partum Issues, American Academy of Family Physicians (AAFP).
- Guidelines for Perinatal Care, Eighth Edition, ©October 2017 by the American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Pediatrics (AAP).

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

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

What to Expect During Pregnancy Care Visits with Your Provider	
On your first visit, your provider will:	Ask about other pregnancies or sicknesses.
	Ask about your parents' and grandparents' health history.
	Ask if you have signed up for Women, Infants, and Children (WIC) services.
	Look in your ears, nose, and throat.
	Listen to your heart, lungs, and stomach.
	Look at your ankles for swelling.
	Ask you to lie down and do an internal exam and pap test.
	Take blood to run some tests.
	Give you any shots that you did not get yet.
	Do an ultrasound to listen to the baby's heart rate and see how the baby is doing.
	Talk to you about further testing, as needed.
	Talk to you about what to eat, drink, and do to have a healthy pregnancy.

What to Expect During Pregnancy Care Visits with Your Provider	
During the visit before the baby is born, your provider will:	Talk to you about what your body will do when the baby is coming.
	Talk to you about what it feels like to have a baby.
	Talk to you about work and going on trips away from home.
	Ask how you and your family are feeling about the baby coming.
During the first visit after the baby is born, your provider will:	Take your weight and blood pressure.
	Give you a pap test and an exam to make sure you are healing properly.
	Ask if you are eating and taking your vitamins.
	Ask if you are walking, stretching, and bending.
	Ask how you and your family are feeling about the baby.
	Talk to you about future babies and planning.
	Talk to you about feeling depressed or overwhelmed.

Sources:

- Guidelines for Perinatal Care, Eighth Edition, ©October 2017 by the American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Pediatrics (AAP).
- Recommendations to Improve Preconception Health and Health Care — United States, MMWR, April 21, 2006/55(RR06); 1-23

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

Call 911 or Your PCP Right Away in a Health Emergency

A few reminders:

- If you have a baby while you're a WellCare of Kentucky Enrollee, your baby will also be covered by WellCare of Kentucky from birth.
- You must let your DCBS care coordinator know that you're pregnant.
- Choose a PCP for your baby before they're born. If you don't choose a provider, we will choose one for you.

Women, Infants, and Children (WIC)

WIC is a special nutrition program. It's for Enrollees who are pregnant or who recently had a child, along with infants and children. The program provides:

- Nutrition education.
- Healthy food.
- Referrals to other health, welfare, and social services.
- Support for parents who are breast feeding.

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

For more details about WIC, go to the Kentucky WIC website at **chfs.ky.gov/agencies/dph/dmch/nsb/Pages/wic.aspx**.

Dental Services

Your dental benefits are through a company called Avesis. This coverage is for both child Enrollees (under age 21) and adult Enrollees. WellCare of Kentucky has partnered with Avesis to assign dental homes to improve access to dental services. To make it easy to get dental care, you or your child will be paired with a dentist that will be your dental home. A dental home is the dental office where you or your child will get most of your dental care.

Here are some of the services we cover:

- Dental coverage for Enrollees under age 21:
  - Exams, cleanings, and X-rays.
  - Fillings and extractions.
  - Oral surgery and emergency care.
  - And much more.

Dental coverage for Enrollees ages 21 and over:

- Two cleanings every 12 months.
- Fillings.
- Dentures.
- Implants.
- Root canals.
- Extractions.
- Restorations.

Getting regular dental care is important because it can prevent painful dental issues.

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

Below is a chart showing when and why you or your child should have dental care:

Service	Age to have service done	What happens?	Why have this done?
Your child's first dental cleaning	By age 1 or when your child gets their first tooth, whichever comes first.	The dentist looks inside your / your child's mouth and may take X-rays.	• Makes sure your / your child's teeth and gums are healthy. • Identifies cavities so they can be fixed.
Ongoing preventive dental cleanings	• All ages. • Every six months.		
Teeth cleaning	• All ages. • Every six months.	The dentist takes off bacteria and build-up from your / your child's teeth.	Helps prevent cavities.
Fluoride application	• 0 to 20 years old. • Every six months.	The dentist brushes fluoride onto your / your child's teeth.	Helps prevent cavities and protects teeth.
Sealant placement	• 5 to 20 years old. • Once, for permanent back teeth.	The dentist places a thin coating onto your / your child's back teeth.	Helps prevent cavities and protects teeth.

If you / your child has already had care with a dentist, you / your child will be paired with the same dentist. All family members will be kept together. To find a dentist in your area, call the number on the back of your WellCare of Kentucky ID card. You can also use the Find a Provider tool at **findaprovider.wellcareky.com**.

If you need help with an appointment or would like to change a dental home assignment, you may do so at any time by calling Avesis toll-free at **1-855-704-0432** (TTY: **711**).

Please see the ***"Services Covered by WellCare of Kentucky"*** section for more details.

Hearing Benefits

Hearing aids are available to all Enrollees.

Behavioral Healthcare

Your mental or behavioral health is a key part of staying healthy. You don't need prior authorization or a referral from your PCP to see a mental health provider. We can give you the names and phone numbers of mental health providers. You can also look for a provider on our website at **findaprovider.wellcareky.com**.

You may want to see a mental health provider if you have any of these issues:

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

24-Hour Behavioral Health Crisis Line

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

24-Hour Behavioral Health Crisis Line toll-free number: 1-855-661-6973
or call the National Suicide & Crisis Lifeline at 988

What to do in a Behavioral Health Emergency or if you are out of our Service Region

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

In a behavioral health emergency, you can:

- Call **911** or the National Suicide & Crisis Lifeline at **988**.
- Call an ambulance if you don't have **911** in your area.
- Go to the nearest hospital emergency room right away.

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

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

Behavioral Health Limitations and Exclusions

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

Prescriptions

A provider enrolled with Kentucky Medicaid must write your prescriptions. Once you have your prescription, go to any network pharmacy to get it filled. Our online provider directory lists all of the pharmacies that take our plan. You can also call us to find a pharmacy near you.

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

For questions about prescriptions, please contact our pharmacy benefit manager, MedImpact, toll-free at **1-800-210-7628** (TTY: **711**).

You can also download the MedImpact mobile app or visit the MedImpact Rx portal at kyportal.medimpact.com. Both the app and the portal let you access your personal pharmacy information so that you can:

- View your medication history and pharmacy claims.
- View prior authorization status.
- Find the pharmacies closest to you, including a map, directions, and contact info.
- Learn about your medications, including potential side effects and drug interactions.
- Get help to remember to take your medication and track your progress.
- Send medication reminders to your smartphone or smart watch.
- Find the nearest pharmacy that has flu shots and other important vaccines.

Get started at **kyportal.medimpact.com** or download the app at the iOS App Store or Google Play.

Preferred Drug List

WellCare of Kentucky does not cover all medications. Some medications require prior authorization or have limitations on age, dosage, and maximum quantities. We have a Preferred Drug List (PDL). This is a list of drugs that has been put together by doctors and pharmacists. Our network providers use this list when they prescribe a drug for you. To see our PDL, visit **kyportal.medimpact.com**.

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

- Age or sex limits.
- Prior authorization.
- Quantity limits.
- Step therapy limits.

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

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

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

For a list of covered drugs, see our PDL at **kyportal.medimpact.com**.

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

Other Drugs You Can Get at the Pharmacy

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

- Antacids, such as calcium carbonate.
- Coated aspirin.
- Diphenhydramine (for allergy relief).
- H2 receptor antagonists (to treat acid reflux and ulcers, such as famotidine).
- Ibuprofen (a pain reliever for headaches, toothaches, and back pain).
- Insulin syringes.
- Iron.
- Meclizine (to help with motion sickness).
- Multivitamins / multivitamins with iron.

- Non-sedating antihistamines (allergy relief that won't make you sleepy).
- Topical antifungals, such as clotrimazole.
- Urine test strips.

For a list of covered OTC medications, visit **kyportal.medimpact.com**.

Pharmacy Lock-In

You may see a number of different providers for your care. Each provider may prescribe a different drug, which can sometimes be dangerous. To help with this, we have a pharmacy lock-in program.

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

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

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

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

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

Telehealth

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

Telehealth services work great if you:

- Have a hard time getting around.
- Live too far from a specialist.

This service can help put you in touch with adult and children's health providers. It can also:

- Cut down the time it takes to drive to a medical visit.
- Decrease the number of missed work or school days.
- Reduce the physical and financial costs of untreated health issues.

Talk with your provider(s) to see if telehealth is right for you.

Secure Member Portal Registration

The secure member portal has many tools for our Enrollees. You can get plan information, make premium payments, choose your communication preferences, and much more. To get these features, you must register for the member portal. To register:

1. Visit **wellcareky.com**. Click the "Login/Register" button near the top of the page.
2. Click on the "Member Account Registration" link. This will open a new window for the web registration screen.
3. On the "Create New Account" screen, enter your email address. Click "Continue."
4. Enter your first name, last name, and language preference. Click "Continue."
    - You will get a code via email to verify it's you. The email will come from **no-reply@mail.entrykeyid.com** with the subject line, "Verify Your Email Address."
5. Enter this code within five minutes of it being sent to you. Click "Continue."
    - If you miss the five-minute window, you can get a new code by clicking "Resend Code."
6. Choose and set a password. Then click "Set Password."
    - The password needs to have at least 12 characters, with an upper and lowercase letter, a number, and a special character.
    - If you need assistance, click **"Password Help"** above the password entry field.
7. When you see the success screen, click "Continue" to move to the login screen. You will get an email from **no-reply@mail.entrykeyid.com** with the subject: "Thank You For Creating Your Login Account."

You can use the home page to access all secure features. If you have any questions or need help with the member portal, call us at **1-877-389-9457** (TTY: **711**).

MyWellCare Mobile App

With our app, you'll have health information at your fingertips. The MyWellCare app on your smartphone or tablet lets you:

- View your ID card.
- Email your ID card.
- Search for providers, clinics, and hospitals.
- View wellness services available to you.
- View appointment reminders.
- Change your PCP.
- Get push notifications.

Download the MyWellCare app for free today from either the iOS App Store or Google Play.

Not Registered? It's Easy! Download the MyWellCare App and select your state. Under the product heading, choose Medicaid.

- Accept the Agreement.
- Several icons will come up. Click on any icon to get to the login screen.
- Click on "Not Registered" at the bottom.
- Complete the registration.

That's it! You're ready to get health information anywhere, anytime! Remember to tell WellCare of Kentucky if you want to get text messages with reminders and information.

Long-Term Care

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

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

- Skilled nursing facilities.
- Housekeeping.
- Activities.

To learn more about long-term care, call us at **1-877-389-9457** (TTY: **711**).

Planning Your Care

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

Preventive Health

Your PCP will tell you when you and your family are due for your checkups. They will also remind you when you and your family need certain screenings and immunizations (shots).

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

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

Pediatric Preventive Health Guidelines

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

The following resources include recommendations published by the American Academy of Pediatrics (AAP) Bright Futures initiative and the Centers for Disease Control and Prevention (CDC).[1,2]

- Recommendations for Preventive Pediatric Health Care:
  aap.org/en/practice-management/care-delivery-approaches/periodicity-schedule/

- Recommended Immunization Schedule for Persons aged birth to 18 years old: **cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf**

NOTES:
[1] American Academy of Pediatrics and Bright Futures. Recommendations for preventive pediatric healthcare.
[2] Centers for Disease Control and Prevention, published annually. Recommended immunization schedule for persons aged birth to 18 years old– United States.

Annual Reproductive Health Exam

Getting your annual reproductive health exam is a key part of staying healthy. During this yearly exam, your provider will:

- Review your medical and gynecological history.
- Take your blood pressure, weight, and other vital signs.
- Examine your body, including your skin and other parts of your body, to check your overall health.
- Perform a clinical breast exam.
- Check to see if your cervix, ovaries, uterus, vagina, and vulva are of normal size, shape, and position.
- Check for signs of STIs, cancer, and other health problems.
- Perform a pap test, if needed.
- Talk with you about birth control and protection from STIs.
- Ask you to get a mammogram based on your age and other factors.

If you haven't had your annual reproductive health exam, set one up today. We can help you find a provider and make appointments. Just call us at **1-877-389-9457** (TTY: **711**).

Neither a referral from your PCP nor prior authorization is needed for direct access to routine reproductive healthcare, including breast exams, mammograms (X-rays of the breast), pap tests, pelvic exams, and maternity care.

Adult Preventive Health Guidelines

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

The following resources include suggestions published by the U.S. Preventive Services Task Force (USPSTF) and the Centers for Disease Control and Prevention (CDC).[1,2]

Screenings

- A listing of all the Recommendations with a grade of either A or B: **uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b-recommendations#bcf**

Immunizations

- Adult Immunization Schedule for people ages 19 years or older: **cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf**

NOTES:
[1] U.S Preventive Services Task Force (USPSTF). Recommendations on variety of topics.
[2] Centers for Disease Control and Prevention. Recommended adult immunization schedule for ages 19 years or older - United States, published annually.

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

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

Enrollee Grievance Procedures

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

There are two ways we handle concerns. They are:

1. Grievances (or complaints).
2. Appeals (requests for review).

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

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

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

We have a team of qualified grievance and appeals specialists to process and resolve your grievance or appeal. We'll talk more about grievances and appeals later in this Enrollee handbook. If you have questions, call **1-877-389-9457** (TTY: **711**). We're happy to help if you speak a different language or need this information in a different format (like large print, Braille, or audio).

Grievances

If You Have Problems with Your Health Plan

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

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

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

You may file a grievance at any time about an issue you are not happy about. You may also have someone file a grievance for you. This is called an **authorized representative**. Your authorized representative could be a friend, a relative, or a lawyer. You must tell us in writing that they are allowed to speak for you.

You can file a grievance with us over the phone or in writing. A provider may not file a grievance for you unless they are acting as your authorized representative.

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

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

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

Write to: WellCare of Kentucky
Attn: Grievance Department
13551 Triton Park Blvd, Suite 1200
Louisville, KY 40223

Your disenrollment request must include your:

- First and last name.
- Social Security Number (SSN).
- KY Medicaid ID number and the ID numbers of all household members requesting disenrollment.
- Current address and phone number.
- Reason for requesting disenrollment.

WellCare of Kentucky will send you a decision letter within 30 days. If we do not approve the change, you may contact the Department for Medicaid Services either by fax or mail:

Cabinet for Health and Family Services Department for Medicaid Services
Division of Provider and Member Services
275 East Main Street, 6E-C
Frankfort, KY 40621
Fax: 1-502-564-3852

The change may take up to 90 days. If you have questions or need help with the process, call us at **1-877-389-9457** (TTY: **711**). You can reach us Monday through Friday, from 7 a.m. to 7 p.m., Eastern time. Or you can call Kentucky Medicaid Member Services at **1-800-635-2570**, Monday through Friday, from 8 a.m. to 5 p.m., Eastern time.

You will get a notice that the change will take place by a certain date. WellCare of Kentucky will provide the care you need until then.

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

You can also contact the **Medicaid Managed Care Ombudsman Program** for help with problems you have with WellCare of Kentucky or our care, providers, or services. They will be able to help you with your grievance. See the ***"Grievances"*** section for more details about the Ombudsman Program.

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

Steps in the Grievance Process	
1 Contact us	Call **1-877-389-9457** (TTY: **711**) with your concern. We will try and fix it over the phone (especially if we need more information). You can also mail your grievance to us: **WellCare of Kentucky** **Attn: Grievance Department** **13551 Triton Park Blvd, Suite 1200** **Louisville, KY 40223**
2 First notification to you	We'll send you a letter within five business days after getting your grievance to let you know that we got it and that we are looking into your concerns. If we're able to resolve the issue within these five days, the letter will have our decision.
3 Second notification to you	If we don't make a decision within the first five business days, we'll have a decision for you within 30 calendar days after getting your grievance. We will send you a letter within 30 calendar days after getting your grievance with our decision. You may ask us for up to 14 more calendar days so you can provide more information. We also may ask for 14 more calendar days to make a decision, if we think more information is needed and it's in your best interest.

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

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

Appeals

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

- If you are not happy with an action we took or what we decided about your service authorization request, you can file an appeal or a request for us to review the decision. You have 60 days from the date of the notice to file an appeal.
- You can file an appeal yourself or have your authorized representative do it for you. Call **1-877-389-9457** (TTY: **711**) or visit **wellcareky.com** if you need help filing an appeal.
- The appeal can be made by phone or in writing. If you call us, you must also file your appeal in writing for a standard appeal. We can help you complete the appeal form.

- If you need an expedited (fast) appeal review because you have an immediate need for health services, you do not need to follow up in writing after you call us.
- We will not treat you any differently because you file an appeal.
- Before and during the appeal, you or your representative can see your case file, including medical records and any other documents and records being used to make a decision on your case. You may see these records and documents free of charge.
- You can ask questions and give any information (including new medical documents from your providers) that you think will help us approve your request. You may do this in person, in writing, or by phone. You will have limited time to submit additional information for expedited (fast) appeals.
- If you need help understanding the appeals process, you can contact the Medicaid Managed Care Ombudsman Program. See the ***"Ombudsman Program"*** section for more information.

Where to Send Your Written Appeal Requests	
For appeal requests for medical services: **WellCare of Kentucky** **Attn: Appeals Department** **13551 Triton Park Blvd, Suite 1200** **Louisville, KY 40223**	**For appeal requests for pharmacy medications:** **MedImpact Healthcare Systems, Inc.** **Appeals and Grievances Department** **10181 Scripps Gateway Court** **San Diego, CA 92131**
Fax: **1-866-201-0657**	Fax: **1-858-790-6060**

To file an appeal by phone, call **1-877-389-9457** (TTY: **711**).

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

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

You'll get a letter from us when any of these actions occur. It's called a "Notice of Adverse Benefit Determination" or NABD. It will tell you how and why we made our decision.

You only have one level of appeal with the plan. You or your authorized representative can file the appeal. Your authorized representative can be your PCP or another provider, but we must have your written consent before someone can file an appeal for you. You must fill out an "Appointment of Representative" (AOR) form to allow someone else to act for you. You and the person you choose to represent you must sign the AOR form. Call us to get this form. Please note that a representative may file for an Enrollee who:

- Has passed away.
- Is a minor.
- Is an adult that is incapacitated (disabled).
- Has given written permission.

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

Timeframes for Appeals

Standard Appeal

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

While you wait for a decision and the health plan's decision reduces or stops a service you are already receiving, you can ask to continue the services your provider had already ordered while we're making a decision on your appeal. This applies to both standard and expedited appeals. You can also ask an authorized representative to make that request for you.

You must ask us to continue your services within 10 days from the date of the notice that says your care will change or by the time the action takes effect.

If you ask your health plan to continue services you already receive during your appeal, the health plan will pay for those services if your appeal is decided in your favor. Your appeal might not change the decision the health plan made about your services. When your appeal doesn't change the health plan's decision, the health plan may require you to pay for the services you got while waiting for a decision. If you are unhappy with the result of your appeal, you can ask for a Fair Hearing.

Expedited (Fast) Appeal

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

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

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

If we decide you need an expedited (fast) appeal, we will call you with our decision within 72 hours from your appeal. We'll also send you a letter with our decision.

If you ask for an expedited (fast) appeal and we decide that one is not needed, we will:

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

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

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

If you need more time to gather your documents and information, just ask. You, your provider, or someone you trust may ask us to delay your case by 14 calendar days. We want to make the decision that supports your best health.

This can be done by calling **1-877-389-9457** (TTY: **711**) or by writing to:

WellCare of Kentucky
Attn: Appeals Department
13551 Triton Park Blvd, Suite 1200
Louisville, KY 40223

You will not be treated differently or punished when you file a grievance or appeal. This is also true for a provider who supports an Enrollee's grievance or appeal.

You, your authorized representative, or your provider can look over the information used to make your appeal decision. We'll need your written permission to let others see this information. This includes:

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

Additional Information

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

Here's a recap of the timeframes we'll use when making appeal decisions.

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

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

State Fair Hearing Process

If you don't agree with a decision that we made to reduce, stop, or limit your services after you got our decision about your appeal, you can ask for a **State Fair Hearing** (or a "hearing," for short) from Kentucky Medicaid. You can ask for a hearing in writing. Before you can ask for a hearing, you must complete our appeal process. This means you can ask for a hearing only after you get our final appeal decision letter. You may also ask for a State Fair Hearing if we do not make an appeal decision within the timeframe we gave you.

A State Fair Hearing is your opportunity to give more information and facts, and to ask questions about our decision before an administrative law judge. The judge in your State Fair Hearing is not a part of WellCare of Kentucky in any way.

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

Hearings are used when you are denied a service or part of a service. You can ask for a State Fair Hearing within 120 days from the day you hear from us about our decision of your appeal.

If you need help understanding the State Fair Hearing process, you can contact us or the **Medicaid Managed Care Ombudsman Program** (see the ***"Ombudsman Program"*** section of this handbook).

Continuation of Benefits during an Appeal or State Fair Hearing

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

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

Be sure to ask to continue your benefits within the 10-day timeframe from the plan sending the Notice of Adverse Benefit Determination. If you don't, we will have to deny your request.

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

- You decide to drop the hearing.
- Ten calendar days pass after we mail our appeal decision letter, unless you request a hearing with continuation of benefits within 10 calendar days from the date we mail this letter.
- The hearing officer does not decide in your favor.
- The time period or service limits of a previously authorized service have ended.

If the hearing is decided in your favor, we will approve and pay for the care. We do this no later than 72 hours from the date we receive notice changing the decision.

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

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

If you join WellCare of Kentucky from another health plan, we will contact you within five business days from your expected enrollment date with us. We will ask for the name of your previous plan so we can add your health information, like your medical records and prescheduled appointments, to our records. You can finish getting any services that have already been authorized by your previous health plan. After that, we will help you find a provider in our network to get any additional services you need.

If you ever leave WellCare of Kentucky, we will share your health information with your new plan.

In almost all cases, your providers will be WellCare of Kentucky providers. There are some instances when you can still see another provider that you had before you joined WellCare of Kentucky. You can continue to see your previous provider if:

- At the time you join WellCare of Kentucky, you have an ongoing course of treatment or an ongoing special health condition. In that case, you can ask to keep your provider for up to 90 days.
- You are more than three months pregnant when you join WellCare of Kentucky and are getting prenatal care. In that case, you can keep your provider until after your delivery and for up to 12 months of care after the birth of your child.
- You are pregnant when you join WellCare of Kentucky and are getting services from a behavioral health treatment provider. In that case, you can keep your provider until after the birth of your child.

If your provider leaves WellCare of Kentucky, we will tell you in writing at least 30 days from when we know about this. We will tell you how to choose a new PCP, or we will choose one for you if you do not make a choice within 30 days. See the ***"How to Choose Your Primary Care Provider"*** section.

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

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

We want to be sure you can keep seeing your providers and getting your medicines. Please have your provider call us at 1-877-389-9457 (TTY: 711) if any of the following apply to you:

- You have been diagnosed with a very serious condition within the last 30 days.
- You need an organ or tissue transplant.
- You take regular medication(s) that need(s) authorization.
- You need to see a specialist.
- You need to get therapy (for example, chemotherapy, occupational, or physical therapy).
- You use durable medical equipment (for example, a wheelchair).
- You receive in-home services (for example, wound care or in-home infusion).
- You have a scheduled surgery.

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

Your Enrollee Rights and Responsibilities

Your Enrollee Rights

As an Enrollee of our health plan, you have the right to:

- Interpreter Services. If you are deaf, hard of hearing, have a speech impairment, or if English is not your first language, you have the right to an interpreter for your appointments and services. Call **1-877-389-9457** (TTY: **711**) for help.
- Get information about our plan, services, doctors, and providers.
- Get information and make recommendations about your rights and responsibilities and to receive a copy of Members rights and responsibilities.
- Know the names and titles of doctors and other health providers caring for you.
- Be treated with respect and dignity.
- Confidentiality and nondiscrimination.
- Have your privacy protected.
- Have a reasonable opportunity to choose your PCP and to change to another provider in a reasonable manner.
- Agree to or refuse treatment and actively participate in making decisions.
- Decide with your provider on the care you get.
- Ask questions and receive complete information relating to your medical condition and treatment options, including specialty care, no matter the cost or benefit coverage, and the choices and risks involved (this information must be given in a way you understand).
- Timely access to care that does not have any communication or physical access barriers.
- Have the risks, benefits, and side effects of medications and other treatments explained to you.
- Know about your healthcare needs after you get out of the hospital or leave the provider's office.
- Refuse care, as long as you agree to be responsible for your decision.
- Refuse to take part in any medical research.
- Complain or appeal about our plan or the care we provide; also, to know that if you do, it will not change how you're treated.
- American Indians enrolled with WellCare of Kentucky are eligible to receive services from a participating I/T/U provider or an I/T/U PCP shall be allowed to receive services from that provider if part of the WellCare of Kentucky provider network.
  - "I" is Indian Health Service.
  - "T" is Tribal operated facility / program.
  - "U" is Urban Indian Clinic.

- Not be responsible for our debts in the event of bankruptcy and not be held liable for payments of covered services provided under a contract, referral, or other arrangement to the extent that those payments are in excess of the amount you would owe if we provided the services directly.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- Receive information in accordance with 42 C.F.R. 438.10.
- Ask for and get a copy of your medical records from your doctor in accordance with applicable federal and state law; also, ask that the records be changed / corrected if needed.
  - Requests must be received in writing from you or the person you choose to represent you.
  - The records will be provided at no cost.
  - They will be sent within 14 days of receipt of the request.
- Timely referral and access to medically needed specialty care.
- Have your records kept private.
- Make your healthcare wishes known through advance directives.
- Prepare advance medical directives pursuant to KRS 311.621.to KRS 311.643.
- Have a say in our Enrollee rights and responsibilities policy.
- Use our grievance process to file a grievance, get help with filing an appeal, and get a hearing from us and/or the Department for Medicaid Services.
- Appeal medical or administrative decisions by our or the State's grievance process.
- Exercise these rights no matter your sex, age, race, ethnicity, income, education, or religion.
- Have our staff observe your rights.
- Have all of the above rights apply to the person legally able to make decisions about your healthcare.
- Be furnished healthcare services in accordance with 42 C.F.R. 438.10, which include:
  - Accessibility.
  - Authorization standards.
  - Availability.
  - Coverage.
  - Coverage outside of network.
  - The right to a second opinion.

We are committed to keeping your race, ethnicity, and language (REL), and sexual orientation and gender identity (SOGI) information confidential. We use some of the following methods to protect your information:

- Maintaining paper documents in locked file cabinets.
- Requiring that all electronic information remain on physically secure media.
- Maintaining your electronic information in password-protected files.

We may use or disclose your REL and SOGI information to perform our operations. These activities may include:

- Designing intervention programs.
- Designing and directing outreach materials.
- Informing healthcare practitioners and providers about your language needs.
- Assessing healthcare disparities.

We will never use your REL and SOGI information for underwriting, rate setting, or benefit determinations. We will never disclose your REL or SOGI information to unauthorized individuals.

Your Enrollee Responsibilities

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

- Know your rights.
- Give information that we and your providers need in order to provide care.
- Follow WellCare of Kentucky's and DCBS' policies and procedures.
- Learn about your care and treatment options.
- Actively participate in personal health and care decisions, and practice healthy lifestyles.
- Report suspected fraud, waste, and abuse.
- Follow plans and instructions for care that you have agreed on with your doctor.
- Understand your health problems.
- Help set treatment goals that you and your doctor agree to.
- Read your handbook to understand how our health plan works.
- Carry your WellCare of Kentucky ID card at all times.
- Carry your Medicaid ID card at all times.
- Show your ID cards to each provider.
- Schedule appointments for all non-emergency care through your PCP.
- Get a referral from your PCP for specialty care.
- Cooperate with the people who provide your healthcare.
- Be on time for appointments.
- Tell the doctor's office if you need to cancel or change an appointment as soon as you can.
- 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.
- Know the medicines you take, what they are for and how to take them the right way.

- Make sure your PCP has copies of all previous medical records.
- Let us know within 48 hours, or as soon as possible, if you are admitted to the hospital or get emergency room care.
- Be responsible for cost sharing only as specified under covered services.
- Work with your PCP to protect and improve your health.
- Listen to your PCP's advice and ask questions when you are in doubt.
- Call or go back to your PCP if you do not get better or ask for a second opinion.
- Tell us if you have problems with any healthcare staff by calling **1-877-389-9457** (TTY: **711**).
- Use the emergency department only for real emergencies.
- Call your PCP when you need medical care, even if it is after-hours.

Disenrollment Options

1. **If YOU Want to Leave the Plan (Voluntary Disenrollment)**
   - During your first 90 days on the plan, you may ask to cancel your WellCare of Kentucky enrollment and change to another health plan. You can do this without cause. This means you don't need a good reason to disenroll. Call us at **1-877-389-9457** (TTY: **711**).
   - Leaving WellCare of Kentucky and changing to another health plan will not affect your Medicaid status. Instead, you would get your Medicaid benefits from a new health plan.
   - You may still file a grievance or an appeal even if you have left our plan.
   - If you want to leave WellCare of Kentucky at any other time, you can do so **only** with a good reason (good cause). Some examples of good cause include:
     – You move out of our service area.
     – Your PCP is no longer in our network.
     – Lack of access to covered services.
     – You can't access a provider to treat your medical condition.

How to Change Plans

You can ask to change plans. To change plans, you should write or call WellCare of Kentucky with your reason(s) for the request. If your request to change is not granted, you may request a State Fair Hearing. See the ***"State Fair Hearing"*** section.

When you ask to change plans, you will get a notice that the change will take place by a certain date. WellCare of Kentucky will provide the care you need until then.

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

- Call us at **1-877-389-9457** (TTY: **711**). We are here Monday through Friday, from 7 a.m. to 7 p.m., Eastern time.

- Write to:
  WellCare of Kentucky
  Attn: Appeals Department
  13551 Triton Park Blvd, Suite 1200
  Louisville, KY 40223

Your disenrollment request must include your:

- First and last name.
- Social Security Number (SSN).
- KY Medicaid ID number and the ID numbers of all household members requesting disenrollment.
- Current address and phone number.
- Reason for requesting disenrollment.
- PCP's name and the hospital you use.

WellCare of Kentucky will send you a resolution in writing in 30 days. If we do not approve the change, you may contact Medicaid Member Services either by phone, fax, mail, or email:

Cabinet for Health and Family Services
Department for Medicaid Services
Division of Health Plan Oversight
275 East Main Street, 6E-D
Frankfort, KY 40621

Fax: **1-502-564-3852**

Email: **MS.Services@ky.gov**

Phone: **1-800-635-2570**

The change may take up to 90 days. If you have questions or need help with the process, call us at **1-877-389-9457** (TTY: **711**). You can reach us Monday through Friday, from 7 a.m. to 7 p.m., Eastern time. Or you can call Kentucky Medicaid Member Services at **1-800-635-2570** Monday through Friday, from 8 a.m. to 5 p.m., Eastern time.

You will get a notice that the change will take place by a certain date. WellCare of Kentucky will provide the care you need until then.

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

- WellCare of Kentucky does not cover the service you need because of moral or religious objections.
- You need related services to be performed at the same time. Not all related services are available within the WellCare of Kentucky network, and your provider may decide that getting the services separately would be an unnecessary risk.
- Other reasons, including poor quality of care, lack of access to services covered under the contract, or lack of access to providers experienced in dealing with your special needs.

2. **You Could Become Ineligible for Medicaid Managed Care (Involuntary Disenrollment)**

   You may have to leave WellCare of Kentucky if you:

   - Lose your Medicaid eligibility.
   - Do not update your address with DCBS if you move.
   - Voluntarily leave our health plan.
   - Die.
   - Go to jail.
   - Become eligible for Medicare.
   - Abuse or harm health plan Enrollees, providers, or staff.
   - Choose another health plan during your Enrollment anniversary plan change period and our health plan membership is not capped (by the state).
   - Enter a waiver program.
   - Go into a long-term care nursing facility for more than 30 days.
   - Do not fill out forms honestly or do not give true information (commit fraud).

   You cannot be removed from our plan because of:

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

If you become ineligible for Medicaid, all your services may stop. If this happens, call DCBS at **1-855-306-8959** or the kynect Contact Center at 1-855-4KYNECT (**1-855-459-6328**).

To contact DCBS by mail or fax:

Department for Community Based Services
P.O. Box 2104
Frankfort, KY 40602
Fax: 1-502-564-2007

You can also contact the **Medicaid Managed Care Ombudsman Program** to discuss your options for appeal. See the ***"Ombudsman Program"*** section for more information.

Advance Directives

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

Making an advance directive is your choice. You have the right to choose your own medical care. If you become unable to make your own decisions and have no advance directive, your provider will consult with someone close to you about your care. If you don't want a certain type of care, you have the right to tell your provider that you don't want it. Discussing your wishes for medical and behavioral health treatment with your family and friends now is strongly encouraged. This will help ensure that you get the level of treatment you want if you can no longer tell your providers what you want.

To do this, you should complete an advance directive. This is a legal document. It tells others what kind of care you want if you are unable to say so for yourself.

In Kentucky, there are three ways for you to make a formal advance directive. These include living wills, healthcare power of attorney, and advance instructions for mental health treatment.

Living Will

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

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

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

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

Healthcare Power of Attorney

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

Again, it is always helpful to discuss your wishes with your family, friends, and provider. A healthcare

power of attorney will go into effect when a provider states in writing that you are not able to make or to communicate your healthcare choices. If, due to moral or religious beliefs, you do not want a provider to make this determination, the law offers a process for a non-provider to do so.

Advance Instruction for Mental Health Treatment

An advance instruction for mental health treatment is a legal document that tells providers what mental health treatments you want and do not want. This is important if you cannot decide for yourself at some point. You can also name a person to make those decisions for you at that time.

Your advance instruction can be a lone document. You can also combine it with a healthcare power of attorney. An advance instruction for mental health may be followed up by a provider. The provider must write and state that you cannot make or communicate mental healthcare decisions for yourself.

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

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

Remember … It’s your choice.

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

- It’s your choice to fill out an advance directive.
- It is your right, under state law, to make decisions regarding your medical care. This includes the right to accept or refuse medical or surgical treatment.
- Filling out any kind of advance directive does not mean you want to attempt suicide, physician-assisted suicide, homicide, or euthanasia (mercy killing).
- Filling out any kind of advance directive will not affect anything that is based on your life or death (for example, other insurance).
- You must be of sound mind to make an advance directive.
- You must be at least 18 years old or an emancipated (legally-free) minor.
- You and two witnesses must sign your advance directive documents.

- After you fill out your advance directive, keep it in a safe place. You should also give copies to someone in your family and to your PCP.
- You can make changes to your advance directive wishes at any time.
- A caregiver may not follow your wishes if they go against their conscience. If a caregiver cannot follow your wishes, they will help find someone else who can. Otherwise, your wishes should be followed.
  - If your wishes are not being followed, a complaint can be filed by calling the Kentucky Office of Inspector General, Division of License and Regulation at **1-502-595-4079**.

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

- Call us at **1-877-389-9457** (TTY: **711**).
- Talk with your PCP.

Fraud, Waste, and Abuse

Billions of dollars are lost to healthcare fraud every year. An Enrollee or provider can use false information to get a service or benefit that is not allowed. If you suspect that someone is committing Medicaid fraud, report it.

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

- Billing for a more expensive service than what was actually given.
- Billing more than once for the same service.
- Billing for services you did not get or were not medically necessary.
- Falsifying a patient's diagnosis to justify tests, surgeries, or other procedures that aren't medically necessary.
- Filing claims for services or medications not received.
- Forging or altering bills or receipts.
- Misrepresenting procedures performed to get payment for services that are not covered.
- Waiving patient deductibles.
- Using someone else's WellCare of Kentucky ID card.
- Sharing your WellCare of Kentucky ID card with another person.
- An individual does not report all income or other health insurance when applying for Medicaid.
- An individual who does not get Medicaid uses a Medicaid member's card with or without the member's permission.

As our Enrollee, you have certain rights and responsibilities.

To Report Fraud, Waste, and Abuse with WellCare of Kentucky

One way you can help stop fraud, waste, and abuse is to review your **explanation of benefits (EOB)** when you get one in the mail. An EOB is a document that explains what services you recently got at a provider. Look for any services that you did not receive or any provider you did not see.

If you know of any fraud, call our 24-hour fraud hotline at **1-866-685-8664** (TTY: **711**). It's private. You can leave a message without leaving your name. If you do leave a number, we will call you back to make sure the information we have is complete and accurate.

You can also report fraud on our website. Go to **wellcareky.com/members/medicaid/member-rights-policies/fraud-and-abuse.html**. Giving a report through the web is private too.

To Report Fraud, Waste, and Abuse with Kentucky Medicaid

- Call the Medicaid Fraud, Waste, and Program Abuse Tip Line at **1-800-372-2970**.
- Call the U.S. Office of Inspector General's Fraud Line at **1-800-HHS-TIPS** (**1-800-447-8477**).

Keep Us Informed

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

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

If you no longer get Medicaid, check with your local DCBS. You may be able to join another program.

Medicaid Managed Care Ombudsman Program

The Medicaid Managed Care Ombudsman Program is a resource you can contact if you need help with your healthcare needs. The Ombudsman Program is an independently operated, non-profit organization whose first priority is to ensure that individuals and families with Kentucky Medicaid get the care they need.

The Ombudsman Program can:

- Answer your questions about your benefits.
- Help you to understand your rights and responsibilities.
- Provide information about Medicaid and Medicaid Managed Care.
- Answer your questions about enrolling or disenrolling with a health plan.
- Help you understand a notice you got.
- Refer you to other agencies that may also be able to help with your healthcare needs.
- Help resolve issues you are having with your healthcare provider or health plan.
- Be an advocate for you when dealing with an issue or a complaint affecting access to healthcare.
- Provide information to help you with your appeal, grievance, mediation, or State Fair Hearing.

- Connect you to legal services if you need it to help resolve a problem with your healthcare.

You can reach the Ombudsman Program at:

Office of the Ombudsman
209 St. Claire St.
Frankfort, KY 40601

Phone: **1-866-KYOMBUD (1-866-596-6283)**

Fax: **1-502-564-2912**

Email: **kyombud@ky.gov**

Important
Enrollee Information

Your WellCare of Kentucky Membership

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

Enrollment

To enroll or renew with WellCare of Kentucky:

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

Here are some of the items you may need when you call to enroll or renew:

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

Enrollment Anniversary

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

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

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

You will be notified 60 days before the time when you can make a change. If you meet with your DCBS worker early, they can accept your new health plan choice during that meeting. If you get SSI, or do not have to go into a DCBS office to renew your eligibility, you will get information in the mail. If you don't choose a health plan, the state will choose one for you.

For more information or help with enrollments or renewals, call us at **1-877-389-9457** (TTY: **711**).

Remember to Renew Your Eligibility

New Medicaid Renewal Options

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

If the HUB can't verify your income or other information they need, you will need to fill out a "Request for Information" in order to renew.

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

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

ACTIVE RENEWAL: If you do not approve access to the HUB, you must complete the renewal process with DCBS. You can do this by returning a completed renewal form or by completing an interview by phone.

It's important that you tell us and DCBS when you move. That way your Medicaid review form is sent to the right address. Make sure you complete this form quickly. If you don't, your WellCare of Kentucky benefits could end.

If you have questions about renewing your Medicaid eligibility, call us at **1-877-389-9457** (TTY: **711**). You can also call your Medicaid Managed Care Specialist at **1-855-306-8959**.

Reinstatement

If you lose your Medicaid eligibility and get it back within 90 days, the state will put you back in our plan. We'll send you a letter within 10 days after you become an Enrollee again. You can choose the same PCP you had or pick a different one.

Moving Between WellCare of Kentucky Service Regions

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

Important Information About WellCare of Kentucky

Here we talk about some of the things we do “behind the scenes.” Call us at **1-877-389-9457** (TTY: **711**) if you have any questions. We’re here for you Monday through Friday, from 7 a.m. to 7 p.m., Eastern time.

Plan Structure / Operations and How Our Providers Are Paid

You may have questions about how our plan works, like:

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

If you have questions, call us. We’ll answer them for you.

Evaluation of New Technology

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

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

We review the following areas:

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

How You Can Help with Health Plan Policies

Quality Improvement and Enrollee Satisfaction

WellCare of Kentucky has a comprehensive Quality Improvement Program to ensure that you get quality care and services. We are always happy to share information with you. For more information about the Quality Improvement Program or if you would like a copy of the program, call **1-877-389-9457** (TTY: **711**).

The Kentucky Department for Medicaid Services has Technical Advisory Committees (TACs) that act as advisors to the Advisory Council for Medical Assistance. Each TAC represents a specific provider type or are individuals representing Medicaid beneficiaries. WellCare of Kentucky participates in these TACs to drive quality improvements.

We’re always looking at ways to improve care and service for our Enrollees. Each year we select certain things to review for quality. We check to see how we’re doing in those areas. We may also check to see how

our providers are doing in those same areas. We want to know if our Enrollees are happy with the care and services they get.

Want to know about our quality ratings? Please visit the NCQA's website at **ncqa.org**.

You can ask about how happy other Enrollees are with our plan. You can also give us comments or suggestions about how we're doing or how we can improve on our services. To get any of this information, visit **wellcareky.com** and click on "Contact Us."

Maybe you would like to work with an Enrollee committee in our health plan or with the state of Kentucky, like the WellCare of Kentucky Quality Member Advisory Committee (QMAC). To learn more about how you can help or how you can join a committee, write to us at:

WellCare of Kentucky
Attention: Quality
13551 Triton Park Blvd, Suite 1200
Louisville, KY 40223

Please be sure to include your name, phone number, and the Enrollee ID number that is listed on your ID card. You can also e-mail us at **sm_qualityenrolleecommitteerequest@wellcare.com**.

Extra Help in Your Community

Kentucky Medicaid offers other programs through DCBS. You and/or your child may qualify for these programs. DCBS works with community groups to offer these programs to you and your family. For example, you can get help with foster care, adoptions, and childcare.

Other programs that support children and families are:

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

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

Third Party Liability (TPL)

We need to know if you have other health insurance along with Medicaid. Call WellCare of Kentucky at **1-877-389-9457** (TTY: **711**) if you have other insurance benefits or lose insurance benefits from another plan.

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

Examples of other insurance are:

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

Health Insurance Portability and Accountability Act (HIPAA)

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

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

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

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

Where Do I Send Questions?

If you have questions about HIPAA and your PHI, please write to our Privacy Officer at:

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

Complaints

If you think your PHI has been used incorrectly, you can make a complaint. Please write to:

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

You can call the U.S. Department of Health and Human Services at **1-877-696-6775**.

You can also call the United States Office of Civil Rights at **1-866-OCR-PRIV** (**866-627-7748**) (TTY: **1-866-788-4989**).

Discrimination is Against the Law

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

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

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

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

- Qualified interpreters
- Information written in other languages

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

If you believe that WellCare of Kentucky has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance with:

1557 Coordinator
PO Box 31384, Tampa, FL 33631
Telephone: **1-855-577-8234** TTY: **711**
Fax: **1-866-388-1769**
Email: **SM_Section1557Coord@centene.com**

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our 1557 Coordinator is available to help you.

You can also file a grievance with:

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

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

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

Complaint forms are available at **https://www.hhs.gov/ocr/complaints/index.html**. This notice is available at WellCare of Kentucky website: **https://www.wellcareky.com/notice-of-non-discrimination.html**.

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

ATENCIÓN: Si habla español, contamos con servicios de asistencia lingüística que se encuentran disponibles para usted de manera gratuita. Llame al **1-877-389-9457** (TTY: **711**).

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

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachdienstleistungen zur Verfügung. Sie erreichen uns unter: **1-877-389-9457** (TTY: **711**).

CHÚ Ý: Nếu quý vị nói tiếng Việt, hiện có sẵn dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Gọi số **1-877-389-9457** (TTY: **711**).

ملاحظة: إذا كنت تتحدث العربية، فنحن نوفر لك خدمات مساعدة لغوية مجانية. اتصل على الرقم (TTY: **711**) **1-877-389-9457**.

REMARQUE : Si vous parlez français, un service d’assistance linguistique gratuit est à votre disposition. Appelez le **1-877-389-9457** (TTY : **711**).

주의: 한국어를 구사할 경우, 언어 보조 서비스를 무료로 이용 가능합니다. **1-877-389-9457**(TTY: **711**)번으로 연락해 주십시오.

GEB ACHT: Wann du Pennsylvaanisch Deitsch schwetzscht, es gebt Schprooch Helfe, mitaus Koscht. Ruf **1-877-389-9457** (TTY: **711**).

ध्यान दिनुहोस्: तपाईं नेपाली बोल्नुहुन्छ भने तपाईंका लागि भाषासम्बन्धी सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छन्। **1-877-389-9457** (TTY: **711**) मा कल गर्नुहोस्।

XIYYEEFFANNOO: Afaan Oromo dubbattu taanan, tajaajilootni gargaarsa afaanii, kan kaffaltirraa bilisaa, isiniif ni jiru. **1-877-389-9457** (TTY: **711**) irratti bilbilaa.

ВНИМАНИЕ! Если вы говорите по-русски, вы можете бесплатно получить помощь переводчика. Позвоните по номеру **1-877-389-9457** (TTY: **711**).

ATENSYON: Kung nagsasalita ka ng Tagalog, may mga available na libreng tulong sa wika para sa iyo. Tumawag sa **1-877-389-9457** (TTY: **711**).

ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa ubufasha mu ndimi, k ubuntu. Woterefona **1-877-389-9457** (TTY: **711**).

PAŽNJA: Ako govorite srpski, dostupne su vam besplatne usluge jezičke podrške. Pozovite broj **1-877-389-9457** (TTY: **711**).

注意：日本語を話せる方は、無料で言語支援サービスを利用できます。**1-877-389-9457**（TTY：**711**）までお電話ください。

1-877-389-9457 (TTY: 711)

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