Planning for Healthy Babies Program

Participant Handbook

Planning for Healthy Babies®

WellCare®

TABLE OF CONTENTS

I. General WellCare Information

We're WellCare... 1
Our Service Region 2
Access to Covered Health Care Services 3
How to Get Your Health Care Services 3
How to Get Approved Services 4
Prior Authorization Time Frames 4
Services Available Without Authorization 4
Services Available Without Authorization but Requiring Plan Notification 4
Second Medical Opinion 5
How to Get After-Hours Medical Care 5
What to Do in an Emergency 5
Out-of-Area Emergency Care 6
What to Do if You Need Urgent Care 6
Advance Directives 6
Enrollment Information 7
Important Information about WellCare 8
P4HB Participant Grievance Procedures 10
Where to Find Extra Help – a Community Resource Guide 17
P4HB Participant Rights 18
P4HB Participant Responsibilities 19
WellCare Notice of Privacy Practices 20

II. Important Information for P4HB Interpregnancy Care Participants

Getting Started with WellCare 25
Your Primary Care Physician (PCP) 26
Health Care Services for P4HB Interpregnancy Care Participants 27
Non-Covered Services 30

III. Important Information for P4HB Family Planning Only Participants

Getting Started with WellCare 32
Health Care Services for P4HB Family Planning Only Participants 33

General WellCare Information

WE'RE WELLCARE...

WellCare serves women in the Planning for Healthy Babies (P4HB) Program. This program gives family planning services to women in Georgia. These are offered at no cost. Women must qualify for the program. It is open to women ages 18 to 44. The program also provides interpregnancy care (IPC) services to women who have had a very low birth weight baby. These services include:

- Case management, including Resource Mother outreach
- Dental services
- Primary care
- Substance abuse services

There are two groups in this program:

- Women eligible for IPC and family planning services
- Women eligible for family planning services only

The State of Georgia decides who qualifies for the P4HB Program. To learn more about the program, go to **www.p4hb.org**. Or call **1-877-744-2101**.

This handbook will tell you more about your benefits. It is broken into three sections:

1. The first section talks about general WellCare information.
2. The second section tells about the services for women who qualify for IPC and family planning services.
3. The third section gives plan details for women who qualify for family planning services only.

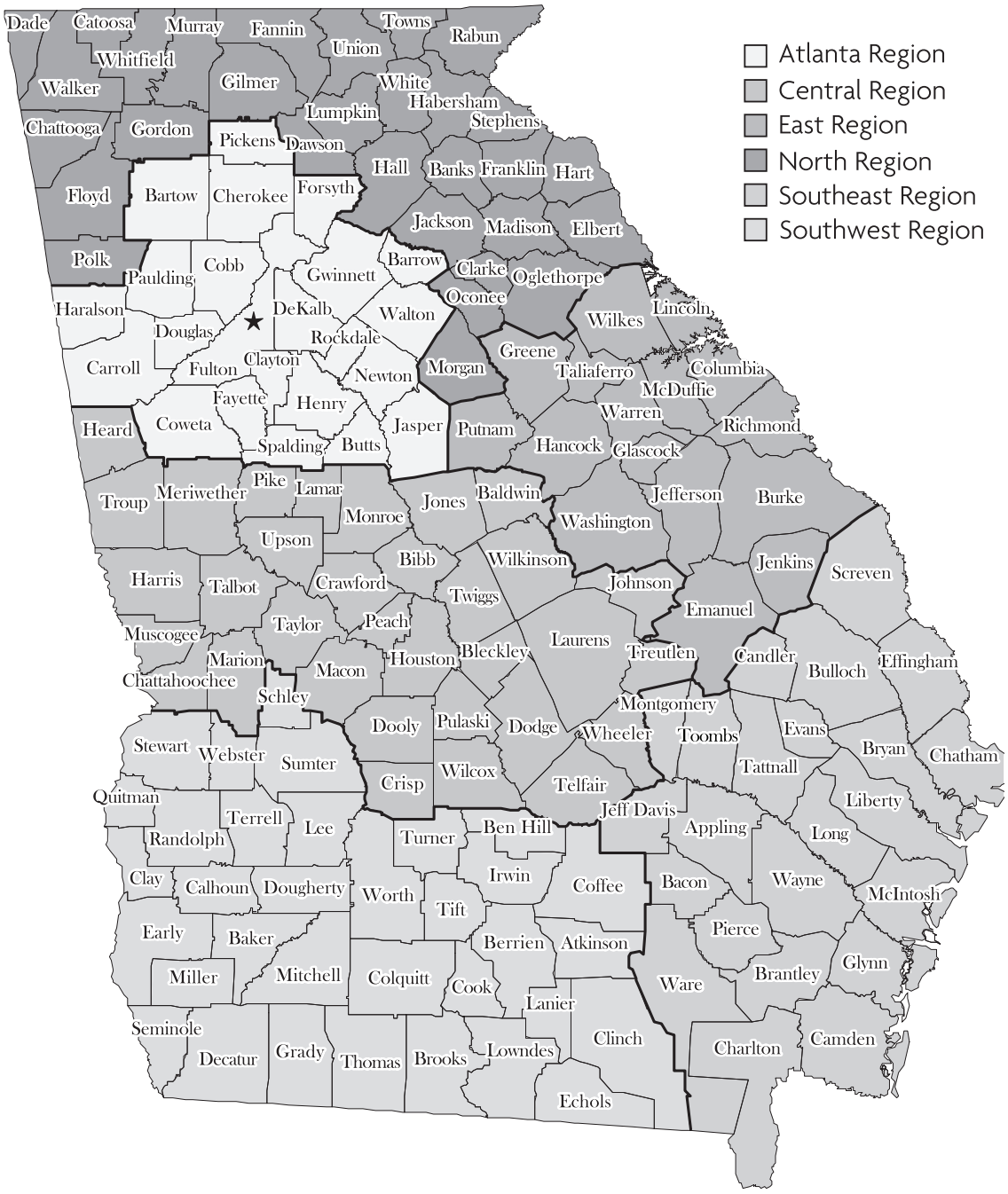
We hope this handbook will answer most of your questions. If you have any questions about our plan or services, our Customer Service team can help. Call **1-877-379-0020**. They can be reached Monday – Friday, 7 a.m. to 7 p.m.

You can also visit our website to find this information. Go to **georgia.wellcare.com**. The Web is an easy way for you to learn more about us. You can also learn about your benefits and how to manage your care with our plan.

OUR SERVICE REGION

Each county in Georgia belongs to a service region. A map of Georgia and its counties follows.

Those in the program must get care in the approved service regions. They must also get all medically necessary covered health care services from WellCare facilities or providers. Participants will have to pay for services they get outside of the service region, unless it is an emergency. In an emergency, you do NOT have to be in the plan's service region to get care. Call 911 or go to the nearest hospital to get the care that you need.



ACCESS TO COVERED HEALTH CARE SERVICES

We have guidelines to make sure that you can get to services in a timely manner. Please see the table below for travel times to medical services.

Provider	If You Live in an Urban Area	If You Live in a Rural Area
Family planning providers and primary care physicians	Within 8 miles	Within 15 miles
Hospitals	Within 30 minutes or 30 miles	Within 45 minutes or 45 miles
Pharmacies	Within 15 minutes or 15 miles	Within 30 minutes or 30 miles

Our guidelines for timely care:

- Emergency care right away (this is both in and out of the plan area) and without pre-approval
- Urgent care within 24 hours (urgent care is for a problem that's not life threatening; it could cause sickness or harm with no care)
- Care for adults within 72 hours of request
- Physical exams within 21 days of request
- Follow-up care as needed

HOW TO GET YOUR HEALTH CARE SERVICES

Participants are cared for by doctors, hospitals and other providers who contract with WellCare. WellCare or a doctor with the plan must approve your care. The plan will pay for approved care. This is outlined later in this handbook. If the care is not approved, you may have to pay for it.

Care that is approved by WellCare and your doctor must be medically needed.

Services that are medically needed:

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

HOW TO GET APPROVED SERVICES

Call your doctor when you need regular care. He or she can send you to see a specialist for tests, specialty care and other covered services not performed by your primary care doctor. WellCare pays for this care. If your PCP does not provide an approved service, ask him or her how to get that service.

If we or your doctor do not arrange or approve your care, you will have to pay for it. Be sure your doctor approves for you to see a specialist. If you need care by a doctor that is not a WellCare provider, call your doctor for help.

PRIOR AUTHORIZATION TIME FRAMES

We will approve regular service within 14 days. We or your doctor may need more time. We will then take 14 more days.

You or your doctor can ask us for a fast decision (decision made within 24 hours). You may ask for this if waiting for approval could put your life or health in danger.

Sometimes, we will need more time. This can mean up to five days for approval. Call Customer Service to ask for a fast service decision. You can also mail a request to us or fax it to **1-813-262-2907**. Be sure to ask for a fast review.

Authorizations for services delivered are made within 30 days of WellCare getting all needed information.

SERVICES AVAILABLE WITHOUT AUTHORIZATION

You do not need approval from your doctor or WellCare for these services:

- Family planning (any plan provider)
- Visits to your PCP
- One women's health visit to an OB/GYN doctor a year
- Routine dental care (but not surgery)

Even though you do not need approval for these services, you will need to pick a provider from our provider directory. (You should have received a copy of the provider directory. If you need another copy, call Customer Service. We will mail one to you.)

Call to set up an appointment. Tell them you are a P4HB Participant with WellCare. Show them your ID card.

SERVICES AVAILABLE WITHOUT AUTHORIZATION BUT REQUIRING PLAN NOTIFICATION

You do not need approval for these services. Be sure to tell the provider that you are a P4HB Participant with WellCare. Show them your ID card. The provider must call WellCare.

- Emergent/urgent care
- Post-stabilization services

Keep reading through this handbook for more information about these types of services.

SECOND MEDICAL OPINION

Do you want a second opinion about your care? Call your doctor. He or she will ask you to pick a plan doctor in your service area. If you can't find a plan doctor, you will be asked to pick a doctor that is out of WellCare's network. You do not pay for these services. The doctor that is giving the second opinion may ask for tests. If so, they must be done by a plan provider.

Your doctor will review the second opinion. He or she will then decide the best way to treat you. If you see an out-of-network doctor without approval, you may have to pay for it.

HOW TO GET AFTER-HOURS MEDICAL CARE

You may get sick or hurt when your doctor's office isn't open. If it is not an emergency, call your doctor. Or contact WellCare's Personal Health Advisor. This is our free 24-hour nurse advice line. When you call, you can talk with a nurse 24 hours a day, seven days a week. The toll-free number is **1-800-919-8807**. (See later in this handbook for more information about Personal Health Advisor.)

Your doctor's office will have a doctor on call. That doctor will call you back and tell you what to do. If you can't reach your doctor's office, you can go to an urgent care center. Urgent care center services do not need prior approval. If you do go to an urgent care center, please call your doctor's office the next day for follow-up care.

WHAT TO DO IN AN EMERGENCY

A medical emergency is when you think that your health is in serious danger.

An emergency is when the condition could cause:

- Any complications from your family planning drugs or procedures
- A hard time breathing
- Severe chest pain
- Choking
- Harm to yourself or others due to alcohol or drug abuse
- Broken bones
- Not being able to move or speak

In the case of an emergency that results from a family planning service, call 911. Call an ambulance if there is no 911 service in your area. Or go right away to the nearest hospital emergency room (ER). The choice is yours. If you don't know if it is an emergency, call your doctor. You don't need prior approval for emergency care if it's done at an urgent care center or the ER.

You will need to show both your WellCare and Medicaid ID cards at the ER. Ask the staff in the ER to call us.

The ER doctor will decide if your visit is an emergency. The ER doctor may decide your condition is not an emergency. If your symptoms are so bad that your health is in serious danger, we will pay for the visit. (How much the plan will pay depends on how serious your symptoms are.) If your condition is not an emergency and your health is not in danger, you can choose to stay. If you decide to stay, you may have to pay for the care.

Let your doctor know as soon as you can when you are in the hospital. Let him or her know if you get care in an ER or urgent care center. WellCare will pay for follow-up care. Your doctor must say it is needed.

OUT-OF-AREA EMERGENCY CARE

It is important to get care when you are sick or hurt. If you get sick or injured while traveling, call Customer Service. Call toll-free at **1-877-379-0020 (TTY/TDD: 1-877-247-6272)**. If you have a family planning-related emergency while traveling, go to a hospital. It doesn't matter if you are not in WellCare's service area. Show your ID card. Call your doctor as soon as you can. Ask the hospital staff to call WellCare.

If you have to pay for these services when you get them, write to our Claims department at the address on the back cover. They will need copies of your medical reports. Send copies of bills and include proof of payment.

Post-Stabilization Services

It is important that you get care until your condition is stable. WellCare will pay for care you get after your emergency room care. This is called post-stabilization care. You do not need pre-approval for this type of service. But this care must be done to maintain, improve or solve your medical condition.

WHAT TO DO IF YOU NEED URGENT CARE

Your doctor should see you first for all care. Go to an urgent care center for a condition that needs treatment within 24 hours, but will not cause serious harm to your health. Such conditions include:

- Flu
- Cold
- Severe pain
- Headache
- Nausea and vomiting
- Skin conditions

If you are not sure you need urgent care, call your doctor. Urgent care center services do not need prior approval. You will need to show your WellCare and Medicaid ID cards at the urgent care center. Ask the staff to call us. Let your doctor know if you get care in an urgent care center so they can give you follow-up care.

ADVANCE DIRECTIVES

Georgia state law has put into place the Georgia Advance Directive for Health Care. It takes the place of two documents. They are the Georgia Living Will and Durable Power of Attorney for Health Care.

The Georgia Advance Directive for Health Care lets you plan for your care in advance. It gives you a way to make your wishes known about what care you want if you can't make those decisions yourself.

You can choose to fill out a Georgia Advance Directive for Health Care. If you do, it will take the place of any other advance directives that you have. This includes a Living Will. Or a Durable Power of Attorney for Health Care. You can choose not to have a Georgia Advance Directive for Health Care. If so, your current Living Will and/or Durable Power of Attorney for Health Care will stay in place. This is true as long as it/they were made before June 30, 2007.

Are you thinking about filling out a Georgia Advance Directive for Health Care? Here are a few things you need to remember.

- It is your choice to fill one out.
- Filling one out does not mean you want to commit suicide, physician-assisted suicide, homicide or euthanasia (mercy killing).
- Filling one out will not affect anything that is based on your life or death – that includes other insurance.
- You must be of sound mind to complete one. You must also be at least 18 years of age. Or you must be an emancipated minor.
- You must sign it. You must have two witnesses sign it as well.
- After you fill one out, keep it in a safe place. You should give a copy of it to someone in your family. Also give a copy to your doctor.
- You can make changes to it at any time.
- A caregiver may not follow your wishes if it goes against what they believe in. If so, he or she will help you find someone else who will follow your wishes. Other than for conscience reasons, your wishes should be followed. If they are not, complaints can be made to the Georgia Department of Community Health (DCH), Healthcare Facilities Regulations. Call toll-free **1-800-878-6442**, or local **404-657-5726** or **404-657-5728**.

There are three parts to a Georgia Advance Directive for Health Care.

- Part 1—This allows a person you choose to carry out health care decisions for you. (This used to be called the Durable Power of Attorney for Health Care.)
- Part 2—This allows choices about stopping or continuing life support. It also allows choices about accepting or refusing nutrition and/or hydration. (This used to be called the Living Will.)
- Part 3—This allows you to choose someone to be a guardian if a court says that a guardian is needed.

You may have questions about this. Here are some places to go to get answers and the form.

- Call the Georgia Department of Human Resources, Division of Aging Services at **1-404-657-5319**. You can also visit them at: 2 Peachtree Street NW, Suite 9395, Atlanta, GA 30303-3142.
- Call WellCare Customer Service at **1-877-379-0020 (TTY/TDD 1-877-247-6272)** Monday–Friday, 7 a.m. to 7 p.m.
- Talk with your doctor.

ENROLLMENT INFORMATION

Voluntary Enrollment

You can apply online at **planning4healthybabies.org**. You can also pick up an application at your local:

- Public health department
- Department of Family and Children Services (DFCS) office

Completed applications and required documents should be faxed to **1-888-744-2102** or mailed to:

Planning for Healthy Babies
P.O. Box 1810
Atlanta, GA 30301-1810

For more information, visit **www.p4hb.org**. Or call **1-877-P4H-B101 (1-877-744-2101)**.

Mandated Enrollment

If you do not choose a health plan, the state will choose one for you. Before they pick a plan for you, they will send you a notice and information about the program. This will be done after they have made sure you are eligible. If you do not respond within 30 calendar days, they will choose a plan for you. Call **1-877-P4H-B101 (1-877-744-2101)** for information.

Voluntary Disenrollment

You may ask to leave WellCare during the first 90 days. This must be for the following reasons. You:

- Move out of our service region
- Ask to be on the same plan as family members
- Have a change of eligibility
- Feel you received poor quality of care
- Feel you lack access to covered services
- Feel there is a lack of providers experienced in dealing with your health care needs

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

Involuntary Disenrollment

You may be asked to leave WellCare if you:

- No longer meet the P4HB program eligibility requirements or can no longer be a participant
- Get pregnant
- Become infertile through a sterilization procedure
- Move out of our service region
- Commit fraud or abuse health care services
- Are incarcerated

Moving Out of the WellCare Service Region

WellCare is available in all Georgia counties. If you move, call Customer Service. You will want to pick a doctor near your new home. You must call **1-888-423-6765 (TDD 1-877-889-4424)** to choose another plan if you move out of our service area. You will continue to use plan doctors until you are disenrolled.

IMPORTANT INFORMATION ABOUT WELLCARE

Fraud and Abuse

What is health care fraud and abuse? It is when false information is given on purpose. This can be done by a participant or provider. This false information can lead to someone getting a service or benefit that is not allowed.

Billions of dollars are lost to health care fraud every year. That means money is paid for services that may

never have been given. It could also mean that the service that was billed was not the one that was given.

Here are some other examples of fraud and abuse:

- Billing for a more expensive service than what was actually given
- Billing more than once for the same service
- Billing for services not actually performed
- Falsifying a patient's diagnosis to justify tests, surgeries or other procedures that are not medically necessary
- Filing claims for services or medications not received
- Forging or altering bills or receipts
- Misrepresenting procedures performed to obtain payment for services that are not covered
- Over-billing the plan or participant
- Using someone else's ID and/or Medicaid card
- Waiving patient co-pays or deductibles

If you know that fraud has occurred, tell us. Call our 24-hour fraud hotline. The toll-free number is **1-866-678-8355**. It is private and you may leave a message without leaving your name. If you do leave your phone number, we will call you back. We'll do this to be sure our information is complete and accurate. You can also report fraud on our website. Go to **georgia.wellcare.com**. Submitting a report through the Web is private too.

You can also contact the Georgia Department of Community Health's Program Integrity Hotline. Call them at **1-800-533-0686**.

How Doctors Are Paid

WellCare works hard to give you the care you need. We work with many doctors. You may ask how they are paid. You can also ask if how they are paid will affect your doctor's use of referrals. You may ask if it will affect other services you may need. Call Customer Service for details.

Utilization Management Program

WellCare also has a utilization management program. The program has different parts. They include:

- Prior authorization
- Prospective reviews
- Concurrent reviews
- Retrospective reviews

We do these reviews to measure the health care and services that our participants receive. We measure this based on the participants' coverage. We check to see if the care and services are right. Then we determine how much coverage we can provide. And, we decide on how to pay those who provide the care.

Sometimes, we have to deny coverage for services or care. These decisions may be made by our employees. Or they may be made by a doctor or other reviewer. When this happens, we don't give a reward to anyone who makes these decisions. Also, if there are any financial rewards, they do not encourage using less services.

For more information, call Customer Service at **1-877-379-0020 (TTY/TDD 1-877-247-6272)**.

Evaluation of New Technology

New technology and ways to use current technology are reviewed every year. The findings are reviewed to:

- Determine how new advancements can be included in the benefits that participants receive
- Ensure that participants have equitable access to safe and effective care
- Ensure awareness of changes in the industry

The review of new technology occurs in the following areas:

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

To learn more, call Customer Service.

Our Website

You may be able to find answers to your questions on our website. Go to **georgia.wellcare.com** for information on:

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

On our website, you can also:

- Update your address and phone number
- Request a change to your primary care provider (PCP)

If you have any questions, please call Customer Service. Call **1-877-379-0020** Monday–Friday, from 7 a.m. to 7 p.m. TTY/TDD users, please call **1-877-247-6272**.

P4HB PARTICIPANT GRIEVANCE PROCEDURES

WellCare has grievance procedures. They help us respond to concerns that you may have about the care you get or service you receive. State law says that as a participant, you can register concerns about any part of your medical care experience. The state has helped set the rules about what you need to do when reporting a concern. The state also has rules about what we must do when we receive your concern. We must be fair in handling concerns. You cannot be dropped from the plan for registering a concern. We will not punish you for making a concern known.

Our procedures involve three activities in the handling of concerns:

1) Grievance (or complaint) process
2) Administrative review process
3) Administrative law/DCH hearing process

While each process is explained further below, you can learn more by calling us at **1-877-379-0020 (TTY/TDD: 1-877-247-6272)**. Call Monday – Friday, 7 a.m. to 7 p.m., except on holidays. We can help you if you speak another language. You would also call this number to learn more about grievances filed with the plan in the past 3 years.

Grievance (Complaint) Process

A grievance is when you have a problem with the plan or a doctor. It could be for:

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

We want to know if you have any grievances. You or a person you authorize may file a grievance with WellCare. This can be done either orally or in writing. A doctor may not file a grievance for you, unless they are acting as your authorized representative. We must get a grievance within one year of when the issue you were unhappy about took place. First, call Customer Service. We will try to fix the issue over the phone. You may also write to us with your grievance.

Mail your grievance to:

WellCare of Georgia
Attn: Grievance Department
P.O. Box 31384
Tampa, FL 33631-3384

It can also be faxed to us at **1-866-388-1769**.

We will try to fix any complaint you have. We try to do this by phone, especially if it is because:

- We don't have enough information
- We don't have the right information
- We believe you need care right away

We will have you speak with a support person if your complaint can't be fixed right away over the phone by Customer Service.

We will mail you a letter within 10 days of us getting your complaint. We may also mail you a decision letter within 10 days if we can fix your problem in this time.

A doctor will review your case if your complaint has medical issues.

We make decisions within 90 days of getting your complaint. We will mail you a letter with the results.

Administrative Review Process

What is an administrative review? When we decide about your care, we will let you know our decision by sending you a letter. This letter is called a "Notice of Proposed Action" or "Action." The notice will explain how and why we made our decision. It will also include:

- The ways in which you can request an administrative review
- The review time frames involved in the process
- Any participant rights that apply

If you do not agree with the Notice of Proposed Action, you can ask us to reconsider. This is known as an "administrative review" or a "request for reconsideration."

What are some examples of when you might ask for an administrative review? You may want to ask if you have problems getting the care you think we should provide. We use the word "provide" to include such things as:

- Authorizing care
- Paying for care
- Arranging for someone to give you care

Other problems that would cause you to file an administrative review include but are not limited to:

- You are not getting the care you want. You feel that this care is covered.
- We will not approve the medical treatment your doctor wants to give you. You believe that this treatment is covered by the plan.
- You are told that coverage for a treatment you get will be reduced or stopped. You feel that this could harm your health.
- If you get care you thought the plan would pay for, and we said we would not pay.

Who can file an administrative review request?

You, someone you appoint or your doctor may file for a review.

If you appoint someone, or your doctor files for a review for you, you must give them written consent. You must let us know someone else is doing this for you. You can do this by writing us a letter. Or you can fill out an Appointment of Representation form. You can get this from Customer Service. Call **1-877-379-0020** (TTY/TDD: **1-877-247-6272**) Monday – Friday, 7 a.m. to 7 p.m. A representative may file for the estate of a participant who has died. He or she must have proper documents.

How do I file an administrative review request?

You may file a verbal or written review request. You must sign a review request form if you give it verbally. This is only if it is not a fast or quick review. We will mail you a letter within 10 days saying that we received your review. This is only if it is not a quick review. If we decide on your review in less than 10 days, we will send you a decision letter instead. A verbal review request can be filed by calling Customer Service. Call **1-877-379-0020 (TTY/TDD 1-877-247-6272)** Monday–Friday, 7 a.m. to 7 p.m. A written review request should be mailed to:

WellCare of Georgia
Attn: Appeals Department
P.O. Box 31368
Tampa, FL 33631-3368

A written review request can also be faxed. Fax it to **1-866-201-0657**.

How quickly must I request an administrative review?

To continue benefits, you must file your request within 10 days of when you received the notice of action. If we don't get the request in time, we will mail you a denial.

Can I ask for a fast review?

Yes. You, your doctor or your representative can ask us for a fast review. Call Customer Service at **1-877-379-0020 (TTY/TDD 1-877-247-6272)** Monday–Friday, 7 a.m. to 7 p.m., and ask for a fast review. You will need to ask your doctor to support a fast review. We will give you a fast review right away if a doctor says it's needed. If you ask for a fast review without a doctor, we will decide if it is a "must" for your health. We will work to get in touch with you if we feel your fast review is not needed. We will also send you a letter within 2 days. The letter will tell you how to send a complaint if your doctor doesn't support a fast review and you don't like what your doctor says. A regular review takes 45 days.

You can also fax it to **1-866-201-0657**. Be sure to ask for a fast review. Or you can send a review request to:

WellCare of Georgia
Attn: Appeals Department
P.O. Box 31368
Tampa, FL 33631-3368

What can I expect during the administrative review process?

In the review, you or someone you appoint can see your case file. This can include medical records. You can ask for the written guidelines we used to make the decision. You can also ask to see a summary of our written policies and procedures about administrative reviews.

Here are some common questions and answers about the process.

How can I give proof and/or allegations of fact or law?

We will let you give comments or information for your review in writing or in person. Call **1-877-379-0020 (TTY/TDD 1-877-247-6272)** to give this in person.

Can I review my case file?

Yes. Your doctor or representative can review it as well, if you let us know in writing. Call Customer Service at **1-877-379-0020 (TTY/TDD 1-877-247-6272)** if you need help with this.

How do I get benefits when I'm waiting on a review decision? What rights do I have?

In order to continue benefits, you must file your request within 10 days from when you receive the notice of action. You have the right to file an appeal through the plan's grievance system and have benefits continue until a decision is made.

How soon must the plan decide on my review?

We will follow these time frames:

- For payment for care you received–a regular review is within 45 days after we get your review.
- For a standard decision about care–a regular review is within 30 days after we get your review. We will make it sooner if your health requires it.
- For a fast decision about care–we have 72 hours after we get your review to decide. We will make it sooner if your health requires us to.
- It can take up to 14 more days if you ask for a longer review. This is called an extension. It will give 14 more days for the review. You can ask for this in writing or by phone. Reasons why you may need a longer review include:
  - Extra tests
  - Delay of records
  - Need time to get more information

How will I know what happened with my administrative review?

We will mail you a letter called a "Notice of Adverse Action." It will talk about your rights to disagree if a decision is not in your favor. We will also try to contact you in person.

What happens if a decision is reversed?

If a decision to deny approval of services is reversed, we will pay for the disputed services received during the review process.

Who can help me if I have questions?

If you need help at any time during this process, Customer Service is available. You can reach them at **1-877-379-0020 (TTY/TDD 1-877-247-6272)** Monday–Friday, 7 a.m. to 7 p.m.

Administrative Law/DCH Hearing Process

Do you disagree with the review decision? Medicaid members can ask for a hearing with an Administrative Law judge (Medicaid). PeachCare for Kids™ members can ask for a hearing with DCH. Before starting either of these processes, you must have gone through the plan's entire internal administrative review process. You must ask for a hearing within 30 days of the decision.

Medicaid members – send your request to:

Department of Community Health
Legal Services Section
General Counsel's Office
2 Peachtree Street, NW
40th Floor
Atlanta, Georgia 30303-3159

You or your authorized representative are the only ones who may ask for a hearing. Your doctor can't. You must request a hearing in writing. You must do this within 30 days of the review final decision.

A hearing is a legal proceeding. Who will be at the hearing? You and/or someone you have named as your representative, someone from WellCare and an Administrative Law Judge. Before the hearing, you and/or someone you chose as your representative will have a chance to go over the information we used to make our decision. The time to do this may be limited when a fast decision is needed.

WellCare will explain why we made our decision. You or your representative will say why you think we made the wrong decision. You will also have the chance to present new information that may not have been available or was not in the case when you asked for the review. The Administrative Law Judge will listen. He or she will then make a decision, based on the information given.

How can my benefits be continued during a review or hearing?

For your benefits to continue:

- You must send your request within 10 days of receiving the notice of action.
- The review or hearing must be about an end or reduction in care.
- The care must have been asked for by a plan doctor.
- The original pay term for care cannot be expired.
- You must request a longer term for care.

If you do not ask for this in time, we will mail you a denial letter.

If we let your benefits continue during a review or hearing, you can keep getting them until:

- You drop the review or hearing.
- Ten days pass. This is from the date of the plan's action. You must not have asked for a hearing with benefits until we have decided.
- A decision you don't like is made.
- The care approval expires or service limits are met.

You may have to pay for the cost of the care you received during a review or hearing. This is if we don't decide in your favor.

Option 1—if we decide in your favor, we will approve and pay for care that is needed as quickly as possible. This is if you did not receive this care during the review of your case.

Option 2—if we decide in your favor but care was not received during your case, we will approve and pay for the care that is needed as quickly as possible.

What happens if the Administrative Law or DCH Hearing rules in my favor?

If a denial of services is reversed, we will pay for the disputed services received during the review process.

Additional Help with Grievances and Administrative Review Requests

Here are some other agencies you can contact during or after the grievance or administrative review process:

Georgia Department of Insurance and Safety Fire Division, Regulatory Services
Suite 604, West Tower
2 Martin Luther King, Jr. Drive
Atlanta, GA 30334
Phone: **1-404-656-2074**
Fax: **1-770-344-4878**

Georgia Department of Community Health (DCH)
Healthcare Facilities Regulations
2 Peachtree Street, NW
Suite 31-447
Atlanta, GA 30303-3142
Toll-free: **1-800-878-6442**
Local: **404-657-5726** or **404-657-5728**

We keep track of all complaints and reviews. This helps us improve our service to you. We give this information to the state.

WHERE TO FIND EXTRA HELP – A COMMUNITY RESOURCE GUIDE

Sometimes you may need extra help. You can get help just by calling **211**. Here are the types of help you can get.

Basic Needs

- Food banks
- Clothing
- Shelters
- Rent and utilities

Support for Children and Families

- Child care
- Success by Six (after school programs)
- Head Start (family centers)
- Summer camps
- Outdoor play
- Tutoring
- Protection services

Volunteer Employment Support

- Out-of-work benefits
- Money help
- Job training
- Rides
- Education

Support for Older and Disabled People

- Home health care
- Adult day care
- Meals-on-Wheels
- Respite care
- Rides
- Homemaker services

The 211 line is a national service. It was started in Atlanta by the United Way, which still supports the help line.

P4HB PARTICIPANT RIGHTS

You have the right:

- To get information about the plan, its services and its doctors and providers.
- To get information about your rights and responsibilities.
- To know the names and titles of doctors and other health providers caring for you.
- To be treated with respect and dignity.
- To have your privacy protected.
- To decide with your doctor on the care you get.
- To talk openly about care you need for your health, no matter the cost or benefit coverage, and the choices and risks involved. The information must be given in a way you understand.
- To have the risks, benefits and side effects of medications and other treatments explained to you.
- To know about your health care needs after you get out of the hospital or leave the doctor's office.
- To refuse care, as long as you agree to be responsible for your decision.
- To refuse to take part in any medical research.
- To complain about the plan or the care it provides. Also, to know that if you do, it will not change how you are treated.
- To not be responsible for the plan's debts in the event of insolvency and not be held liable for:
  - Covered services provided to the participant for which DCH does not pay the contractor.
  - Covered services provided to the participant for which DCH or the plan does not pay the provider that furnished the services.
  - Payments of covered services furnished under a contract, referral or other arrangement to the extent that those payments are in excess of the amount the participant would owe if the contractor provided the services directly.
- To be free from any form of restraint or seclusion as a means of force, discipline, convenience or revenge.
- To ask for and get a copy of your medical records from your doctor. Also, to ask that the records be changed/corrected if needed. (Requests must be received in writing from you or the person you choose to represent you. The records will be provided at no cost. They will be sent within 14 days of receipt of the request.)
- To have your records kept private.
- To make your health care wishes known through advance directives.
- To have a say in the plan's P4HB Participant rights.
- To appeal medical or administrative decisions by using the plan or the state's grievance process.
- To exercise these rights no matter your sex, age, race, ethnicity, income, education or religion.
- To have all plan staff observe your rights.
- To have all the above rights apply to the person legally able to make decisions about your health care.
- To be furnished services in accordance with 42 CFR 438.206 through 438.210, which include:
  - Accessibility
  - Authorization standards
  - Availability
  - Coverage
  - Coverage outside of network

  - The right to a second opinion
- To be responsible for cost sharing only as specified under covered services co-payments.
- To be responsible for cost sharing only as specified in the contract.

P4HB PARTICIPANT RESPONSIBILITIES

You have the responsibilities:

- To give information that the plan, its doctors and providers need to provide care.
- To follow plans and instructions for care that you have agreed on with your doctor.
- To understand your health problems.
- To help set treatment goals that you and your doctor agree to.
- To read the P4HB Participant handbook to understand how the plan works.
- To carry your P4HB Participant card at all times.
- To carry your Medicaid card at all times.
- To show your ID cards to each provider.
- To schedule appointments for all non-emergency care through your doctor.
- To cooperate with the people who provide your health care.
- To be on time for appointments.
- To tell the doctor's office if you need to cancel or change an appointment.
- To pay co-payments to providers, as specified by the Georgia Families program.
- To respect the rights of all providers.
- To respect the property of all providers.
- To respect the rights of other patients.
- To not be disruptive in your doctor's office.
- To know the medicines you take, what they are for and how to take them the right way.
- To make sure your doctor has copies of all previous medical records.
- To let your plan know within 48 hours, or as soon as possible, if you are admitted to the hospital or get emergency room care.

WellCare Notice of Privacy Practices

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

Effective Date of this Privacy Notice: March 29, 2012

We are required by law to protect the privacy of health information that may reveal your identity. We are also required by law to provide you with a copy of this Privacy Notice which describes not only our legal duties and health information privacy practices, but also the rights you have with respect to your health information.

This Privacy Notice applies to the following WellCare entities:

- WellCare of Florida, Inc.
- HealthEase of Florida, Inc.
- WellCare of New York, Inc.
- WellCare of Connecticut, Inc.
- WellCare of Louisiana, Inc.
- WellCare of Georgia, Inc.
- WellCare of Ohio, Inc.
- WellCare of Texas, Inc.
- WellCare Health Plans of New Jersey, Inc.
- Harmony Health Plan of Illinois, Inc.
- Harmony Health Plan of Illinois, Inc. dba Harmony Health Plan of Missouri
- WellCare Prescription Insurance, Inc.
- WellCare Health Insurance of Arizona, Inc. operating as 'Ohana Health Plan, Inc.
- WellCare Health Insurance of Illinois, Inc.
- WellCare Health Insurance of Illinois, Inc. dba WellCare of Kentucky, Inc.
- WellCare Health Insurance of New York, Inc.
- Exactus Pharmacy Solutions, Inc.

We may change our privacy practices from time to time. If we make any material revisions to this Notice, we will provide you with a copy of the revised Notice which will specify the date on which such revised Notice becomes effective. The revised Notice will apply to all of your health information from and after the date of the Notice.

How We May Use and Disclose Your Health Information Without Written Authorization

WellCare requires its employees to follow its privacy and security policies and procedures to protect your health information in oral (for example, when discussing your health information with authorized individuals over the telephone or in person), written or electronic form.

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

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

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

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

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

Your Authorization. In addition to our use of your health information for treatment, payment or health care operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. You may also revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those as described in this Notice.

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

Business Associates. We may disclose your health information to a "business associate" that needs the information in order to perform a function or service for our business operations. Third party administrators, auditors, lawyers, and consultants are some examples of business associates.

2. **Public Need.** We may use your health information, and share it with others, in order to comply with the law or to meet important public needs that are described below:

- if we are required by law to do so;
- to authorized public health officials (or a foreign government agency collaborating with such officials) so they may carry out their public health activities;
- to government agencies authorized to conduct audits, investigations, and inspections, as well as civil, administrative or criminal investigations, proceedings, or actions, including those agencies that monitor programs such as Medicare and Medicaid;
- to a public health authority if we reasonably believe you are a possible victim of abuse, neglect or domestic violence;
- to a person or company that is regulated by the Food and Drug Administration for: (i) reporting or tracking product defects or problems, (ii) repairing, replacing, or recalling defective or dangerous products, or (iii) monitoring the performance of a product after it has been approved for use by the general public;
- if ordered by a court or administrative tribunal to do so, or pursuant to a subpoena, discovery or other lawful request by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain a court order protecting the information from further disclosure;
- to law enforcement officials to comply with court orders or laws, and to assist law enforcement officers with identifying or locating a suspect, fugitive, witness, or missing person;
- to prevent a serious and imminent threat to your health or safety, or the health or safety of another person or the public, which we will only share with someone able to help prevent the threat;
- for research purposes;
- to the extent necessary to comply with workers' compensation or other programs established by law that provide benefits for work-related injuries or illness without regard to fraud;
- to appropriate military command authorities for activities they deem necessary to carry out their military mission;

- to the prison officers or law enforcement officers if necessary to provide you with health care, or to maintain safety, security and good order at the place where you are confined;
- in the unfortunate event of your death, to a coroner or medical examiner, for example, to determine the cause of death;
- to funeral directors as necessary to carry out their duties; and
- in the unfortunate event of your death, to organizations that procure or store organs, eyes or other tissues so that these organizations may investigate whether donation or transplantation is possible under law.

3. Partially De-Identified Information. We may use and disclose "partially de-identified" health information about you for public health and research purposes, or for business operations, if the person who will receive the information signs an agreement to protect the privacy of the information as required by federal and state law. Partially de-identified health information will not contain any information that would directly identify you (such as your name, street address, Social Security number, phone number, fax number, electronic mail address, Web site address, or license number)

Your Rights to Access and Control Your Health Information

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

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

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

   We may not give you access to your health information if it: (1) is reasonably likely to endanger the life and physical safety of you or someone else; (2) refers to another person and your access is likely to cause harm to that person; or (3) a health care professional determines that your access as the representative of another person is likely to cause harm to that person or any other person. If you are denied access for one of these reasons, you are entitled to a review by a health care professional, designated by us, who was not involved in the decision to deny access. If access is ultimately denied, you will be entitled to a written explanation of the reasons for the denial.

2. Right to Amend Your Health Information. If you believe we have health information about you that is incorrect or incomplete, you may request in writing an amendment to your health information. If we do not have your health information, we will give you the contact information of someone who does. You will receive a response within 60 days after we receive your request. If we did not create your health information or your health information is already accurate and complete, we can deny your request and notify you of our decision in writing. You can also submit a statement that you disagree with our decision, which we can rebut. You have the right to request that your original request, our denial, your statement of disagreement, and our rebuttal be included in future disclosures of your health information.

3. Right to Receive an Accounting of Disclosures. You have the right to receive an accounting of disclosures of your health information made by us and our business associates. You may request such information for the six-year period prior to the date of your request. Accounting of disclosures will not include disclosures: (i) for payment, treatment or health care

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

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

4. Right to Request Additional Privacy Protections. You have the right to request that we place additional restrictions on our use or disclosure of your health information. If we agree to do so, we will abide by our agreement except in an emergency situation. We do not need to agree to the restriction unless the information pertains solely to a health care item or service that you have paid for out of pocket and in full.

5. Right to Request Confidential Communications. You have the right to request that we communicate with you about your health information by alternative means or via alternative locations provided that you clearly state that the disclosure of your health information could endanger you. If you wish to receive confidential communications via alternative means or locations, please submit your written request to the address listed on the last page of this Privacy Notice and how or where you wish to receive communications.

6. Right to Notice of Breach of Unencrypted Health Information. Our policy is to encrypt our electronic files containing your health information so as to protect the information from those who should not have access to it. If, however, for some reason we experience a breach of your unencrypted health information, we will notify you of the breach. If we have more than ten people that we cannot reach because of outdated contact information, we will post a notification either on our Web site (**www.wellcare.com**) or in a major media outlet in your area.

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

Miscellaneous

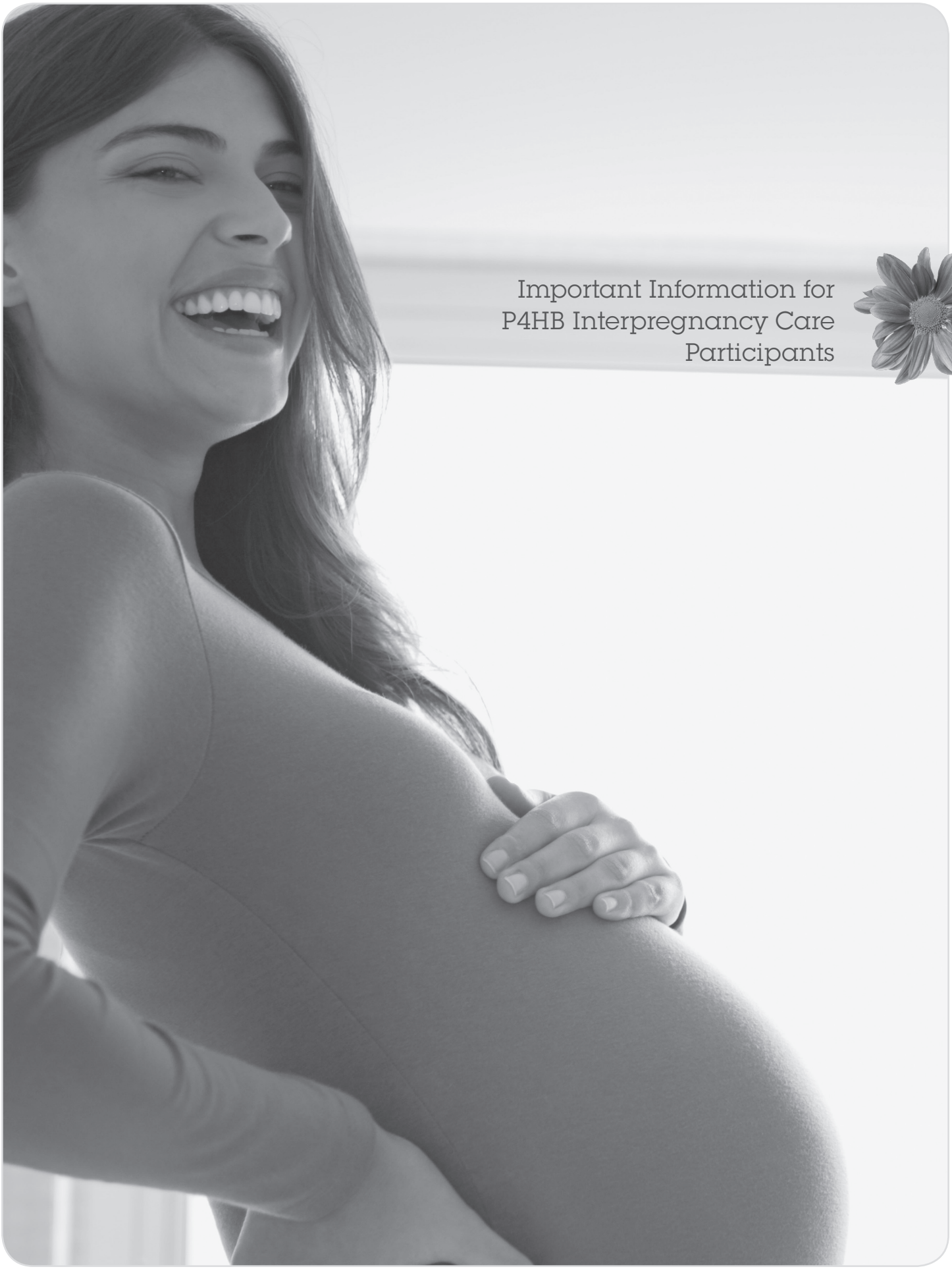
1. Contact Information. If you have any questions about this Privacy Notice, you may contact the Privacy Officer at **1-866-530-9491**, call the toll-free number listed on the back of your membership card, visit **www.wellcare.com**, or write to us at:

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

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

3. Additional Rights. Special privacy protections may apply to certain information involving HIV/AIDS, mental health, alcohol and drug abuse, sexually transmitted diseases, and reproductive health. If the law in the state where you reside affords you greater rights than described in this Notice, we will comply with these laws.

Important Information for P4HB Interpregnancy Care Participants



IMPORTANT INFORMATION FOR P4HB INTERPREGNANCY CARE PARTICIPANTS

GETTING STARTED WITH WELLCARE

It's easy to get started. Follow these steps.

Check your ID card. Put it in a safe place.

You should have received your WellCare ID card in the mail. If not, call Customer Service at **1-877-379-0020 (TTY/TDD 1-877-247-6272)**. You can also request a new ID card on our website. Go to **georgia.wellcare.com**.

Your card has important information on it. Keep this card and your Medicaid card with you at all times. Do not let anyone else use your card. If you do, you may lose your benefits.

When you need care, you will give this card to your provider.

What if I lose my WellCare ID card?

You can request a new one on our website. Go to **georgia.wellcare.com**. Or you can call Customer Service. We will mail you a new ID card.

If you lose your Medicaid card, call your caseworker at the Georgia Department of Human Resources, Division of Family and Children Services (DFCS).

Get to know your Personal Health Advisor.

WellCare has a 24-hour nurse advice line. It's called Personal Health Advisor. It's a free service. Call when you need health advice. The number is **1-800-919-8807**.

When you call, a nurse will ask you some questions about your problem. Give as many details as you can. Tell the nurse where it hurts, what it looks like and what it feels like. The nurse can help you decide if you need to:

- Care for yourself at home
- Go to the doctor
- Go to the hospital

Remember—a nurse is always there to help. Call before you call a doctor or go to the hospital. But if you think it is a real emergency, call 911 or your local emergency services first.

Go to our website or call Customer Service if you need any help.

We have plan information on our website. Visit **georgia.wellcare.com** any time day or night. You can call us, too, if you have any questions.

Do you speak a language other than English? If so, we offer interpreters for free. You can get information in different formats too. This includes large print, Braille and audio tapes. If you are hearing-impaired, special help can also be provided.

Customer Service Toll-Free Phone:

1-877-379-0020 (TTY/TDD 1-877-247-6272)

Monday–Friday, 7 a.m. to 7 p.m.

Read about your rights and responsibilities.

The law requires that your doctor knows what your rights are. It asks that you respect your doctor's rights, too. This handbook talks about this. You may also see these rights in your doctor's office.

YOUR PRIMARY CARE PHYSICIAN (PCP)

When you were told that you qualify for the P4HB program by the state, you were given a chance to choose a WellCare doctor as your PCP. If you did not choose one by the state's deadline, you were assigned to one. His or her name should be on your ID card. If there isn't a name on your card, call Customer Service right away.

As your personal doctor, your PCP will help manage your medical needs. He or she will arrange all of the medical care you need, such as hospital care if needed. If it is not an emergency, call your PCP. His or her number is on your ID card.

Would you like to learn more about your PCP, specialist or another WellCare provider? You can find out where a provider went to school or served his or her residency. You can check on his or her qualifications or whether or not he or she is accepting new patients. Simply call Customer Service. You can also find this information in your provider directory.

Please get to know your PCP. Call his or her office to schedule a checkup. If you need help making an appointment, call Customer Service. A representative will be able to help you. Remember—if you can't make a scheduled appointment, make sure you call your PCP to cancel it in advance. Don't forget to reschedule the appointment.

If you need help getting to the appointment, we can assist. Non-emergency transportation is a covered service. We can help arrange a ride for you. Just call Customer Service. See the Transportation Services section later in this handbook.

Changing Your PCP

You can change your PCP any time. To do so, visit or website at **georgia.wellcare.com**. You will need to log in to the site to the make the request. Or you can call Customer Service.

Your provider directory has a list of doctors to choose from. But our list of plan doctors is changing all the time. For the most current listing of providers, visit our website. There you can look for doctors, hospitals and pharmacies in your area. If you would like to get an updated version of the directory, call Customer Service.

HEALTH CARE SERVICES FOR P4HB INTERPREGNANCY CARE PARTICIPANTS

The following table lists covered and non-covered health services, along with co-pay information. Do you have questions about your coverage? Please call Customer Service.

Service	Important Notes	Co-Pays
Abortions or related services	Not covered	--
Ambulatory surgical services		$3
Behavioral health services	Substance abuse (detoxification and intensive outpatient rehabilitation) Referral required Call us at **1-800-424-5412 (TTY/TDD 1-877-247-6272)** with questions or to find a provider in your area.	$0
Case management services	You are assigned a personal nurse to assist you with your medical needs. Risk factors assessment Care planning Referrals and assistance to ensure timely access to and coordination of care with providers. Resource Mother outreach	$0
Dental services	Two exams per benefit year X-rays once a year Two cleanings per benefit year Deep gum cleaning Call the number on the back of your ID card with questions or to find a dentist in your area.	$0
Emergency services	Family planning-related only (i.e., a complication after a tubal ligation procedure)	$0 (if an emergency) $3 (if not an emergency)
Emergency transportation services		$0

Service	Important Notes	Co-Pays
Family planning services and supplies	Contraceptive supplies and follow-up care Contraceptive management, education and counseling Diagnosis and treatment of sexually transmitted infections (except for HIV/AIDS and hepatitis) Drugs, supplies or devices related to women's health services that are prescribed by a physician or advanced practice nurse Drugs for the treatment of lower genital tract and genital skin infections/disorders and urinary tract infections, when the infection/disorder is identified or diagnosed during a routine/periodic family planning visit. A follow-up visit for the treatment/ drugs may be covered. Initial and annual complete physical exam, including a pelvic exam and Pap test, as well as follow-up visits (up to four). Pregnancy testing	$0
Federally qualified health center services		$2
Hysterectomies	Not covered	--
Inpatient hospital services		$12.50 (unless admitted from an emergency room or transferred from another health facility)
Non-emergency transportation	See the *Transportation Section* later in this handbook for more details.	$0
Outpatient hospital services		$3 (non-emergency hospital services)
Primary care services	Five office/outpatient visits	$0
Prescriptions	Folic acid and/or a multi-vitamin with folic acid	$0
Rural health clinic services		$2

Service	Important Notes	Co-Pays
Tubal ligations (sterilizations)	Covered only if participant: • Is at least age 21 or older and mentally competent • Voluntarily gives consent and completes all required documentation • Is not institutionalized in a correctional facility, mental hospital or other rehabilitative facility	$0
Vaccinations	P4HB Participants age 18: • All vaccines under the Vaccines for Children (VFC) Program; talk with your PCP about these vaccinations P4HB Participants ages 19 and 20, as needed: • Hepatitis B (HepB) • Tetanus-Diphtheria (Td) • Tetanus-Diphtheria and acellular pertussis (Tdap)	$0

Transportation Services

Do you need non-emergency transportation? Please call a transportation broker listed in the table below. In most cases, you must call three days before you need the service. Each broker has a telephone number to schedule a ride. They are available weekdays Monday–Friday from 7 a.m. to 6 p.m. In an emergency, call 911 for a ride to the hospital. You must pay for the ride to the hospital if it was not an emergency.

Broker/Phone Number	Counties Served
North Region: Southeast Trans, Inc. Toll-free: **1-866-388-9844** Local: **678-510-4555**	Banks, Barrow, Bartow, Catoosa, Chattooga, Cherokee, Clarke, Cobb, Dade, Dawson, Douglas, Elbert, Fannin, Floyd, Forsyth, Franklin, Gilmer, Gordon, Greene, Gwinnett, Habersham, Hall, Haralson, Hart, Jackson, Lumpkin, Madison, Morgan, Murray, Newton, Oglethorpe, Oconee, Paulding, Pickens, Polk, Rabun, Rockdale, Stephens, Towns, Union, Walker, Walton, White and Whitfield
Atlanta Region: Southeast Trans, Inc. Local: **404-209-4000**	Fulton and DeKalb
Central Region: LogistiCare Toll-free: **1-888-224-7988**	Baldwin, Bibb, Bleckley, Butts, Carroll, Clayton, Coweta, Crawford, Dodge, Fayette, Hancock, Heard, Henry, Houston, Jasper, Johnson, Jones, Lamar, Laurens, Meriwether, Monroe, Montgomery, Peach, Pike, Pulaski, Putnam, Spalding, Telfair, Treutlen, Troup, Twiggs, Upson, Washington, Wheeler, Wilcox and Wilkinson
East Region: LogistiCare Toll-free: **1-888-224-7988**	Appling, Atkinson, Bacon, Brantley, Bryan, Burke, Bulloch, Camden, Candler, Charlton, Chatham, Clinch, Coffee, Columbia, Effingham, Emanuel, Evans, Glascock, Glynn, Jeff Davis, Jefferson, Jenkins, Liberty, Lincoln, Long, McDuffie, McIntosh, Pierce, Richmond, Screven, Taliaferro, Tattnall, Toombs, Ware, Warren, Wayne and Wilkes

Broker/Phone Number	Counties Served
Southwest Region: LogistiCare Toll-free: **1-866-224-7988**	Baker, Ben Hill, Berrien, Brooks, Calhoun, Chattahoochee, Clay, Colquitt, Cook, Crisp, Decatur, Dooly, Dougherty, Early, Echols, Grady, Harris, Irwin, Lanier, Lee, Lowndes, Macon, Marion, Miller, Mitchell, Muscogee, Quitman, Randolph, Schley, Seminole, Stewart, Sumter, Talbot, Taylor, Terrell, Thomas, Tift, Turner, Webster and Worth

Other Programs

WellCare also offers the services listed below in your area. Call your doctor or Customer Service at **1-877-379-0020 (TTY/TDD 1-877-247-6272)** to learn more.

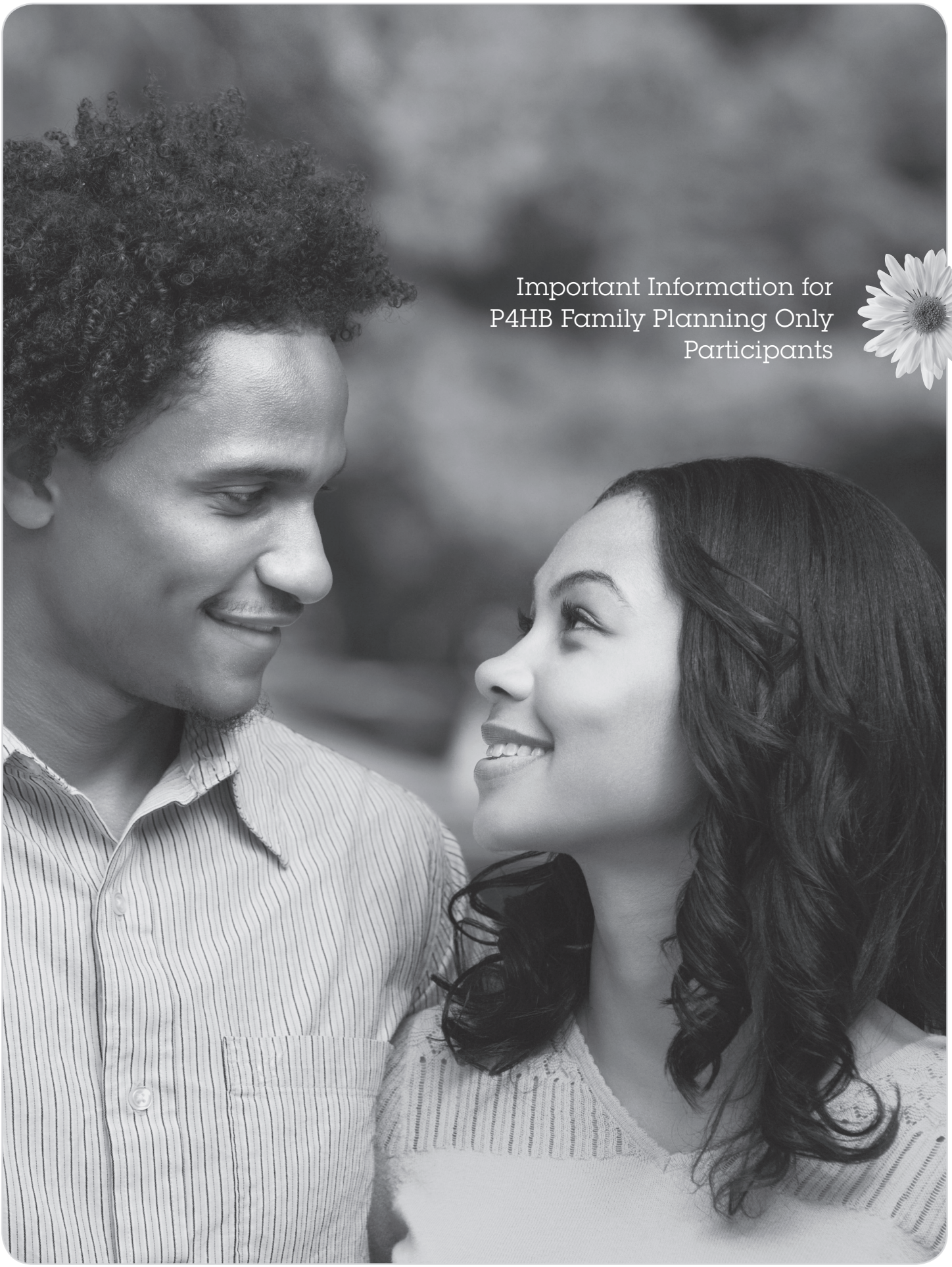
- Stop-smoking programs
- Domestic abuse support
- Drug and alcohol programs

NON-COVERED SERVICES

Participants may call the Healthy Mothers, Healthy Babies Powerline for more help.

Call **1-800-822-2539**, Monday–Friday, 8 a.m. to 6 p.m.

Important Information for P4HB Family Planning Only Participants



IMPORTANT INFORMATION FOR P4HB FAMILY PLANNING ONLY PARTICIPANTS

GETTING STARTED WITH WELLCARE

It's easy to get started. Follow these steps.

Put your ID card in a safe place.

You should have received your WellCare ID card in the mail. If not, call Customer Service at **1-877-379-0020 (TTY/TDD 1-877-247-6272**). You can also request a new ID card on our Web site. Go to **georgia.wellcare.com**.

Your card has important information on it. Keep this card and your Medicaid card with you at all times. Do not let anyone else use your card. If you do, you may lose your benefits.

When you need care, you will give this card to your provider.

What if I lose my WellCare ID card?

You can request a new one on our Web site. Go to **georgia.wellcare.com**. Or you can call Customer Service. We will mail you a new ID card.

If you lose your Medicaid card, call your caseworker at the Georgia Department of Human Resources, Division of Family and Children Services (DFCS).

Get to know your Personal Health Advisor.

WellCare has a 24-hour nurse advice line. It's called Personal Health Advisor. It's a free service. Call when you need health advice. The number is **1-800-919-8807**.

When you call, a nurse will ask you some questions about your problem. Give as many details as you can. Tell the nurse where it hurts, what it looks like and what it feels like. The nurse can help you decide if you need to:

- Care for yourself at home
- Go to the doctor
- Go to the hospital

Remember – a nurse is always there to help. Call before you call a doctor or go to the hospital. But if you think it is a real emergency, call 911 or your local emergency services first.

Go to our Web site or call Customer Service if you need any help.

We have plan information on our Web site. Visit **georgia.wellcare.com** any time day or night. You can call us, too, if you have any questions.

Do you speak a language other than English? If so, we offer interpreters for free. You can get information in different formats too. This includes large print, Braille and audio tapes. If you are hearing-impaired, special help can also be provided.

Customer Service Toll-Free Phone:
1-877-379-0020 (TTY/TDD 1-877-247-6272)
Monday–Friday, 7 a.m. to 7 p.m.

Read about your rights and responsibilities.

The law requires that your doctor knows what your rights are. It asks that you respect your doctor's rights, too. This handbook talks about this. You may also see these rights in your doctor's office.

HEALTH CARE SERVICES FOR P4HB FAMILY PLANNING ONLY PARTICIPANTS

The following table lists covered and non-covered health services, along with co-pay information. Do you have questions about your coverage? Please call Customer Service.

Service	Important Notes	Co-Pays
Abortions or related services	Not covered	--
Ambulatory surgical services		$3
Emergency services	Family planning-related only (i.e., a complication after a tubal ligation procedure)	$0 (if an emergency) $3 (if not an emergency)
Emergency transportation services		$0
Family planning services and supplies	Contraceptive supplies and follow-up care Contraceptive management, education and counseling Diagnosis and treatment of sexually transmitted infections (except for HIV/AIDS and hepatitis) Drugs, supplies or devices related to women's health services that are prescribed by a physician or advanced practice nurse Drugs for the treatment of lower genital tract and genital skin infections/disorders and urinary tract infections, when the infection/disorder is identified or diagnosed during a routine/periodic family planning visit. A follow-up visit for the treatment/drugs may be covered. Initial and annual complete physical exam, including a pelvic exam and Pap test, as well as follow-up visits (up to four). Pregnancy testing	$0
Federally qualified health center services		$2
Hysterectomies	Not covered	--
Inpatient hospital services		$12.50 (unless admitted from an emergency room or transferred from another health facility)

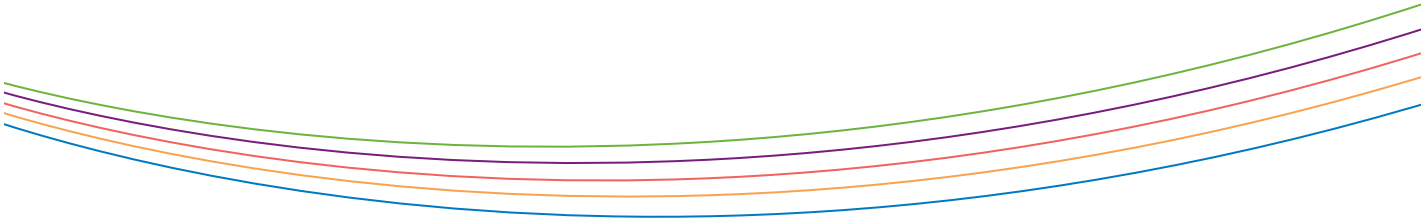
Service	Important Notes	Co-Pays
Non-covered services under the FP benefit	Participants may call the Healthy Mothers, Healthy Babies Powerline for additional assistance: **1-800-822-2539** Monday–Friday, 8 a.m. to 6 p.m.	--
Outpatient hospital services		$3 (non-emergency hospital services)
Prescriptions	Folic acid and/or a multi-vitamin with folic acid	$0
Tubal ligations (sterilizations)	Covered only if participant: • Is at least age 21 or older and mentally competent • Voluntarily gives consent and completes all required documentation • Is not institutionalized in a correctional facility, mental hospital or other rehabilitative facility	$0
Vaccinations	P4HB Participants age 18: • All vaccines under the Vaccines for Children (VFC) Program; talk with your PCP about these vaccinations P4HB Participants ages 19 and 20, as needed: • Hepatitis B (HepB) • Tetanus-Diphtheria (Td) • Tetanus-Diphtheria and acellular pertussis (Tdap)	$0

NOTES

NOTES

NOTES

NOTES



P.O. Box 31370
Tampa, FL 33631-3370
georgia.wellcare.com

Planning for Healthy Babies Program

Para solicitar este documento en español o para escuchar la traducción, llame al Servicio al Cliente al 1-877-379-0020 (TTY/TDD: 1-877-247-6272).

51478

GA023645_CAD_MHB_ENG State Approved 09252013

©WellCare 2013 GA_07_13
GACADP4MHB51478E