



GEORGIA

ENROLLEE HANDBOOK

**PLANNING FOR
HEALTHY BABIES PROGRAM**



WellCare proudly serves the *Georgia Medicaid* and *PeachCare for Kids*® members enrolled in the *Georgia Families*® program and women enrolled in the *Planning for Healthy Babies*® program.

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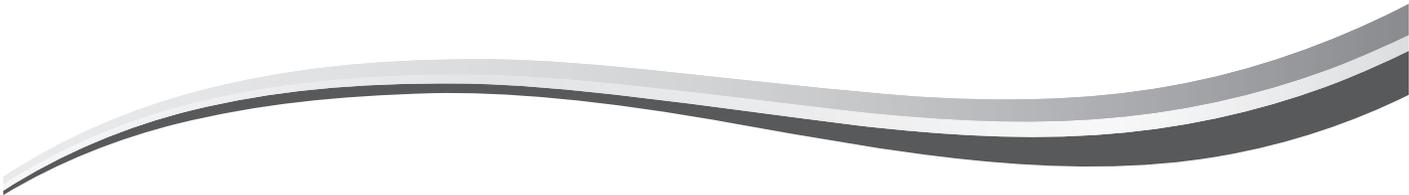


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Discrimination Is Against the Law

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

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

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

If you need these services, call us at **1-877-379-0020**. TTY users can call **1-877-247-6272**. We're here for you Monday–Friday from 7 a.m. to 7 p.m.

Do you feel that we did not give you these services? Or do you feel we discriminated in some way? If so, you can file a grievance in person, by mail, fax, or email. You can reach us at:

WellCare Grievance Department,
P.O. Box 31384, Tampa, FL 33631-3384.
Phone: **1-866-530-9491**; TTY **1-877-247-6272**.
Fax: **1-866-388-1769**.
Email: **OperationalGrievance@wellcare.com**.

If you need help filing a grievance, a WellCare Civil Rights Coordinator can help you.

You can also file a civil rights complaint online with the U.S. Dept. of Health and Human Services, Office for Civil Rights. Go to the Complaint Portal at <http://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.
File by mail to:

U.S. Dept. of Health and Human Services,
200 Independence Ave. SW., Room 509F, HHH Building,
Washington, DC 20201.
Phone: **1-800-368-1019**, TTY **1-800-537-7697**.

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

If English is not your first language, we can translate for you. We can also give you information in other formats. That includes Braille, audio and large print. Just give us a call toll-free. You can reach us at **1-877-379-0020**. For TTY, call **1-877-247-6272**.

Si el español es su lengua materna, podemos brindarle servicios de traducción. También podemos proporcionarle esta información en otros formatos, como braille, audio y letra de imprenta grande. Simplemente llámenos sin cargo al **1-877-379-0020**. Para TTY llame al **1-877-247-6272**.

Nếu Tiếng Việt là ngôn ngữ chính của quý vị, chúng tôi có thể thông dịch cho quý vị. Chúng tôi cũng có thể cung cấp cho quý vị thông tin ở các định dạng khác như chữ nổi Braille, âm thanh và bản in cỡ lớn. Chỉ cần gọi chúng tôi theo số miễn phí **1-877-379-0020** (TTY **1-877-247-6272**).

귀하의 모국어가 한국어 인 경우, 통역서비스를 제공해 드립니다. 점자, 오디오, 큰 활자 등 다른 형식으로 된 정보도 제공해 드릴 수 있습니다. 무료 전화 **1-877-379-0020** (TTY **1-877-247-6272**)번으로 전화 주십시오.

如果中文是您的母語，我們可以為您翻譯。我們也可以用其它格式為您提供資訊。這些格式包括布萊葉文、音頻及大字體。僅需撥打我們的免費電話。您可以撥打 **1-877-379-0020** 聯絡我們。TTY 用戶請撥打 **1-877-247-6272**。

જો ગુજરાતી તમારી પ્રથમ ભાષા હોય, તો અમે તમારા માટે ભાષાંતર કરી શકીશું. અન્ય સ્વરૂપોમાં પણ અમે તમને માહિતી આપી શકીશું. તેમાં બ્રેઇલ, ઓડિયો અને મોટી પ્રિન્ટનો સમાવેશ થાય છે. માત્ર અમે ટોલ ફ્રી પર કોલ કરો. **1-877-379-0020** પર તમે અમારો સંપર્ક કરી શકશો. TTY માટે અહીં કોલ કરો **1-877-247-6272**.

Si votre langue maternelle est le français, nous pouvons faire la traduction. Nous pouvons également vous fournir l'information dans des formats comme le braille, en version audio et imprimé en gros caractères. Il suffit de nous appeler au numéro sans frais **1-877-379-0020** (TTY **1-877-247-6272**).

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नेपाली आफ्नो पहिलो भाषा हो भने, हामी तपाईं को लागि अनुवाद गर्न सक्नुहुन्छ। हामी पन तपाईं अन्य ढाँचामा जानकारी दनि सक्छ। त्यो ब्रेल, अडियो र ठूलो प्रिन्ट समावेश छ। बस हामीलाई एक कल नःशुल्क दनि। तपाईं **1-877-379-0020** (TTY **1-877-247-6272**) मा हामीलाई पुग्न सक्छ।

Si Kreyòl se lang natifnatal ou, nou ka tradui pou ou. Nou ka ba w enfòmasyon an tou sou lòt fòm. Sètadi Bray, sou fòm odyo, ak an gwo karaktè. Annik rele nou nan nimewo pou apèl gratis la. Ou ka kontakte nou nan **1-877-379-0020**. Pou TTY, rele **1-877-247-6272**.

Если русский Ваш основной родной язык, мы можем перевести для Вас. Мы также можем предоставить информацию в других форматах, например, на шрифте Брайля, записанную на аудионосителях и распечатанную крупным шрифтом. Просто позвоните нам по бесплатному номеру **1-877-379-0020** (TTY **1-877-247-6272**).

إذا كانت لغتك الأصلية هي اللغة العربية، فنحن بأستطاعتنا الترجمة لك. ويمكننا أيضاً إعطاءكم المعلومات في اشكال اخرى مثل طريقة البرايل للمكفوفين والصوت والمطبوعات ذات الحجم الكبير. هذه الخدمات تقدم مجاناً وبدون مقابل. فقط قم بالاتصال على رقم التلفون المجاني: 1-877-379-0020 أو (TTY 1-877-247-6272).

Se o Português for a sua língua materna, nós podemos traduzir para si. Também lhe podemos fornecer as informações noutros formatos, tais como Braille, áudio e impressão grande. Estes serviços são gratuitos. Entre em contacto connosco através da linha de atendimento gratuita 1-877-379-0020 (TTY: 1-877-247-6272).

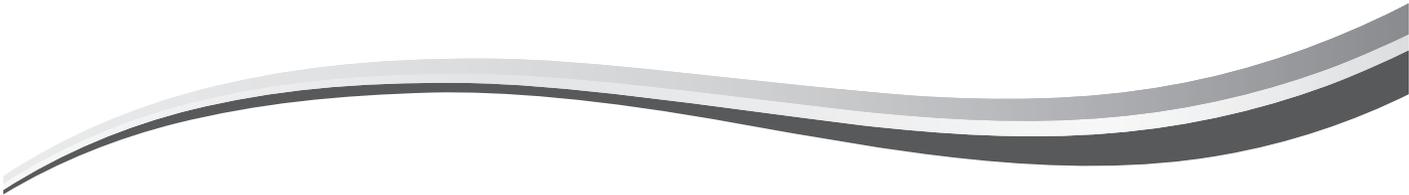
اگر زبان انگلیسی زبان اول شما نیست، ما می توانیم برای شما ترجمه کنیم. ما همچنین می تواند به شما اطلاعات در فرمت های دیگر است. که شامل خط بریل، صوتی و چاپ بزرگ. فقط کافیسیت با ما رایگان تماس بگیرید. شما می توانید با ما در 1-877-379-0020 برسد. برای 1-877-247-6272، TTY، تماس بگیرید.

Wenn Deutsch Ihre erste Sprache ist, können wir für Sie übersetzen. Wir können Ihnen auch Informationen in anderen Formaten. Dazu gehören Braille, Audio und Großdruck. Rufen Sie uns einfach an. Sie erreichen uns unter 1-877-379-0020 (TTY 1-877-247-6272).

日本語が母国語であれば、翻訳することができます。他の形式の情報も提供しています。それには、点字、音声、大型印刷物が含まれます。フリーダイヤルでご連絡ください。1-877-379-0020 (TTY 1-877-247-6272) までお電話ください。



General WellCare Information



WellCare ... Caring for You

Welcome to WellCare.

WellCare serves women in the Planning for Healthy Babies® (P4HB®) Program. This program is an 1115 Demonstration Waiver. It offers no-cost family planning services to women in Georgia who meet the monthly family income criteria. To qualify for the program, a woman must be 18 through 44 years of age. A woman can be enrolled in one of the following P4HB® services:

- Family Planning only
- Inter-pregnancy Care (IPC), which includes Family Planning (FP), Case Management (CM) and a Resource Mother (RM).
- CM and an RM, which is only for current Medicaid recipients.

Family Planning Services

Enrollees in the P4HB® program are eligible for family planning services covered by the Georgia Medicaid program including:

- Family planning initial exam and annual exam.
- Family planning and related services including contraceptives and supplies. Follow-up family planning visits.
- Pregnancy tests and pap smears.
- Testing for Sexually Transmitted Infections (STIs).
- Treatment and follow-up for all STI(s) except HIV/AIDS and hepatitis.
- Counseling and referrals to social services and primary health care providers.
- Sterilization.
- Family planning pharmacy visits.
- Multi-vitamins with folic acid or folic acid supplements.
- Select immunizations for enrollees ages 18 through 20.

Women who meet the eligibility requirements for the P4HB® program will be enrolled through the Department of Community Health (DCH) enrollment process administered through the Georgia Department of Human Services

To learn more about the program, go to www.dch.georgia.gov/planning-healthy-babies. Or call 1-877-427-3224.

Inter-Pregnancy Care Services (IPC)

In addition to the family planning services listed above, women who give birth to a baby weighing less than 3 pounds, 5 ounces on or after January 1, 2011 (the start date of the program), are eligible for IPC services, which offer:

- Primary care (5 office/outpatient visits per year).
- Substance abuse treatment.
- CM and RM services (case management).
- Limited dental services.
- Prescription drugs for the treatment of chronic diseases (non-family planning).

Resource Mother Services

Women who currently receive Medicaid benefits and give birth to a baby weighing less than 3 pounds, 5 ounces on or after January 1, 2011, are eligible for CM and an RM through the P4HB® program. The Resource Mother works closely with the nurse case manager.

The Resource Mother offers support to mothers and provides them with information on parenting, nutrition and healthy lifestyles. Resource Mothers also offer the following services:

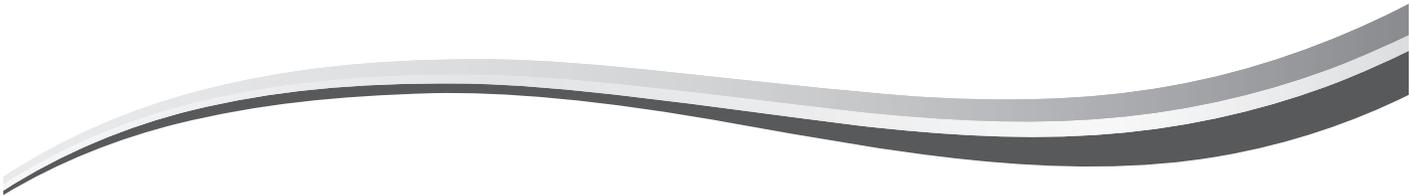
- Opportunities to meet with P4HB® enrollees via phone or in person to increase their adoption of healthy behaviors, including healthy eating choices and smoking cessation.
- Follow-up visits to make sure the baby receives regular “well-baby” check-ups and immunizations. Referrals to community resources such as WIC.
- Provision of peer and emotional support needed to meet the health demands of a mother’s VLBW baby and more.

This enrollee handbook is broken down into three sections:

1. The first section describes general WellCare information
2. The second section describes the program and services for family planning
3. The third section describes the services for women who qualify for Inter-Pregnancy Care (IPC) or Resource Mother Outreach only (RMO)

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**, TTY users may call **1-877-247-6272**. They can be reached Monday–Friday, 7 a.m. to 7 p.m. Eastern time.

You can also visit our website to find this information. Go to www.wellcare.com/Georgia. 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.



Getting Started With WellCare

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

You should have received your WellCare P4HB® ID Card in the mail. If not, call Customer Service at **1-877-379-0020**, TTY users may call **1-877-247-6272**. We'll send you another one. You can also request a new ID card on our website. Go to www.wellcare.com/Georgia.

When you get your WellCare P4HB® ID Card, look it over. You want to make sure the information on it is correct.

Your card has important information on it. Keep this card with you at all times.

When you need care, you will give this card to your provider. Remember: if you get a letter or voice message from a family planning or IPC Provider asking for information, call them right away. Give them your WellCare P4HB® enrollee information on your ID card. If you get a bill from a provider, give us a call. We'll help to resolve the issue.

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

What if I lose my WellCare P4HB® ID Card?

You can request a new one on our website. Go to www.wellcare.com/Georgia. Or you can call Customer Service at **1-877-379-0020**, TTY users may call **1-877-247-6272** and we will mail you a new ID card.

Personal Health Adviser

As a P4HB® enrollee, you may contact the personal health advice line for any reason. They are eager to help. If you only receive family planning services through the P4HB® program, remember doctor visits are only covered if the service is related to family planning.

Call the Personal Health Adviser anytime day or night – **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.

Remember – a nurse is always there to help. For family planning-related emergencies, call **911** or go to the nearest ER.

Contact Us

Important Contact Information	
Customer Service	1-877-379-0020
TTY Customer Service	1-877-247-6272
Website	www.wellcare.com/Georgia

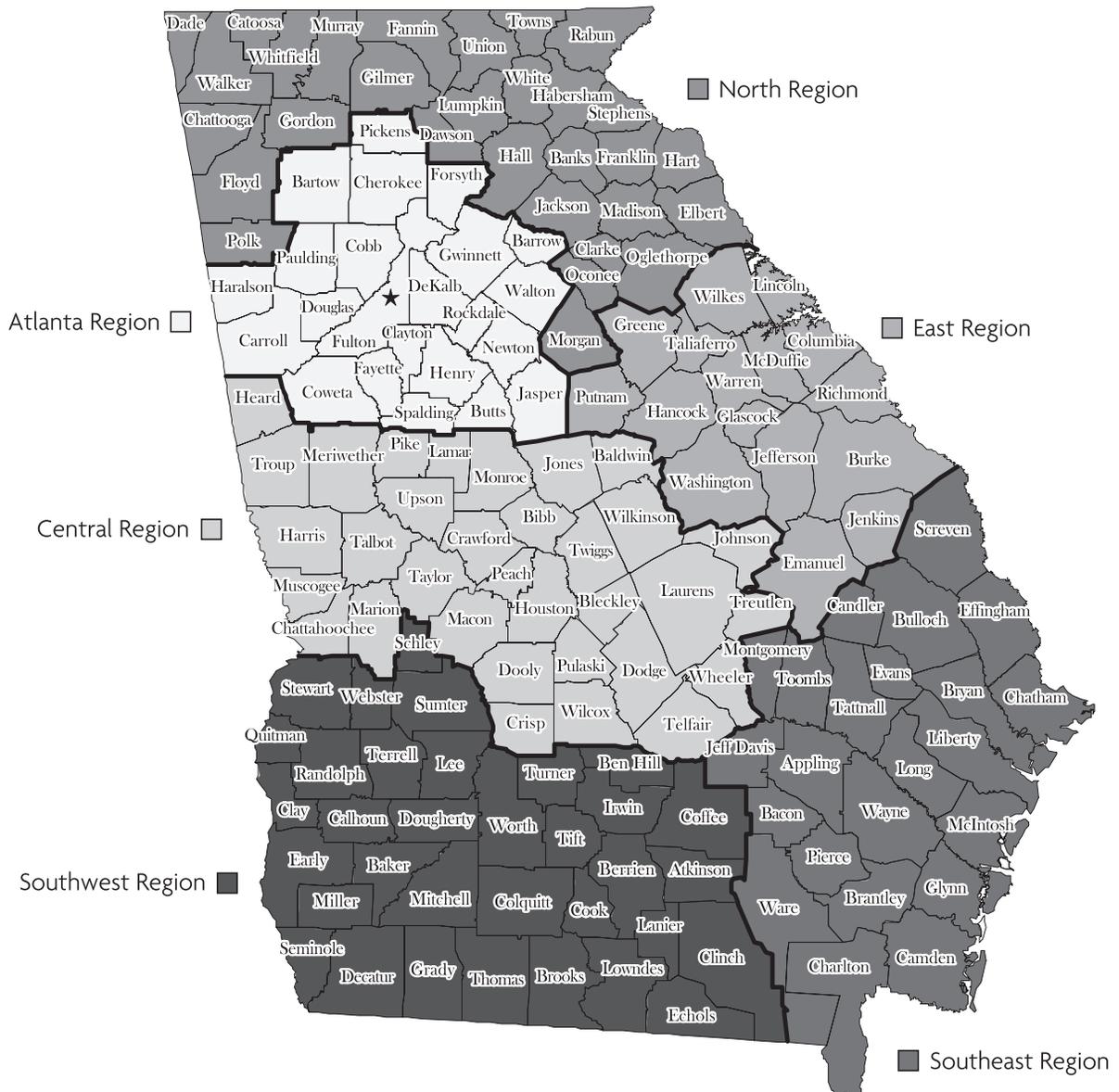
Read about your rights and responsibilities

The law requires that your family planning or IPC Provider knows what your rights are. It asks that you respect their rights too. There is more about your rights and responsibilities in this handbook. You may also see these rights in your family planning or IPC Provider's office.

Our Service Region

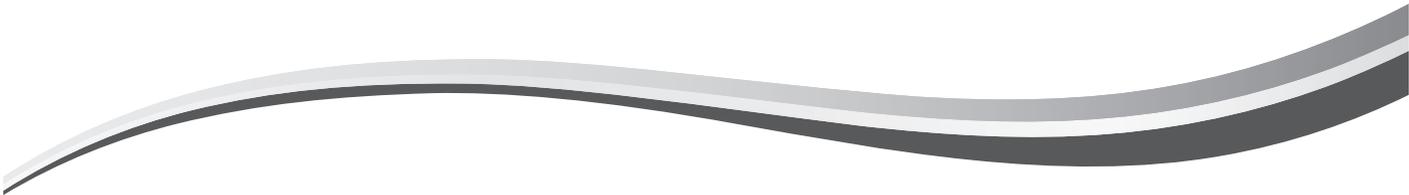
Each county in Georgia belongs to a service region. A map of Georgia and its counties follows.

You may get family planning services from any provider. In an emergency, you do NOT have to be in the plan's service region to get care. For family planning-related emergencies, call 911 or go to the nearest ER.



Counties that are considered Rural include: Appling, Atkinson, Bacon, Baker, Banks, Ben Hill, Berrien, Bleckley, Brantley, Brooks, Bryan, Burke, Butts, Calhoun, Candler, Charlton, Chattahoochee, Chattooga, Clay, Clinch, Cook, Crawford, Crisp, Dade, Dawson, Decatur, Dodge, Dooly, Early, Echols, Elbert, Emanuel, Evans, Fannin, Franklin, Gilmer, Glascock, Grady, Greene, Hancock, Haralson, Harris, Hart, Heard, Irwin, Jasper, Jeff Davis, Jefferson, Jenkins, Johnson, Jones, Lamar, Lanier, Lee, Liberty, Lincoln, Long, Lumpkin, Macon, Madison, Marion, McDuffie, McIntosh, Meriwether, Miller, Mitchell, Monroe, Montgomery, Morgan, Oconee, Oglethorpe, Peach, Pickens, Pierce, Pike, Pulaski, Putnam, Quitman, Rabun, Randolph, Schley, Screven, Seminole, Stephens, Steward, Sumter, Talbot, Taliaferro, Tattnall, Taylor, Telfair, Terrell, Toombs, Towns, Treutlen, Turner, Twiggs, Union, Upson, Warren, Washington, Wayne, Webster, Wheeler, White, Wilcox, Wilkes, Wilkinson, Worth.

Counties that are considered Urban include: Baldwin, Barrow, Bartow, Bibb, Bulloch, Camden, Carroll, Catoosa, Chatham, Cherokee, Clarke, Clayton, Cobb, Coffee, Colquitt, Columbia, Coweta, DeKalb, Dougherty, Douglas, Effingham, Fayette, Floyd, Forsyth, Fulton, Glynn, Gordon, Gwinnett, Habersham, Hall, Henry, Houston, Jackson, Laurens, Lowndes, Murray, Muscogee, Newton, Paulding, Polk, Richmond, Rockdale, Spalding, Thomas, Tift, Troup, Walker, Walton, Ware, Whitfield.



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 family planning and IPC services from your home. (This is also called “access to care.”)

Type of Family Planning Provider	If You Live in an Urban Area	If You Live in an 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

Family Planning Providers

The role of the Family planning provider is to provide you with family planning related services. This can include:

- Counseling and education
- Contraceptive options
- Annual exams
- Other family planning care as needed

You may receive Family planning visits with any family planning provider, even if they are not in our plan.

How to Get Your Health Care Services

You can get care from clinics, doctors, hospitals and other providers who provide family planning services.

Be sure to present your WellCare P4HB® ID Card when you receive P4HB® approved services.

How to Get Non-Covered Services

Primary care services are not covered for family planning only enrollees. Please contact providers that work with the Georgia Association for Primary Health Care to find a primary care provider. For more information, see the *Georgia Association for Primary Care Health Providers (GAPHC)* section of this handbook. You can also call Customer Service and we will help you schedule a visit with a GAPHC Primary Care Provider. Call **1-877-379-0020**. TTY users may call **1-877-247-6272**.

You may call the CommUnity Assistance Line (CAL) with questions about non-covered services. The CAL number is **1-866-775-2192**. The video relay number is **1-855-628-7552**. Staff can help Monday–Friday, from 9 a.m. to 6 p.m.

Prior Authorization Time Frames

Family planning services do not require prior authorization. The only services that may require prior authorization are sterilizations and substance abuse treatment.

We will approve regular service within 3 calendar days.

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

Sometimes, we may need more information to make a decision. An extension may be granted for an additional fourteen (14) Calendar Days if you or your Provider request an extension. After speaking with your provider, call Customer Service if you have questions regarding the delay or if you want to ask for a fast service decision. You can also mail a request to us or fax it to **1-813-262-2907**.

Services Available Without Authorization

You do not need approval from your family planning or IPC Provider or WellCare for these services:

Family Planning

- Annual family planning visits with any family planning provider, even if they are not in our plan.
- Follow-up family planning visits.
- Emergency care, urgent care or post-stabilization services.

Inter-Pregnancy Care (IPC)

- Visits to your primary care provider for Inter-Pregnancy Care (IPC) enrollees only.

- Annual family planning visit
- Follow-up family planning visits
- Routine dental care (but not surgery). This applies to IPC enrollees only.
- Emergency care, urgent care or post-stabilization services

Resource Mother Only:

- Case Management
- Resource Mother Outreach

Resource Mother Only enrollees must use their regular Medicaid benefits to see a primary care provider.

Need a Provider

You can go to the provider of your choice for family planning services. If you need help locating one contact Customer Service at **1-877-379-0020**, TTY users may call **1-877-247-6272**. A printed provider directory is available upon request.

Call your provider to make an appointment. Tell them you are a P4HB® enrollee with WellCare and show them your WellCare P4HB® ID card. If you need assistance in making an appointment call Customer Service.

How to Get After-Hours Medical Care

If you have a family planning related problem that is not an emergency and your family planning provider is not available, don't worry. Your family planning provider may have someone on call who can help you. The person on call should call you back and tell you what to do. You can also call WellCare's Personal Health Adviser. 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 the *Personal Health Adviser* section of the handbook on page 5 to learn more.)

You can also 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 family planning provider the next day for follow-up care.

What to Do if You Need Urgent Care

Your family planning provider should see you first for all of your family planning needs. Go to an urgent care center for a family planning related condition that needs treatment within 24 hours, but is not a true emergency. Such conditions include:

- Spotting
- Cramping
- Complications with your IUD

If you are not sure you need urgent care, call your family planning provider. Urgent care center visits for family planning services do not need prior approval. You should let your provider know if you get care in an urgent care center so you can get follow-up care.

What to Do in an Emergency

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

Examples of emergencies include:

- Any complications from your family planning drugs or procedures
- Severe Pelvic Pain
- Heavy bleeding

In the case of a family planning emergency, 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 or the Personal Health Adviser at **1-800-919-8807**. You don't need prior approval for family-planning-related emergency care received at an urgent care center or the ER. You can go to any hospital for family planning related emergency services.

Ask the staff in the ER to call us.

The ER doctor will decide whether your visit is a family-planning emergency. If your visit is not found to be related to family planning services you may have to pay. You may want to seek care elsewhere. You can contact Customer Service for assistance.

Let your family planning provider know as soon as you can when you have a family planning related emergency.

Out-of-Area Emergency Care

It is important to get care when you have a family planning-related emergency. If you have a family planning-related emergency while traveling, call Customer Service. Call toll-free at 1-877-379-0020, TTY users may call 1-877-247-6272, and go to a hospital. It doesn't matter if you are not in our plan's service area. Show your WellCare P4HB® ID Card. 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:



Claims Department
P.O. Box 31224
Tampa, FL 33631-3224

They will need copies of your medical reports. Send copies of bills and include proof of payment.

Post-Stabilization Services

Let your family planning provider know if you get care in an ER or urgent care center for a family planning related emergency. It is important that you get care until your condition is stable. WellCare will pay for follow-up care after your ER visit for a family planning related emergency that your family planning provider says you need. 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.

Advance Directives

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

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

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

- Part 1 – allows you to choose someone to make health care decisions for you (this used to be called a Durable Power of Attorney for Health Care)
- Part 2 – makes your wishes known about stopping or continuing life support and getting or refusing nutrition and/or hydration (this used to be called a living will)
- Part 3 – lets you choose someone to be your guardian if a court decides that you need one

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

- It's your choice to fill one out
- It is your right, under state law, to make decisions regarding medical care, including the right to accept or refuse medical or surgical treatment
- Filling one out does not mean you want to commit suicide, physician-assisted suicide, homicide or euthanasia (mercy killing)
- Filling one out will not affect anything that is based on your life or death (for example, other insurance)
- You must be of sound mind to complete one
- You must be at least 18 years of age or an emancipated (legally free) minor
- You must sign it and have two witnesses sign it too
- After you fill one out, keep it in a safe place – give a copy to someone in your family and your family planning provider
- You can make changes to it at any time
- If you create a Georgia Advance Directive for Health Care, it will take the place of any other advance directives you have, like a living will or Durable Power of Attorney for Health Care
 - If you decide not to create a Georgia Advance Directive for Health Care, your current living will and/or Durable Power of Attorney for Health Care will not change (as long as it/they were created before June 30, 2007)
- A caregiver may not follow your wishes if they go against his or her conscience (if a caregiver cannot follow your wishes, he or she will help you find someone else who can); otherwise, your wishes should be followed

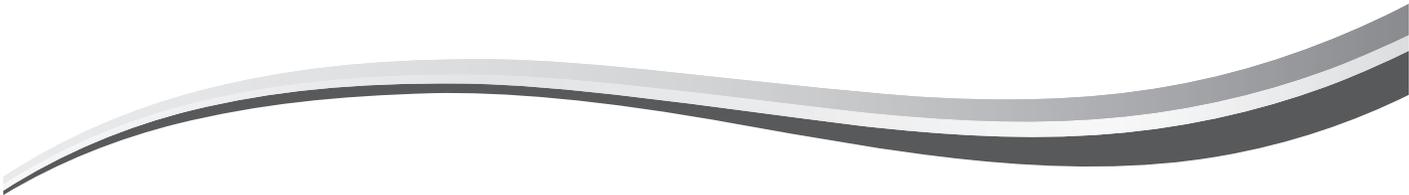
Remember... it's your choice.

- If they are not being followed, a complaint can be filed by calling the Georgia Department of Community Health, Health Care Facilities Regulations at **1-800-878-6442, 1-404-657-5726 or 1-404-657-5728**

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

- Call us toll-free at **1-877-379-0020**; TTY users may call **1-877-247-6272**
- Talk with your family planning provider
- Contact the Georgia Department of Human Services, Division of Aging Services
 - Call **1-404-657-5258**

Visit them at 2 Peachtree Street NW, 33rd Floor, Atlanta, GA 30303-3142



Enrollment Information

Enrollment in the P4HB® Program is Voluntary

You can get information about applying online at the Georgia Gateway website:

- Visit <https://gateway.ga.gov> wherever you can easily access a computer
- Visit a local county DFCS or public health office to speak to an office representative about the P4HB® program, or
- Work with a registered Community and Medical Assistance Partner who can provide assistance. Call 1-877-423-4746 to find a partner near you.

Voluntary Disenrollment

You may ask to leave WellCare during the first 90 days you are enrolled. Reasons for leaving this plan include:

- Moving out of the state of Georgia
- Wanting to be on the same plan as family members
- Having a change in eligibility
- Feeling you received poor quality of care
- Lacking access to covered services
- Wanting more providers experienced in dealing with your health care needs

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

Involuntary Disenrollment

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

- No longer meeting the P4HB® program eligibility requirements or can no longer be an enrollee
- You can no longer have a baby
- Getting pregnant
- You've been sterilized
- Moving out of the state of Georgia

- Committing fraud or abuse health care services
- Going to prison

Moving Out of the WellCare Service Region

WellCare is available in all Georgia counties. If you move, call WellCare Customer Service at 1-877-379-0020, TTY users may call 1-877-247-6272. and Georgia Families® at 1-888-423-6765, TTY users may call 1-877-247-6272 to update your contact information, if you are moving within the state. You will want to pick a family planning provider near your new home. If you move out of the state of Georgia, you will lose your P4HB® coverage.

Georgia Health Information Network (GaHIN)

What is the Georgia Health Information Network (GaHIN)?

It's a way for your health care providers to share electronic versions of your health records with each other.

What kind of information will my providers share with each other?

With your permission, your family planning provider or IPC Provider and other providers can share information such as:

- Your medical history
- X-rays and lab reports
- Lists of medications and allergies

The providers share this and other important health information with each other and WellCare.

What are benefits of using GaHIN?

The network makes it easier for all those providing your care to easily access your health information. Electronic records also change the way that your family planning provider or IPC Provider and other doctors see your health history. They can see graphs and charts and easily note trends in your health.

Do I have to give my permission first?

Yes. Your providers must tell you before they share your electronic or medical records.

Special consent is needed for your provider to share information related to:

- Substance abuse and use disorders

- Testing for and/or treatment of human immunodeficiency virus (HIV) or acquired immune deficiency syndrome (AIDS)
- Mental health (including psychotherapy notes)
- Genetic-related information
- Developmental disabilities and any related conditions

You can opt out at any time if you don't want your health information shared on the exchange. Just ask your provider for the opt-out form, complete it and return it to your provider. And if you change your mind, you can always tell your provider that you'd like to participate again.

Getting Care from Providers Affiliated with the Georgia Association for Primary Health Care (GAPHC)

GAPHC is a group that represents all Federally Qualified Health Centers (Community Health Centers) in Georgia. Its mission is to make it easier for you to get the primary care services that you need. There are nearly 200 clinic sites throughout the state.

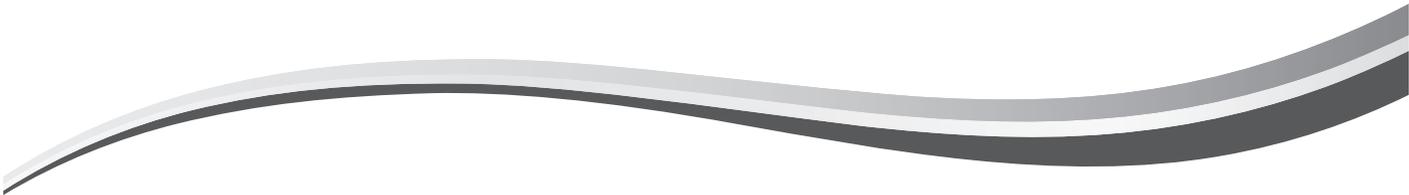
The group's providers may be able to offer you primary care that isn't covered under P4HB®. You can find a listing of GAPHC providers on their website. Visit www.gaphc.org. You can also call Customer Service for help scheduling a visit with a Primary Care Provider. Call 1-877-379-0020, TTY users may call 1-877-247-6272.

Telemedicine

Telemedicine might be available for you to connect with family planning providers for your follow-up visits. Talk to your provider to find out more information about the availability of telemedicine for your family-planning services.



Important Information for P4HB[®] Family Planning Only (FPO) Enrollees



Important Information for P4HB® Family Planning Only (FPO) Enrollees

Who Is Eligible for P4HB® Family Planning:

- Be a U.S. citizen or person with qualified proof of citizenship
- Be a woman ages 18 through 44
- Be able to become pregnant
- Be a Georgia resident
- Not be eligible for any other Medicaid program or managed care program
- Meet family gross income requirements of no more than 211% of the federal poverty level

FPO Appointment Procedures

Our guidelines for timely care:

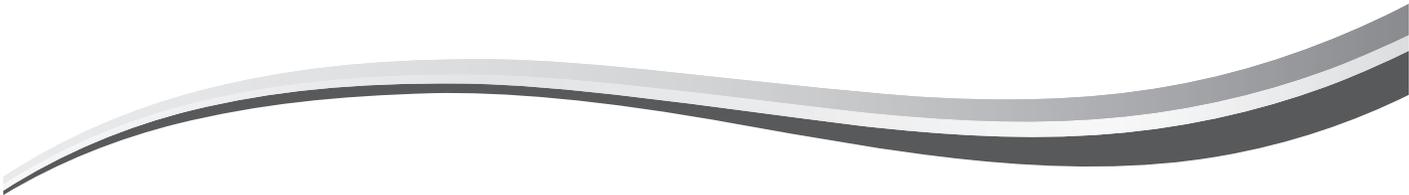
Type of Appointment	Type of Care	Appointment Time
Medical	Family Planning Related Emergency	Right away (both in and out of our service area), 24 hours a day, 7 days a week (prior authorization is not required for emergency services)
	Urgent	Within 24 hours (1 day) of your request
	Annual family planning visits	14 days of your request
	Follow-up care after a family planning related hospital stay	Recommended within 1 week of hospital discharge

Accessing Primary Care Services

The family planning program does not cover primary care services for P4HB® family planning only enrollees. We do encourage family planning enrollees to find a primary care provider to get regular medical care. This provider can help you with overall wellness and help you lead a healthy lifestyle. If you need a primary care provider, there are providers available through the Georgia Association for Primary Health Care. To find out more, visit www.gaphc.org. You can also call Customer Service for help scheduling a visit with a Primary Care Provider. Call **1-877-379-0020**, TTY users may call **1-877-247-6272**.



Important Information for P4HB[®] Inter-Pregnancy Care (IPC) and Resource Mothers Outreach (RMO) Enrollees



Important Information for P4HB® Inter-Pregnancy Care (IPC) Enrollees

Who Is Eligible for IPC Services?

Women ages 18 through 44 who have delivered a very low birth weight baby on or after January 1, 2011, and do not receive Medicaid or are losing Medicaid coverage. Enrollees must also meet these conditions:

- Be a U.S. citizen or person with qualified proof of citizenship
- Be able to become pregnant
- Be a Georgia resident
- Not be eligible for any other Medicaid program or managed care program
- Meet family gross income requirements of no more than 211% of the federal poverty level

What Are the Benefits?

- All services provided under family planning
- Resource Mother Services (Case Management)
 - Early identification of care coordination needs
 - Assessment of risk factors
 - Care planning
 - Referrals and help to ensure timely access to care
- Limited Dental Services
 - Periodic oral evaluation – 1 per year
 - Bitewing imaging – 1 per year
 - Cleaning – 1 every 6 months
- Substance Abuse Treatment
 - Limited to detoxification and intensive outpatient rehabilitation services
- Pharmacy
 - Prescription drugs for the treatment of chronic diseases (non family planning)

IPC Appointment Procedures

Our guidelines for timely care:

Type of Appointment	Type of Care	Appointment Time
Medical	Family Planning Related Emergency	Right away (both in and out of our service area), 24 hours a day, 7 days a week (prior authorization is not required for emergency services)
	Urgent	Within 24 hours (1 day) of your request
	5 primary care visits	14 days of your request
	Annual family planning or initial visits	14 days of your request
	Follow-up care after a family planning related hospital stay	Recommended within 1 week of hospital discharge
Dental	Urgent	Within 48 hours (2 days)
	Routine visits	21 days of your request

Your Primary Care Provider (PCP)

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

Your PCP will help manage your medical needs. He or she will arrange all of the medical care you need. If it is not an emergency, call your PCP.

Would you like to learn more about your PCP 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 the *Find A Provider* tool on our website. Visit www.wellcare.com/Georgia.

Please get to know your PCP. Call his or her office to schedule a visit. If you need help making an appointment, call Customer Service. A representative will be able to help you. Remember that if you can't attend a scheduled appointment, 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 for any reason within the first 90 days after you have selected or been assigned to that provider. Other reasons for changing your PCP may include:

- Your PCP is no longer in your local service area
- Your PCP doesn't provide the services you need because of moral or religious reasons
- You want to see the same PCP as other members of your family

Otherwise, you will be assigned to the same PCP for up to six months. You may change your PCP every six months.

To do so, visit our website at www.wellcare.com/Georgia. You will need to log in to the site to make the request. Or you can call Customer Service.

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

What to Do in an Emergency

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

Examples of emergencies include:

- Any complications from your family planning drugs or procedures
- Severe Pelvic Pain
- Heavy bleeding

In the case of a family planning emergency, 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 PCP or the Personal Health Adviser at **1-800-919-8807**. You don't need prior approval for family-planning-related emergency care received at an urgent care center or the ER. You can go to any hospital for family planning related emergency services.

Let your PCP 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 after your ER visit for a family planning related emergency that your PCP says you need.

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.

Transportation Provider and Phone Number	Counties Served
<p>North Region: Southeast Trans, Inc. Toll-free: 1-866-388-9844 Local: 678-510-4555</p>	<p>Banks, Barrow, Bartow, Catoosa, Chattooga, Cherokee, Cobb, Dade, Dawson, Douglas, Fannin, Floyd, Forsyth, Franklin, Gilmer, Gordon, Habersham, Hall, Haralson, Jackson, Lumpkin, Morgan, Murray, Paulding, Pickens, Polk, Rabun, Stephens, Towns, Union, Walker, Walton, White and Whitfield</p>
<p>Atlanta Region Southeast Trans, Inc. Local: 1-404-209-4000</p>	<p>Fulton, DeKalb and Gwinnett</p>
<p>Central Region LogistiCare Toll-free: 1-888-224-7988</p>	<p>Baldwin, Bibb, Bleckley, Butts, Carroll, Clayton, Coweta, Dodge, Fayette, Heard, Henry, Jasper, Jones, Laurens, Meriwether, Monroe, Newton, Pike, Putnam, Rockdale, Spalding, Telfair, Troup, Twiggs and Wilkinson</p>

Transportation Provider and Phone Number	Counties Served
<p>East Region LogistiCare Toll-free: 1-888-224-7988</p>	<p>Appling, Bacon, Brantley, Bryan, Bulloch, Burke, Camden, Candler, Charlton, Chatham, Clarke, Columbia, Effingham, Elbert, Emanuel, Evans, Glascock, Glynn, Greene, Hancock, Hart, Jeff Davis, Jefferson, Jenkins, Liberty, Lincoln, Long, Madison, McDuffie, McIntosh, Montgomery, Oconee, Oglethorpe, Pierce, Richmond, Screven, Taliaferro, Tattnall, Toombs, Treutlen, Ware, Warren, Washington, Wayne, Wheeler and Wilkes</p>
<p>Southwest Region LogistiCare Toll-free: 1-888-224-7985</p>	<p>Atkinson, Baker, Ben Hill, Berrien, Brooks, Calhoun, Chattahoochee, Clay, Clinch, Coffee, Colquitt, Cook, Crawford, Crisp, Decatur, Dooly, Dougherty, Early, Echols, Grady, Harris, Houston, Irwin, Lanier, Lee, Lowndes, Macon, Marion, Miller, Mitchell, Muscogee, Peach, Pulaski, Quitman, Randolph, Schley, Seminole, Stewart, Sumter, Talbot, Taylor, Terrell, Thomas, Tift, Turner, Upson, Webster, Wilcox and Worth</p>

Important Information for Resource Mothers Outreach Only

The P4HB® program also provides Resource Mothers Outreach only for women who are on Medicaid and have a very low birth weight (VLBW) baby. Resource Mothers work with case managers. If you only receive Resource Mother services through the P4HB® program, you will have a WellCare P4HB® ID card and a Medicaid ID card and/or a Georgia Families® card. Keep both of these cards with you at all times.

Who is eligible for Resource Mothers Outreach Only?

Women ages 18 through 44 who have delivered a very low birth weight baby on or after January 1, 2011, and who meet these qualifications:

- Be a U.S. citizen or person with qualified proof of citizenship
- Be able to become pregnant
- Be a Georgia resident

Enrollees must be currently enrolled in Medicaid and must be receiving services through a Georgia Families® CMO or Fee for Service Medicaid.

What are the benefits?

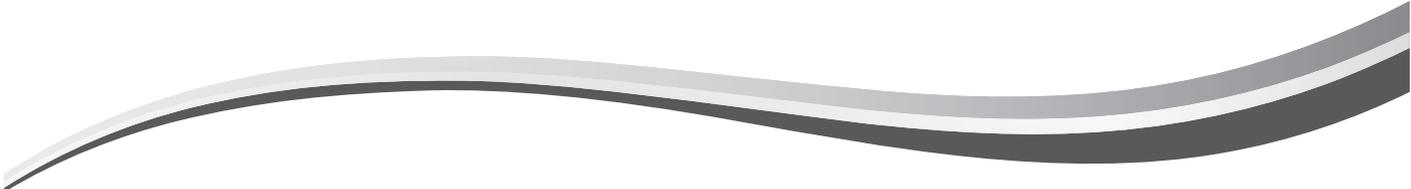
Case management

- Early identification of care coordination needs
- Assessment of risk factors
- Care planning
- Referrals and help to ensure timely access to care

Resource Mothers Outreach activities

- Help with personal and social problems
- Advice about healthy foods
- Referrals for help to quit smoking
- Help with medical appointments for you and your baby to ensure the baby receives regular well-baby checkups and immunizations
- Emotional support following substance abuse treatment
- Emotional and peer support to care for your baby
- Parenting, nutrition and healthy lifestyles
- Referrals to community resources such as WIC

There are no co-payments for Resource Mother services.



Important Information about WellCare

Fraud, Waste and Abuse

Billions of dollars are lost to health care fraud every year. What is health care fraud, waste and abuse? It's when an enrollee or provider uses false information to get a service or benefit that is not allowed.

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

- Using someone else's WellCare P4HB® ID card
- Sharing your own WellCare P4HB® ID card with another person

Here are some examples of provider 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 the P4HB® enrollee did not get
- Falsifying a P4HB® enrollee's diagnosis to justify tests, surgeries or other procedures that aren't medically necessary
- Filing claims for services or medications that a P4HB® enrollee did not receive
- Forging or altering bills or receipts
- Misrepresenting procedures performed to get payment for services that are not covered
- Waiving patient co-pays

How to Report Fraud, Waste and Abuse to WellCare

One way you can help stop fraud, waste and abuse is to look at your Explanation of Benefits (EOB) when you get it in the mail. Check for any service that you didn't receive or any provider you didn't see.

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

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

To Report Fraud, Waste and Abuse to the Planning for Healthy Babies® Program

To report suspected fraud and/or abuse:

- Call the Georgia Department of Community Health's Program Integrity Hotline toll-free at **1-800-533-0686**.

How Providers Are Paid

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

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

To learn more about the structure and operation of our plan, call Customer Service at **1-877-379-0020**, TTY users may call **1-877-247-6272**.

Utilization Management Program

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 control costs and deliver good care at the same time.

Our UM program has four parts. They are:

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

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

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

Call us if you have questions about this process. Call toll-free **1-877-379-0020**, TTY users may call **1-877-247-6272**.

Evaluation of New Technology

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

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

We do this review in the following areas:

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

Our Website

You may be able to find answers to your questions on our website.

Go to www.wellcare.com/Georgia for information on:

- What benefits are covered under the Planning for Healthy Babies® Program
- How to find a provider in your area using the *Find a Provider* tool
- Our P4HB® Enrollee Handbook
- How we protect your privacy
- Your enrollee rights and responsibilities
- Enrollee newsletters
- Preventive health

When you create a secure account, you can also:

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

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 users may call 1-877-247-6272.

Enrollee Grievance and Appeal Processes

We want you to let us know right away if you have any complaints or concerns with the services or care you receive. In this section we'll explain how you can tell us about these concerns. If you are unhappy with our plan, a provider or a decision we have made, there are ways you can express your concerns.

1. **Grievance (or complaint) process** – You can file a grievance (or complaint) if you are unhappy with the plan or your provider.
2. **Appeal process** – You can request an appeal if you are unhappy with a decision we have made regarding a denial of services
3. **State Fair Hearing** – If we deny your appeal, you can request a State Fair Hearing if you are unhappy with the decision.

State law allows you to voice a concern you may have with us. The state has also helped to set the rules for how you voice that concern. The rules include what we must do when we get your concern. These apply to Grievances and Appeals:

- We must be fair
- We cannot make you leave our plan
- We cannot treat you differently

We'll talk more about these processes on the next few pages. If you have questions, give us a call. Our toll-free number is 1-877-379-0020, TTY users may call 1-877-247-6272. We're happy to help if you speak a different language or need this information in a different format (like large print or audio). You can also call to learn about grievances and appeals filed with us over the past three years.



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

We also provide this information to the state.

Grievance Process

A grievance is a complaint about us or a provider. You can file a grievance (or complaint) if you are unhappy with the plan or your provider. It could be for:

- Quality of the care you received
- Wait times during provider visits

- The way your provider or others behave
- Not being able to reach someone by phone
- Not getting information you need
- An unclean or poorly kept provider’s office

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

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

Steps in the Grievance Process	
1. Contact Us	<ul style="list-style-type: none"> • Call 1-877-379-0020, TTY users may call 1-877-247-6272 with your concern – we’ll try to fix it over the phone (especially if it’s because we need more information or to confirm what we have to do to solve the concern or because the issue needs to be resolved immediately) • You can also mail your grievance to us: WellCare of Georgia Attn: Grievance Department P.O. Box 31384 Tampa, FL 33631-3384 • Or fax to 1-866-388-1769
2. First notification to you	<ul style="list-style-type: none"> • We’ll send you a letter within 10 calendar days after getting your grievance to let you know we received it • If we’re able to resolve the issue within these 10 calendar days, the letter will say what our decision is
3. Second notification to you	<ul style="list-style-type: none"> • If we don’t make a decision within the 10 calendar day time frame, we’ll have a decision for you within 90 days after getting your grievance • We will send you a letter about our decision

Appeal Process for an Adverse Benefit Determination

You have the right to ask for an appeal. An appeal is the plan’s review of an “adverse benefit determination.” An adverse benefit determination can mean any of the following:

- When we deny or limit a service you ask for. This can be based on any of the following:
 - The type or level of service
 - Requirements for medical necessity
 - Appropriateness, setting or effectiveness of a covered benefit
- When we reduce, stop or end a service we may have approved before.
- When we deny payment for a service.
- When we do not provide services in a timely manner.
- When we do not act on your appeal and grievance requests in the timeframes set by state law and federal regulations.
- When we deny a request from a rural enrollee to use an out-of-network provider when federal law says we should.

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

You must file your appeal request within 60 days of the date on the ABD. You can file by calling or writing to us. To do so by phone, call **1-877-379-0020**, TTY users may call **1-877-247-6272**. If you call in your request for an appeal, you must follow up with a written, signed request. If you are requesting a fast appeal, then a written request is not needed.

Send Your Written Appeal Requests Here

For appeal requests for
medical services:

WellCare of Georgia
Attn: Appeals Department
P.O. Box 31368
Tampa, FL 33631-3368
Fax to: 1-866-201-0657

For appeal requests for
pharmacy medications:

WellCare of Georgia
Attn: Pharmacy Medication
Appeal Department
P.O. Box 31398
Tampa, FL 33631-3398
Fax to: 1-888-865-6531

You can file your appeal yourself or have someone file it for you. (This includes your PCP or another provider.) We can also help you file an appeal.

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

We'll send you a letter within 10 calendar days of getting your appeal request to let you know we received it. If we can make a decision in the 10 days, then the letter will tell you our decision. If we can't make a decision in 10 days, the letter will tell you how long it will take us. We will not take more than 30 days from the date we received your appeal request to make a decision about your appeal. If you filed your appeal by phone, this letter will also ask that you follow your request with a written statement within 5 calendar days.

You or your authorized representative can review the information we used to make our decision during and after the completion of the appeal.

Remember to send us your appeal request within 60 days of the date on the ABD. Otherwise, the request will be denied unless you can explain that you have a good reason for being unable to submit your request within the time frame. We'll send you a letter if this happens.

Fast Appeal Requests

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

If your provider asks for a fast appeal, then we will give you one right away. Otherwise, we will decide if a fast appeal is critical for your health.

If we decide you need a fast appeal, we'll call you with our decision. We'll also send you a letter with our decision within 72 hours of receiving your request.

If you ask for a fast appeal and we decide that one is not needed, we will take the following steps:

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

To file a fast appeal request, call us. You can reach us toll-free at **1-877-379-0020**, TTY users may call **1-877-247-6272**. (If your appeal request is filed by phone, you don't need to follow up in writing.) Or fax it to the numbers listed in the previous section.

Additional Information

You or your authorized representative can give us more information if you feel it will help your appeal. This is true for regular or fast appeals. You can do this at any time during the appeal process. The time frame to send us more information for expedited reviews is limited.

You may also ask us for up to 14 more days to give us more information. (You may do this in writing or in person.) We may ask for 14 more days to make a decision as well. (This is called an “extension”.) We would do this if we feel more information is needed and it’s in your best interest. We will send you a letter telling you that we are taking an extension within 2 calendar days of the extension and we will let you know when we will make the final decision.

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

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

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

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

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

State Fair Hearing Process

What if you don't agree with our appeal decision? You have another option.

You can ask for a hearing before a State Fair Hearing Judge.

Before you can ask for this, you must complete our internal appeal process. (This means you can ask for a hearing only after you've received a Notice of Plan Appeal Resolution.) Also, if our decision is not made by the due date, then you may request a State Hearing. There is also a deadline. You must ask for a hearing within 120 days of the date on our final decision letter.

State Fair Hearing

Send requests to:

WellCare of Georgia, Inc.

State Fair Hearing

P.O. Box 31580

Tampa, FL 33631-3580

A State Fair Hearing Judge makes the final decision at your hearing.

A hearing is a legal proceeding. Those who may attend the hearing include:

- You
- Your authorized representative (we must have your Appointment of Representative form in writing)
- WellCare's attorney
- State Fair Hearing Judge

Before the hearing or appeal, you and/or your authorized representative will have a chance to look over the information we used to make our appeal decision. The State Fair Hearing Judge will hear both sides.

We'll explain why we made our decision. You or your authorized representative will tell the judge why you think we made the wrong decision. You'll also have a chance to give us more information. This can be information that may not have been available or in your case file when you first asked for an appeal. The State Fair Hearing Judge will make a decision.

The decisions will be based on the information given.

Continuation of Benefits During an Appeal or Hearing

You can ask us to keep covering your medical services during the appeal and/or hearing. To do this:

- You must send us a request to continue your benefits within 10 days of receiving our Notice of Adverse Benefit Determination – we will continue your benefits if your appeal was filed timely
- The appeal or hearing must be for the stopping or reduction of a previously authorized service
- The service must have been ordered by an authorized provider
- The time period covered by the original authorization cannot have ended

Who may ask for State Fair Hearing? Only you or your authorized representative can ask for one. Your provider cannot.

Be sure to ask to continue your benefits in the required 10 days. You can do this in your original request for a hearing or appeal. If you don't ask within the 10 days, we'll have to deny your request.

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

- You decide to drop the hearing
- 10 calendar days pass after we mail the hearing Notice of Adverse Benefit Determination letter, unless you request a hearing with continuation of benefits within 10 calendar days from the date we mail this letter
- The State Fair Hearing Judge does not decide in your favor
- The time period or service limits of a previously authorized service have been met

If the hearing is decided in your favor, we'll approve the needed care as quickly as possible. (We will do this if you didn't receive the care during the review of your case.)

If you received service while the appeal or fair hearing was pending, we will pay for the care that is needed as quickly as possible.

If the hearing is not decided in your favor, you will have to pay for the cost of the care you received during the hearing process.

Where to Find Extra Help – a Community Resource Guide

Sometimes you may need help with getting needed resources. You can get help just by

calling 211. The 211 line is a national service. It was started in Atlanta by the United Way, which still supports the help line. The 211 line can help you with resources such as:

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

Other Programs

WellCare also offers the services listed below in your area. Call your family planning provider or IPC provider or Customer Service at **1-877-379-0020**, TTY users may call **1-877-247-6272**. to learn more.

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

Non-Covered Services

Enrollees may call the Healthy Mothers, Healthy Babies Powerline for more help with non-covered services. Call **1-800-822-2539**, Monday–Friday, 8 a.m. to 6 p.m. You may also call the CommUnity Assistance Line (CAL) with questions about noncovered

services. The CAL number is 1-866-775-2192. The video relay number is 1-855-628-7552. Staff is there to help Monday–Friday, from 9 a.m. to 6 p.m.

P4HB® Enrollee Rights

As an enrollee of our plan you have the right ...

- To get information about your benefits and co-payments associated with these services
- 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 – and to get the information 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 that WellCare cannot pay and not be held liable for:
 - Covered services provided to you for which DCH does not pay us
 - Covered services provided to you that WellCare and DCH don’t 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 you would owe if WellCare 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 provider. Also, to ask that the records be changed/corrected if needed. (Requests must be received in writing from you or the person you choose to represent you. The records will be provided at no cost. They will be sent within 14 days after we get 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® Enrollee rights and responsibilities policy
- To appeal medical or administrative decisions by using the plan's 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 federal regulations found at 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

P4HB® Enrollee Responsibilities

As an enrollee in our plan, you have the responsibility to:

- Know and confirm your benefits before getting treatment
- Keep with you and show Providers your WellCare Planning for Healthy Babies® Enrollee ID card before getting services
- Protect your WellCare P4HB® enrollee ID card from being used by another person
- Give information that we and your providers need to give care

- Follow health plans and instructions for care that you have agreed on with your provider
- Understand your health problems
 - To understand the care you are getting and ask questions if you don't
 - To follow the advice of your Provider and be aware of the possible outcomes if you do not
 - To know the medicines you take and why and how to take those medicines
 - To provide accurate and truthful information that would help improve your health status
 - To follow the treatment plan agreed upon by you and your Provider
- Help set up treatment goals that you and your providers agree to
- Report any fraud and abuse of services
- Keep scheduled appointments
- Participate in your care
- Show consideration and respect to health care Providers and WellCare's associates
- Report all changes – address, telephone numbers, employment or change in family size – to WellCare and the Division of Family and Children Services (DFCS)



P.O. Box 31370
Tampa, FL 33631-3370
www.wellcare.com/Georgia

