



# **Wellcare Dual Liberty (HMO D-SNP)**

## ***Evidence of Coverage***

**This page intentionally left blank**

**January 1 - December 31, 2025**

## **Your Health and Drug Coverage under Wellcare Dual Liberty (HMO D-SNP)**

### ***Evidence of Coverage* Introduction**

This *Evidence of Coverage*, otherwise known as the Member Handbook, tells you about your coverage under our plan through December 31, 2025. It explains health care services, including behavioral health (mental health and substance use disorder treatment) services, prescription drug coverage, and Managed Long-Term Services and Supports (MLTSS). Key terms and their definitions appear in alphabetical order in **Chapter 12** of your *Evidence of Coverage*.

**This is an important legal document. Keep it in a safe place.**

When this *Evidence of Coverage* says “we”, “us”, “our”, or “our plan”, it means Wellcare Dual Liberty (HMO D-SNP).

This document is available for free in Spanish, Chinese and Korean.

You can get this document for free in other formats, such as large print, braille, and/or audio by calling Member Services at the number at the bottom of this page. The call is free.

- To make a standing request, change a standing request or make a one-time request for materials in a language other than English or in an alternate format, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). We will document your choice. Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. However, please note during weekends and holidays from April 1 to September 30 our automated phone system may answer your call. Please leave your name and telephone number, and we will call you back within one (1) business day. The call is free.

We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter just call us at 1-866-892-8340 (TTY: 711). Someone that speaks your language can help you. This is a free service.

OMB Approval 0938-1444 (Expires: June 30, 2026)  
H0913\_013\_2025\_NJ\_EOC\_DSNP\_155270E\_C



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

Contamos con los servicios de interpretación gratuitos para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para solicitar un intérprete, llámenos al **1-866-892-8340 (TTY: 711)**. Alguien que hable español puede ayudarlo. Este es un servicio gratuito.

我提供免的口服，可解答您对我的健康或物划的有疑。如需，打 **1-866-892-8340 (TTY: 711)**。您将获得中文普通口的帮助。这是一免服。

我們提供免費的口譯服務，可解答您對我們的健康或藥物計劃可能有的任何疑問。如需口譯員服務，請致電 **1-866-892-8340 (TTY: 711)**。會說廣東話的人員可以幫助您。此為免費服務。

May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posible ninyong tanong tungkol sa aming planong pangkalusugan o plano sa gamot. Para kumuha ng interpreter, tawagan lang kami sa **1-866-892-8340 (TTY: 711)**. May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.

Nous mettons à votre disposition des services d'interprétation gratuits pour répondre à toutes vos questions sur notre régime de santé ou de médicaments. Pour obtenir les services d'un interprète, appelez-nous au **1-866-892-8340 (TTY: 711)**. Un interlocuteur francophone pourra vous aider. Ce service est gratuit.

Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi nào của quý vị về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để nhận thông dịch viên, chỉ cần gọi cho chúng tôi theo số **1-866-892-8340 (TTY: 711)**. Một nhân viên nói tiếng Việt có thể giúp quý vị. Dịch vụ này được miễn phí.

Wir bieten Ihnen einen kostenlosen Dolmetschservice, wenn Sie Fragen zu unseren Gesundheits- oder Medikamentenplänen haben. Wenn Sie einen Dolmetscher brauchen, rufen Sie uns unter folgender Telefonnummer an: **1-866-892-8340 (TTY: 711)**. Ein deutschsprachiger Mitarbeiter wird Ihnen behilflich sein. Dieser Service ist kostenlos.

당사의 건강 또는 의약품 플랜과 관련해서 물어볼 수 있는 모든 질문에 답변하기 위한 무료 통역 서비스가 있습니다. 통역사가 필요한 경우, **1-866-892-8340(TTY: 711)**번으로 당사에 연락해 주십시오. 한국어를 구사하는 통역사가 도움을 드릴 수 있습니다. 통역 서비스는 무료로 제공됩니다.

Если у вас возникли какие-либо вопросы о нашем плане медицинского страхования или плане с покрытием лекарственных препаратов, вам доступны бесплатные услуги переводчика. Если вам нужен переводчик, просто позвоните нам по номеру **1-866-892-8340 (TTY: 711)**. Вам окажет помощь сотрудник, говорящий на русском языке. Данная услуга бесплатна.

نوفر خدمات ترجمة فورية مجانية للإجابة على أي أسئلة قد تكون لديك حول خطة الصحة أو الدواء الخاصة بنا. للحصول على مترجم فوري، ما عليك سوى الاتصال بنا على الرقم **1-866-892-8340 (TTY: 711)**. يمكن أن يساعدك شخص يتحدث العربية. وتتوفر هذه الخدمة بشكل مجاني.

हमारे स्वास्थ्य या ड्रग प्लान के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए, हम मुफ्त में दुभाषिया सेवाएं देते हैं। दुभाषिया सेवा पाने के लिए, बस हमें **1-866-892-8340 (TTY: 711)** पर कॉल करें। हिंदी बोलने वाला/वाली कोई सहायक आपकी मदद कर सकता/सकती है। यह एक निःशुल्क सेवा है।

Sono disponibili servizi di interpretariato gratuiti per rispondere a qualsiasi domanda possa avere in merito al nostro piano farmacologico o sanitario. Per usufruire di un interprete, è sufficiente contattare il **1-866-892-8340 (TTY: 711)**. Qualcuno la assisterà in lingua italiana. È un servizio gratuito.

Wellcare Dual Liberty (HMO D-SNP) EVIDENCE OF COVERAGE

Temos serviços de intérprete gratuitos para responder a quaisquer dúvidas que possa ter sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte nos através do número **1-866-892-8340 (TTY: 711)**. Um falante de português poderá ajudá-lo. Este serviço é gratuito.

Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, annik rele nou nan **1-866-892-8340 (TTY: 711)**. Yon moun ki pale Kreyòl Ayisyen ka ede w. Se yon sèvis ki gratis.

Oferujemy bezpłatną usługę tłumaczenia ustnego, która pomoże Państwu uzyskać odpowiedzi na ewentualne pytania dotyczące naszego planu leczenia lub planu refundacji leków. Aby skorzystać z usługi tłumaczenia ustnego, wystarczy zadzwonić pod numer **1-866-892-8340 (TTY: 711)**. Zapewni to Państwu pomoc osoby mówiącej po polsku. Usługa ta jest bezpłatna.

弊社の健康や薬剤計画についてご質問がある場合は、無料の通訳サービスをご利用いただけます。通訳を利用するには、1-866-892-8340 (TTY : 711) にお電話ください。日本語の通訳担当者が対応します。これは無料のサービスです。

## 2025 Wellcare Dual Liberty (HMO D-SNP) Evidence of Coverage

### Table of Contents

CHAPTER 1	Getting started as a member .....	6
CHAPTER 2	Important phone numbers and resources .....	15
CHAPTER 3	Using our plan's coverage for your health care and other covered services.....	32
CHAPTER 4	Benefits chart .....	55
CHAPTER 5	Getting your outpatient prescription drugs .....	118
CHAPTER 6	What you pay for your Medicare and NJ FamilyCare Medicaid prescription drugs.	138
CHAPTER 7	Asking us to pay a bill you got for covered services or drugs .....	145
CHAPTER 8	Your rights and responsibilities .....	151
CHAPTER 9	What to do if you have a problem or complaint (coverage decisions, appeals, complaints).....	165
CHAPTER 10	Ending your membership in our plan.....	208
CHAPTER 11	Legal notices .....	218
CHAPTER 12	Definitions of important words .....	224



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

## Disclaimers

- ❖ Wellcare Dual Liberty (HMO D-SNP) is a Fully Integrated Dual Eligible Special Needs Plan with a Medicare contract and a contract with the New Jersey Medicaid program. Enrollment in Wellcare Dual Liberty depends on contract renewal.
- ❖ This information is not a complete description of benefits. Contact the plan for more information. Limitations and restrictions may apply. Benefits may change on January 1 of each year.
- ❖ Your Part B premium is covered by Medicaid.
- ❖ Wellcare uses a formulary.
- ❖ When joining this plan:
  1. You must use in-network providers, DME (Durable Medical Equipment) suppliers, and pharmacies.
  2. You will be enrolled automatically into Medicaid (NJ FamilyCare) coverage under our plan, and disenrolled from any Medicaid (NJ FamilyCare) plan you are currently enrolled in. All your Medicaid-covered services, items, and medications will then be covered under our plan, and you must get them from in-network providers.
  3. You will be enrolled automatically into Part D coverage under our plan, and you will be automatically disenrolled from any other Medicare Part D or creditable coverage plan in which you are currently enrolled.
  4. You must understand and follow our plan's rules on referrals.
- ❖ Coverage under Wellcare Dual Liberty (HMO D-SNP) is qualifying health coverage called “minimum essential coverage.” It satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information on the individual shared responsibility requirement.
- ❖ Based on a Model of Care review, Wellcare Dual Liberty (HMO D-SNP) has been approved by the National Committee for Quality Assurance (NCQA) to operate a Special Needs Plan (SNP) through 2027.
- ❖ Please contact Wellcare for details.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

## Chapter 1: Getting started as a member

---

### Introduction

This chapter includes information about Wellcare Dual Liberty (HMO D-SNP), a health plan that covers all of your Medicare and NJ FamilyCare (Medicaid) services, and your membership in it. It also tells you what to expect and what other information you will get from us. Key terms and their definitions appear in alphabetical order in the last chapter of your *Evidence of Coverage*.

### Table of Contents

A.	Welcome to our plan .....	7
B.	Information about Medicare and NJ FamilyCare (Medicaid).....	7
	B1. Medicare .....	7
	B2. NJ FamilyCare .....	7
C.	Advantages of our plan .....	8
D.	Our plan's service area .....	8
E.	What makes you eligible to be a plan member .....	9
F.	What to expect when you first join our health plan.....	9
G.	Your care team and care plan.....	9
	G1. Care team .....	9
	G2. Care plan .....	10
H.	Your monthly costs for Wellcare Dual Liberty (HMO D-SNP) .....	10
	H1. Monthly Medicare Part B Premium .....	10
I.	Your <i>Evidence of Coverage</i> .....	10
J.	Other important information you get from us.....	11
	J1. Your Member ID Card.....	11
	J2. <i>Provider and Pharmacy Directory</i> .....	11
	J3. <i>List of Covered Drugs</i> .....	12
	J4. <i>The Explanation of Benefits</i> .....	13
K.	Keeping your membership record up to date .....	13
	K1. Privacy of personal health information (PHI) .....	14



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).



---

## A. Welcome to our plan

Our plan provides Medicare and NJ FamilyCare (Medicaid) services to individuals who are eligible for both programs. Our plan includes doctors, hospitals, pharmacies, providers of long-term services and supports, behavioral health providers, and other providers. We also have care managers and care teams to help you manage your providers and services. They all work together to provide the care you need.

---

## B. Information about Medicare and NJ FamilyCare (Medicaid)

### B1. Medicare

Medicare is the federal health insurance program for:

- people 65 years of age or over,
- some people under age 65 with certain disabilities, **and**
- people with end-stage renal disease (kidney failure).

### B2. NJ FamilyCare

NJ FamilyCare is the name of the New Jersey Medicaid program. NJ FamilyCare is run by the state and is paid for by the state and the federal government. NJ FamilyCare helps people with limited incomes and resources pay for MLTSS and medical costs. It covers extra services and drugs not covered by Medicare.

Each state decides:

- what counts as income and resources,
- who is eligible,
- what services are covered, **and**
- the cost for services.

States can decide how to run their programs, as long as they follow the federal rules.

Medicare and the state of New Jersey approved our plan. You can get Medicare and NJ FamilyCare services through our plan as long as:

- we choose to offer the plan, **and**
- Medicare and the state of New Jersey allow us to continue to offer this plan.



---

**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

Even if our plan stops operating in the future, your eligibility for Medicare and NJ FamilyCare services is not affected.

---

## C. Advantages of our plan

You will now get all your covered Medicare and NJ FamilyCare services from our plan, including prescription drugs. **You do not pay anything to join this health plan.**

We help make your Medicare and Medicaid benefits work better together and work better for you. Some of the advantages include:

- You can work with us for **most** of your health care needs.
- You have a care team that you help put together. Your care team may include yourself, your caregiver, doctors, nurses, counselors, or other health professionals.
- You have access to a Care Manager. This is a person who works with you, with our plan, and with your care team to help make a care plan.
- You're able to direct your own care with help from your care team and Care Manager.
- Your care team and Care Manager work with you to make a care plan designed to meet **your** health needs. The care team helps coordinate the services you need. For example, this means that your care team makes sure:
  - Your doctors know about all the medicines you take so they can make sure you're taking the right medicines and can reduce any side effects that you may have from the medicines.
  - Your test results are shared with all of your doctors and other providers, as appropriate.

---

## D. Our plan's service area

Our service area includes these counties in New Jersey: Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union, Warren.

Only people who live in our service area can join our plan.

**You cannot stay in our plan if you move outside of our service area.** Refer to **Chapter 8** of your *Evidence of Coverage* for more information about the effects of moving out of our service area.



---

**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

---

## E. What makes you eligible to be a plan member

You are eligible for our plan as long as you:

- live in our service area (incarcerated individuals are not considered living in the service area even if they are physically located in it), **and**
- have both Medicare Part A and Medicare Part B, **and**
- are a United States citizen or are lawfully present in the United States, **and**
- are currently eligible for NJ FamilyCare.

If you lose eligibility but can be expected to regain it within 6 months, then you are still eligible for our plan.

Call Member Services for more information.

---

## F. What to expect when you first join our health plan

When you first join our plan, you get a health risk assessment (HRA) within 90 days before or after your enrollment effective date.

We must complete an HRA for you. This HRA is the basis for developing your care plan. The HRA includes questions to identify your medical, behavioral health, and functional needs.

We reach out to you to complete the HRA. We can complete the HRA by an in-person visit, telephone call, or mail.

We'll send you more information about this HRA.

---

## G. Your care team and care plan

### G1. Care team

A care team can help you keep getting the care you need. A care team may include your doctor, a Care Manager, or other health person that you choose.

A Care Manager is a person trained to help you manage the care you need. You get a Care Manager when you enroll in our plan. This person also refers you to other community resources that our plan may not provide and will work with your care team to help coordinate your care. Call us at the numbers at the bottom of the page for more information about your Care Manager and care team.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

## G2. Care plan

Your care team works with you to make a care plan. A care plan tells you and your doctors what services you need and how to get them. It includes your medical, behavioral health, and MLTSS or other services.

Your care plan includes:

- your health care goals, **and**
- a timeline for getting the services you need.

Your care team meets with you after your HRA. They ask you about services you need. They also tell you about services you may want to think about getting. Your care plan is created based on your needs and goals. Your care team works with you to update your care plan at least every year.

---

## H. Your monthly costs for Wellcare Dual Liberty (HMO D-SNP)

Our plan has no premium.

### H1. Monthly Medicare Part B Premium

Medicaid pays your Medicare Part B premium for you when you are enrolled in this plan.

---

## I. Your *Evidence of Coverage*

Your *Evidence of Coverage* is part of our contract with you. This means that we must follow all rules in this document. If you think we've done something that goes against these rules, you may be able to appeal our decision. For information about appeals, refer to **Chapter 9, Section D** of your *Evidence of Coverage* or call 1-800-MEDICARE (1-800-633-4227).

You can ask for an *Evidence of Coverage* by calling Member Services at the numbers at the bottom of the page. You can also refer to the *Evidence of Coverage* found on our website at the web address at the bottom of the page.

The contract is in effect for the months you are enrolled in our plan between January 1, 2025 and December 31, 2025.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.





**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

## J. Other important information you get from us

Other important information we provide to you includes your Member ID Card, information about how to access a *Provider and Pharmacy Directory*, and information about how to access a *List of Covered Drugs*, also known as a *Formulary*.

### J1. Your Member ID Card

Under our plan, you have one card for your Medicare and NJ FamilyCare services, including MLTSS, behavioral health services, and prescriptions. You show this card when you get any services or prescriptions. Here is a sample Member ID Card:

 <b>Wellcare Dual Liberty (HMO D-SNP)</b> Submit claims under this number: <b>MEMBER ID: 012345678902</b> <b>PLAN #: H0913-013-000</b> <b>ISSUER: (80840) 9151014609</b>			
SAMPLE A SAMPLE		<b>Member Services / Nurse Advice Line</b> 1-XXX-XXX-XXXX (TTY: 711) <b>Dental (For Members and Providers)</b> 1-XXX-XXX-XXXX (TTY: 711) <b>Provider Services</b> 1-XXX-XXX-XXXX (TTY: 711) <b>Pharmacist Only</b> 1-XXX-XXX-XXXX (TTY: 711)	
2025  Member portal	<b>PCP Name:</b> Sally Smith <b>PCP Phone:</b> 1-XXX-XXX-XXXX \$0 co-payments	Dental benefits are included with your plan. <b>Medical Claims:</b> Wellcare Health Plans Attn: Claims Department PO Box 31224, Tampa, FL 33631-3224 Payor ID: 14163 <b>Part D Claims:</b> Wellcare Health Plans Attn: Medicare Part D Member Reimbursement P.O. Box 31577, Tampa, FL 33631-3577 <b>FOR EMERGENCIES:</b> Dial 911 or go to the nearest Emergency Room (ER), and call your PCP within 48 hours. Prior authorization is not required for emergency care.	
<b>Card Issued:</b> XX/XX/XXXX		<b>RXBIN:</b> XXXXX <b>RXPCN:</b> XXXXX <b>RXGRP:</b> XXXXX  <b>member.wellcare.com</b>	

If your Member ID Card is damaged, lost, or stolen, call Member Services at the number at the bottom of the page right away. We will send you a new card.

As long as you are a member of our plan, you do not need to use your red, white, and blue Medicare card or your NJ FamilyCare card to get most services. Keep those cards in a safe place, in case you need them later. If you show your Medicare card instead of your Member ID Card, the provider may bill Medicare instead of our plan, and you may get a bill. Refer to **Chapter 7, Section A** of your *Evidence of Coverage* to find out what to do if you get a bill from a provider.

### J2. Provider and Pharmacy Directory

The *Provider and Pharmacy Directory* lists the providers and pharmacies in our plan's network. While you're a member of our plan, you must use network providers to get covered services.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

You can ask for a *Provider and Pharmacy Directory* (electronically or in hard copy form) by calling Member Services at the numbers at the bottom of the page. Requests for hard copy Provider and Pharmacy Directories will be mailed to you within three business days.

You can also refer to the *Provider and Pharmacy Directory* at [www.2025wellcaredirectories.com](http://www.2025wellcaredirectories.com).

You may ask Member Services for more information about our network providers, including their qualifications, medical school attended, residency completion, and board certification. Both Member Services and the website can give you the most up-to-date information about changes in our network providers.

### Definition of network providers

- Our network providers include:
  - doctors, nurses, and other health care professionals that you can use as a member of our plan;
  - clinics, hospitals, nursing facilities, and other places that provide health services in our plan;  
**and**
  - MLTSS, behavioral health services, home health agencies, durable medical equipment (DME) suppliers, and others who provide goods and services that you get through Medicare or Medicaid.

Network providers agree to accept payment from our plan for covered services as payment in full.

### Definition of network pharmacies

- Network pharmacies are pharmacies that agree to fill prescriptions for our plan members. Use the *Provider and Pharmacy Directory* to find the network pharmacy you want to use.
- Except during an emergency, you must fill your prescriptions at one of our network pharmacies if you want our plan to pay for them.

Call Member Services at the numbers at the bottom of the page for more information. Both Member Services and our website can give you the most up-to-date information about changes in our network pharmacies and providers.

## J3. List of Covered Drugs

The plan has a *List of Covered Drugs*. We call it the “*Formulary*” for short. It tells you which prescription drugs our plan covers.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

The Formulary also tells you if there are any rules or restrictions on any drugs, such as a limit on the amount you can get. Refer to **Chapter 5, Section C** of your *Evidence of Coverage* for more information.

Each year, we send you information about how to access the Formulary, but some changes may occur during the year. To get the most up-to-date information about which drugs are covered, call Member Services or visit our website at the address at the bottom of the page.

#### **J4. The Explanation of Benefits**

When you use your Medicare Part D prescription drug benefits, we send you a summary to help you understand and keep track of payments for your Medicare Part D prescription drugs. This summary is called the *Explanation of Benefits* (EOB).

The EOB tells you the total amount you, or others on your behalf, spent on your Medicare Part D prescription drugs and the total amount we paid for each of your Medicare Part D prescription drugs during the month. This EOB is not a bill. The EOB has more information about the drugs you take. **Chapter 6, Section A** of your *Evidence of Coverage* gives more information about the EOB and how it helps you track your drug coverage.

You can also ask for an EOB. To get a copy, contact Member Services at the numbers at the bottom of the page.

Instead of receiving a paper Part D Explanation of Benefits (Part D EOB) via the mail, you now have the option of receiving an electronic version of your Part D EOB. You may request this by visiting <https://www.express-scripts.com/>. If you choose to opt-in, you will receive an email when your Part D EOB is ready to view, print or download. Electronic Part D EOBs are also referred to as paperless Part D EOBs. Paperless Part D EOBs are exact copies (images) of printed Part D EOBs.

---

## **K. Keeping your membership record up to date**

You can keep your membership record up to date by telling us when your information changes.

We need this information to make sure that we have your correct information in our records. Our network providers and pharmacies also need correct information about you. **They use your membership record to know what services and drugs you get.**

Tell us right away about the following:

- changes to your name, your address, or your phone number;
- changes to any other health insurance coverage, such as from your employer, your spouse's employer, or your domestic partner's employer, or workers' compensation;



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).



- any liability claims, such as claims from an automobile accident;
- admission to a nursing facility or hospital;
- care from a hospital or emergency room;
- changes in your caregiver (or anyone responsible for you); **and**
- you take part in a clinical research study. (Note: You are not required to tell us about a clinical research study you are in or become part of, but we encourage you to do so.)

If any information changes, call Member Services at the numbers at the bottom of the page.

It is also important to contact Social Security if you move or change your mailing address.

### **K1. Privacy of personal health information (PHI)**

Information in your membership record may include personal health information (PHI). Federal and state laws require that we keep your PHI private. We protect your PHI. For more details about how we protect your PHI, refer to **Chapter 8, Section C1** of your *Evidence of Coverage*.



---

**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).



## Chapter 2: Important phone numbers and resources

---

### Introduction

This chapter gives you contact information for important resources that can help you answer your questions about our plan and your health care benefits. You can also use this chapter to get information about how to contact your care manager and others to advocate on your behalf. Key terms and their definitions appear in alphabetical order in the last chapter of your *Evidence of Coverage*.

### Table of Contents

A.	Member Services .....	16
B.	Your Care Manager.....	24
C.	State Health Insurance Assistance Program (SHIP).....	25
D.	Quality Improvement Organization (QIO).....	25
E.	Medicare .....	26
F.	NJ FamilyCare (Medicaid).....	27
G.	Office of the Insurance Ombudsman .....	28
H.	New Jersey Office of the State Long-Term Care Ombudsman.....	29
I.	Programs to Help People Pay for Their Prescription Drugs.....	29
	I1. Extra Help .....	29
J.	Social Security .....	30
K.	Railroad Retirement Board (RRB).....	30
L.	Group insurance or other insurance from an employer.....	31



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

## A. Member Services

<b>CALL</b>	<p>1-866-892-8340. This call is free.</p> <p>Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. However, please note during weekends and holidays from April 1 to September 30 our automated phone system may answer your call. Please leave your name and telephone number, and we will call you back within one (1) business day.</p> <p>We have free interpreter services for people who do not speak English.</p>
<b>TTY</b>	<p>711. This call is free.</p> <p>Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.</p>
<b>WRITE</b>	<p>Wellcare PO Box 31370 Tampa, FL 33631-3370</p>
<b>WEBSITE</b>	<p><a href="http://www.wellcare.com/medicare">www.wellcare.com/medicare</a></p>

Contact Member Services to get help with:

- questions about the plan
- questions about claims or billing



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

## Coverage Decisions for Medical Care

<b>CALL</b>	<p>1-866-892-8340. This call is free.</p> <p>Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.</p> <p>We have free interpreter services for people who do not speak English.</p>
<b>TTY</b>	<p>711 This call is free.</p> <p>Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.</p>
<b>WRITE</b>	<p>Wellcare Health Plans Coverage Determinations Department - Medical PO Box 31370 Tampa, FL 33631-3370-3370</p>
<b>WEBSITE</b>	<p><a href="http://www.wellcare.com/medicare">www.wellcare.com/medicare</a></p>

- coverage decisions about your health care
  - A coverage decision about your health care is a decision about:
    - your benefits and covered services.
  - Call us if you have questions about a coverage decision about your health care.
  - To learn more about coverage decisions, refer to **Chapter 9** of your *Evidence of Coverage*.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

## Appeals for Medical Care

<b>CALL</b>	<p>1-866-892-8340. This call is free.</p> <p>Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.</p> <p>We have free interpreter services for people who do not speak English.</p>
<b>TTY</b>	<p>711 This call is free.</p> <p>Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.</p>
<b>FAX</b>	1-866-201-0657
<b>WRITE</b>	<p>Wellcare Health Plans          Appeals Department - Medical          P.O. Box 31368          Tampa, FL 33631-3368</p>

- appeals about your health care
  - An appeal is a formal way of asking us to review a decision we made about your coverage and asking us to change it if you think we made a mistake or disagree with the decision.
  - To learn more about making an appeal, refer to **Chapter 9** of your *Evidence of Coverage* or contact Member Services.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

## Complaints about Health Care

<b>CALL</b>	<p>1-866-892-8340. This call is free.</p> <p>Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.</p> <p>We have free interpreter services for people who do not speak English.</p>
<b>TTY</b>	<p>711 This call is free.</p> <p>This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.</p> <p>Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.</p>
<b>FAX</b>	1-866-388-1769
<b>WRITE</b>	<p>Wellcare Health Plans Grievance Department P.O. Box 31384 Tampa, FL 33631-3384</p>

- complaints about your health care
  - You can make a complaint about us or any provider (including a non-network or network provider). A network provider is a provider who works with our plan. You can also make a complaint to us or to the Quality Improvement Organization (QIO) about the quality of the care you received (refer to **Section D**).
  - You can call us and explain your complaint at 1-866-892-8340.
  - If your complaint is about a coverage decision about your health care, you can make an appeal (refer to the section on page 17).



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

- You can send a complaint about our plan to Medicare. You can use an online form at [www.medicare.gov/MedicareComplaintForm/home.aspx](http://www.medicare.gov/MedicareComplaintForm/home.aspx). Or you can call 1-800-MEDICARE (1-800-633-4227) to ask for help.
- You can also contact the state's Medicaid program with a complaint by calling the NJ Department of Human Services, Division of Medical Assistance and Health Services (DMAHS) at 1-800-701-0710 (TTY: 711).

The Office of the Insurance Ombudsman helps people enrolled in Medicaid with service or billing problems. They can help you file a grievance or appeal with our plan. (refer to Sections G&H)

- To learn more about making a complaint about your health care, refer to **Chapter 9** of your *Evidence of Coverage*.

## Coverage Decisions for Part D Prescription Drugs

<b>CALL</b>	<p>1-866-892-8340. This call is free.</p> <p>Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.</p> <p>We have free interpreter services for people who do not speak English.</p>
<b>TTY</b>	<p>711 This call is free.</p> <p>Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.</p>
<b>FAX</b>	1-866-388-1767
<b>WRITE</b>	<p>Wellcare Pharmacy - Coverage Determinations P.O. Box 31397 Tampa, FL 33631-3397</p>

- coverage decisions about your drugs



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

- A coverage decision about your drugs is a decision about:
  - your benefits and covered drugs.
- This applies to your Medicare Part D drugs and NJ FamilyCare covered drugs and over-the-counter drugs.
- For more on coverage decisions about your prescription drugs, refer to **Chapter 9** of your *Evidence of Coverage*.

## Appeals for Part D Prescription Drugs

<b>CALL</b>	<p>1-866-892-8340. This call is free.</p> <p>Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.</p> <p>We have free interpreter services for people who do not speak English.</p>
<b>TTY</b>	<p>711 This call is free.</p> <p>Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.</p>
<b>FAX</b>	1-866-388-1766
<b>WRITE</b>	<p>Attn: Part D Appeals P.O. Box 31383 Tampa, FL 33631-3383</p>
<b>WEBSITE</b>	<a href="http://www.wellcare.com/medicare">www.wellcare.com/medicare</a>

- appeals about your drugs
  - An appeal is a way to ask us to change a coverage decision.
  - For more on making an appeal about your prescription drugs, refer to **Chapter 9** of your *Evidence of Coverage*.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

## Complaints about Part D Prescription Drugs

<b>CALL</b>	<p>1-866-892-8340. This call is free.</p> <p>Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.</p> <p>We have free interpreter services for people who do not speak English.</p>
<b>TTY</b>	<p>711 This call is free.</p> <p>Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.</p>
<b>FAX</b>	1-866-388-1769
<b>WRITE</b>	<p>Wellcare Health Plans Grievance Department P.O. Box 31384 Tampa, FL 33631-3384</p>

- complaints about your drugs
  - You can make a complaint about us or any pharmacy. This includes a complaint about your prescription drugs.
  - If your complaint is about a coverage decision about your prescription drugs, you can make an appeal. (Refer to the section on page 20)
  - You can send a complaint about our plan to Medicare. You can use an online form at [www.medicare.gov/MedicareComplaintForm/home.aspx](http://www.medicare.gov/MedicareComplaintForm/home.aspx). Or you can call 1-800-MEDICARE (1-800-633-4227) to ask for help.
  - For more on making a complaint about your prescription drugs, refer to **Chapter 9** of your *Evidence of Coverage*.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).



## Payment Request

<b>CALL</b>	<p>1-866-892-8340. This call is free.</p> <p>Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.</p> <p>We have free interpreter services for people who do not speak English.</p>
<b>TTY</b>	<p>711 This call is free.</p> <p>Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.</p>
<b>WRITE</b>	<p>Wellcare Health Plans Medical Reimbursement Department P.O. Box 31381 Tampa, FL 33631-3381</p> <p>WellCare Health Plans Pharmacy - Prescription Reimbursement Department P.O. Box 31577 Tampa, FL, 33631-3577</p>
<b>WEBSITE</b>	<p><a href="http://www.wellcare.com/medicare">www.wellcare.com/medicare</a></p>

- payment for health care or drugs you already paid for
  - For more on how to ask us to pay you back, or to pay a bill you got, refer to **Chapter 7** of your *Evidence of Coverage*.
  - If you ask us to pay a bill and we deny any part of your request, you can appeal our decision. Refer to **Chapter 9** of your *Evidence of Coverage*.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

## B. Your Care Manager

We want you to take an active role in your care. As our member, you will work with a care manager, who is a licensed nurse or social worker. They will help you manage your care and make sure you get the services you need.

Together we will plan and coordinate services. Our goal is to enhance your quality of life. Our care managers are trained to help you, your family, and your PCP. They will help arrange services you may need to manage your health. This includes referrals to special care facilities.

You can call Member Services if you need help getting in contact with your care manager. If you would like to change your care manager or have any additional questions, please contact the phone number listed below. You can also call your care manager before they contact you. Call the number below and ask to speak to your care manager.

<b>CALL</b>	1-844-901-3781. This call is free.  Monday-Friday, 8 a.m. to 6 p.m.  We have free interpreter services for people who do not speak English.
<b>TTY</b>	711. This call is free.  Monday-Friday, 8 a.m. to 6 p.m.
<b>WRITE</b>	Wellcare PO Box 31370 Tampa, FL 33631-3370
<b>WEBSITE</b>	<a href="http://www.wellcare.com/medicare">www.wellcare.com/medicare</a>

Contact your care manager to get help with:

- questions about your health care
- questions about getting behavioral health (mental health and substance use disorder treatment) services
- questions about transportation
- questions about Managed Long Term Services and Supports (MLTSS)



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

## C. State Health Insurance Assistance Program (SHIP)

The State Health Insurance Assistance Program (SHIP) gives free health insurance counseling to people with Medicare. In New Jersey, the SHIP is called the State Health Insurance Assistance Program (SHIP).

The SHIP is not connected with any insurance company or health plan.

<b>CALL</b>	1-800-792-8820 8:30 a.m. - 4:30 p.m. local time, Monday - Friday
<b>TTY</b>	711
<b>WRITE</b>	NJ State Health Insurance Assistance Program PO Box 807 Trenton NJ 08625
<b>WEBSITE</b>	<a href="https://nj.gov/humanservices/doas/services/q-z/ship/index.shtm">https://nj.gov/humanservices/doas/services/q-z/ship/index.shtm</a>

Contact SHIP for help with:

- questions about Medicare
- SHIP counselors can answer your questions about changing to a new plan and help you:
  - understand your rights,
  - understand your plan choices,
  - make complaints about your health care or treatment, **and**
  - straighten out problems with your bills.

## D. Quality Improvement Organization (QIO)

Our state has an organization called Livanta. This is a group of doctors and other health care professionals who help improve the quality of care for people with Medicare. Livanta is not connected with our plan.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

<b>CALL</b>	1-866-815-5440
<b>TTY</b>	1-866-868-2289  This number is for people who have difficulty with hearing or speaking. You must have special telephone equipment to call it.
<b>WRITE</b>	Livanta LLC/BFCC-QIO 10820 Guilford Road, Suite 202 Annapolis Junction, MD 20701-1105
<b>WEBSITE</b>	<a href="http://www.livantaqio.com/en/states/new_jersey">www.livantaqio.com/en/states/new_jersey</a>

Contact Livanta for help with:

- questions about your health care rights
- making a complaint about the care you got if you:
  - have a problem with the quality of care,
  - think your hospital stay is ending too soon, **or**
  - think your home health care, skilled nursing facility care, or comprehensive outpatient rehabilitation facility (CORF) services are ending too soon.

---

## E. Medicare

Medicare is the federal health insurance program for people 65 years of age or over, some people under age 65 with disabilities, and people with end-stage renal disease (permanent kidney failure requiring dialysis or a kidney transplant).

The federal agency in charge of Medicare is the Centers for Medicare & Medicaid Services, or CMS.

<b>CALL</b>	1-800-MEDICARE (1-800-633-4227)  Calls to this number are free, 24 hours a day, 7 days a week.
-------------	------------------------------------------------------------------------------------------------------



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

<b>TTY</b>	<p>1-877-486-2048. This call is free.</p> <p>This number is for people who have difficulty with hearing or speaking. You must have special telephone equipment to call it.</p>
<b>WEBSITE</b>	<p><a href="http://www.medicare.gov">www.medicare.gov</a></p> <p>This is the official website for Medicare. It gives you up-to-date information about Medicare. It also has information about hospitals, nursing facilities, doctors, home health agencies, dialysis facilities, inpatient rehabilitation facilities, and hospices.</p> <p>It includes helpful websites and phone numbers. It also has documents you can print right from your computer.</p> <p>If you don't have a computer, your local library or senior center may be able to help you visit this website using their computer. Or, you can call Medicare at the number above and tell them what you are looking for. They will find the information on the website and review the information with you.</p>

## F. NJ FamilyCare (Medicaid)

NJ FamilyCare helps with medical and long-term services and supports costs for people with limited incomes and resources.

You are enrolled in Medicare and in Medicaid. If you have questions about the help you get from Medicaid, call the NJ Department of Human Services, Division of Medical Assistance and Health Services.

Because you are eligible for and enrolled in both Medicare and Medicaid, your coverage through our plan includes coverage for all of the benefits you are entitled to under Medicaid managed care (NJ FamilyCare). As a result, Wellcare Dual Liberty (HMO D-SNP) covers all of your Medicaid benefits, such as hearing aids, routine vision exams, and comprehensive dental services. Additionally, Medicaid pays your Part B premium for you.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

<b>CALL</b>	NJ Department of Human Services, Division of Medical Assistance and Health Services  1-800-701-0710  8:00 a.m. - 8:00 p.m. ET, Monday, Thursday, 8:00 a.m. - 5:00 p.m. ET, Tuesday, Wednesday, Friday
<b>TTY</b>	711
<b>WRITE</b>	NJ Department of Human Services Division of Medical Assistance and Health Services PO Box 712 Trenton, NJ 08625-0712
<b>WEBSITE</b>	<a href="http://www.state.nj.us/humanservices/dmahs/">www.state.nj.us/humanservices/dmahs/</a>

## G. Office of the Insurance Ombudsman

The Office of the Insurance Ombudsman works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do. The Office of the Insurance Ombudsman also helps you with service or billing problems. They are not connected with our plan or with any insurance company or health plan. Their services are free.

<b>CALL</b>	1-800-446-7467  9 a.m. - 5 p.m. local time, Monday - Friday
<b>TTY</b>	711
<b>WRITE</b>	The Office of the Insurance Ombudsman NJ Department of Banking and Insurance PO Box 472 Trenton, NJ 08625-0472
<b>WEBSITE</b>	<a href="http://www.state.nj.us/dobi/ombuds.htm">www.state.nj.us/dobi/ombuds.htm</a>



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

## H. New Jersey Office of the State Long-Term Care Ombudsman

The New Jersey Office of the State Long-Term Care Ombudsman helps people get information about nursing homes and resolve problems between nursing homes and residents or their families.

The New Jersey Office of the State Long-Term Care Ombudsman is not connected with our plan or any insurance company or health plan.

<b>CALL</b>	1-877-582-6995  8:30 a.m. - 4:30 p.m. local time, Monday - Friday
<b>TTY</b>	711
<b>WRITE</b>	NJ Long-Term Care Ombudsman P.O. Box 852 Trenton, NJ 08625-0852
<b>WEBSITE</b>	<a href="http://www.nj.gov/ooie/">www.nj.gov/ooie/</a>

## I. Programs to Help People Pay for Their Prescription Drugs

The Medicare.gov website ([www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage/costs-in-the-coverage-gap/5-ways-to-get-help-with-prescription-costs](http://www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage/costs-in-the-coverage-gap/5-ways-to-get-help-with-prescription-costs)) provides information on how to lower your prescription drug costs. For people with limited incomes, there are also other programs to assist, as described below.

### I1. Extra Help

Because you are eligible for Medicaid, you qualify for and are getting "Extra Help" from Medicare to pay for your prescription drug plan costs. You do not need to do anything to get this "Extra Help."

<b>CALL</b>	1-800-MEDICARE (1-800-633-4227)  Calls to this number are free, 24 hours a day, 7 days a week.
-------------	------------------------------------------------------------------------------------------------------



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

<b>TTY</b>	1-877-486-2048 This call is free.  This number is for people who have difficulty with hearing or speaking. You must have special telephone equipment to call it.
<b>WEBSITE</b>	<a href="http://www.medicare.gov">www.medicare.gov</a>

---

## J. Social Security

Social Security determines eligibility and handles enrollment for Medicare. U.S. Citizens and lawful permanent residents who are 65 and over, or who have a disability or End-Stage Renal Disease (ESRD) and meet certain conditions, are eligible for Medicare. If you are already getting Social Security checks, enrollment into Medicare is automatic. If you are not getting Social Security checks, you have to enroll in Medicare. To apply for Medicare, you can call Social Security or visit your local Social Security office.

If you move or change your mailing address, it is important that you contact Social Security to let them know.

<b>CALL</b>	1-800-772-1213  Calls to this number are free.  Available 8:00 am to 7:00 pm, Monday through Friday.  You can use their automated telephone services to get recorded information and conduct some business 24 hours a day.
<b>TTY</b>	1-800-325-0778  This number is for people who have difficulty with hearing or speaking. You must have special telephone equipment to call it.
<b>WEBSITE</b>	<a href="http://www.ssa.gov/">www.ssa.gov/</a>

---

## K. Railroad Retirement Board (RRB)

The RRB is an independent Federal agency that administers comprehensive benefit programs for the nation's railroad workers and their families. If you receive Medicare through the RRB, it is important that



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).



you let them know if you move or change your mailing address. If you have questions regarding your benefits from the RRB, contact the agency.

<b>CALL</b>	<p>1-877-772-5772</p> <p>Calls to this number are free.</p> <p>If you press “0”, you may speak with a RRB representative from 9 a.m. to 3:30 p.m., Monday, Tuesday, Thursday and Friday, and from 9 a.m. to 12 p.m. on Wednesday.</p> <p>If you press “1”, you may access the automated RRB Help Line and recorded information 24 hours a day, including weekends and holidays.</p>
<b>TTY</b>	<p>1-312-751-4701</p> <p>This number is for people who have difficulty with hearing or speaking. You must have special telephone equipment to call it.</p> <p>Calls to this number are <i>not</i> free.</p>
<b>WEBSITE</b>	<p><a href="http://www.rrb.gov">www.rrb.gov</a></p>

## L. Group insurance or other insurance from an employer

If you (or your spouse or domestic partner) get benefits from your (or your spouse’s or domestic partner’s) employer or retiree group as part of this plan, you may call the employer/union benefits administrator or Member Services if you have any questions. You can ask about your (or your spouse’s or domestic partner’s) employer or retiree health benefits, premiums, or the enrollment period. You may also call 1-800-MEDICARE (1-800-633-4227; TTY: 1-877-486-2048) with questions related to your Medicare coverage under this plan.

If you have other prescription drug coverage through your (or your spouse’s or domestic partner’s) employer or retiree group, please contact **that group’s benefits administrator**. The benefits administrator can help you determine how your current prescription drug coverage will work with our plan.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

## Chapter 3: Using our plan's coverage for your health care and other covered services

---

### Introduction

This chapter has specific terms and rules you need to know to get health care and other covered services with our plan. It also tells you about your Care Management, how to get care from different kinds of providers and under certain special circumstances (including from out-of-network providers or pharmacies), what to do if you are billed directly for services we cover, and the rules for owning Durable Medical Equipment (DME). Key terms and their definitions appear in alphabetical order in the last chapter of your *Evidence of Coverage*.

### Table of Contents

A.	Information about services and providers .....	34
B.	Rules for getting services our plan covers .....	34
C.	Your Care Manager.....	36
C1.	What a Care Manager is.....	36
C2.	How you can contact your care manager .....	36
C3.	How you can change your care manager .....	36
D.	Care from providers .....	37
D1.	Care from a primary care provider (PCP).....	37
D2.	Care from specialists and other network providers.....	40
D3.	When a provider leaves our plan .....	41
D4.	Out-of-network providers .....	43
E.	Managed Long-term services and supports (MLTSS) .....	44
F.	Behavioral health (mental health and substance use disorder treatment) services.....	44
G.	How to get self-directed care through the Personal Preference Program (PPP).....	45
G1.	What self-directed care is .....	45
G2.	Who can get self-directed care .....	45
G3.	How to get help in employing personal care providers.....	45
H.	Transportation services.....	46



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

I.	Covered services in a medical emergency, when urgently needed, or during a disaster .....	46
I1.	Care in a medical emergency .....	46
I2.	Urgently needed care .....	48
I3.	Care during a disaster .....	49
J.	What to do if you are billed directly for services our plan covers .....	49
J1.	What to do if our plan does not cover services .....	49
K.	Coverage of health care services in a clinical research study .....	50
K1.	Definition of a clinical research study .....	50
K2.	Payment for services when you are in a clinical research study .....	50
K3.	More about clinical research studies .....	51
L.	How your health care services are covered in a religious non-medical health care institution .	51
L1.	Definition of a religious non-medical health care institution .....	51
L2.	Care from a religious non-medical health care institution .....	51
M.	Durable medical equipment (DME) .....	52
M1.	DME as a member of our plan .....	52
M2.	DME ownership if you switch to Original Medicare .....	53
M3.	Oxygen equipment benefits as a member of our plan .....	53
M4.	Oxygen equipment when you switch to Original Medicare or another Medicare Advantage (MA) plan .....	54



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

---

## A. Information about services and providers

**Services** are health care, Managed Long-Term Services and Supports (MLTSS), supplies, behavioral health services, prescription and over-the-counter drugs, equipment and other services. **Covered services** are any of these services that our plan pays for. Covered health care, behavioral health, and MLTSS are in **Chapter 4** of your *Evidence of Coverage*. Your covered services for prescription and over-the-counter drugs are in **Chapter 5** of your *Evidence of Coverage*.

**Providers** are doctors, nurses, and other people who give you services and care. Providers also include hospitals, home health agencies, clinics, and other places that give you health care services, behavioral health services, medical equipment, and certain MLTSS.

**Network providers** are providers who work with our plan. These providers agree to accept our payment as full payment. Network providers bill us directly for care they give you. When you use a network provider, you usually pay nothing for covered services.

---

## B. Rules for getting services our plan covers

Our plan covers all services covered by Medicare and NJ FamilyCare. This includes behavioral health and Managed Long Term Services and Supports (MLTSS).

Our plan will generally pay for health care services, behavioral health services, and MLTSS you get when you follow our rules. To be covered by our plan:

- The care you get must be a **plan benefit**. This means we include it in our Benefits Chart in **Chapter 4** of your *Evidence of Coverage*.
- The care must be **medically necessary**. By medically necessary, we mean you need services to prevent, diagnose, or treat your condition or to maintain your current health status. This includes care that keeps you from going into a hospital or nursing facility. It also means the services, supplies, or drugs meet accepted standards of medical practice.
- For medical services, you must have a network **primary care provider (PCP)** who orders the care or tells you to use another doctor. As a plan member, you must choose a network provider to be your PCP.
  - In most cases, your network PCP or our plan must give you approval before you can use a provider that is not your PCP or use other providers in our plan's network. This is called a **referral**. If you don't get approval, we may not cover the services.
  - Our plan's PCPs are affiliated with medical groups. When you choose your PCP, you are also choosing the affiliated medical group. This means that your PCP refers you to specialists and



---

**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

services that are also affiliated with their medical group. A medical group is an association of physicians, including PCPs and specialists, and other health care providers, including hospitals, that contract with the plan to provide services to enrollees.

- You do not need a referral from your PCP for emergency care or urgently needed care or to use a woman's health provider. You can get other kinds of care without having a referral from your PCP (for more information, refer to **Section D1** in this chapter).
- **You must get your care from network providers that are affiliated with your PCP's medical group.** Usually, we won't cover care from a provider who doesn't work with our health plan and your PCP's medical group. This means that you will have to pay the provider in full for the services provided. Here are some cases when this rule does not apply:
  - We cover emergency or urgently needed care from an out-of-network provider (for more information, refer to **Section I** in this chapter).
  - If you need care that our plan covers and our network providers can't give it to you, you can get care from an out-of-network provider. Please call us to find out about the authorization rules that you may need to follow prior to seeking care. In this situation, we cover the care at no cost to you.
  - We cover kidney dialysis services when you're outside our plan's service area for a short time or when your provider is temporarily unavailable or not accessible. You can get these services at a Medicare-certified dialysis facility.

### Services from Providers Not in Our Network

Sometimes a service you need is not available through a provider in our network. If this happens, we will cover it out-of-network. (Prior approval may be needed.)

Do you use an out-of-network provider that you think offers the best service to meet your medical or dental needs? Contact Member Services to ask about adding this provider to our network. Also, the provider can contact us about joining our network at [www.wellcarenewjersey.com/providers/non-wellcare-providers.html](http://www.wellcarenewjersey.com/providers/non-wellcare-providers.html).

Do you have a chronic condition that requires ongoing care from a specialist? If so, you can request a standing referral to that specialist. A standing referral means that you can see your specialist on a regular basis without needing to get a referral from your PCP.

Do you have questions or need help with a standing referral? If you do, please call Member Services toll-free at 1-866-892-8340 (TTY: 711). We are here between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

---

## C. Your Care Manager

### C1. What a Care Manager is

A care manager is a licensed nurse or social worker who will help you manage your care and make sure you get the services you need. They will work one-on-one with you to help coordinate your health care needs. To do this, they:

- May ask you questions to learn more about your condition;
- Work with your PCP to arrange services you need and help you understand your condition;
- Give you information to help you know how to care for yourself and how to get services, including local resources;
- Help with coordination of appointments and transportation; and
- Accompany you to any medical appointments as needed.

Our care managers help make sure you reach your healthcare goals and partner with you to actively manage your health to live a happier, healthier life.

### C2. How you can contact your care manager

A care manager will be assigned to you when you become a plan member. Your care manager will contact you when you enroll in our plan. Member Services can also let you know how you can contact your care manager. You can call Member Services if you need help getting in contact with your care manager.

### C3. How you can change your care manager

If you would like to change your care manager, please contact Member Services. If you need more help, please call our Member Services at 1-866-892-8340 (TTY: 711), Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

---

## D. Care from providers

### D1. Care from a primary care provider (PCP)

You must choose a PCP to provide and manage your care. Our plan's PCPs are affiliated with medical groups. When you choose your PCP, you are also choosing the affiliated medical group.

#### Definition of a PCP and what a PCP does do for you

When you become a member of our plan, you must choose a network provider from the Wellcare Dual Liberty (HMO D-SNP) network to be your PCP. In addition, you are limited to specialists and facilities that have agreed to participate in the Wellcare Dual Liberty (HMO D-SNP) plan. Because choosing this plan will require you to use only these specific providers for your care, it is important that you closely review the list of providers to make sure that it includes the providers you routinely use. This list is available on the plan website [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

When you become a member of our plan, you must first choose a plan provider to be your PCP. Your PCP is your partner in health, providing or coordinating your care. Your PCP is a health care professional who meets state requirements and is trained to give you basic medical care. These include doctors specializing in family practice, general practice, internal medicine, and geriatrics. A nurse practitioner (NP), a State licensed registered nurse with special training, providing a basic level of health care, or a Physician Assistant (PA), credentialed as a PCP, providing services within a primary care setting can also act as your PCP.

You will get most of your routine or basic care from your PCP. Your PCP will also help you arrange or coordinate the rest of the covered services you get as a member of our plan. This includes:

- behavioral health,
- x-rays,
- laboratory tests,
- therapies,
- care from doctors who are specialists,
- hospital admissions, and
- follow-up care.

“Coordinating” your covered services includes checking or consulting with other plan providers about your care and how it is going. For certain types of services or supplies, your PCP will need to get prior authorization (approval in advance). If the service you need requires prior authorization, your PCP will



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).



request the authorization from our plan. Since your PCP will provide and coordinate your medical care, you should have all of your past medical records sent to your PCP's office. You will usually see your PCP first for most of your routine health care needs. We recommend you have your PCP coordinate all of your care. Please refer to Section D2 in this chapter for more information.

In some cases, your PCP, or a specialist or other provider you're seeing, will need to obtain prior authorization (prior approval) from us for certain types of covered services and items. See Chapter 4 of this document for services and items that require prior authorization.

If you need to talk to your physician after normal business hours, call the physician's office and you will be directed to your physician, an answering machine with directions on where to obtain service, or another physician that is providing coverage. If you are experiencing an emergency, immediately call 911.

Wellcare Dual Liberty (HMO D-SNP) also has in network Federally Qualified Health Center (FQHC) that provides primary care services. FQHC can also be your PCP. You may access services at a Federally Qualified Health Center (FQHC) without the need for a referral.

### **Your choice of PCP**

To choose your PCP, go to our website at [www.wellcare.com/medicare](http://www.wellcare.com/medicare) and select a PCP from our plan network. Member Services can also help you choose a PCP. Once you have chosen your PCP call Member Services with your selection. Your PCP must be in our network.

If there is a particular plan specialist or hospital that you want to use, check first to be sure that the specialists and/or hospitals are in the PCP's network.

If you do not choose a PCP or if you chose a PCP that is not available with this plan, we will automatically assign you to a PCP.

### **Option to change your PCP**

You may change your PCP for any reason, at any time. Also, it's possible that your PCP may leave our plan's network. If your PCP leaves our network, we can help you find a new PCP in our network.

Keep in mind that if you change your PCP, you may be limited to specific specialists or hospitals to which your PCP refers (see **Chapter 1, Section J2**). If there is a particular plan specialist or hospital that you want to use, check first to be sure the PCP that you choose makes referrals to that specialist or uses that hospital (see below for more about referral relationships).

Member Services can assist you in selecting a new PCP. You should allow ample time for a change in a PCP selection to take effect. If you request to change your PCP on or before the 10th day of the month, the change will be made effective as of the first day of the month in which you call (retroactively). If you call after the 10th day of the month, your PCP change will be effective the 1st day of the following month. Example: If your PCP request is made on or before January 10th, the change can be made effective on



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).



February 1st. In order for Covered Services to be covered under our plan, you must continue to obtain Covered Services that are provided, ordered or arranged through your current PCP until the change takes effect. Be sure to ask Member Services about this when selecting a new PCP. When you call, be sure to tell Member Services if you are seeing specialists or getting other Covered Services that needed your PCP's approval (such as home health services and Durable Medical Equipment).

Under certain circumstances, you may continue receiving covered services from a participating physician or other health care professional who has left the network for up to four months beyond the effective date of termination (the end of the notice period).

- Additionally, if you are undergoing certain courses of treatment, you may receive longer periods of care as indicated below:
- Pregnancy – up to the postpartum evaluation (up to six weeks after delivery).
- Post-operative follow-up care (up to six months).
- Oncological treatment (up to one year).
- Psychiatric treatment (up to one year).

### Services you can get without approval from your PCP

In most cases, you need approval from your PCP before using other providers. This approval is called a **referral**. You can get services like the ones listed below without getting approval from your PCP first:

- emergency services from network providers or out-of-network providers
- urgently needed care from network providers
- urgently needed care from out-of-network providers when you can't get to a network provider (for example, if you're outside our plan's service area)

**Note:** Urgently needed care must be immediately needed and medically necessary.

- Kidney dialysis services that you get at a Medicare-certified dialysis facility when you're outside our plan's service area. Call Member Services before you leave the service area. We can help you get dialysis while you're away.
- Flu shots and COVID-19 vaccinations as well as hepatitis B vaccinations and pneumonia vaccinations as long as you get them from a network provider.
- Routine women's health care and family planning services. This includes breast exams, screening mammograms (X-rays of the breast), Pap tests, and pelvic exams.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

- Additionally, if eligible to get services from Indian health providers, you may use these providers without a referral.

## D2. Care from specialists and other network providers

A specialist is a doctor who provides health care for a specific disease or part of the body. There are many kinds of specialists, such as:

- Oncologists care for patients with cancer.
- Cardiologists care for patients with heart problems.
- Orthopedists care for patients with bone, joint, or muscle problems.

Covered Services that require a Prior Authorization are listed in the Medical Benefits Chart in **Chapter 4, Section D**. Covered Services requiring Prior Authorization may include, but are not limited to:

1. Diagnostic and therapeutic services;
2. Home Health Agency services;
3. Orthotic and Prosthetic devices; and
4. Durable Medical Equipment, oxygen and medical supplies.

Whenever you have a question or concern regarding the Covered Service authorization requirements under our plan, please contact Member Services.

If there is a specific plan provider you want to see (including a specialist), call your PCP at the number listed on your membership card to find out whether he or she refers patients to this provider.

Keep in mind, if you want to see a plan provider that your PCP does not currently refer to, tell your PCP the name of the plan provider you want to see. You have the right to request a referral to a different plan provider than the one selected by your PCP.

Before performing certain types of services, your PCP or specialist may need to get approval in advance from the plan (prior authorization). If granted, prior authorization will allow you to receive a specific service (or number of specific services). Once you have received the authorized number of services, your PCP or specialist will need to get additional approval from the plan for you to continue receiving specialized treatment. See the medical benefits chart in **Chapter 4, Section D** to learn which services require prior authorization.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

A written referral may be for one visit or it may be a standing referral for more than one visit if you need ongoing services. We must give you a standing referral to a qualified specialist for any of these conditions:

- a chronic (ongoing) condition;
- a life-threatening mental or physical illness;
- a degenerative disease or disability;
- any other condition or disease that is serious or complex enough to require treatment by a specialist.

If you do not get a written referral when needed, the bill may not be paid. For more information, call Member Services at the number at the bottom of this page.

If we are unable to find you a qualified plan network provider, we must give you a standing service authorization for a qualified specialist for any of these conditions:

- a chronic (ongoing) condition;
- a life-threatening mental or physical illness;
- a degenerative disease or disability;
- any other condition or disease that is serious or complex enough to require treatment by a specialist.

If you do not get a service authorization from us when needed, the bill may not be paid. For more information, call Member Services at the phone number printed at the bottom of this page.

### **D3. When a provider leaves our plan**

A network provider you use may leave our plan. If one of your providers leaves our plan, you have certain rights and protections that are summarized below:

- Even if our network of providers change during the year, we must give you uninterrupted access to qualified providers.
- We will notify you that your provider is leaving our plan so that you have time to select a new provider.
  - If your primary care or behavioral health provider leaves our plan, we will notify you if you have seen that provider within the past three years.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

- If any of your other providers leave our plan, we will notify you if you are assigned to the provider, currently receive care from them, or have seen them within the past three months.
- We help you select a new qualified in-network provider to continue managing your health care needs.
- Under certain circumstances, you may continue receiving covered services from a provider who has left our network for up to four months beyond the effective date of termination (the end of the notice period).
- If you are currently undergoing medical treatment or therapies with your current provider, you have the right to ask, and we work with you to ensure, that the medically necessary treatment or therapies you are getting continues. If you are undergoing certain courses of treatment, you may be able to receive longer periods of care as indicated below:
  - Pregnancy: up to the postpartum evaluation -- up to six weeks after delivery.
  - Post-operative follow-up care (care given after surgery): (up to six months).
  - Oncological treatment (treatment for cancer): up to one year.
  - Psychiatric treatment (mental health treatment with a psychiatrist): up to one year.
- We will provide you with information about the different enrollment periods available to you and options you may have for changing plans.
- If we can't find a qualified network specialist accessible to you, we must arrange an out-of-network specialist to provide your care when an in-network provider or benefit is unavailable or inadequate to meet your medical needs. Our plan must confirm there is not a network provider available, and the out-of-network provider must contact the plan to request an authorization for you to obtain services. If approved, the out-of-network provider will be issued an authorization to provide the service(s).
- If you think we haven't replaced your previous provider with a qualified provider or that we aren't managing your care well, you have the right to file a quality of care complaint to the QIO, a quality of care grievance, or both. (Refer to **Chapter 9, Section K** for more information.)

Under certain circumstances, for up to four months beyond the effective date of termination (the end of the notice period), you may continue receiving covered services from a provider who has left our network.

Additionally, if you are undergoing certain courses of treatment, you may receive longer periods of care as indicated below:

- pregnancy – up to the postpartum evaluation (up to six weeks after delivery)



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

- post-operative follow-up care (up to six months)
- oncological treatment (up to one year)
- psychiatric treatment (up to one year)

If you find out one of your providers is leaving our plan, contact us. We can assist you in finding a new provider and managing your care. For more information, call Member Services at the phone number printed at the bottom of this page.

#### **D4. Out-of-network providers**

Wellcare Dual Liberty (HMO D-SNP) has an extensive Provider network to provide all of your healthcare services. If you need medical care that our plan is required to cover and the providers in our network cannot provide this care, you can get this care from an Out-Of-Network Provider.

There are restrictions and requirements you must follow in order to receive care from an Out-Of- Network Provider.

If you are choosing to see an Out-Of-Network Provider you will need Prior Authorization from Wellcare for the service. Your PCP may have to help you obtain Prior Authorization for the service from Wellcare. The services must be medically necessary in order to receive prior authorization.

Family planning services obtained from Out-Of-Network providers will be covered directly by NJ FamilyCare (Medicaid) fee-for-service.

You are entitled to receive services from out-of-network providers for emergency or out-of-area urgently needed services. In addition, our plan must cover dialysis services for members with End-Stage Renal Disease (ESRD) who have traveled outside the plan's service area because they are not able to access network providers. ESRD services must be received at a Medicare-certified dialysis facility.

If you choose to see an Out-Of-Network provider without following the proper procedures the services may not be covered by Wellcare. Please contact Member Services (phone number printed at the bottom of this page) to assist you in finding a Wellcare Dual Liberty (HMO D-SNP) Provider who can best serve your needs.

If you use an out-of-network provider, the provider must be eligible to participate in Medicare and/or NJ FamilyCare.

- We cannot pay a provider who is not eligible to participate in Medicare and/or NJ FamilyCare.
- If you use a provider who is not eligible to participate in Medicare, you must pay the full cost of the services you get.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

- Providers must tell you if they are not eligible to participate in Medicare.

---

## E. Managed Long-term services and supports (MLTSS)

The MLTSS program provides Home- and Community-Based services for members that require the level of care typically provided in a Nursing Facility, and allows them to receive necessary care in a residential or community setting.

This MLTSS program is available to members who meet certain clinical and financial requirements. MLTSS services include (but are not limited to):

- assisted living services
- cognitive, speech, occupational, and physical therapy
- chore services
- home-delivered meals
- residential modifications (such as the installation of ramps or grab bars)
- vehicle modifications
- social adult day care
- non-medical transportation

You can talk to your care manager if you think MLTSS might be right for you. You can call Member Services at the number on the bottom of this page if you need help getting in contact with your care manager.

---

## F. Behavioral health (mental health and substance use disorder treatment) services

Wellcare covers a number of Behavioral Health (BH) benefits for you. Behavioral Health includes both mental health services and substance use disorder treatment services. Sometimes talking to a friend or family member can help you work out a problem. When that is not enough, call your doctor or Wellcare. We can give you support and help you find a provider that is a good match for you. We can talk to your providers/doctors and help you find mental health and substance use treatment disorder providers to help you. It is important for you to have someone to talk to so you can work on solving problems.

We have a 24-hour crisis line. If you think you or a family member is having a behavioral health crisis, call this number any time (24 hours a day, seven days a week) at 1-800-411-6485 (TTY 711). A trained person will listen to your problem. They will help you decide the best way to handle the crisis.



---

**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

---

## G. How to get self-directed care through the Personal Preference Program (PPP)

### G1. What self-directed care is

If you get services in your own home, and have qualified through the Medicaid Program, you can choose participant direction. (This is also called self-direction.)

The goal of participant direction is to give you the freedom to choose how to best manage your care. It empowers you to choose:

- What kind of care you want and need;
- When and where to get your care; and
- Who will provide your care.

### G2. Who can get self-directed care

To be eligible and maintain PPP enrollment, you are required to:

1. Complete Personal Care Assistant (PCA) assessment utilizing the state's PCA tool;
2. Complete a PCA reassessment annually or upon change in condition; and
3. Maintain NJ FamilyCare, and/or NJ FIDE SNP eligibility.

This is done via Options Counseling. A Care Manager will provide Options Counseling and provide details of the program and its requirements and member's responsibilities of selecting self-direction. This information will detail the specific differences between PPP and home health care agency delivered PCA to allow members to make an informed choice.

### G3. How to get help in employing personal care providers

You can hire who you want to care for you. This care includes services such as:

- Personal care;
- Non-medical transportation; and
- Chore and home-based supportive care.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).



You will be trained to make the right decisions about your care. You will also work with the people you hire to meet the goals in your plan of care. Ask about this when you meet with your Care Manager. Together you can decide if this would be a good choice for you. You may decide at some point that it is not for you. If so, you can choose to end self-direction at any time. You can also choose a family member to manage your self-direction for you. However, they cannot give you personal attendant services while managing your self-direction. The person who manages self-direction is called the Authorized Program Representative.

---

## H. Transportation services

Medicaid Fee-for-Service directly covers non-emergency transportation.

Covered services include mobile assistance vehicles (MAVs); non-emergency basic life support (BLS) ambulance (stretcher); and livery transportation services (such as bus and train fare or passes, or car service and reimbursement for mileage).

All non-emergency transportation is arranged through the state's transportation vendor, Modivcare. To schedule transportation, call Modivcare at 1-866-527-9933 (TTY 711), Monday – Friday 8:00 a.m. to 4:30 p.m. You can also ask your Care Manager to help you to arrange this service. Please call Member Services at the number on the bottom of this page.

---

## I. Covered services in a medical emergency, when urgently needed, or during a disaster

### I1. Care in a medical emergency

A medical emergency is a medical condition with symptoms such as severe pain or serious injury. The condition is so serious that, if it doesn't get immediate medical attention, you or anyone with an average knowledge of health and medicine could expect it to result in:

- serious risk to your health or to that of your unborn child; **or**
- serious harm to bodily functions; **or**
- serious dysfunction of any bodily organ or part; **or**
- in the case of a pregnant woman in active labor, when:
  - There is not enough time to safely transfer you to another hospital before delivery.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).



- A transfer to another hospital may pose a threat to your health or safety or to that of your unborn child.

If you have a medical emergency:

- **Get help as fast as possible.** Call 911 or use the nearest emergency room or hospital. Call for an ambulance if you need it. You do **not** need approval or a referral from your PCP. You do not need to use a network provider. You may get emergency medical care whenever you need it, anywhere in the U.S. or its territories or worldwide, from any provider with an appropriate state license.
- **As soon as possible, tell our plan about your emergency.** We follow up on your emergency care. You or someone else should call to tell us about your emergency care, usually within 48 hours. You can call Member Services or the number located on the back of your membership card. Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.

### Covered services in a medical emergency

If you need an ambulance to get to the emergency room, our plan covers that. We also cover medical services during the emergency. To learn more, refer to the Benefits Chart in **Chapter 4** of your *Evidence of Coverage*.

The providers who give you emergency care decide when your condition is stable and the medical emergency is over. They will continue to treat you and will contact us to make plans if you need follow-up care to get better.

Our plan covers your follow-up care. If you get your emergency care from out-of-network providers, we will try to get network providers to take over your care as soon as possible.

### Getting emergency care if it wasn't an emergency

Sometimes it can be hard to know if you have a medical or behavioral health emergency. You may go in for emergency care and the doctor says it wasn't really an emergency. As long as you reasonably thought your health was in serious danger, we cover your care.

After the doctor says it wasn't an emergency, we cover your additional care only if:

- You use a network provider **or**
- The additional care you get is considered "urgently needed care" and you follow the rules for getting it. Refer to the next section.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

## I2. Urgently needed care

Urgently needed care is care you get for a situation that isn't an emergency but needs care right away. For example, you might have a flare-up of an existing condition or an unforeseen illness or injury.

### Urgently needed care in our plan's service area

In most cases, we cover urgently needed care only if:

- You get this care from a network provider **and**
- You follow the rules described in this chapter.

If it is not possible or reasonable to get to a network provider, given your time, place or circumstances we cover urgently needed care you get from an out-of-network provider.

Please contact your PCP's office 24 hours a day if you need urgent care. You may be directed to obtain urgent care at a network urgent care center. A list of network urgent care centers can be found in the Provider & Pharmacy Directory or on our website at [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

You may also contact the Nurse Advice Line at any time. A nursing professional is standing by with answers to your questions 24 hours a day, seven days a week. For more information regarding the Nurse Advice Line, see the Health and Wellness Education Programs benefit category in Chapter 4 (Benefits chart) or call Member Services.

### Urgently needed care outside our plan's service area

When you're outside our plan's service area, you may not be able to get care from a network provider. In that case, our plan covers urgently needed care you get from any provider.

Our plan covers worldwide emergency and urgently needed care services outside the United States under the following circumstances. However, Medicare does not cover emergency care outside of the United States.

- You are covered for up to \$50,000 when traveling outside the United States under your worldwide emergency and urgent care coverage. Costs that exceed this amount will not be covered.
- Transportation back to the United States from another country and medication purchased while outside of the United States are not covered.
- Please contact us within 48 hours, if possible, to advise us of your emergency room visit.

For more information, see "Emergency Care and Urgently Needed Services" in the Benefits Chart in **Chapter 4, Section D**, of this document or call Member Services.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

### I3. Care during a disaster

If the governor of your state, the U.S. Secretary of Health and Human Services, or the president of the United States declares a state of disaster or emergency in your geographic area, you are still entitled to care from our plan.

Visit our website for information on how to get care you need during a declared disaster: <https://www.wellcare.com/disaster-coverage>.

During a declared disaster, if you can't use a network provider, you can get care from out-of-network providers at no cost to you. If you can't use a network pharmacy during a declared disaster, you can fill your prescription drugs at an out-of-network pharmacy. Refer to **Chapter 5, Section A8** of your *Evidence of Coverage* for more information.

---

## J. What to do if you are billed directly for services our plan covers

If a provider sends you a bill instead of sending it to our plan, you should ask us to pay the bill.

**You should not pay the bill yourself. If you do, we may not be able to pay you back.**

If you paid for your covered services or if you got a bill for covered medical services, refer to **Chapter 7** of your *Evidence of Coverage* to find out what to do.

### J1. What to do if our plan does not cover services

Our plan covers all services:

- that are determined medically necessary, **and**
- that are listed in our plan's Benefits Chart (refer to **Chapter 4** of your *Evidence of Coverage*), **and**
- that you get by following plan rules.

If you get services that our plan does not cover, **you pay the full cost yourself.**

If you want to know if we pay for any medical service or care, you have the right to ask us. You also have the right to ask for this in writing. If we say we will not pay for your services, you have the right to appeal our decision.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

**Chapter 9** of your *Evidence of Coverage* explains what to do if you want us to cover a medical service or item. It also tells you how to appeal our coverage decision. Call Member Services to learn more about your appeal rights.

We pay for some services up to a certain limit. If you go over the limit, you pay the full cost to get more of that type of service. Refer to **Chapter 4** for specific benefit limits. Call Member Services to find out what the benefit limits are and how much of your benefits you've used.

---

## **K. Coverage of health care services in a clinical research study**

### **K1. Definition of a clinical research study**

A clinical research study (also called a clinical trial) is a way doctors test new types of health care or drugs. A clinical research study approved by Medicare typically asks for volunteers to be in the study.

Once Medicare approves a study you want to be in, and you express interest, someone who works on the study contacts you. That person tells you about the study and finds out if you qualify to be in it. You can be in the study as long as you meet the required conditions. You must understand and accept what you must do in the study.

While you're in the study, you may stay enrolled in our plan. That way, our plan continues to cover you for services and care not related to the study.

If you want to take part in any Medicare-approved clinical research study, you do **not** need to tell us or get approval from us or your primary care provider. Providers that give you care as part of the study do **not** need to be network providers. Please note that this does not include benefits for which our plan is responsible that include, as a component, a clinical trial or registry to assess the benefit. These include certain benefits specified under national coverage determinations requiring coverage with evidence development (NCDs-CED) and investigational device exemption (IDE) and may be subject to prior authorization and other plan rules.

**We encourage you to tell us before you take part in a clinical research study.**

If you plan to be in a clinical research study, covered for enrollees by Original Medicare, we encourage you or your Care Manager to contact Member Services to let us know you will take part in a clinical trial.

### **K2. Payment for services when you are in a clinical research study**

If you volunteer for a clinical research study that Medicare approves, you pay nothing for the services covered under the study. Medicare pays for services covered under the study as well as routine costs



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

associated with your care. Once you join a Medicare-approved clinical research study, you're covered for most services and items you get as part of the study. This includes:

- room and board for a hospital stay that Medicare would pay for even if you weren't in a study
- an operation or other medical procedure that is part of the research study
- treatment of any side effects and complications of the new care

If you're part of a study that Medicare has **not** approved, you pay any costs for being in the study.

### K3. More about clinical research studies

You can learn more about joining a clinical research study by reading "Medicare & Clinical Research Studies" on the Medicare website ([www.medicare.gov/Pubs/pdf/02226-Medicare-and-Clinical-Research-Studies.pdf](http://www.medicare.gov/Pubs/pdf/02226-Medicare-and-Clinical-Research-Studies.pdf)). You can also call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

---

## L. How your health care services are covered in a religious non-medical health care institution

### L1. Definition of a religious non-medical health care institution

A religious non-medical health care institution is a place that provides care you would normally get in a hospital or skilled nursing facility. If getting care in a hospital or a skilled nursing facility is against your religious beliefs, we cover care in a religious non-medical health care institution.

This benefit is only for Medicare Part A inpatient services (non-medical health care services).

### L2. Care from a religious non-medical health care institution

To get care from a religious non-medical health care institution, you must sign a legal document that says you are against getting medical treatment that is "non-excepted."

- "Non-excepted" medical treatment is any care that is **voluntary and not required** by any federal, state, or local law.
- "Excepted" medical treatment is any care that is **not voluntary and is required** under federal, state, or local law.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

To be covered by our plan, the care you get from a religious non-medical health care institution must meet the following conditions:

- The facility providing the care must be certified by Medicare.
- Our plan's coverage of services is limited to non-religious aspects of care.
- If you get services from this institution that are provided to you in a facility:
  - You must have a medical condition that would allow you to get covered services for inpatient hospital care or skilled nursing facility care.
  - You must get approval from us before you are admitted to the facility, or your stay will **not** be covered.

Your stay in a religious non-medical health care institution is not covered by our plan unless you obtain authorization (approval) in advance from our plan. Your stay will also be subject to the same coverage rules as the inpatient or skilled nursing facility care you would otherwise have received. Please refer to the Benefits Chart in **Chapter 4, Section D**.

## M. Durable medical equipment (DME)

### M1. DME as a member of our plan

DME includes certain medically necessary items ordered by a provider, such as wheelchairs, crutches, powered mattress systems, diabetic supplies, hospital beds ordered by a provider for use in the home, intravenous (IV) infusion pumps, speech generating devices, oxygen equipment and supplies, nebulizers, and walkers.

You always own certain items, such as prosthetics.

In this section, we discuss DME you rent. As a member of our plan, you usually will **not** own DME, no matter how long you rent it.

In Original Medicare, people who rent certain types of DME own the equipment after paying copayments for the item for 13 months. As a member of our plan, there are also certain types of DME you will own after we have covered them for a specified number of months.

If you acquire ownership of a DME item while you are a member of our plan, and the equipment requires maintenance, then the provider is allowed to bill the plan for the cost of the repair.

There are also certain types of DME for which you will not acquire ownership. Call Member Services to find out about the rental or ownership requirements of DME and papers you need to provide.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

Even if you had DME for up to 12 months in a row under Medicare before you joined our plan, you will **not** own the equipment.

## M2. DME ownership if you switch to Original Medicare

In the Original Medicare program, people who rent certain types of DME own it after 13 months. In a Medicare Advantage (MA) plan, the plan can set the number of months people must rent certain types of DME before they own it.

**Note:** You can find definitions of Original Medicare and MA Plans in **Chapter 12**. You can also find more information about them in the Medicare & You 2025 handbook. If you don't have a copy of this booklet, you can get it at the Medicare website ([www.medicare.gov/medicare-and-you](http://www.medicare.gov/medicare-and-you)) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

You will have to make 13 payments in a row under Original Medicare, or you will have to make the number of payments in a row set by the MA plan, to own the DME item if:

- you did not become the owner of the DME item while you were in our plan, **and**
- you leave our plan and get your Medicare benefits outside of any health plan in the Original Medicare program or an MA plan.

If you made payments for the DME item under Original Medicare or an MA plan before you joined our plan, **those Original Medicare or MA plan payments do not count toward the payments you need to make after leaving our plan.**

- You will have to make 13 new payments in a row under Original Medicare or a number of new payments in a row set by the MA plan to own the DME item.
- There are no exceptions to this when you return to Original Medicare or an MA plan.

## M3. Oxygen equipment benefits as a member of our plan

If you qualify for oxygen equipment covered by Medicare and you're a member of our plan, we cover:

- rental of oxygen equipment
- delivery of oxygen and oxygen contents
- tubing and related accessories for the delivery of oxygen and oxygen contents
- maintenance and repairs of oxygen equipment



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).



Oxygen equipment must be returned when it's no longer medically necessary for you or if you leave our plan.

#### **M4. Oxygen equipment when you switch to Original Medicare or another Medicare Advantage (MA) plan**

When oxygen equipment is medically necessary and **you leave our plan and switch to Original Medicare**, you rent it from a supplier for 36 months. Your monthly rental payments cover the oxygen equipment and the supplies and services listed above.

If oxygen equipment is medically necessary **after you rent it for 36 months**, your supplier must provide:

- oxygen equipment, supplies, and services for another 24 months
- oxygen equipment and supplies for up to 5 years if medically necessary

If oxygen equipment is still medically necessary **at the end of the 5-year period**:

- Your supplier no longer has to provide it, and you may choose to get replacement equipment from any supplier.
- A new 5-year period begins.
- You rent from a supplier for 36 months.
- Your supplier then provides the oxygen equipment, supplies, and services for another 24 months.
- A new cycle begins every 5 years as long as oxygen equipment is medically necessary.

When oxygen equipment is medically necessary and **you leave our plan and switch to another MA plan**, the plan will cover at least what Original Medicare covers. You can ask your new MA plan what oxygen equipment and supplies it covers and what your costs will be.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).



## Chapter 4: Benefits chart

---

### Introduction

This chapter tells you about the services our plan covers and any restrictions or limits on those services. It also tells you about benefits not covered under our plan. Key terms and their definitions appear in alphabetical order in the last chapter of your *Evidence of Coverage*.

### Table of Contents

A.	Your covered services.....	56
A1.	During public health emergencies .....	56
B.	Rules against providers charging you for services.....	56
C.	About our plan's Benefits Chart .....	56
D.	Our plan's Benefits Chart .....	58
E.	Benefits covered outside of our plan .....	115
E1.	Hospice care .....	115
F.	Benefits not covered by our plan, Medicare, or NJ FamilyCare .....	116



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

---

## A. Your covered services

This chapter tells you about services our plan covers. You can also learn about services that are not covered. Information about drug benefits is in **Chapter 5** of your *Evidence of Coverage*. This chapter also explains limits on some services.

Because you get assistance from NJ FamilyCare, you pay nothing for your covered services as long as you follow our plan's rules. Refer to **Chapter 3, Section B** of your *Evidence of Coverage* for details about the plan's rules.

If you need help understanding what services are covered, call Member Services at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.

### A1. During public health emergencies

Wellcare Dual Liberty (HMO D-SNP) will follow any and all state and/or federal guidance related to a public health emergency (PHE). During a PHE, the plan will provide all necessary coverage for our members. The coverage may vary depending on the services received and the duration of the PHE. Please visit our website for more information on how to obtain needed care during a PHE at [www.wellcare.com/medicare](http://www.wellcare.com/medicare) or call Member Services. You can reach Member Services at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.

---

## B. Rules against providers charging you for services

We don't allow our providers to bill you for in network covered services. We pay our providers directly, and we protect you from any charges. This is true even if we pay the provider less than the provider charges for a service.

**You should never get a bill from a provider for covered services.** If you do, refer to **Chapter 7** of your *Evidence of Coverage* or call Member Services.

---

## C. About our plan's Benefits Chart

The Benefits Chart tells you the services our plan pays for. It lists covered services in alphabetical order and explains them.




**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

**We pay for the services listed in the Benefits Chart when the following rules are met.** You do **not** pay anything for the services listed in the Benefits Chart, as long as you meet the requirements described below.

- We provide covered Medicare and NJ FamilyCare covered services according to the rules set by Medicare and NJ FamilyCare.
- The services (including medical care, behavioral health and substance use disorder treatment services, Managed Long Term Services and Supports (MLTSS), supplies, equipment, and drugs) must be “medically necessary.” Medically necessary describes services, supplies, or drugs you need to prevent, diagnose, or treat a medical condition or to maintain your current health status. This includes care that keeps you from going into a hospital or nursing facility. It also means the services, supplies, or drugs meet accepted standards of medical practice.
- For new enrollees, the plan must provide a minimum 90-day transition period, during which time the new MA plan may not require prior authorization for any active course of treatment, even if the course of treatment was for a service that began with an out-of-network provider.
- You get your care from a network provider. A network provider is a provider who works with us. In most cases, care you receive from an out-of-network provider will not be covered unless it is an emergency or urgently needed care or unless your plan or a network provider has given you a referral. **Chapter 3** of your *Evidence of Coverage* has more information about using network and out-of-network providers.
- You have a primary care provider (PCP) or a care team that is providing and managing your care. In most cases, your PCP must give you approval before you can use a provider that is not your PCP or use other providers in the plan’s network. This is called a referral. **Chapter 3, Section D** of your *Evidence of Coverage* has more information about getting a referral and when you do **not** need one.
- We cover some services listed in the Benefits Chart only if your doctor or other network provider gets our approval first. This is called prior authorization (PA). We mark covered services in the Benefits Chart that need PA in bold type.

All preventive services are free. You will find this apple  next to preventive services in the Benefits Chart.

- **Community Connections** - Our plan can connect you to resources in your community to help you manage needs beyond your medical care that may affect the health of you or your loved ones. Through Community Connections, you can connect to a wide range of services that help you and your family or loved ones live a better, healthier life.




**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

Call our Community Connections Help Line at 1-866-775-2192 to be connected to services that can help:

- Have trouble getting enough food to feed you or your family;
- Worry about your housing or living conditions;
- Find it hard to get to appointments, work or school because of transportation issues;
- Feel unsafe or are experiencing domestic violence.
  - If you are in immediate danger, call 911;
- Have other types of need such as:
  - Financial assistance (utilities, rent);
  - Affordable childcare;
  - Job/education assistance;
  - Caregiver assistance and support; and
  - Family supplies - diapers, formula, cribs and more.


## D. Our plan's Benefits Chart

Services that our plan pays for	What you must pay and any additional requirements
 <p><b>Abdominal aortic aneurysm screening</b></p> <p>We pay for a one-time ultrasound screening for people at risk. The plan only covers this screening if you have certain risk factors and if you get a referral for it from your physician, physician assistant, nurse practitioner, or clinical nurse specialist.</p>	<p>\$0</p>



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.


**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

Services that our plan pays for	What you must pay and any additional requirements
<p><b>Acupuncture</b></p> <p>We pay for acupuncture visits if you have chronic low back pain, defined as:</p> <ul style="list-style-type: none"> <li>• lasting 12 weeks or longer;</li> <li>• not specific (having no systemic cause that can be identified, such as not associated with metastatic, inflammatory, or infectious disease);</li> <li>• not associated with surgery; <b>and</b></li> <li>• not associated with pregnancy.</li> </ul> <p>Acupuncture treatments must be stopped if you don't get better or if you get worse.</p> <p><b>Prior authorization may be required</b></p>	\$0
<p> <b>Alcohol misuse screening and counseling</b></p> <p>We pay for one alcohol-misuse screening for adults who misuse alcohol but are not alcohol dependent. This includes pregnant women.</p> <p>If you screen positive for alcohol misuse, you can get up to four brief, face-to-face counseling sessions each year (if you are able and alert during counseling) with a qualified primary care provider (PCP) or practitioner in a primary care setting.</p>	\$0
<p><b>Ambulance services</b></p> <p>Covered ambulance services, whether for an emergency or non-emergency situation, include ground and air (airplane and helicopter), and ambulance services. The ambulance will take you to the nearest place that can give you care.</p> <p>Your condition must be serious enough that other ways of getting to a place of care could risk your health or life.</p>	\$0



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.



**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

Services that our plan pays for	What you must pay and any additional requirements
<p>Ambulance services for other cases (non-emergent) must be approved by us. In cases that are not emergencies, we may pay for an ambulance. Your condition must be serious enough that other ways of getting to a place of care could risk your life or health.</p> <p><b>Prior authorization may be required</b></p>	
<p> <b>Annual wellness visit</b> You can get an annual checkup. This is to make or update a prevention plan based on your current risk factors. We pay for this once every 12 months.</p> <p><b>Note:</b> Your first annual wellness visit can't take place within 12 months of your <b>Welcome to Medicare</b> visit. However, you don't need to have had a <b>Welcome to Medicare</b> visit to get annual wellness visits after you've had Part B for 12 months.</p>	\$0
<p><b>Autism Spectrum Disorder Services</b></p> <p>For all members with an Autism Spectrum Disorder (ASD) diagnosis, we pay for:</p> <ul style="list-style-type: none"> <li>• Applied Behavioral Analysis (ABA)</li> <li>• augmentative and alternative communication services and devices</li> <li>• Sensory Integration (SI) services</li> <li>• allied health services (physical therapy, occupational therapy and speech therapy)</li> <li>• Developmental, Individual-differences, and Relationship-based (DIR) services, including but not limited to DIR Floortime and the Greenspan approach therapy</li> </ul>	\$0



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.




**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

Services that our plan pays for	What you must pay and any additional requirements
<p><b>Blood</b></p> <p>Whole blood and derivatives, as well as necessary processing and administration costs, are covered. Coverage is unlimited (no limit on volume or number of blood products), beginning at the first unit of blood.</p>	\$0
<p> <b>Bone mass measurement</b></p> <p>We pay for certain procedures for members who qualify (usually, someone at risk of losing bone mass or at risk of osteoporosis). These procedures identify bone mass, find bone loss, or find out bone quality.</p> <p>We pay for the services once every 24 months, or more often if medically necessary. We also pay for a doctor to look at and comment on the results.</p>	\$0
<p> <b>Breast cancer screening (mammograms)</b></p> <p>We pay for the following services:</p> <ul style="list-style-type: none"> <li>• one baseline mammogram between the ages of 35 and 39</li> <li>• one screening mammogram every 12 months for women age 40 and over</li> <li>• clinical breast exams once every 12 months</li> </ul>	\$0



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

Services that our plan pays for	What you must pay and any additional requirements
<p><b>Cardiac (heart) rehabilitation services</b></p> <p>We pay for cardiac rehabilitation services such as exercise, education, and counseling. Members must meet certain conditions and have a doctor's order.</p> <p>We also cover intensive cardiac rehabilitation programs, which are more intense than cardiac rehabilitation programs.</p>	\$0
<p> <b>Cardiovascular (heart) disease risk reduction visit (therapy for heart disease)</b></p> <p>We pay for one visit a year, or more if medically necessary, with your primary care provider (PCP) to help lower your risk for heart disease. During the visit, your doctor may:</p> <ul style="list-style-type: none"> <li>• discuss aspirin use,</li> <li>• check your blood pressure, <b>and/or</b></li> <li>• give you tips to make sure you are eating well.</li> </ul>	\$0
<p> <b>Cardiovascular (heart) disease testing</b></p> <p>We pay for blood tests to check for cardiovascular disease annually for all members 20 years of age or older, and more frequently if medically necessary. These blood tests also check for defects due to high risk of heart disease.</p>	\$0
<p> <b>Cervical and vaginal cancer screening</b></p> <p>We pay for the following services:</p> <ul style="list-style-type: none"> <li>• for all women: Pap tests and pelvic exams once every 12 months</li> </ul>	\$0



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).




Services that our plan pays for	What you must pay and any additional requirements
<p><b>Chiropractic services</b></p> <p>We pay for the following services:</p> <ul style="list-style-type: none"> <li>• adjustments of the spine to correct alignment</li> <li>• clinical laboratory services</li> <li>• certain medical supplies</li> <li>• durable medical equipment</li> <li>• prefabricated orthoses</li> <li>• physical therapy services</li> <li>• diagnostic radiological services when they are prescribed by a chiropractor within their scope of practice</li> </ul> <p><b>Prior authorization may be required</b></p>	<p>\$0</p>



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

Services that our plan pays for	What you must pay and any additional requirements
 <p><b>Colorectal cancer screening</b></p> <p>We pay for the following services:</p> <ul style="list-style-type: none"> <li>• Colonoscopy has no minimum or maximum age limitation and is covered once every 120 months (10 years) for patients not at high risk, or 48 months after a previous flexible sigmoidoscopy for patients who are not at high risk for colorectal cancer, and once every 24 months for high risk patients after a previous screening colonoscopy or barium enema.</li> <li>• Flexible sigmoidoscopy for patients 45 years and older. Once every 120 months for patients not at high risk after the patient received a screening colonoscopy. Once every 48 months for high risk patients from the last flexible sigmoidoscopy or barium enema.</li> <li>• Screening fecal-occult blood tests for patients 45 years and older. Once every 12 months.</li> <li>• Multitarget stool DNA for patients 45 to 85 years of age and not meeting high risk criteria. Once every 3 years.</li> <li>• Blood-based Biomarker Tests for patients 45 to 85 years of age and not meeting high risk criteria. Once every 3 years.</li> <li>• Barium Enema as an alternative to colonoscopy for patients at high risk and 24 months since the last screening barium enema or the last screening colonoscopy.</li> <li>• Barium Enema as an alternative to flexible sigmoidoscopy for patients not at high risk and 45 years or older. Once at least 48 months following the last screening barium enema or screening flexible sigmoidoscopy.</li> </ul> <p>Colorectal cancer screening tests include a follow-on screening colonoscopy after a Medicare covered non-invasive stool-based colorectal cancer screening test returns a positive result.</p>	<p>\$0</p>



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.



**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

Services that our plan pays for	What you must pay and any additional requirements
<p><b>Dental Services</b></p> <p>This benefit includes diagnostic, preventive, restorative, endodontic, periodontal, prosthetic, oral and maxillofacial surgical services, as well as other adjunctive general services.</p> <p>We pay for dental examinations, cleanings, fluoride treatment and any necessary x-rays. We pay for this service twice per rolling year. Examples of covered services include (but are not limited to):</p> <ul style="list-style-type: none"> <li>• oral evaluations (examinations)</li> <li>• x-rays and other diagnostic imaging</li> <li>• dental cleaning (prophylaxis)</li> <li>• topical fluoride treatments</li> <li>• fillings</li> <li>• crowns</li> <li>• root canal therapy</li> <li>• scaling and root planing</li> <li>• complete and partial dentures</li> <li>• oral surgical procedures (to include extractions)</li> <li>• intravenous anesthesia/sedation (where medically necessary for oral surgical procedures)</li> </ul> <p>Additional diagnostic, preventive and designated periodontal procedures can be considered for members with special health care needs.</p> <p>Some procedures may require prior authorization with documentation of medical necessity, including:</p> <ul style="list-style-type: none"> <li>• Orthodontic services for members up to age 21 with adequate documentation of a handicapping malocclusion or medical necessity.</li> <li>• Dental treatment in an operating room or ambulatory surgical center.</li> </ul> <p style="text-align: center;"><b>This benefit is continued on the next page.</b></p>	<p>\$0</p>



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.


**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

Services that our plan pays for	What you must pay and any additional requirements
<p><b>Dental Services (continued)</b></p> <p>We pay for some dental services when the service is an integral part of specific treatment of a beneficiary's primary medical condition. Some examples include reconstruction of the jaw following fracture or injury, tooth extractions done in preparation for radiation treatment for cancer involving the jaw, or oral exams preceding kidney transplantation.</p>	
<p> <b>Depression screening</b></p> <p>We pay for one depression screening each year. The screening must be done in a primary care setting that can give follow-up treatment and/or referrals.</p>	\$0
<p> <b>Diabetes screening</b></p> <p>We pay for this screening (includes fasting glucose tests) if you have any of the following risk factors:</p> <ul style="list-style-type: none"> <li>• high blood pressure (hypertension)</li> <li>• history of abnormal cholesterol and triglyceride levels (dyslipidemia)</li> <li>• obesity</li> <li>• history of high blood sugar (glucose)</li> </ul> <p>Tests may be covered in some other cases, such as if you are overweight and have a family history of diabetes.</p> <p>You may qualify for up to two diabetes screenings every 12 months following the date of your most recent diabetes screening test.</p>	\$0



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

Services that our plan pays for	What you must pay and any additional requirements
 <p><b>Diabetic self-management training, services, and supplies</b></p> <p>We pay for the following services for all people who have diabetes (whether they use insulin or not):</p> <ul style="list-style-type: none"> <li>• Supplies to monitor your blood glucose, including the following: <ul style="list-style-type: none"> <li>○ a blood glucose monitor</li> <li>○ blood glucose test strips</li> <li>○ lancet devices and lancets</li> <li>○ glucose-control solutions for checking the accuracy of test strips and monitors</li> </ul> </li> <li>• For people with diabetes who have severe diabetic foot disease, we pay for the following: <ul style="list-style-type: none"> <li>○ one pair of therapeutic custom-molded shoes (including inserts), including the fitting, and two extra pairs of inserts each calendar year, <b>or</b></li> <li>○ one pair of depth shoes, including the fitting, and three pairs of inserts each year (not including the non-customized removable inserts provided with such shoes)</li> </ul> </li> <li>• In some cases, we pay for training to help you manage your diabetes. To find out more, contact Member Services.</li> </ul> <p>OneTouch™ products by Lifescan are our preferred diabetic testing supplies (glucose monitors &amp; test strips). To get more information about the items that are on the preferred diabetic testing supplies list, please contact Member Services.</p> <p>If you use diabetic testing supplies that are not preferred by the plan, speak with your provider to get a new prescription or to request prior authorization for a non-preferred blood glucose monitor and test strips.</p> <p><b>Prior authorization may be required</b></p>	<p>\$0</p>



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

Services that our plan pays for	What you must pay and any additional requirements
<p><b>Doula Services</b></p> <p>We pay for the services of a doula. A doula is a trained professional who provides continuous physical, emotional, and informational support to the birthing parent throughout the perinatal period. A doula can also provide informational support for community-based resources. A doula does not replace a licensed medical professional, and cannot perform clinical tasks.</p>	\$0
<p><b>Durable medical equipment (DME) and related supplies</b></p> <p>Refer to <b>Chapter 12</b> of your <i>Evidence of Coverage</i> for a definition of “Durable medical equipment (DME).”</p> <p>We cover the following items:</p> <ul style="list-style-type: none"> <li>• wheelchairs</li> <li>• crutches</li> <li>• powered mattress systems</li> <li>• diabetic supplies</li> <li>• hospital beds ordered by a provider for use in the home</li> <li>• intravenous (IV) infusion pumps and pole</li> <li>• speech generating devices</li> <li>• oxygen equipment and supplies</li> <li>• nebulizers</li> <li>• walkers</li> <li>• standard curved handle or quad cane and replacement supplies</li> <li>• cervical traction (over the door)</li> <li>• bone stimulator</li> <li>• dialysis care equipment</li> </ul> <p style="text-align: right;"><b>This benefit is continued on the next page.</b></p>	\$0



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

Services that our plan pays for	What you must pay and any additional requirements
<p><b>Durable medical equipment (DME) and related supplies (continued)</b></p> <p>Other items may be covered.</p> <p>We pay for all medically necessary DME that Medicare and Medicaid usually pay for. If our supplier in your area does not carry a particular brand or maker, you may ask them if they can special order it for you.</p> <p><b>Prior authorization may be required</b></p>	
<p><b>Early and Periodic Screening Diagnosis and Treatment (EPSDT)</b></p> <p>For members under 21 years of age, we pay for the following services:</p> <ul style="list-style-type: none"> <li>• well child care</li> <li>• preventive screenings</li> <li>• medical examinations</li> <li>• vision and hearing screenings and services</li> <li>• immunizations</li> <li>• lead screening</li> <li>• private duty nursing services</li> </ul> <p>We pay for private duty nursing for eligible EPSDT members under 21 years of age who live in the community and whose medical condition and treatment plan justify the need.</p>	\$0



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

Services that our plan pays for	What you must pay and any additional requirements
<p><b>Emergency care</b></p> <p>Emergency care means services that are:</p> <ul style="list-style-type: none"> <li>• given by a provider trained to give emergency services, <b>and</b></li> <li>• needed to treat a medical emergency.</li> </ul> <p>A medical emergency is a medical condition with severe pain or serious injury. The condition is so serious that, if it does not get immediate medical attention, anyone with an average knowledge of health and medicine could expect it to result in:</p> <ul style="list-style-type: none"> <li>• serious risk to your health or to that of your unborn child; <b>or</b></li> <li>• serious harm to bodily functions; <b>or</b></li> <li>• serious dysfunction of any bodily organ or part.</li> <li>• In the case of a pregnant woman in active labor, when: <ul style="list-style-type: none"> <li>○ There is not enough time to safely transfer you to another hospital before delivery.</li> <li>○ A transfer to another hospital may pose a threat to your health or safety or to that of your unborn child.</li> </ul> </li> </ul> <p>For emergency room or urgent care visits outside the United States. You are covered for up to \$50,000 every year for emergency or urgent care services outside the United States.</p> <p>Note: Worldwide coverage of emergency room or urgent care visits outside the United States is a supplemental benefit offered by the plan.</p>	<p>\$0</p> <p>If you get emergency care at an out-of-network hospital and need inpatient care after your emergency is stabilized, you must return to a network hospital for your care to continue to be paid for. You can stay in the out-of-network hospital for your inpatient care only if our plan approves your stay.</p>



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).




Services that our plan pays for	What you must pay and any additional requirements
<p><b>Family planning services</b></p> <p>The law lets you choose any provider – whether a network provider or out-of-network provider – for certain family planning services. This means any doctor, clinic, hospital, pharmacy or family planning office.</p> <p>We pay for the following services:</p> <ul style="list-style-type: none"> <li>• family planning exam and medical treatment</li> <li>• family planning lab and diagnostic tests</li> <li>• family planning methods (IUC/IUD, implants, injections, birth control pills, patch, or ring)</li> <li>• family planning supplies with prescription (condom, sponge, foam, film, diaphragm, cap)</li> <li>• counseling and diagnosis of infertility and related services</li> <li>• counseling, testing, and treatment for sexually transmitted infections (STIs)</li> <li>• counseling and testing for HIV and AIDS, and other HIV-related conditions</li> <li>• permanent contraception (You must be age 21 or over to choose this method of family planning. You must sign a federal sterilization consent form at least 30 days, but not more than 180 days before the date of surgery.)</li> <li>• genetic counseling</li> </ul> <p>We also pay for some other family planning services. However, you must use a provider in our provider network for the following services:</p> <ul style="list-style-type: none"> <li>• treatment for medical conditions of infertility (This service does not include artificial ways to become pregnant.)</li> <li>• treatment for AIDS and other HIV-related conditions</li> <li>• genetic testing</li> </ul> <p><b>Services furnished by out-of-network providers are paid for directly by Medicaid.</b></p>	<p>\$0</p>



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

Services that our plan pays for	What you must pay and any additional requirements
 <p><b>Health and wellness education programs</b></p> <p><b>Fitness Benefit</b></p> <p>Our plan provides a fitness program that offers access to fitness locations nationwide.</p> <p>To help support an active and healthy lifestyle, you have access to the following features at no cost:</p> <ul style="list-style-type: none"> <li>• <b>Fitness Center Membership:</b> Choose from a number of in-person fitness centers that participate in the fitness network</li> <li>• <b>Home Fitness Kits:</b> You may choose from a variety of Home Fitness Kits, including a wearable fitness tracker. You can receive up to 1 kit per benefit year</li> <li>• <b>Digital Fitness Program:</b> Choose from thousands of on-demand workout videos through the digital library, access to virtual classes, and a mobile app.</li> </ul> <p>For more information regarding the fitness benefit, please call Member Services or visit our website at <a href="http://www.wellcare.com/medicare">www.wellcare.com/medicare</a>.</p> <p><b>Nurse Advice Line:</b></p> <p>Toll-free telephonic coaching and nurse advice from trained clinicians. The nurse advice line is available 24 hours a day, 7 days a week for assistance with health-related questions. You can reach the nurse advice line via the phone number on your member ID card, or by calling Member Services for transfer to the nurse advice line.</p> <p><b>Personal Emergency Response System (PERS)</b></p> <p>Coverage for one personal emergency medical response device per lifetime and the monthly fee. A personal emergency medical response device provides peace of mind and 24/7 response to your emergent and non-emergent needs.</p> <p>Members can choose from:</p>	<p>\$0</p>



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.


**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

Services that our plan pays for	What you must pay and any additional requirements
<ul style="list-style-type: none"> <li>• A traditional "hard-wired" PERS system that is connected via a landline. For hard-wired systems, an existing landline phone is required</li> <li>• Wireless PERS system</li> <li>• Wearable device options</li> </ul> <p>To find out more information call Member Services.</p>	
<p><b>Hearing services</b></p> <p>We pay for hearing and balance tests done by your provider. These tests tell you whether you need medical treatment. They are covered as outpatient care when you get them from a physician, audiologist, or other qualified provider.</p> <p>We pay for the following services:</p> <ul style="list-style-type: none"> <li>• routine hearing exams</li> <li>• diagnostic hearing exams and balance exams</li> <li>• otologic and hearing aid examinations prior to prescribing hearing aids</li> <li>• hearing aids, as well as associated accessories and supplies</li> <li>• exams for the purpose of fitting hearing aids</li> <li>• follow-up exams and adjustments</li> <li>• repairs after warranty expiration</li> </ul> <p><b>Prior authorization may be required</b></p>	\$0



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

Services that our plan pays for	What you must pay and any additional requirements
 <p><b>HIV screening</b></p> <p>We pay for one HIV screening exam every 12 months for people who:</p> <ul style="list-style-type: none"> <li>ask for an HIV screening test, <b>or</b></li> <li>are at increased risk for HIV infection.</li> </ul> <p>For women who are pregnant, we pay for up to three HIV screening tests during a pregnancy.</p>	\$0
<p><b>Home health agency care</b></p> <p>Before you can get home health services, a doctor must tell us you need them, and they must be provided by a home health agency. You must be homebound, which means leaving home is a major effort.</p> <p>We pay for the following services, and maybe other services not listed here:</p> <ul style="list-style-type: none"> <li>part-time or intermittent skilled nursing and home health aide services</li> <li>physical therapy, occupational therapy, and speech therapy</li> <li>medical and social services</li> <li>medical equipment and supplies</li> </ul> <p><b>Prior authorization may be required</b></p>	\$0



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

Services that our plan pays for	What you must pay and any additional requirements
<p><b>Home infusion therapy</b></p> <p>Our plan pays for home infusion therapy, defined as drugs or biological substances administered into a vein or applied under the skin and provided to you at home. The following are needed to perform home infusion:</p> <ul style="list-style-type: none"> <li>• the drug or biological substance, such as an antiviral or immune globulin;</li> <li>• equipment, such as a pump; <b>and</b></li> <li>• supplies, such as tubing or a catheter.</li> </ul> <p>Our plan covers home infusion services that include but are not limited to:</p> <ul style="list-style-type: none"> <li>• professional services, including nursing services, provided in accordance with your care plan;</li> <li>• member training and education not already included in the DME benefit;</li> <li>• remote monitoring; <b>and</b></li> <li>• monitoring services for the provision of home infusion therapy and home infusion drugs furnished by a qualified home infusion therapy supplier.</li> </ul>	\$0
<p><b>Hospice care</b></p> <p>You have the right to elect hospice if your provider and hospice medical director determine you have a terminal prognosis. This means you have a terminal illness and are expected to have six months or less to live. You can get care from any hospice program certified by Medicare. Our plan must help you find Medicare-certified hospice programs in the plan's service area. Your hospice doctor can be a network provider or an out-of-network provider.</p> <p style="text-align: right;"><b>This benefit is continued on the next page</b></p>	\$0



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.


**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

Services that our plan pays for	What you must pay and any additional requirements
<p><b>Hospice care (continued)</b></p> <p>Covered services include:</p> <ul style="list-style-type: none"> <li>• drugs to treat symptoms and pain</li> <li>• short-term respite care</li> <li>• home care</li> </ul> <p>The plan also covers certain durable medical equipment, as well as spiritual and grief counseling. For members under 21 years of age, both palliative and curative care are covered.</p> <p><b>Hospice services and services covered by Medicare Part A or Medicare Part B that relate to your terminal prognosis are billed to Medicare.</b></p> <ul style="list-style-type: none"> <li>• Refer to <b>Section F</b> of this chapter for more information.</li> </ul> <p><b>For services covered by our plan but not covered by Medicare Part A or Medicare Part B:</b></p> <ul style="list-style-type: none"> <li>• Our plan covers services not covered under Medicare Part A or Medicare Part B. We cover the services whether or not they relate to your terminal prognosis. You pay nothing for these services.</li> </ul> <p><b>For drugs that may be covered by our plan's Medicare Part D benefit:</b></p> <ul style="list-style-type: none"> <li>• Drugs are never covered by both hospice and our plan at the same time. For more information, refer to <b>Chapter 5, Section F3</b> of your <i>Evidence of Coverage</i>.</li> </ul> <p><b>Note:</b> If you need non-hospice care, call your Care Manager and/or Member Services to arrange the services. Non-hospice care is care that is not related to your terminal prognosis. Our plan covers all of your medical care not related to your terminal prognosis as it normally would.</p> <p style="text-align: right;"><b>This benefit is continued on the next page</b></p>	



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

Services that our plan pays for	What you must pay and any additional requirements
<p><b>Hospice care (continued)</b></p> <p>Our plan covers hospice consultation services (one time only) for a terminally ill member who has not chosen the hospice benefit.</p>	
<p> <b>Immunizations</b></p> <p>We pay for the following services:</p> <ul style="list-style-type: none"> <li>• pneumonia vaccines</li> <li>• flu/influenza shots, once each flu/influenza season in the fall and winter, with additional flu/influenza shots if medically necessary</li> <li>• hepatitis B vaccines if you are at high or intermediate risk of getting hepatitis B</li> <li>• COVID-19 vaccines</li> <li>• other vaccines if you are at risk and they meet Medicare Part B coverage rules</li> </ul> <p>The full childhood immunization schedule is covered for members under the age of 21.</p> <p>We pay for other vaccines that meet the Medicare Part D coverage rules. Refer to <b>Chapter 6, Section D</b> of your <i>Evidence of Coverage</i> to learn more.</p>	\$0
<p><b>Inpatient hospital care</b></p> <p>Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.</p> <p>We pay for the following services and other medically necessary services not listed here:</p>	\$0



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

Services that our plan pays for	What you must pay and any additional requirements
<ul style="list-style-type: none"> <li>• semi-private room (or a private room if medically necessary)</li> <li>• meals, including special diets</li> <li>• regular nursing services</li> <li>• costs of special care units, such as intensive care or coronary care units</li> <li>• drugs and medications</li> <li>• lab tests</li> <li>• X-rays and other radiology services</li> <li>• needed surgical and medical supplies</li> <li>• appliances, such as wheelchairs</li> <li>• operating and recovery room services</li> <li>• physical, occupational, and speech therapy</li> <li>• inpatient substance abuse disorder treatment services</li> <li>• in some cases, the following types of transplants: corneal, kidney, kidney/pancreas, heart, liver, lung, heart/lung, bone marrow, stem cell, and intestinal/multivisceral</li> </ul> <p style="text-align: center;"><b>This benefit is continued on the next page.</b></p>	



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).



Services that our plan pays for	What you must pay and any additional requirements
<p><b>Inpatient hospital care (continued)</b></p> <p>If you need a transplant, a Medicare-approved transplant center will review your case and decide if you are a candidate for a transplant. Transplant providers may be local or outside of the service area. If local transplant providers are willing to accept the Medicare rate, then you can get your transplant services locally or outside the pattern of care for your community. If our plan provides transplant services outside the pattern of care for our community and you choose to get your transplant there, we arrange or pay for lodging and travel costs for you and one other person.</p> <ul style="list-style-type: none"> <li>• blood, including storage and administration</li> <li>• physician services</li> </ul> <p><b>Note:</b> To be an inpatient, your provider must write an order to admit you formally as an inpatient of the hospital. Even if you stay in the hospital overnight, you might still be considered an “outpatient.” If you are not sure if you are an inpatient or an outpatient, you should ask the hospital staff.</p> <p>You can also find more information in a Medicare fact sheet called “Are you a Hospital Inpatient or Outpatient? If You Have Medicare – Ask!”. This fact sheet is available on the Web at <a href="https://www.medicare.gov/publications/11435-Medicare-Hospital-Benefits.pdf">medicare.gov/publications/11435-Medicare-Hospital-Benefits.pdf</a> or by calling 1-800-MEDICARE (1-800-633-4227). TTY users call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.</p> <p><b>Prior authorization may be required</b></p>	



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](https://www.wellcare.com/medicare).

Services that our plan pays for	What you must pay and any additional requirements
<p><b>Inpatient services in a psychiatric hospital</b></p> <p>We pay for mental health care services that require a hospital stay. We pay for acute inpatient hospitalization in a general hospital, regardless of the admitting diagnosis or treatment.</p> <p>The plan covers the following services:</p> <ul style="list-style-type: none"> <li>• inpatient services in a psychiatric hospital</li> <li>• services in a general hospital, psychiatric unit of an acute care hospital, Short Term Care Facility (STCF), or critical access hospital</li> <li>• Inpatient Medical Detox (Medically Managed Inpatient Withdrawal Management in a hospital setting)</li> </ul> <p><b>Prior authorization may be required</b></p>	<p>\$0</p>



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.


**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

Services that our plan pays for	What you must pay and any additional requirements
<p><b>Kidney disease services and supplies</b></p> <p>We pay for the following services:</p> <ul style="list-style-type: none"> <li>• Kidney disease education services to teach kidney care and help you make good decisions about your care. You must have stage IV chronic kidney disease, and your doctor must refer you. We cover up to six sessions of kidney disease education services.</li> <li>• Outpatient dialysis treatments, including dialysis treatments when temporarily out of the service area, as explained in <b>Chapter 3, Section D4</b> of your <i>Evidence of Coverage</i>, or when your provider for this service is temporarily unavailable or inaccessible.</li> <li>• Inpatient dialysis treatments if you're admitted as an inpatient to a hospital for special care</li> <li>• Self-dialysis training, including training for you and anyone helping you with your home dialysis treatments</li> <li>• Home dialysis equipment and supplies</li> <li>• Certain home support services, such as necessary visits by trained dialysis workers to check on your home dialysis, to help in emergencies, and to check your dialysis equipment and water supply.</li> </ul> <p>Your Medicare Part B drug benefit pays for some drugs for dialysis. For information, refer to "Medicare Part B prescription drugs" in this chart.</p>	<p>\$0</p>



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.



**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

Services that our plan pays for	What you must pay and any additional requirements
 <p><b>Lung cancer screening</b></p> <p>Our plan pays for lung cancer screening every 12 months if you:</p> <ul style="list-style-type: none"> <li>• are aged 50-77, <b>and</b></li> <li>• have a counseling and shared decision-making visit with your doctor or other qualified provider, <b>and</b></li> <li>• have smoked at least 1 pack a day for 20 years with no signs or symptoms of lung cancer or smoke now or have quit within the last 15 years</li> </ul> <p>After the first screening, our plan pays for another screening each year with a written order from your doctor or other qualified provider.</p>	\$0
<p><b>Managed Long Term Services and Supports (MLTSS)</b></p> <p>The MLTSS program provides Home- and Community-Based services for members that require the level of care typically provided in a Nursing Facility, and allows them to receive necessary care in a residential or community setting.</p> <p>This MLTSS program is available to members who meet certain clinical and financial requirements.</p> <p>MLTSS services include (but are not limited to):</p> <ul style="list-style-type: none"> <li>• assisted living services</li> <li>• cognitive, speech, occupational, and physical therapy</li> <li>• chore services</li> <li>• home-delivered meals</li> <li>• residential modifications (such as the installation of ramps or grab bars)</li> <li>• vehicle modifications</li> <li>• social adult day care</li> <li>• non-medical transportation</li> </ul>	\$0



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

Services that our plan pays for	What you must pay and any additional requirements
<p><b>Medical Day Care</b></p> <p>This benefit is for people with physical and/or cognitive impairments. Our plan pays for preventive, diagnostic, therapeutic and rehabilitative services under medical and nursing supervision in an ambulatory care setting to meet the needs of individuals with physical and/or cognitive impairments in order to support their community living.</p>	\$0
<p> <b>Medical nutrition therapy</b></p> <p>This benefit is for people with diabetes or kidney disease without dialysis. It is also for after a kidney transplant when referred by your doctor.</p> <p>We pay for three hours of one-on-one counseling services during your first year that you get medical nutrition therapy services under Medicare. We may approve additional services if medically necessary.</p> <p>We pay for two hours of one-on-one counseling services each year after that. If your condition, treatment, or diagnosis changes, you may be able to get more hours of treatment with a doctor's order. A doctor must prescribe these services and renew the order each year if you need treatment in the next calendar year. We may approve additional services if medically necessary.</p>	\$0
<p> <b>Medicare Diabetes Prevention Program (MDPP)</b></p> <p>Our plan pays for MDPP services. MDPP is designed to help you increase healthy behavior. It provides practical training in:</p> <ul style="list-style-type: none"> <li>• long-term dietary change, <b>and</b></li> <li>• increased physical activity, <b>and</b></li> <li>• ways to maintain weight loss and a healthy lifestyle.</li> </ul>	\$0



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

Services that our plan pays for	What you must pay and any additional requirements
<p><b>Medicare Part B prescription drugs</b></p> <p>These drugs are covered under Part B of Medicare. Our plan pays for the following drugs:</p> <ul style="list-style-type: none"> <li>• drugs you don't usually give yourself and are injected or infused while you get doctor, hospital outpatient, or ambulatory surgery center services</li> <li>• insulin furnished through an item of durable medical equipment (such as a medically necessary insulin pump)</li> <li>• the Alzheimer's drug, Leqembi (generic lecanemab) which is given intravenously (IV).</li> <li>• other drugs you take using durable medical equipment (such as nebulizers) that our plan authorized</li> <li>• clotting factors you give yourself by injection if you have hemophilia</li> <li>• transplant/immunosuppressive drugs: Medicare covers transplant drug therapy if Medicare paid for your organ transplant. You must have Part A at the time of the covered transplant, and you must have Part B at the time you get immunosuppressive drugs. Medicare Part D covers immunosuppressive drugs if Part B does not cover them,</li> <li>• osteoporosis drugs that are injected. We pay for these drugs if you are homebound, have a bone fracture that a doctor certifies was related to post-menopausal osteoporosis, and cannot inject the drug yourself</li> <li>• some antigens: Medicare covers antigens if a doctor prepares them and a properly instructed person (who could be you, the patient) gives them under appropriate supervision</li> </ul> <p><b>This benefit is continued on the next page</b></p>	<p>\$0</p>



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

Services that our plan pays for	What you must pay and any additional requirements
<p><b>Medicare Part B prescription drugs (continued)</b></p> <ul style="list-style-type: none"> <li>• certain oral anti-cancer drugs: Medicare covers some oral cancer drugs you take by mouth if the same drug is available in injectable form or the drug is a prodrug (an oral form of a drug that, when ingested, breaks down into the same active ingredient found in the injectable drug). As new oral cancer drugs become available, Part B may cover them. If Part B doesn't cover them, Part D does</li> <li>• oral anti-nausea drugs: Medicare covers oral anti-nausea drugs you use as part of an anti-cancer chemotherapeutic regimen if they're administered before, at, or within 48 hours of chemotherapy or are used as a full therapeutic replacement for an intravenous anti-nausea drug</li> <li>• certain oral End-Stage Renal Disease (ESRD) drugs if the same drug is available in injectable form and the Part B ESRD benefit covers it</li> <li>• calcimimetic medications under the ESRD payment system, including the intravenous medication Parsabiv, and the oral medication Sensipar</li> <li>• certain drugs for home dialysis, including heparin, the antidote for heparin (when medically necessary), and topical anesthetics,</li> </ul> <p style="text-align: right;"><b>This benefit is continued on the next page.</b></p>	



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

Services that our plan pays for	What you must pay and any additional requirements
<p><b>Medicare Part B prescription drugs (continued)</b></p> <ul style="list-style-type: none"> <li>erythropoiesis-stimulating agents: Medicare covers erthropoietin by injection if you have ESRD or you need this drug to treat anemia related to certain other conditions (such as Epogen®, Procrit®, Retacrit®, Epoetin Alfa, Aranesp®, Darbepoetin Alfa®, Mlcra®, or Methoxy polyethylene glycol-epotin beta)</li> <li>IV immune globulin for the home treatment of primary immune deficiency diseases</li> <li>parenteral and enteral nutrition (IV and tube feeding)</li> </ul> <p>The following link takes you to a list of Medicare Part B drugs that may be subject to step therapy: <a href="http://www.wellcare.com/PartBStepTherapy25">www.wellcare.com/PartBStepTherapy25</a>.</p> <p>We also cover some vaccines under our Medicare Part B and most adult vaccines under our Medicare Part D prescription drug benefit.</p> <p><b>Chapter 5</b> of your <i>Evidence of Coverage</i> explains our outpatient prescription drug benefit. It explains rules you must follow to have prescriptions covered.</p> <p><b>Chapter 6</b> of your <i>Evidence of Coverage</i> gives more information about the Explanation of Benefits (EOB) and how it helps you track your drug coverage.</p> <p><b>Prior authorization may be required</b></p>	



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).




Services that our plan pays for	What you must pay and any additional requirements
<p><b>Nursing facility care</b></p> <p>A nursing facility (NF) is a place that provides care for people who cannot get care at home but who do not need to be in a hospital.</p> <p>Services that we pay for include, but are not limited to, the following:</p> <ul style="list-style-type: none"> <li>• semiprivate room (or a private room if medically necessary)</li> <li>• meals, including special diets</li> <li>• nursing services</li> <li>• physical therapy, occupational therapy, and speech therapy</li> <li>• respiratory therapy</li> <li>• drugs given to you as part of your plan of care. (This includes substances that are naturally present in the body, such as blood-clotting factors.)</li> <li>• blood, including storage and administration</li> <li>• medical and surgical supplies usually given by nursing facilities</li> <li>• lab tests usually given by nursing facilities</li> <li>• X-rays and other radiology services usually given by nursing facilities</li> <li>• use of appliances, such as wheelchairs usually given by nursing facilities</li> </ul> <p style="text-align: right;"><b>This benefit is continued on the next page.</b></p>	<p>\$0</p>



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

Services that our plan pays for	What you must pay and any additional requirements
<p><b>Nursing facility care (continued)</b></p> <ul style="list-style-type: none"> <li>• physician/practitioner services</li> <li>• durable medical equipment</li> <li>• dental services, including dentures</li> <li>• vision benefits</li> <li>• hearing exams</li> <li>• chiropractic care</li> <li>• podiatry services</li> </ul> <p>You usually get your care from network facilities. However, you may be able to get your care from a facility not in our network. You can get care from the following places if they accept our plan's amounts for payment:</p> <ul style="list-style-type: none"> <li>• a nursing facility or continuing care retirement community where you were living right before you went to the hospital (as long as it provides nursing facility care).</li> <li>• a nursing facility where your spouse or domestic partner is living at the time you leave the hospital.</li> </ul> <p><b>Prior authorization may be required</b></p>	
<p> <b>Obesity screening and therapy to keep weight down</b></p> <p>If you have a body mass index of 30 or more, we pay for counseling to help you lose weight. You must get the counseling in a primary care setting. That way, it can be managed with your full prevention plan. Talk to your primary care provider to find out more.</p>	\$0



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

Services that our plan pays for	What you must pay and any additional requirements
<p><b>Opioid treatment program (OTP) services</b></p> <p>Our plan pays for the following services to treat opioid use disorder (OUD):</p> <ul style="list-style-type: none"> <li>• intake activities</li> <li>• periodic assessments</li> <li>• medications approved by the FDA and, if applicable, managing and giving you these medications</li> <li>• substance use disorder counseling</li> <li>• individual and group therapy</li> <li>• testing for drugs or chemicals in your body (toxicology testing)</li> </ul> <p><b>Prior authorization may be required</b></p>	<p>\$0</p>



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

Services that our plan pays for	What you must pay and any additional requirements
<p><b>Outpatient diagnostic tests and therapeutic services and supplies</b></p> <p>We pay for the following services and other medically necessary services not listed here:</p> <ul style="list-style-type: none"> <li>• X-rays</li> <li>• radiation (radium and isotope) therapy, including technician materials and supplies</li> <li>• surgical supplies, such as dressings</li> <li>• splints, casts, and other devices used for fractures and dislocations</li> <li>• lab tests</li> <li>• blood, including storage and administration</li> <li>• other outpatient diagnostic tests - Non-radiological diagnostic services (e.g., allergy test or EKG)</li> <li>• Other outpatient diagnostic tests (includes complex tests such as CT, MRI, MRA, SPECT) – Radiological diagnostic services, not including flat film x-rays</li> <li>• Spirometry for chronic obstructive pulmonary disease (COPD). Spirometry is a common office test used to check how well your lungs are working once you're being treated for COPD.</li> </ul> <p><b>Prior authorization may be required</b></p>	<p>\$0</p>



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

Services that our plan pays for	What you must pay and any additional requirements
<p><b>Outpatient hospital observation</b></p> <p>Observation services are hospital outpatient services given to determine if you need to be admitted as an inpatient or can be discharged.</p> <p>For outpatient hospital observation services to be covered, they must meet the Medicare criteria and be considered reasonable and necessary. Observation services are covered only when provided by the order of a physician or another individual authorized by state licensure law and hospital staff bylaws to admit patients to the hospital or order outpatient tests.</p> <p>Note: Unless the provider has written an order to admit you as an inpatient to the hospital, you are an outpatient. Even if you stay in the hospital overnight, you might still be considered an “outpatient.” If you are not sure if you are an outpatient, you should ask the hospital staff.</p> <p>You can also find more information in a Medicare fact sheet called “Are You a Hospital Inpatient or Outpatient? If You Have Medicare – Ask!” This fact sheet is available on the Web at <a href="https://www.medicare.gov/publications/11435-Medicare-Hospital-Benefits.pdf">medicare.gov/publications/11435-Medicare-Hospital-Benefits.pdf</a> or by calling 1-800-MEDICARE (1- 800-633-4227). TTY users call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.</p>	<p>\$0</p>



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

Services that our plan pays for	What you must pay and any additional requirements
<p><b>Outpatient hospital services</b></p> <p>We pay for medically necessary services you get in the outpatient department of a hospital for diagnosis or treatment of an illness or injury, such as:</p> <ul style="list-style-type: none"> <li>• Services in an emergency department or outpatient clinic, such as outpatient surgery or observation services <ul style="list-style-type: none"> <li>○ Observation services help your doctor know if you need to be admitted to the hospital as “inpatient.”</li> <li>○ Sometimes you can be in the hospital overnight and still be “outpatient.”</li> <li>○ You can get more information about being inpatient or outpatient in this fact sheet: <a href="https://www.medicare.gov/publications/11435-Medicare-Hospital-Benefits.pdf">medicare.gov/publications/11435-Medicare-Hospital-Benefits.pdf</a>.</li> </ul> </li> <li>• Labs and diagnostic tests billed by the hospital</li> <li>• Mental health care, including care in a partial-hospitalization program, if a doctor certifies that inpatient treatment would be needed without it</li> <li>• X-rays and other radiology services billed by the hospital</li> <li>• Medical supplies, such as splints and casts</li> <li>• Preventive screenings and services listed throughout the Benefits Chart</li> <li>• Some drugs that you can’t give yourself</li> </ul>	<p>\$0</p>



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](https://www.wellcare.com/medicare).

Services that our plan pays for	What you must pay and any additional requirements
<p><b>Outpatient mental health care</b></p> <p>We pay for mental health services provided by:</p> <ul style="list-style-type: none"> <li>• a state-licensed psychiatrist or doctor</li> <li>• a clinical psychologist</li> <li>• a clinical social worker</li> <li>• a clinical nurse specialist</li> <li>• a licensed professional counselor (LPC)</li> <li>• a licensed marriage and family therapist (LMFT)</li> <li>• a nurse practitioner (NP)</li> <li>• a physician assistant (PA)</li> <li>• any other Medicare-qualified mental health care professional as allowed under applicable state laws</li> <li>• an Independent Practitioner Network or IPN (psychiatrist, psychologist, or Advanced Practice Nurse (APN))</li> </ul> <p>Additionally, the plan covers the following services:</p> <ul style="list-style-type: none"> <li>• adult mental health rehabilitation (supervised group homes and apartments)</li> <li>• mental health outpatient (clinic/hospital services)</li> <li>• partial care and medication management</li> </ul> <p><b>Prior authorization may be required</b></p>	\$0
<p><b>Outpatient rehabilitation services</b></p> <p>We pay for physical therapy, occupational therapy, and speech therapy.</p> <p>You can get outpatient rehabilitation services from hospital outpatient departments, independent therapist offices, comprehensive outpatient rehabilitation facilities (CORFs), and other facilities.</p> <p><b>Prior authorization may be required</b></p>	\$0



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

Services that our plan pays for	What you must pay and any additional requirements
<p><b>Outpatient substance use disorder treatment services</b></p> <p><b>We pay for the following services, and maybe other services not listed here:</b></p> <ul style="list-style-type: none"> <li>• alcohol misuse screening and counseling</li> <li>• treatment of drug abuse</li> <li>• group or individual counseling by a qualified clinician</li> <li>• subacute detoxification in a residential addiction program</li> <li>• alcohol and/or drug services in an intensive outpatient treatment center</li> <li>• extended-release Naltrexone (vivitrol) treatment</li> </ul> <p>The plan covers substance use disorder screening, referrals, prescription drugs, and treatment of conditions. Covered services include, but are not limited to, the following:</p> <ul style="list-style-type: none"> <li>• non-medical detoxification/non-hospital based withdrawal management</li> <li>• substance use disorder short term residential</li> <li>• ambulatory withdrawal management with extended on-site monitoring/ambulatory detoxification</li> <li>• substance use disorder partial care</li> <li>• substance use disorder intensive outpatient</li> <li>• substance use disorder outpatient</li> <li>• opioid treatment services (methadone and non-methadone medication assisted treatment) <ul style="list-style-type: none"> <li>○ Refer to “Opioid treatment program (OTP) services” earlier in this chart for details.</li> </ul> </li> <li>• Peer Recovery Support Services (PRSS)</li> </ul> <p><b>Prior authorization may be required</b></p>	<p>\$0</p>



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).



Services that our plan pays for	What you must pay and any additional requirements
<p><b>Outpatient surgery</b></p> <p>We pay for outpatient surgery and services at hospital outpatient facilities and ambulatory surgical centers.</p> <p><b>Prior authorization may be required</b></p>	\$0
<p><b>Partial hospitalization services and intensive outpatient services</b></p> <p>Partial hospitalization is a structured program of active psychiatric treatment. It is offered as a hospital outpatient service or by a community mental health center. It is more intense than the care you get in your doctor's therapist's, licensed marriage and family therapist's (LMFT), or licensed professional counselor's office. It can help keep you from having to stay in the hospital.</p> <p><b>Intensive outpatient service</b> is a structured program of active behavioral (mental) health therapy treatment provided as a hospital outpatient service, a community mental health center, a Federally qualified health center, or a rural health clinic that is more intense than the care received in your doctor's or therapist's office but less intense than partial hospitalization.</p> <p><b>Prior authorization may be required</b></p>	\$0
<p><b>Personal Care Assistance (PCA)</b></p> <p>Covers health related tasks performed by a qualified individual in a member's home, under the supervision of a registered professional nurse, as certified by a physician in accordance with a member's written plan of care.</p>	\$0



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

Services that our plan pays for	What you must pay and any additional requirements
<p><b>Physician/provider services, including doctor's office visits</b></p> <p>We pay for the following services:</p> <ul style="list-style-type: none"> <li>• medically necessary health care or surgery services given in places such as:</li> <li>• physician's office</li> <li>• certified ambulatory surgical center</li> <li>• hospital outpatient department</li> <li>• consultation, diagnosis, and treatment by a specialist</li> <li>• basic hearing and balance exams given by your primary care provider, if your doctor orders them to find out whether you need treatment</li> </ul> <p style="text-align: right;"><b>This benefit is continued on the next page.</b></p>	<p>\$0</p>



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

Services that our plan pays for	What you must pay and any additional requirements
<p><b>Physician/provider services, including doctor’s office visits (continued)</b></p> <ul style="list-style-type: none"> <li>• Certain telehealth services, including: Urgently Needed Services, Home Health Services, Primary Care Physician, Occupational Therapy, Specialist, Individual and Group Sessions for Mental Health, Podiatry Services, Other Health Care Professional, Individual and Group Sessions for Psychiatric, Physical Therapy and Speech-Language Pathology Services, Individual and Group Sessions for Outpatient Substance Abuse, and Diabetes Self-Management Training <ul style="list-style-type: none"> <li>○ You have the option of getting these services through an in-person visit or by telehealth. If you choose to get one of these services by telehealth, you must use a network provider who offers the service by telehealth.</li> <li>○ Our plan offers 24 hours per day, 7 days per week virtual visit access to board certified doctors via Teladoc to help address a wide variety of health concerns/questions. Covered services include general medical, behavioral health, dermatology, and more.</li> <li>○ A virtual visit (also known as a telehealth consult) is a visit with a doctor either over the phone or internet using a smart phone, tablet, or a computer. Certain types of visits may require internet and a camera-enabled device.</li> <li>○ For more information, or to schedule an appointment, call Teladoc at 1-800-835-2362 (TTY: 711) 24 hours a day, 7 days a week.</li> </ul> </li> </ul> <p style="text-align: right;"><b>This benefit is continued on the next page.</b></p>	



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

Services that our plan pays for	What you must pay and any additional requirements
<p><b>Physician/provider services, including doctor’s office visits (continued)</b></p> <ul style="list-style-type: none"> <li>• telehealth services for monthly end-stage renal disease (ESRD) related visits for home dialysis members in a hospital-based or critical access hospital-based renal dialysis center, renal dialysis facility, or at home</li> <li>• telehealth services to diagnose, evaluate, or treat symptoms of a stroke</li> <li>• telehealth services for members with a substance use disorder or co-occurring mental health disorder</li> <li>• telehealth services for diagnosis, evaluation, and treatment of mental health disorders</li> <li>• telehealth services for mental health visits provided by Rural Health Clinics and Federally Qualified Health Centers</li> <li>• virtual check-ins (for example, by phone or video chat) with your doctor for 5-10 minutes</li> <li>• evaluation of video and/or images you send to your doctor, interpretation, and follow-up by your doctor within 24 hours</li> <li>• consultation your doctor has with other doctors by phone, the Internet, or electronic health record if you’re not a new patient</li> </ul> <p style="text-align: center;"><b>This benefit is continued on the next page.</b></p>	



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.


**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

Services that our plan pays for	What you must pay and any additional requirements
<p><b>Physician/provider services, including doctor’s office visits (continued)</b></p> <ul style="list-style-type: none"> <li>• second opinion by another network provider before surgery</li> <li>• Non-routine dental care. Covered services are limited to: <ul style="list-style-type: none"> <li>○ surgery of the jaw or related structures</li> <li>○ setting fractures of the jaw or facial bones</li> <li>○ pulling teeth before radiation treatments of neoplastic cancer</li> <li>○ services that would be covered when provided by a physician</li> </ul> </li> </ul> <p><b>Prior authorization may be required</b></p> <p><b>Referral rules may apply</b></p>	
<p><b>Podiatry services</b></p> <p>We pay for the following services:</p> <ul style="list-style-type: none"> <li>• diagnosis and medical or surgical treatment of injuries and diseases of the foot (such as hammer toe or heel spurs)</li> <li>• routine foot care for members with conditions affecting the legs, such as diabetes</li> <li>• routine exams</li> <li>• therapeutic shoes or inserts for those with severe diabetic foot disease, and exams to fit those shoes or inserts.</li> </ul> <p><b>Prior authorization may be required</b></p>	\$0
<p><b>Private Duty Nursing (PDN)</b></p> <p>This benefit is for eligible beneficiaries under 21 years of age who live in the community and whose medical condition and treatment plan justify the need. It is covered for MLTSS members of any age.</p>	\$0



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.


**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

Services that our plan pays for	What you must pay and any additional requirements
 <p><b>Prostate cancer screening exams</b></p> <p>For men age 50 and over, (and for men 40 and older with a family history of prostate cancer or other risk factors), we pay for the following services once every 12 months:</p> <ul style="list-style-type: none"> <li>• a digital rectal exam</li> <li>• a prostate specific antigen (PSA) test</li> </ul>	\$0
<p><b>Prosthetic and orthotic devices and related supplies</b></p> <p>Prosthetic devices replace all or part of a body part or function. These include but are not limited to:</p> <ul style="list-style-type: none"> <li>• testing, fitting, or training in the use of prosthetic and orthotic devices</li> <li>• colostomy bags and supplies related to colostomy care</li> <li>• pacemakers</li> <li>• braces</li> <li>• prosthetic shoes</li> <li>• artificial arms and legs</li> <li>• breast prostheses (including a surgical brassiere after a mastectomy)</li> </ul> <p>We pay for some supplies related to prosthetic and orthotic devices. We also pay to repair or replace prosthetic and orthotic devices.</p> <p>We offer some coverage after cataract removal or cataract surgery. Refer to “Vision care” later in this chart for details.</p> <p><b>Prior authorization may be required</b></p>	\$0



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

Services that our plan pays for	What you must pay and any additional requirements
<p><b>Pulmonary rehabilitation services</b></p> <p>We pay for pulmonary rehabilitation programs for members who have moderate to very severe chronic obstructive pulmonary disease (COPD). You must have an order for pulmonary rehabilitation from the doctor or provider treating the COPD.</p>	\$0
<p> <b>Sexually transmitted infections (STIs) screening and counseling</b></p> <p>We pay for screenings for chlamydia, gonorrhea, syphilis, and hepatitis B. These screenings are covered for pregnant women and for some people who are at increased risk for an STI. A primary care provider must order the tests. We cover these tests once every 12 months or at certain times during pregnancy.</p> <p>We also pay for up to two face-to-face, high-intensity behavioral counseling sessions each year for sexually active adults at increased risk for STIs. Each session can be 20 to 30 minutes long. We pay for these counseling sessions as a preventive service only if given by a primary care provider. The sessions must be in a primary care setting, such as a doctor's office.</p>	\$0



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).


Services that our plan pays for	What you must pay and any additional requirements
<p><b>Skilled nursing facility (SNF) care</b></p> <p>We pay for the following services, and maybe other services not listed here:</p> <ul style="list-style-type: none"> <li>• a semi-private room, or a private room if it is medically necessary</li> <li>• meals, including special diets</li> <li>• nursing services</li> <li>• physical therapy, occupational therapy, and speech therapy</li> <li>• drugs you get as part of your plan of care, including substances that are naturally in the body, such as blood-clotting factors</li> <li>• blood, including storage and administration</li> <li>• medical and surgical supplies given by nursing facilities</li> <li>• lab tests given by nursing facilities</li> <li>• X-rays and other radiology services given by nursing facilities</li> <li>• appliances, such as wheelchairs, usually given by nursing facilities</li> <li>• physician/provider services</li> <li>• long term (custodial) care in a nursing facility</li> </ul> <p>You usually get your care from network facilities. However, you may be able to get your care from a facility not in our network. You can get care from the following places if they accept our plan's amounts for payment:</p> <ul style="list-style-type: none"> <li>• a nursing facility or continuing care retirement community where you lived before you went to the hospital (as long as it provides nursing facility care)</li> <li>• a nursing facility where your spouse or domestic partner lives at the time you leave the hospital</li> </ul> <p><b>Prior authorization may be required</b></p>	<p>\$0</p>



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).



Services that our plan pays for	What you must pay and any additional requirements
 <p><b>Smoking and tobacco use cessation</b></p> <p>If you use tobacco, do not have signs or symptoms of tobacco-related disease, and want or need to quit:</p> <ul style="list-style-type: none"> <li>We pay for two quit attempts in a 12-month period as a preventive service. This service is free for you. Each quit attempt includes up to four face-to-face counseling visits.</li> </ul> <p>If you use tobacco and have been diagnosed with a tobacco-related disease or are taking medicine that may be affected by tobacco:</p> <ul style="list-style-type: none"> <li>We pay for two counseling quit attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits.</li> </ul> <p>The plan also covers over-the-counter (OTC) smoking cessation products, including nicotine gums, nicotine lozenges and nicotine patches.</p>	<p>\$0</p>



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

Services that our plan pays for	What you must pay and any additional requirements
<p><b>Social Support Platform</b></p> <p>Our plan provides an online social support platform to support your overall well-being. You have access to community, therapeutic activities, and plan-sponsored resources to help manage stress and anxiety. The platform makes it easy for you to join and stay involved to maintain a healthy behavioral health journey. It is available online 24/7, so you can use it whenever you want.</p> <p>Twill Platform includes:</p> <ul style="list-style-type: none"> <li>• Tailored Well-Being Programs: Access Twill Therapeutics' customized 4-week self-guided programs designed to enhance physical and emotional well-being, incorporating insights from healthy aging experts to specifically support members. Follow programs at your own pace and track your progress to monitor improvements in your health.</li> <li>• Peer and Expert Support: Connect with Twill Care in a moderated community space to interact with peers and medical experts. Obtain access to clinically reviewed articles and receive personalized recommendations for additional Wellcare services based on your interactions and identified needs.</li> <li>• Personalized Digital Health Tools: Engage in interactive activities, meditations, and games grounded in cognitive behavioral therapy, mindfulness, and positive psychology. These tools address key topics such as healthy aging, managing isolation, caregiving, grief, and finding purpose in aging, and more.</li> </ul> <p>Members can access the platform by logging into their member portal <a href="http://www.wellcare.com/medicare">www.wellcare.com/medicare</a> or by calling Member Services. After you register, you can access the platform directly at any time from a computer, tablet, or smartphone.</p>	<p>\$0</p>



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

Services that our plan pays for	What you must pay and any additional requirements
<p><b>Supervised exercise therapy (SET)</b></p> <p>We pay for SET for members with symptomatic peripheral artery disease (PAD).</p> <p>Our plan pays for:</p> <ul style="list-style-type: none"> <li>• up to 36 sessions during a 12-week period if all SET requirements are met</li> <li>• an additional 36 sessions over time if deemed medically necessary by a health care provider</li> </ul> <p>The SET program must be:</p> <ul style="list-style-type: none"> <li>• 30 to 60-minute sessions of a therapeutic exercise-training program for PAD in members with leg cramping due to poor blood flow (claudication)</li> <li>• in a hospital outpatient setting or in a physician's office</li> <li>• delivered by qualified personnel who make sure benefit exceeds harm and who are trained in exercise therapy for PAD</li> <li>• under the direct supervision of a physician, physician assistant, or nurse practitioner/clinical nurse specialist trained in both basic and advanced life support techniques</li> </ul>	<p>\$0</p>



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

Services that our plan pays for	What you must pay and any additional requirements
<p><b>Transportation</b></p> <p>Medicaid Fee-for-Service directly covers non-emergency transportation.</p> <p>Covered services include mobile assistance vehicles (MAVs); non-emergency basic life support (BLS) ambulance (stretcher); and livery transportation services (such as bus and train fare or passes, or car service and reimbursement for mileage).</p> <p>All non-emergency transportation is arranged through the state's transportation vendor, Modivcare. To schedule transportation, call Modivcare at 1-866-527-9933. You can also ask your PCP or Care Manager to help you to arrange this service. Please call your care manager and/or Member Services at 1-866-892-8340 (TTY: 711).</p>	<p>\$0</p>



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

Services that our plan pays for	What you must pay and any additional requirements
<p><b>Urgently needed care</b></p> <p>Urgently needed care is care given to treat:</p> <ul style="list-style-type: none"> <li>• a non-emergency that requires immediate medical care, <b>or</b></li> <li>• an unforeseen illness, <b>or</b></li> <li>• an injury, <b>or</b></li> <li>• a condition that needs care right away.</li> </ul> <p>If you require urgently needed care, you should first try to get it from a network provider. However, you can use out-of-network providers when you can't get to a network provider because given your time, place or circumstances, it is not possible, or it is unreasonable, to obtain services from network providers (for example, when you are outside the plan's service area and you require medically needed immediate services for an unseen condition but it is not a medical emergency).</p> <p><b>Outside the United States - Worldwide Emergency Coverage:</b></p> <p>Urgently needed services or emergency room visits outside the United States are covered for up to \$50,000 every year.</p> <p><b>Note:</b> Worldwide coverage of urgent care visits outside the United States is a supplemental benefit offered by the plan.</p>	<p>\$0</p>



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

Services that our plan pays for	What you must pay and any additional requirements
<p><b>Value-Based Insurance Design (VBID) Model</b></p> <p>Because your plan participates in the Value-Based Insurance Design Program, you can also use your Wellcare Spendables™ allowance towards any of the benefits shown below. You must continue to be enrolled in this plan to receive the VBID benefit. This allowance is combined with your OTC benefit. See the Wellcare Spendables section in this chart for more information about the Wellcare Spendables card.</p> <p>Medicare approved Wellcare Dual Liberty (HMO D-SNP) to provide these benefits as part of the Value-Based Insurance Design program. This program lets Medicare try new ways to improve Medicare Advantage plans.</p> <p><b>Gas pay-at-pump</b></p> <p>You can use your card to pay for gas directly at the pump at participating locations. The card cannot be used to pay in-person at the cash register. Your card can only be used to pump gas up to the available allowance amount.</p> <p style="text-align: center;"><b>This benefit is continued on the next page.</b></p>	<p>\$0</p>



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

Services that our plan pays for	What you must pay and any additional requirements
<p><b>Value-Based Insurance Design (VBID) (continued)</b></p> <p><b>Healthy Food</b></p> <p>You can use your card for Healthy foods and produce at participating retailers. Prepared meals available for order via online portal. The card cannot be used to buy tobacco or alcohol. Approved items include:</p> <ul style="list-style-type: none"> <li>• Meat and poultry</li> <li>• Fruits and vegetables</li> <li>• Nutritional drinks</li> <li>• Use your in-app barcode scanner to locate approved items at retail locations, log into your member portal or refer to your catalog.</li> </ul> <p><b>Home Improvement and Safety Items</b></p> <p>You can use your card to help with the cost of home improvement and safety items. Log into your member portal to purchase accepted items. Approved items include:</p> <ul style="list-style-type: none"> <li>• Grab bars or doorknobs and non-slip floor coverings</li> <li>• Safety chairs and bathroom modification aids</li> <li>• Portable air conditioning and air quality products</li> <li>• Pest and insect control supplies</li> </ul> <p><b>Rent Assistance</b></p> <p>You can use your card to help with the cost of rent for your home. Log into your member portal to pay providers or pay direct to providers where payments are accepted.</p> <p style="text-align: center;"><b>This benefit is continued on the next page.</b></p>	



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

Services that our plan pays for	What you must pay and any additional requirements
<p><b>Value-Based Insurance Design (VBID) (continued)</b></p> <p><b>Utility Assistance</b></p> <p>You can use your card to help with the cost of utilities for your home. Log into your member portal or pay utility providers direct where payments are accepted. The card cannot be used to setup automatic recurring payments.</p> <p>Approved expenses for this benefit include:</p> <ul style="list-style-type: none"> <li>• Electric, gas, sanitary/trash, and water utility services</li> <li>• Landline and cell phone service</li> <li>• Internet service</li> <li>• Cable TV service (excludes streaming services)</li> <li>• Certain petroleum expenses, such as home heating oil</li> </ul>	
<p><b>Vision care</b></p> <p>We pay for outpatient doctor services for the diagnosis and treatment of diseases and injuries of the eye, including a comprehensive eye exam once per year for all members. For example, this includes annual eye exams for diabetic retinopathy for people with diabetes and treatment for age-related macular degeneration.</p> <p style="text-align: center;"><b>This benefit is continued on the next page.</b></p>	\$0



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).




Services that our plan pays for	What you must pay and any additional requirements
<p><b>Vision care (continued)</b></p> <p>For people at high risk of glaucoma, we pay for one glaucoma screening each year. People at high risk of glaucoma include:</p> <ul style="list-style-type: none"> <li>• people with a family history of glaucoma</li> <li>• people with diabetes</li> <li>• African-Americans who are age 50 and over</li> <li>• Hispanic Americans who are 65 or over</li> </ul> <p>For all other members age 35 or older, a glaucoma screening is covered every five years.</p> <p>We pay for one pair of glasses or contact lenses after each cataract surgery when the doctor inserts an intraocular lens.</p> <p>If you have two separate cataract surgeries, you must get one pair of glasses after each surgery. You cannot get two pairs of glasses after the second surgery, even if you did not get a pair of glasses after the first surgery.</p> <p>The plan also covers the following:</p> <ul style="list-style-type: none"> <li>• optometrist services and optical appliances, including artificial eyes, low vision devices, vision training devices, and intraocular lenses</li> <li>• replacement lenses and frames (or contact lenses) <ul style="list-style-type: none"> <li>○ once every 24 months for beneficiaries age 19 through 59, <b>or</b></li> <li>○ once per year for beneficiaries 18 years of age or younger, <b>or</b></li> <li>○ once per year for beneficiaries 60 years of age or older</li> </ul> </li> </ul> <p><b>Prior authorization may be required</b></p>	



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

Services that our plan pays for	What you must pay and any additional requirements
 <p><b>“Welcome to Medicare” preventive visit</b></p> <p>We cover the one-time “Welcome to Medicare” preventive visit. The visit includes:</p> <ul style="list-style-type: none"> <li>• a review of your health,</li> <li>• education and counseling about the preventive services you need (including screenings and shots), <b>and</b></li> <li>• referrals for other care if you need it</li> </ul> <p><b>Note:</b> We cover the “Welcome to Medicare” preventive visit only during the first 12 months that you have Medicare Part B. When you make your appointment, tell your doctor’s office you want to schedule your “Welcome to Medicare” preventive visit.</p>	<p>\$0</p>



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

Services that our plan pays for	What you must pay and any additional requirements
<p><b>Wellcare Spendables™</b></p> <p>You will receive <b>\$184 monthly</b> preloaded on your Wellcare Spendables™ card. Your monthly allowance rolls over to the following month if unused and expires at the end of the plan year.</p> <p><b><u>Your card allowance can be used towards:</u></b></p> <p><b>Over-the-Counter items (OTC)</b></p> <p>Your card can be used at participating retail locations, via mobile app, or login to your member portal to place an order for home delivery.</p> <p>Covered items include:</p> <ul style="list-style-type: none"> <li>• Brand name and generic over-the-counter items</li> <li>• Vitamins, pain relievers, cold and allergy items, diabetes items</li> <li>• Use your in-app barcode scanner to locate approved items at retail locations, log into your member portal or refer to your catalog.</li> </ul> <p>Note: Under certain circumstances diagnostic equipment and smoking-cessation aids are covered under the plan's medical benefits. You should (when possible) use our plan's medical benefits prior to spending your OTC allowance for these items.</p> <p><b><u>Because your plan participates in the Value-Based Insurance Design Program, you can also use your card towards any of the below benefits:</u></b></p> <ul style="list-style-type: none"> <li>• Gas pay-at-pump</li> <li>• Healthy Food</li> <li>• Home Improvement and Safety Items</li> <li>• Rent Assistance</li> <li>• Utility Assistance</li> </ul> <p><u>Refer to Value-Based Insurance Design (VBID) Model in this chart for more information on these benefits.</u></p> <p style="text-align: center;"><b>This benefit is continued on the next page.</b></p>	<p>\$0</p>



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

Services that our plan pays for	What you must pay and any additional requirements
<p><b>Wellcare Spendables™ (continued)</b></p> <p><b><u>How to use your card:</u></b></p> <ul style="list-style-type: none"> <li>• Activate your card before you use it.</li> <li>• Visit a participating retailer, log into the portal link listed below, or download the mobile app.</li> <li>• Select your approved items/services.</li> <li>• Proceed to the retailer's checkout and pay with your Wellcare Spendables™ card. For online or mobile app orders, enter your card number at checkout.</li> <li>• Your card is not a credit card but may be entered as 'credit' to checkout. If prompted, your PIN is the last 4 digits of your card number.</li> </ul> <p><b>Note:</b></p> <ul style="list-style-type: none"> <li>• Once you've used your spending allowance, you are responsible for the remaining cost of your purchases.</li> <li>• Items purchased in store may be returned following the retailers return and exchange policies.</li> <li>• If your card is not functioning properly or in the event of a technical issue, please contact us at the number below.</li> <li>• Wellcare is not responsible for lost or stolen cards.</li> <li>• The Wellcare Spendables™ card is only for your personal use, cannot be sold or transferred, and has no cash value.</li> <li>• Limitations and restrictions may apply, only approved items are covered.</li> <li>• This is not a Medicaid benefit.</li> </ul> <p style="text-align: center;"><b>This benefit is continued on the next page.</b></p>	



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

Services that our plan pays for	What you must pay and any additional requirements
<p><b>Wellcare Spendables™ (continued)</b></p> <p><b>For more information about the Wellcare Spendables™ card or to request a catalog, please call:</b> 1-855-744-8550, TTY: 711. Hours are: Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.</p> <p><b>You can also visit us online at:</b> <a href="http://member.wellcare.com">member.wellcare.com</a>.</p>	

## E. Benefits covered outside of our plan

We don't cover the following services, but they are available through Medicare or NJ FamilyCare.

- Non-emergency transportation, including mobile assistance vehicles (MAVs); non-emergency basic life support (BLS) ambulance (stretcher); and delivery transportation services (such as bus and train fare or passes, or car service and reimbursement for mileage). These services are paid for directly by Medicaid (also known as Medicaid Fee-for-Service).

### E1. Hospice care

You have the right to elect hospice if your provider and hospice medical director determine you have a terminal prognosis. This means you have a terminal illness and are expected to have six months or less to live. You can get care from any hospice program certified by Medicare. The plan must help you find Medicare-certified hospice programs. Your hospice doctor can be a network provider or an out-of-network provider.

Refer to the Benefits Chart in **Section D** for more information about what we pay for while you are getting hospice care services.

**For hospice services and services covered by Medicare Part A or Medicare Part B that relate to your terminal prognosis**



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

- The hospice provider bills Medicare for your services. Medicare pays for hospice services related to your terminal prognosis. You pay nothing for these services.

**For services covered by Medicare Part A or Medicare Part B that are not related to your terminal prognosis**

- The provider will bill Medicare for your services. Medicare will pay for the services covered by Medicare Part A or Medicare Part B. You pay nothing for these services.

**For drugs that may be covered by our plan’s Medicare Part D benefit**

- Drugs are never covered by both hospice and our plan at the same time. For more information, refer to **Chapter 5, Section F** of your *Evidence of Coverage*.

**Note:** If you need non-hospice care, call your Care Manager to arrange the services. Non-hospice care is care not related to your terminal prognosis.

## F. Benefits not covered by our plan, Medicare, or NJ FamilyCare

This section tells you about benefits excluded by our plan. “Excluded” means that we do not pay for these benefits. Medicare and Medicaid do not pay for them either.

The list below describes some services and items not covered by us under any conditions and some excluded by us only in some cases.

We do not pay for excluded medical benefits listed in this section (or anywhere else in this *Evidence of Coverage*) except under specific conditions listed. Even if you receive the services at an emergency facility, the plan will not pay for the services. If you think that our plan should pay for a service that is not covered, you can request an appeal. For information about appeals, refer to **Chapter 9** of your *Evidence of Coverage*.

In addition to any exclusions or limitations described in the Benefits Chart, our plan does not cover the following items and services:

- services considered not “reasonable and medically necessary”, according Medicare and NJ FamilyCare standards, unless we list these as covered services
- experimental medical and surgical treatments, items, and drugs, unless Medicare, a Medicare-approved clinical research study, or our plan covers them. Refer to **Chapter 3** of your *Evidence of Coverage* for more information on clinical research studies. Experimental treatment and items are those that are not generally accepted by the medical community.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

- surgical treatment for morbid obesity, except when medically necessary and Medicare pays for it
- a private room in a hospital, except when medically necessary
- personal items in your room at a hospital or a nursing facility, such as a telephone or television
- fees charged by your immediate relatives or members of your household
- elective or voluntary enhancement procedures or services (including weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging and mental performance), except when medically necessary
- cosmetic surgery or other cosmetic work, unless it is needed because of an accidental injury or to improve a part of the body that is not shaped right. However, we pay for reconstruction of a breast after a mastectomy and for treating the other breast to match it
- chiropractic care, other than manual manipulation of the spine consistent with coverage guidelines, and as described in Chiropractic Services in the Benefits Chart in **Section D**
- routine foot care, except as described in Podiatry services in the Benefits Chart in **Section D**
- orthopedic shoes, unless the shoes are part of a leg brace and are included in the cost of the brace, or the shoes are for a person with diabetic foot disease
- supportive devices for the feet, except for orthopedic or therapeutic shoes for people with diabetic foot disease
- radial keratotomy and LASIK surgery
- reversal of sterilization procedures and non-prescription contraceptive supplies
- naturopath services (the use of natural or alternative treatments)
- services provided to veterans in Veterans Affairs (VA) facilities



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

## Chapter 5: Getting your outpatient prescription drugs

---

### Introduction

This chapter explains rules for getting your outpatient prescription drugs. These are drugs that your provider orders for you that you get from a pharmacy or by mail-order. They include drugs covered under Medicare Part D and NJ FamilyCare. Key terms and their definitions appear in alphabetical order in the last chapter of your *Evidence of Coverage*.

We also cover the following drugs, although they are not discussed in this chapter:

- **Drugs covered by Medicare Part A.** These generally include drugs given to you while you are in a hospital or nursing facility.
- **Drugs covered by Medicare Part B.** These include some chemotherapy drugs, some drug injections given to you during an office visit with a doctor or other provider, and drugs you are given at a dialysis clinic. To learn more about what Medicare Part B drugs are covered, refer to the Benefits Chart in **Chapter 4** of your *Evidence of Coverage*.
- In addition to the plan's Medicare Part D and medical benefits coverage, your drugs may be covered by Original Medicare if you are in Medicare hospice. For more information, please refer to **Chapter 5, Section F3** "If you are in a Medicare-certified hospice program."

### Rules for our plan's outpatient drug coverage

We usually cover your drugs as long as you follow the rules in this section.

You must have a provider (doctor, dentist or other prescriber) write your prescription, which must be valid under applicable state law. This person often is your primary care provider (PCP). It could also be a participating specialist. This is someone like a cardiologist, who treats the heart, or a podiatrist, who treats the feet.

Your prescriber must **not** be on Medicare's Exclusion or Preclusion Lists or any similar Medicaid lists.

You generally must use a network pharmacy to fill your prescription. Or you can fill your prescription through the plan's mail-order service.

Your prescribed drug must be on our plan's *List of Covered Drugs*. We call it the "*List of Covered Drugs*" for



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).



short. (Refer to Section B of this chapter.)

- If it is not on the *List of Covered Drugs*, we may be able to cover it by giving you an exception.
- Refer to **Chapter 9, Section G**, to learn about asking for an exception.

Your drug must be used for a medically accepted indication. This means that use of the drug is either approved by the Food and Drug Administration (FDA) or supported by certain medical references. Your prescriber may be able to help identify medical references to support the requested use of the prescribed drug.

Your drug may require approval from the plan based on certain rules before we will agree to cover it. See **Chapter 5, Section C**.

## Table of Contents

A.	Getting your prescriptions filled .....	121
A1.	Filling your prescription at a network pharmacy .....	121
A2.	Using your Member ID Card when you fill a prescription.....	121
A3.	What to do if you change your network pharmacy.....	121
A4.	What to do if your pharmacy leaves the network.....	121
A5.	Using a specialized pharmacy .....	122
A6.	Using mail-order services to get your drugs .....	122
A7.	Getting a long-term supply of drugs.....	124
A8.	Using a pharmacy not in our plan's network .....	124
A9.	Paying you back for a prescription.....	126
B.	Our plan's <i>List of Covered Drugs</i> .....	126
B1.	Drugs on our <i>List of Covered Drugs</i> .....	126
B2.	How to find a drug on our <i>List of Covered Drugs</i> .....	127
B3.	Drugs not on our <i>List of Covered Drugs</i> .....	127
C.	Limits on some drugs .....	128
D.	Reasons your drug might not be covered .....	129
D1.	Getting a temporary supply.....	130
D2.	Asking for a temporary supply .....	131
D3.	Asking for an exception .....	132
E.	Coverage changes for your drugs.....	132
F.	Drug coverage in special cases .....	134
F1.	In a hospital or a skilled nursing facility for a stay that our plan covers .....	134



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

F2.	In a long-term care facility.....	134
F3.	In a Medicare-certified hospice program .....	134
G.	Programs on drug safety and managing drugs .....	135
G1.	Programs to help you use drugs safely .....	135
G2.	Programs to help you manage your drugs.....	135
G3.	Drug management program for safe use of opioid medications .....	136



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

---

## A. Getting your prescriptions filled

### A1. Filling your prescription at a network pharmacy

In most cases, we pay for prescriptions only when filled at any of our network pharmacies. A network pharmacy is a drug store that agrees to fill prescriptions for our plan members. You may use any of our network pharmacies.

To find a network pharmacy, look in the *Provider and Pharmacy Directory*, visit our website or contact Member Services.

### A2. Using your Member ID Card when you fill a prescription

To fill your prescription, **show your Member ID Card** at your network pharmacy. The network pharmacy bills us for your covered prescription drug, or you can ask the pharmacy to look up your plan enrollment information.

If you don't have your Member ID Card with you when you fill your prescription, ask the pharmacy to call us to get the necessary information.

If the pharmacy can't get the necessary information, you may have to pay the full cost of the prescription when you pick it up. Then you can ask us to pay you back. **If you can't pay for the drug, contact Member Services right away.** We will do everything we can to help.

- To ask us to pay you back, refer to **Chapter 7** of your *Evidence of Coverage*.
- If you need help getting a prescription filled, contact Member Services.

### A3. What to do if you change your network pharmacy

If you change pharmacies and need a prescription refill, you can ask your pharmacy to transfer the prescription to the new pharmacy if there are any refills left.

If you need help changing your network pharmacy, contact Member Services.

### A4. What to do if your pharmacy leaves the network

If the pharmacy you use leaves our plan's network, you need to find a new network pharmacy.

To find a new network pharmacy, look in the *Provider and Pharmacy Directory*, visit our website, or contact Member Services.



---

**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

## A5. Using a specialized pharmacy

Sometimes prescriptions must be filled at a specialized pharmacy. Specialized pharmacies include:

- Pharmacies that supply drugs for home infusion therapy.
- Pharmacies that supply drugs for residents of a long-term care facility, such as a nursing facility.
  - Usually, long-term care facilities have their own pharmacies. If you're a resident of a long-term care facility, we make sure you can get the drugs you need at the facility's pharmacy.
  - If your long-term care facility's pharmacy is not in our network or you have difficulty getting your drugs in a long-term care facility, contact Member Services.
- Pharmacies that serve the Indian Health Service/Tribal/Urban Indian Health Program. Except in emergencies, only Native Americans or Alaska Natives may use these pharmacies.
- Pharmacies that dispense drugs that are restricted by the FDA to certain locations or that require special handling, provider coordination, or education on their use. (Note: This scenario should happen rarely.)

To find a specialized pharmacy, look in the *Provider and Pharmacy Directory*, visit our website, or contact Member Services.

## A6. Using mail-order services to get your drugs

For certain kinds of drugs, you can use our plan's network mail-order services. Generally, drugs available through mail-order are drugs that you take on a regular basis for a chronic or long-term medical condition. Drugs **not** available through our plan's mail-order service are marked with "**NM**" in our *List of Covered Drugs*.

Our plan's mail-order service allows you to order up to a 100-day supply.

### Filling prescriptions by mail

To get order forms and information about filling your prescriptions by mail, call our Mail Order Service Member Services at 1-833-750-0201 (TTY 711) 24 hours a day, 7 days a week. Or, log on to [express-scripts.com/rx](https://express-scripts.com/rx).

Usually, a mail-order prescription arrives within 10-14 days. However, sometimes your mail order prescription may be delayed. For long-term medications that you need right away, ask your doctor for two prescriptions: one for a 30 day supply to fill at a participating retail pharmacy, and one for a long-term supply to fill through the mail. If you have any problem with getting your 30 day supply filled at a participating retail pharmacy when your mail order prescription is delayed, please have your retail



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](https://www.wellcare.com/medicare).

pharmacy call our Provider Service Center at 1-866-800-6111 (TTY 1-888-816-5252), 24 hours a day, 7 days a week for assistance. Members can call Mail Order Service Member Services at 1-833-750-0201 (TTY 711), 24 hours a day, 7 days a week. Or, log on to [express-scripts.com/rx](https://express-scripts.com/rx).

## Mail-order processes

Mail-order service has different procedures for new prescriptions it gets from you, new prescriptions it gets directly from your provider's office, and refills on your mail-order prescriptions.

### 1. New prescriptions the pharmacy gets from you

The pharmacy automatically fills and delivers new prescriptions it gets from you.

### 2. New prescriptions the pharmacy gets from your provider's office

The pharmacy automatically fills and delivers new prescriptions it gets from health care providers, without checking with you first, if:

- You used mail-order services with our plan in the past, **or**
- You sign up for automatic delivery of all new prescriptions you get directly from health care providers. You may ask for automatic delivery of all new prescriptions now or at any time by contacting Mail Order Service Member Services at 1-833-750-0201, (TTY 711), 24 hours a day, 7 days a week. Or log on to [express-scripts.com/rx](https://express-scripts.com/rx).

If you used mail-order in the past and do not want the pharmacy to automatically fill and ship each new prescription, contact us by calling Mail Order Service Member Services at 1-833-750-0201, (TTY 711), 24 hours a day, 7 days a week. Or log on to [express-scripts.com/rx](https://express-scripts.com/rx).

If you never used our mail-order delivery and/or decide to stop automatic fills of new prescriptions, the pharmacy contacts you each time it gets a new prescription from a health care provider to find out if you want the medication filled and shipped immediately.

- This gives you an opportunity to make sure the pharmacy is delivering the correct drug (including strength, amount, and form) and, if necessary, allows you to cancel or delay the order before it is shipped.
- Respond each time the pharmacy contacts you, to let them know what to do with the new prescription and to prevent any delays in shipping.

To opt out of automatic deliveries of new prescriptions you get directly from your health care provider's office, contact us by calling Mail Order Service Member Services at 1-833-750-0201, (TTY 711), 24 hours a day, 7 days a week.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](https://www.wellcare.com/medicare).

### 3. Refills on mail-order prescriptions

For refills of your drugs, you have the option to sign up for an automatic refill program. Under this program we start to process your next refill automatically when our records show you should be close to running out of your drug.

- The pharmacy contacts you before shipping each refill to make sure you need more medication, and you can cancel scheduled refills if you have enough of your medication or if your medication has changed.
- If you choose not to use our auto refill program, contact your pharmacy 21 days before your current prescription will run out to make sure your next order is shipped to you in time.

To opt out of our program that automatically prepares mail-order refills, contact us by calling your mail order pharmacy:

- **Express Scripts® Pharmacy: 1-833-750-0201 (TTY users can call 711)**

Let the pharmacy know the best ways to contact you so they can reach you to confirm your order before shipping. Call Express Scripts® Pharmacy at 1-833-750-0201, and they will confirm your contact preference(s). This may include email, phone, or text.

## A7. Getting a long-term supply of drugs

You can get a long-term supply of maintenance drugs on our plan's *List of Covered Drugs*. Maintenance drugs are drugs that you take on a regular basis, for a chronic or long-term medical condition.

Some network pharmacies allow you to get a long-term supply of maintenance drugs. The *Provider and Pharmacy Directory* tells you which pharmacies can give you a long-term supply of maintenance drugs. You can also call Member Services for more information.

For certain kinds of drugs, you can use our plan's network mail-order services to get a long-term supply of maintenance drugs. Refer to **Section A6** to learn about mail-order services.

## A8. Using a pharmacy not in our plan's network

Generally, we pay for drugs filled at an out-of-network pharmacy only when you aren't able to use a network pharmacy. We have network pharmacies outside of our service area where you can get your prescriptions filled as a member of our plan. In these cases, check with your Care Manager or Member Services first to find out if there's a network pharmacy nearby. You may be required to pay the difference between what you pay for the drug at the out-of-network pharmacy and the cost that we would cover at an



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

in-network pharmacy.

We pay for prescriptions filled at an out-of-network pharmacy in the following cases:

**Travel:** Getting coverage when you travel or are away from the plan's service area.

- If you take a prescription drug on a regular basis and you are going on a trip, be sure to check your supply of the drug before you leave. When possible, take along all the medication you will need. You may be able to order your prescription drugs ahead of time through a mail order pharmacy.
- If you are traveling within the United States and territories and become ill, or lose or run out of your prescription drugs, we will cover prescriptions that are filled at an out-of-network pharmacy. In this situation, you will have to pay the full cost when you fill your prescription. You can ask us to reimburse you for the cost by submitting a reimbursement form. To learn how to submit a reimbursement claim, please refer to **Chapter 7, Section B**.
- You can also call Member Services to find out if there is a network pharmacy in the area where you are traveling.
- We cannot pay for any prescriptions that are filled by pharmacies outside of the United States and territories, even for a medical emergency.

**Medical Emergency:** What if I need a prescription because of a medical emergency or because I needed urgent care?

- We will cover prescriptions that are filled at an out-of-network pharmacy if the prescriptions are related to care for a medical emergency or urgent care. In this situation, you will have to pay the full cost when you fill your prescription. You can ask us to reimburse you the cost by submitting a reimbursement form. To learn how to submit a reimbursement claim, please refer to **Chapter 7, Section B**.

**Additional Situations:** Other times you can get your prescription covered if you go to an out-of-network pharmacy.

- We will cover your prescription at an out-of-network pharmacy if at least one of the following applies:
  - If you are unable to obtain a covered drug in a timely manner within our service area because there is no network pharmacy, within a reasonable driving distance, that provides 24-hour service.
  - If you are trying to fill a prescription drug that is not regularly stocked at an accessible network retail or mail order pharmacy (including high-cost and unique drugs).
  - If you are getting a vaccine that is medically necessary but not covered by Medicare Part B and some covered drugs that are administered in your doctor's office.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).



- For all of the above-listed situations, you may receive up to a 30-day supply of prescription drugs. In addition, you will likely have to pay the out-of-network pharmacy's charge for the drug and submit documentation to receive reimbursement from our plan. Please be sure to include an explanation of the situation concerning why you used a pharmacy outside of our network. This will help with the processing of your reimbursement request.

## A9. Paying you back for a prescription

If you must use an out-of-network pharmacy, you must generally pay the full cost when you get your prescription. You can ask us to pay you back.

To learn more about this, refer to **Chapter 7** of your *Evidence of Coverage*.

---

## B. Our plan's *List of Covered Drugs*

We have a *List of Covered Drugs*. We call it the "*List of Covered Drugs*" for short.

We select the drugs on the *List of Covered Drugs* with the help of a team of doctors and pharmacists. The *List of Covered Drugs* also tells you the rules you need to follow to get your drugs.

We generally cover a drug on our plan's *List of Covered Drugs* when you follow the rules we explain in this chapter.

### B1. Drugs on our *List of Covered Drugs*

Our *List of Covered Drugs* includes drugs covered under Medicare Part D and some prescription and over-the-counter (OTC) drugs and products covered under NJ FamilyCare.

Our *List of Covered Drugs* includes brand name drugs, generic drugs, and biological products (which may include biosimilars).

A brand name drug is a prescription drug that is sold under a trademarked name owned by the drug manufacturer. Biological products are drugs that are more complex than typical drugs. On our *List of Covered Drugs*, when we refer to "drugs" this could mean a drug or a biological product.

Generic drugs have the same active ingredients as brand name drugs. Biological products have alternatives that are called biosimilars. Generally, generic drugs and biosimilars work just as well as brand name or original biological products and usually cost less. There are generic drug substitutes available for many brand name drugs and biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state law, may be substituted for the original biological



---

**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).



product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

Refer to **Chapter 12** for definitions of the types of drugs that may be on the *List of Covered Drugs*.

Our plan also covers certain OTC drugs and products. Some OTC drugs cost less than prescription drugs and work just as well. For more information, call Member Services.

## **B2. How to find a drug on our *List of Covered Drugs***

To find out if a drug you take is on our *List of Covered Drugs*, you can:

- Visit our plan's website at [www.wellcare.com/medicare](http://www.wellcare.com/medicare). The *List of Covered Drugs* on our website is always the most current one.
- Call Member Services to find out if a drug is on our *List of Covered Drugs* or to ask for a copy of the list.
- Use our "Real Time Benefit Tool" at [www.wellcare.com/medicare](http://www.wellcare.com/medicare) or call Member Services. With this tool you can search for drugs on the *List of Covered Drugs* to get an estimate of what you will pay and if there are alternative drugs on the *List of Covered Drugs* that could treat the same condition.

## **B3. Drugs not on our *List of Covered Drugs***

We don't cover all prescription drugs. Some drugs are not on our *List of Covered Drugs* because the law doesn't allow us to cover those drugs. In other cases, we decided not to include a drug on our *List of Covered Drugs*.

Our plan does not pay for the kinds of drugs described in this section. These are called excluded drugs. If you get a prescription for an **excluded drug**, you may need to pay for it yourself. If you think we should pay for an excluded drug because of your case, you can make an appeal. Refer to **Chapter 9** of your *Evidence of Coverage* for more information about appeals.

Here are three general rules for excluded drugs:

1. Our plan's outpatient drug coverage (which includes Medicare Part D and NJ FamilyCare drugs) cannot pay for a drug that Medicare Part A or Medicare Part B already covers. Our plan covers drugs covered under Medicare Part A or Medicare Part B for free, but these drugs aren't considered part of your outpatient prescription drug benefits.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

2. Our plan cannot cover a drug purchased outside the United States and its territories.
3. Use of the drug must be approved by the FDA or supported by certain medical references as a treatment for your condition. Your doctor or other provider may prescribe a certain drug to treat your condition, even though it wasn't approved to treat the condition. This is called "off-label use." Our plan usually doesn't cover drugs prescribed for off-label use.

Also, by law, Medicare or NJ FamilyCare cannot cover the types of drugs listed below.

- drugs used to promote fertility
- drugs used for the relief of cough or cold symptoms
- drugs used for cosmetic purposes or to promote hair growth
- prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations
- drugs used for the treatment of sexual or erectile dysfunction
- drugs used for the treatment of anorexia, weight loss or weight gain
- outpatient drugs made by a company that says you must have tests or services done only by them

---

## C. Limits on some drugs

For certain prescription drugs, special rules limit how and when our plan covers them. Generally, our rules encourage you to get a drug that works for your medical condition and is safe and effective. When a safe, lower-cost drug works just as well as a higher-cost drug, we expect your provider to prescribe the lower-cost drug.

**If there is a special rule for your drug, it usually means that you or your provider must take extra steps for us to cover the drug.** For example, your provider may have to tell us your diagnosis or provide results of blood tests first. If you or your provider thinks our rule should not apply to your situation, ask us to make an exception. We may or may not agree to let you use the drug without taking extra steps.

To learn more about asking for exceptions, refer to **Chapter 9** of your *Evidence of Coverage*.

### 1. Limiting use of a brand name drug or original biological products when respectively, a generic or interchangeable biosimilar version is available

Generally, a generic drug or interchangeable biosimilar works the same as a brand name drug or original biological product and usually costs less. In most cases, if there is a generic or interchangeable biosimilar version of a brand name drug or original biological product available, our network pharmacies give you respectively, the generic or interchangeable biosimilar version.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

- We usually do not pay for the brand name drug or original biological product when there is an available generic version.
- However, if your provider told us the medical reason that the generic drug or interchangeable biosimilar won't work for you or wrote "No substitutions" on your prescription for a brand name drug or original biological product, or told us the medical reason that the generic drug, interchangeable biosimilar, or other covered drugs that treat the same condition will not work for you, then we cover the brand name drug.

## 2. Getting plan approval in advance

For some drugs, you or your prescriber must get approval from our plan before you fill your prescription. If you don't get approval, we may not cover the drug.

## 3. Trying a different drug first

In general, we want you to try lower-cost drugs that are as effective before we cover drugs that cost more. For example, if Drug A and Drug B treat the same medical condition, and Drug A costs less than Drug B, we may require you to try Drug A first.

If Drug A does not work for you, then we cover Drug B. This is called step therapy.

## 4. Quantity limits

For some drugs, we limit the amount of the drug you can have. This is called a quantity limit. For example, we might limit how much of a drug you can get each time you fill your prescription.

To find out if any of the rules above apply to a drug you take or want to take, check our *List of Covered Drugs*. For the most up-to-date information, call Member Services or check our website at [www.wellcare.com/medicare](http://www.wellcare.com/medicare). If you disagree with our coverage decision based on any of the above reasons you may request an appeal. Please refer to **Chapter 9** of the *Evidence of Coverage*.

---

## D. Reasons your drug might not be covered

We try to make your drug coverage work well for you, but sometimes a drug may not be covered in the way that you like. For example:

- Our plan doesn't cover the drug you want to take. The drug may not be on our List of Covered Drugs. We may cover a generic version of the drug but not the brand name version you want to take. A drug may be new, and we haven't reviewed it for safety and effectiveness yet.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

- Our plan covers the drug, but there are special rules or limits on coverage. As explained in the section above, **Section C**, some drugs our plan covers have rules that limit their use. In some cases, you or your prescriber may want to ask us for an exception.

There are things you can do if we don't cover a drug the way you want us to cover it.

## D1. Getting a temporary supply

In some cases, we can give you a temporary supply of a drug when the drug is not on our List of Covered Drugs or is limited in some way. This gives you time to talk with your provider about getting a different drug or to ask us to cover the drug.

**To get a temporary supply of a drug, you must meet the two rules below:**

1. The drug you've been taking:
  - is no longer on our *List of Covered Drugs* **or**
  - was never on our *List of Covered Drugs* **or**
  - is now limited in some way.
2. You must be in one of these situations:
  - You were in our plan last year.
    - We cover a temporary supply of your drug **during the first 90 days of the calendar year**.
    - This temporary supply is for up to 30 (31 for Long-term care) days.
    - If your prescription is written for fewer days, we allow multiple refills to provide up to a maximum of 30 (31 for Long-term care) days of medication. You must fill the prescription at a network pharmacy.
    - Long-term care pharmacies may provide your prescription drug in small amounts at a time to prevent waste.
  - You are new to our plan.
    - We cover a temporary supply of your drug **during the first 90 days of your membership in our plan**.
    - This temporary supply is for up to 30 (31 for Long-term care) days.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

- If your prescription is written for fewer days, we allow multiple refills to provide up to a maximum of 30 (31 for Long-term care) days of medication. You must fill the prescription at a network pharmacy.
- Long-term care pharmacies may provide your prescription drug in small amounts at a time to prevent waste.
- You have been in our plan for more than 90 days, live in a long-term care facility, and need a supply right away.
  - We cover one 31-day supply, or less if your prescription is written for fewer days. This is in addition to the temporary supply above.
- For current members of the plan who are moving from home, or a hospital stay to a long term care (LTC) facility and need a temporary supply right away:
  - If your level of care changes (such as moving to or from a long-term care facility or hospital), we will cover one 30-day supply, or less if your prescription is written for fewer days (in which case we will allow multiple fills to provide up to a total of a 30-day supply of medication).

## D2. Asking for a temporary supply

To ask for a temporary supply of a drug, call Member Services.

When you get a temporary supply of a drug, talk with your provider as soon as possible to decide what to do when your supply runs out. Here are your choices:

- Change to another drug.

Our plan may cover a different drug that works for you. Call Member Services to ask for a list of drugs we cover that treat the same medical condition. The list can help your provider find a covered drug that may work for you.

### OR

- Ask for an exception.

You and your provider can ask us to make an exception. For example, you can ask us to cover a drug that is not on our *List of Covered Drugs* or ask us to cover the drug without limits. If your provider says you have a good medical reason for an exception, they can help you ask for one.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

### D3. Asking for an exception

If a drug you take will be taken off our List of Covered Drugs or limited in some way next year, we allow you to ask for an exception before next year.

- We tell you about any change in the coverage for your drug for next year. Ask us to make an exception and cover the drug for next year the way you would like.
- We answer your request for an exception within 72 hours after we get your request (or your prescriber's supporting statement).

To learn more about asking for an exception, refer to **Chapter 9** of your *Evidence of Coverage*.

If you need help asking for an exception, contact Member Services.

---

## E. Coverage changes for your drugs

Most changes in drug coverage happen on January 1, but we may add or remove drugs on our *List of Covered Drugs* during the year. We may also change our rules about drugs. For example, we may:

- Decide to require or not require prior approval (PA) for a drug (permission from us before you can get a drug).
- Add or change the amount of a drug you can get (quantity limits).
- Add or change step therapy restrictions on a drug (you must try one drug before we cover another drug).

For more information on these drug rules, refer to **Section C**.

If you take a drug that we covered at the **beginning** of the year, we generally will not remove or change coverage of that drug **during the rest of the year** unless:

- a new, cheaper drug comes on the market that works as well as a drug on our *List of Covered Drugs* now, **or**
- we learn that a drug is not safe, **or**
- a drug is removed from the market.

### What happens if coverage changes for a drug you are taking?

To get more information on what happens when our *List of Covered Drugs* changes, you can always:

- Check our current *List of Covered Drugs* online at [www.wellcare.com/medicare](http://www.wellcare.com/medicare) **or**



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

- Call Member Services at the number at the bottom of the page to check our current *List of Covered Drugs*.

### Changes we may make to the *List of Covered Drugs* that affect you during the current plan year

Some changes to the *List of Covered Drugs* will happen immediately. For example:

- A new generic drug becomes available. Sometimes, a new generic drug or biosimilar comes on the market that works as well as a brand name drug or original biological product on the *List of Covered Drugs* now. When that happens, we may remove the brand name drug and add the new generic drug.

When we add the new generic drug, we may also decide to keep the brand name drug on the list but change its coverage rules or limits.

- We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
- You or your provider can ask for an “exception” from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to **Chapter 9, Section G**, of this handbook for more information on exceptions.

**A drug is taken off the market.** If the FDA says a drug you are taking is not safe or effective or the drug's manufacturer takes a drug off the market, we may immediately take it off our *List of Covered Drugs*. If you are taking the drug, we will send you a notice after we make the change. Please talk to your prescriber to help you decide if there is a similar drug on the Drug List that you can take instead.

**We may make other changes that affect the drugs you take.** We tell you in advance about these other changes to our *List of Covered Drugs*. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.

When these changes happen, we:

- Tell you at least 30 days before we make the change to our *List of Covered Drugs* **or**
- Let you know and give you a 30-day supply of the drug after you ask for a refill.

This gives you time to talk to your doctor or other prescriber. They can help you decide:

- If there is a similar drug on our *List of Covered Drugs* you can take instead **or**



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).



- If you should ask for an exception from these changes to continue covering the drug or the version of the drug you have been taking. To learn more about asking for exceptions, refer to **Chapter 9, Section G**, of your *Evidence of Coverage*.

### **Changes to the List of Covered Drugs that do not affect you during the current plan year**

We may make changes to drugs you take that are not described above and do not affect you now. For such changes, if you are taking a drug we covered at the **beginning** of the year, we generally do not remove or change coverage of that drug **during the rest of the year**.

For example, if we remove a drug you are taking or limit its use, then the change does not affect your use of the drug for the rest of the year.

If any of these changes happen for a drug you are taking (except for the changes noted in the section above), the change won't affect your use until January 1 of the next year.

We will not tell you above these types of changes directly during the current year. You will need to check the List of Covered Drugs for the next plan year (when the list is available during the open enrollment period) to see if there are any changes that will impact you during the next plan year.

---

## **F. Drug coverage in special cases**

### **F1. In a hospital or a skilled nursing facility for a stay that our plan covers**

If you are admitted to a hospital or skilled nursing facility for a stay our plan covers, we generally cover the cost of your prescription drugs during your stay. You will not pay a copay. Once you leave the hospital or skilled nursing facility, we cover your drugs as long as the drugs meet all of our coverage rules.

### **F2. In a long-term care facility**

Usually, a long-term care facility, such as a nursing facility, has its own pharmacy or a pharmacy that supplies drugs for all of their residents. If you live in a long-term care facility, you may get your prescription drugs through the facility's pharmacy if it is part of our network.

Check your *Provider and Pharmacy Directory* to find out if your long-term care facility's pharmacy is part of our network. If it is not or if you need more information, contact Member Services.

### **F3. In a Medicare-certified hospice program**

Drugs are never covered by both hospice and our plan at the same time.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).



- You may be enrolled in a Medicare hospice and require certain drugs (e.g. pain, anti-nausea drugs, laxative, or anti-anxiety drugs) that your hospice does not cover because it is not related to your terminal prognosis and conditions. In that case, our plan must get notification from the prescriber or your hospice provider that the drug is unrelated before we can cover the drug.
- To prevent delays in getting any unrelated drugs that our plan should cover, you can ask your hospice provider or prescriber to make sure we have the notification that the drug is unrelated before you ask a pharmacy to fill your prescription.

If you leave hospice, our plan covers all of your drugs. To prevent any delays at a pharmacy when your Medicare hospice benefit ends, take documentation to the pharmacy to verify that you left hospice.

Refer to earlier parts of this chapter that tell about drugs our plan covers. Refer to **Chapter 4** of your *Evidence of Coverage* for more information about the hospice benefit.

---

## G. Programs on drug safety and managing drugs

### G1. Programs to help you use drugs safely

Each time you fill a prescription, we look for possible problems, such as drug errors or drugs that:

- may not be needed because you take another similar drug that does the same thing
- may not be safe for your age or gender
- could harm you if you take them at the same time
- have ingredients that you are or may be allergic to
- have unsafe amounts of opioid pain medications

If we find a possible problem in your use of prescription drugs, we work with your provider to correct the problem.

### G2. Programs to help you manage your drugs

Our plan has a program to help members with complex health needs. In such cases, you may be eligible to get services, at no cost to you, through a medication therapy management (MTM) program. This program is voluntary and free. This program helps you and your provider make sure that your medications are working to improve your health. If you qualify for the program, a pharmacist or other health professional will give you a comprehensive review of all of your medications and talk with you about:

- how to get the most benefit from the drugs you take



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

- any concerns you have, like medication costs and drug reactions
- how best to take your medications
- any questions or problems you have about your prescription and over-the-counter medication

Then, they will give you:

- A written summary of this discussion. The summary has a medication action plan that recommends what you can do for the best use of your medications.
- A personal medication list that includes all medications you take, how much you take, and when and why you take them.
- Information about safe disposal of prescription medications that are controlled substances.

It's a good idea to talk to your prescriber about your action plan and medication list.

- Take your action plan and medication list to your visit or anytime you talk with your doctors, pharmacists, and other health care providers.
- Take your medication list with you if you go to the hospital or emergency room.

MTM programs are voluntary and free to members who qualify. If we have a program that fits your needs, we enroll you in the program and send you information. If you do not want to be in the program, let us know, and we will take you out of it.

If you have questions about these programs, contact Member Services or your Care Manager.

### **G3. Drug management program for safe use of opioid medications**

Our plan has a program that can help members safely use their prescription opioid medications and other medications that are frequently misused. This program is called a Drug Management Program (DMP).

If you use opioid medications that you get from several prescribers or pharmacies or if you had a recent opioid overdose, we may talk to your prescribers to make sure your use of opioid medications is appropriate and medically necessary. Working with your prescribers, if we decide your use of prescription opioid or benzodiazepine medications is not safe, we may limit how you can get those medications.

Limitations may include:

- Requiring you to get all prescriptions for those medications from certain pharmacies and/or from certain prescribers
- Limiting the amount of those medications we cover for you



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

If we think that one or more limitations should apply to you, we send you a letter in advance. The letter will tell you if we will limit coverage of these drugs for you, or if you'll be required to get the prescriptions for these drugs only from a specific provider or pharmacy.

**You will have a chance to tell us which prescribers or pharmacies you prefer to use and any information you think is important for us to know.** If we decide to limit your coverage for these medications after you have a chance to respond, we send you another letter that confirms the limitations.

If you think we made a mistake, you disagree that you are at risk for prescription drug misuse, or you disagree with the limitation, you and your prescriber can make an appeal. If you make an appeal, we will review your case and give you our decision. If we continue to deny any part of your appeal related to limitations to your access to these medications, we automatically send your case to an Independent Review Organization (IRO). (To learn more about appeals and the IRO, refer to **Chapter 9** of your *Evidence of Coverage*.)

The DMP may not apply to you if you:

- have certain medical conditions, such as cancer or sickle cell disease,
- are getting hospice, palliative, or end-of-life care, **or**
- live in a long-term care facility.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

## Chapter 6: What you pay for your Medicare and NJ FamilyCare (Medicaid) prescription drugs

---

### Introduction

This chapter tells what you pay for your outpatient prescription drugs. By “drugs,” we mean:

- Medicare Part D prescription drugs, **and**
- Drugs and items covered under NJ FamilyCare (Medicaid).

Because you are eligible for NJ FamilyCare, you get “Extra Help” from Medicare to help pay for your Medicare Part D prescription drugs.

**Extra Help** is a Medicare program that helps people with limited incomes and resources reduce Medicare Part D prescription drug costs, such as premiums, deductibles, and copays. Extra Help is also called the “Low-Income Subsidy,” or “LIS.”

Other key terms and their definitions appear in alphabetical order in the last chapter of your *Evidence of Coverage*.

To learn more about prescription drugs, you can look in these places:

- Our List of Covered Drugs.
  - We call this the “Drug List.” It tells you:
    - Which drugs we pay for
    - If there are any limits on the drugs
  - If you need a copy of our Drug List, call Member Services. You can also find the most current copy of our Drug List on our website at [www.wellcare.com/medicare](http://www.wellcare.com/medicare).
- **Chapter 5, Section A** of your *Evidence of Coverage*.
  - It tells how to get your outpatient prescription drugs through our plan.
  - It includes rules you need to follow. It also tells which types of prescription drugs our plan does not cover.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

- When you use the plan’s “Real Time Benefit Tool” to look up drug coverage (refer to **Chapter 5, Section B2**), the cost shown is provided in “real time” meaning the cost displayed in the tool reflects a moment in time to provide an estimate of the out-of-pocket costs you are expected to pay. You can call or Member Services for more information.
- Our *Provider and Pharmacy Directory*.
  - In most cases, you must use a network pharmacy to get your covered drugs. Network pharmacies are pharmacies that agree to work with us.
  - The *Provider and Pharmacy Directory* lists our network pharmacies. Refer to **Chapter 5, Section A** of your *Evidence of Coverage* more information about network pharmacies.

## Table of Contents

A.	The <i>Explanation of Benefits</i> (EOB) .....	140
B.	How to keep track of your drug costs .....	140
C.	You pay nothing for a one-month or long-term supply of drugs .....	142
C1.	Getting a long-term supply of a drug .....	142
D.	Vaccinations .....	143
D1.	What you need to know before you get a vaccination .....	143
D2.	What you pay for a vaccination covered by Medicare Part D .....	143



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

---

## A. The *Explanation of Benefits* (EOB)

Our plan keeps track of your prescription drugs. We keep track of two types of costs:

- Your **out-of-pocket costs**. This is the amount of money you, or others on your behalf, pay for your prescriptions. This includes what you paid when you get a covered Part D drug, any payments for your drugs made by family or friends, any payments made for your drugs by “Extra Help” from Medicare, employer or union health plans, TRICARE, Indian Health Service, AIDS drug assistance programs, charities, and most State Pharmaceutical Assistance Programs (SPAPs).
- Your **total drug costs**. This is the total of all payments made for your covered Part D drugs. It includes what the plan paid, and what other programs or organizations paid for your covered Part D drugs.

When you get prescription drugs through our plan, we send you a summary called the *Explanation of Benefits*. We call it the EOB for short. The EOB is not a bill. The EOB has more information about the drugs you take. The EOB includes:

- **Information for the month**. The summary tells what prescription drugs you got for the previous month. It shows the total drug costs, what we paid, and what you and others paying for you paid.
- **Year-to-date information**. This is your total drug costs and total payments made since January 1.
- **Drug price information**. This is the total price of the drug and any percentage change in the drug price since the first fill.
- **Lower cost alternatives**. When available, they appear in the summary below your current drugs. You can talk to your prescriber to find out more.

We offer coverage of drugs not covered under Medicare.

- Payments made for these drugs do not count towards your total out-of-pocket costs.
- To find out which drugs our plan covers, refer to our *Drug List*. In addition to the drugs covered under Medicare, some prescription and over-the-counter drugs are covered under NJ FamilyCare. These drugs are included in the *Drug List*.

---

## B. How to keep track of your drug costs

To keep track of your drug costs and the payments you make, we use records we get from you and from your pharmacy. Here is how you can help us:



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

### 1. Use your Member ID Card.

Show your Member ID Card every time you get a prescription filled. This helps us know what prescriptions you fill and what you pay.

### 2. Make sure we have the information we need.

Give us copies of receipts for covered drugs that you paid for. You can ask us to pay you back for the drug.

Here are some times when you should give us copies of your receipts:

- When you buy a covered drug at a network pharmacy at a special price or using a discount card that is not part of our plan's benefit
- When you pay a copay for drugs that you get under a drug maker's patient assistance program
- When you buy covered drugs at an out-of-network pharmacy
- When you pay the full price for a covered drug

For more information about asking us to pay you back for a drug, refer to **Chapter 7** of your *Evidence of Coverage*.

### 3. Send us information about payments others have made for you.

Payments made by certain other people and organizations also count toward your out-of-pocket costs. For example, payments made by an AIDS drug assistance program (ADAP), the Indian Health Service, and most charities count toward your out-of-pocket costs.

### 4. Check the EOBs we send you.

When you get an EOB in the mail, make sure it is complete and correct.

- **Do you recognize the name of each pharmacy?** Check the dates. Did you get drugs that day?
- **Did you get the drugs listed?** Do they match those listed on your receipts? Do the drugs match what your doctor prescribed?

For more information, you can call Wellcare Dual Liberty (HMO D-SNP) Member Services or read the Wellcare Dual Liberty (HMO D-SNP) *Evidence of Coverage*. You can view and download the *Evidence of Coverage* from our website. Visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare), choose your state, select Medicare plan, enter your zip code, then hit search. Find Wellcare Dual Liberty (HMO D-SNP) on the list, and click *Go to my plan details*. Look under the Plan Specific Documents column to find the *Evidence of Coverage* (EOC) for this plan.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

### What if you find mistakes on this summary?

If something is confusing or doesn't seem right on this EOB, please call us at Wellcare Dual Liberty (HMO D-SNP) Member Services.

### What about possible fraud?

If this summary shows drugs you're not taking or anything else that seems suspicious to you, please contact us.

- Call us at Wellcare Dual Liberty (HMO D-SNP) Member Services.
- Or call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.

If you think something is wrong or missing, or if you have any questions, call Member Services. Instead of receiving a paper Part D Explanation of Benefits (Part D EOB) via the mail, you now have the option of receiving an electronic version of your Part D EOB. You may request this by visiting <https://www.express-scripts.com/>. If you choose to opt-in, you will receive an email when your Electronic Explanation of Benefits (eEOB) is ready to view, print or download. Electronic EOBs (eEOBs) are also referred to as paperless Part D EOBs. Paperless Part D EOBs are exact copies (images) of printed Part D EOBs. Keep these EOBs. They are an important record of your drug expenses.

---

## C. You pay nothing for a one-month or long-term supply of drugs

With our plan, you pay nothing for covered drugs as long as you follow our rules. Refer to **Chapter 9** of the *Evidence of Coverage* to learn about how to file an appeal if you are told a drug will not be covered. To learn more about these pharmacy choices, refer to **Chapter 5** of your *Evidence of Coverage* and our *Provider and Pharmacy Directory*.

### C1. Getting a long-term supply of a drug

For some drugs, you can get a long-term supply (also called an “extended supply”) when you fill your prescription. A long-term supply is up to a 100-day supply. There is no cost to you for a long-term supply.

For details on where and how to get a long-term supply of a drug, refer to **Chapter 5** of your *Evidence of Coverage* or our *Provider and Pharmacy Directory*.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).



---

## D. Vaccinations

**Important Message About What You Pay for Vaccines:** Some vaccines are considered medical benefits and are covered under Medicare Part B. Other vaccines are considered Medicare Part D drugs. You can find these vaccines listed in the plan's *List of Covered Drugs (Formulary)*. Our plan covers adult Medicare Part D vaccines at no cost to you.

### D1. What you need to know before you get a vaccination

We recommend that you call Member Services if you plan to get a vaccination.

- We can tell you about how our plan covers your vaccination.

### D2. What you pay for a vaccination covered by Medicare Part D

What you pay for a vaccination depends on the type of vaccine (what you are being vaccinated for).

- Some vaccines are considered health benefits rather than drugs. These vaccines are covered at no cost to you. To learn about coverage of these vaccines, refer to the Benefits Chart in **Chapter 4** of your *Evidence of Coverage*.
- Other vaccines are considered Medicare Part D drugs. You can find these vaccines on our plan's *Drug List*. If the vaccine is recommended for adults by an organization called the **Advisory Committee on Immunization Practices (ACIP)** then the vaccine will cost you nothing.

Here are three common ways you might get a Medicare Part D vaccination.

1. You get the Medicare Part D vaccine and your shot at a network pharmacy.
  - For most adult Part D vaccines, you will pay nothing.
  - For other Part D vaccines, you pay nothing for the vaccine.
2. You get the Medicare Part D vaccine at your doctor's office, and your doctor gives you the shot.
  - You pay nothing to the doctor for the vaccine.
  - Our plan pays for the cost of giving you the shot.
  - The doctor's office should call our plan in this situation so we can make sure they know you only have to pay nothing for the vaccine.



---

**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

3. You get the Medicare Part D vaccine medication at a pharmacy, and you take it to your doctor's office to get the shot.
  - For most adult Part D vaccines, you will pay nothing for the vaccine itself.
  - For other Part D vaccines, you pay nothing for the vaccine.
  - Our plan pays for the cost of giving you the shot.



---

**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.  
**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

## Chapter 7: Asking us to pay a bill you got for covered services or drugs

---

### Introduction

This chapter tells you how and when to send us a bill to ask for payment. It also tells you how to make an appeal if you do not agree with a coverage decision. Key terms and their definitions appear in alphabetical order in the last chapter of your *Evidence of Coverage*.

### Table of Contents

A.	Asking us to pay for your services or drugs .....	146
B.	Sending us a request for payment .....	148
C.	Coverage decisions.....	149
D.	Appeals .....	150



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

## A. Asking us to pay for your services or drugs

You should not get a bill for in-network services or drugs. Our network providers must bill the plan for your covered services and drugs after you get them. A network provider is a provider who works with the health plan.

We do not allow Wellcare Dual Liberty (HMO D-SNP) providers to bill you for these services or drugs. We pay our providers directly, and we protect you from any charges.

**If you get a bill for health care or drugs, do not pay the bill and send the bill to us.** To send us a bill, refer to **Section B**.

- If we cover the services or drugs, we will pay the provider directly.
- If we cover the services or drugs and you already paid the bill, it is your right to be paid back.
  - If you paid for services covered by Medicare, we will pay you back.
- If we do not cover the services or drugs, we will tell you.

Contact Member Services if you have any questions. If you get a bill and you don't know what to do about it, we can help. You can also call if you want to tell us information about a request for payment you already sent to us.

Here are examples of times when you may need to ask us to pay you back or to pay a bill you got:

### 1. When you get emergency or urgently needed health care from an out-of-network provider

Ask the provider to bill us.

- If you pay the full amount when you get the care, ask us to pay you back. Send us the bill and proof of any payment you made.
- You may get a bill from the provider asking for payment that you think you don't owe. Send us the bill and proof of any payment you made.
  - If the provider should be paid, we will pay the provider directly.
  - If you already paid for the Medicare service, we will pay you back.

### 2. When a network provider sends you a bill

Network providers must always bill us. It's important to show your Member ID Card when you get any services or prescriptions. But sometimes they make mistakes and ask you to pay for your services.

**Call Member Services** at the number at the bottom of this page **if you get any bills.**



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

- Because we pay the entire cost for your services, you are not responsible for paying any costs. Providers should not bill you anything for these services.
- Whenever you get a bill from a network provider, send us the bill. We will contact the provider directly and take care of the problem.
- If you already paid a bill from a network provider for Medicare-covered services, send us the bill and proof of any payment you made. We will pay you back for your covered services.

### 3. If you are retroactively enrolled in our plan

Sometimes your enrollment in the plan can be retroactive. (This means that the first day of your enrollment has passed. It may have even been last year.)

- If you were enrolled retroactively and you paid a bill after the enrollment date, you can ask us to pay you back.
- Send us the bill and proof of any payment you made.

### 4. When you use an out-of-network pharmacy to get a prescription filled

If you use an out-of-network pharmacy, you pay the full cost of your prescription.

- In only a few cases, we will cover prescriptions filled at out-of-network pharmacies. Send us a copy of your receipt when you ask us to pay you back.
- Refer to **Chapter 5** of your *Evidence of Coverage* to learn more about out-of-network pharmacies.
- We may not pay you back the difference between what you paid for the drug at the out-of-network pharmacy and the amount that we would pay at an in-network pharmacy.

### 5. When you pay the prescription cost because you don't have your Member ID Card with you

If you don't have your Member ID Card with you, you can ask the pharmacy to call us or look up your plan enrollment information.

- If the pharmacy can't get the information right away, you may have to pay the full prescription cost yourself or return to the pharmacy with your Member ID Card.
- Send us a copy of your receipt when you ask us to pay you back.
- We may not pay you back the full cost you paid if the cash price you paid is higher than our negotiated price for the prescription.

### 6. When you pay the full prescription cost for a drug that's not covered



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

You may pay the full prescription cost because the drug isn't covered.

- The drug may not be on our *List of Covered Drugs (Formulary)* on our website, or it may have a requirement or restriction that you don't know about or don't think applies to you. If you decide to get the drug, you may need to pay the full cost.
  - If you don't pay for the drug but think we should cover it, you can ask for a coverage decision (refer to **Chapter 9** of your *Evidence of Coverage*).
  - If you and your doctor or other prescriber think you need the drug right away, (within 24 hours), you can ask for a fast coverage decision (refer to **Chapter 9** of your *Evidence of Coverage*).
- Send us a copy of your receipt when you ask us to pay you back. In some cases, we may need to get more information from your doctor or other prescriber to pay you back for the drug. We may not pay you back the full cost you paid if the price you paid is higher than our negotiated price for the prescription.

When you send us a request for payment, we review it and decide whether the service or drug should be covered. This is called making a "coverage decision." If we decide the service or drug should be covered, we pay for it.

If we deny your request for payment, you can appeal our decision. To learn how to make an appeal, refer to **Chapter 9** of your *Evidence of Coverage*.

---

## B. Sending us a request for payment

Send us your bill and proof of any payment you made for Medicare services. Proof of payment can be a copy of the check you wrote or a receipt from the provider. **It's a good idea to make a copy of your bill and receipts for your records.** You can ask your Care Manager for help. You must send your information to us within 365 days (for medical claims) and within three years (for drug claims) of the date you received the service, item, or drug.

To make sure you give us all the information we need to decide, you can fill out our claim form to ask for payment.

- You aren't required to use the form, but it helps us process the information faster.
- You can get the form on our website ([www.wellcare.com/medicare](http://www.wellcare.com/medicare)), or you can call Member Services and ask for the form.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

Mail your request for payment together with any bills or receipts to this address:

For Medical Reimbursements only:

Wellcare Health Plans  
Medical Reimbursement Department  
P.O. Box 31381  
Tampa, FL 33631-3381

For Prescription Reimbursements only:

Wellcare Health Plans  
Medicare Part D - Member Reimbursement Department  
P.O. Box 31577  
Tampa, FL 33631-3577

You must submit your claim to us within 365 days (for medical claims) and within three years (for drug claims) of the date you got the service, item, or drug.

---

## C. Coverage decisions

**When we get your request for payment, we make a coverage decision. This means that we decide if our plan covers your service, item, or drug.**

- We will let you know if we need more information from you.
- If we decide that our plan covers the service, item, or drug and you followed all the rules for getting it, we will pay for it. If you already paid for the service or drug, we will mail you a check for what you paid. If you paid the full cost of a drug, you might not be reimbursed the full amount you paid (for example, if you obtained a drug at an out-of-network pharmacy or if the cash price you paid is higher than our negotiated price). If you haven't paid, we will pay the provider directly.

**Chapter 3, Section B** of your *Evidence of Coverage* explains the rules for getting your services covered.

**Chapter 5, Section A** of your *Evidence of Coverage* explains the rules for getting your Medicare Part D prescription drugs covered.

- If we decide not to pay for the service or drug, we will send you a letter with the reasons. The letter also explains your rights to make an appeal.
- To learn more about coverage decisions, refer to **Chapter 9, Section E1**.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

---

## D. Appeals

If you think we made a mistake in turning down your request for payment, you can ask us to change our decision. This is called “making an appeal.”

The formal appeals process has detailed procedures and deadlines. To learn more about appeals, refer to: **Chapter 9, Section E2** of your *Evidence of Coverage*.

- To make an appeal about getting paid back for a health care service, refer to **Section F**.
- To make an appeal about getting paid back for a drug, refer to **Section G**.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).



## Chapter 8: Your rights and responsibilities

---

### Introduction

This chapter includes your rights and responsibilities as a member of our plan. We must honor your rights. Key terms and their definitions appear in alphabetical order in the last chapter of your *Evidence of Coverage*.

### Table of Contents

A.	Your right to get services and information in a way that meets your needs .....	152
B.	Our responsibility for your timely access to covered services and drugs.....	156
C.	Our responsibility to protect your personal health information (PHI).....	157
C1.	How we protect your PHI .....	157
C2.	Your right to look at your medical records .....	158
D.	Our responsibility to give you information .....	158
E.	Inability of network providers to bill you directly .....	159
F.	Your right to leave our plan .....	159
G.	Your right to make decisions about your health care .....	160
G1.	Your right to know your treatment choices and make decisions.....	160
G2.	Your right to say what you want to happen if you are unable to make health care decisions for yourself .....	160
G3.	What to do if your instructions are not followed .....	162
H.	Your right to make complaints and ask us to reconsider our decisions .....	162
H1.	What to do about unfair treatment or to get more information about your rights .....	162
I.	Your responsibilities as a plan member .....	162



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

## A. Your right to get services and information in a way that meets your needs

We must ensure **all** services are provided to you in a culturally competent and accessible manner. We must also tell you about our plan's benefits and your rights in a way that you can understand. We must tell you about your rights each year that you are in our plan.

- To get information in a way that you can understand, call Member Services. Our plan has free interpreter services available to answer questions in different languages.
- Our plan can also give you materials in languages other than English including Spanish, Chinese and Korean and in formats such as large print, braille, or audio. To obtain materials in one of these alternative formats, please call Member Services or write to:

Wellcare Dual Liberty (HMO D-SNP)  
PO Box 31370  
Tampa, FL 33631-3370

Member Services phone number: 1-866-892-8340 (TTY 711)  
Member Services hours: Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.

Wellcare Dual Liberty (HMO D-SNP) wants to make sure you understand your health plan information. We can send materials to you in another language or alternate format if you ask for it this way. You can also make a “standing request”, in which we will document your request and will provide you materials in future mailings and communications in your preferred language and/or format. Please call us if:

- You want to get your materials in Spanish, Chinese, Korean, or in an alternate format. You can also ask for one of these languages in an alternate format.
- You want to make a standing request, change a standing request or make a one-time request for materials in a language other than English or in an alternate format.
- You want to change the language or format that we send you materials.

If you have trouble getting information from our plan because of language problems or a disability and you want to file a complaint, call:

- Medicare at 1-800-MEDICARE (1-800-633-4227). You can call 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

- NJ Department of Human Services, Division of Medical Assistance and Health Services (DMAHS) at 1-800-701-0710 (TTY: 711).
- Office for Civil Rights at 1-800-368-1019. TTY users should call 1-800-537-7697.

당사의 **모든** 서비스는 가입자의 문화적 배경에 적합하고 접근이 가능한 방식으로 제공되어야 합니다. 또한 가입자가 이해할 수 있는 방식으로 플랜의 혜택과 가입자의 권리에 관해 설명해야 합니다. 이와 더불어, 매년 가입자에게 플랜에 대한 가입자의 권리에 대해 알려야 합니다.

- 이해하기 쉬운 방식으로 정보를 얻으려면 가입자 서비스에 전화하세요. 당사의 플랜은 다양한 언어로 질문에 답변할 수 있는 무료 통역 서비스를 제공합니다.
- 또한 영어 이외의 언어(중국어, 한국어, 스페인어)와 큰 활자, 점자 또는 오디오 등의 형식으로 자료를 제공받을 수 있습니다. 이와 같은 형식의 자료를 요청하려면 가입자 서비스에 전화하거나 다음으로 서신을 보내주세요.

Wellcare  
PO Box 31370  
Tampa, FL 33631-3370

가입자 서비스 연락처: 1-866-892-8340(TTY 711)

가입자 서비스 업무 시간: 10월 1일부터 3월 31일까지는 월~일, 오전 8시~오후 8시 사이에 담당자와 통화하실 수 있습니다. 4월 1일부터 9월 30일까지는 월~금, 오전 8시~오후 8시 사이에 담당자와 통화하실 수 있습니다.

Wellcare Dual Liberty (HMO D-SNP)는 가입자가 건강 플랜 정보를 이해하실 수 있도록 돕고 있습니다. 요청하시면 다른 언어나 대체 형식으로 자료를 제공해 드립니다. 또한 "상시 요청"을하실 수 있습니다. 이를 신청하시면, 해당 요청을 기록하고, 앞으로 발송되는 모든 자료와 소통 내용을 가입자가 선호하는 언어 및/또는 형식으로 제공해 드릴 것입니다. 다음의 경우 당사에 문의해 주세요.

- 스페인어, 중국어, 한국어 또는 다른 형식으로 자료를 받고자 하는 경우. 이러한 언어 중 하나의 언어를 대체 형식으로 요청할 수도 있습니다.
- 상시 요청 신청 또는 상시 요청을 변경하거나 영어 이외의 언어 또는 대체 형식으로 자료를 일회성으로 요청하려는 경우.
- 제공받는 자료의 언어 또는 형식을 변경하려는 경우.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

언어 문제 또는 장애로 인해 플랜에서 정보를 얻는 데 어려움이 있고 불만을 제기하려면 다음 연락처로 전화하세요.

- Medicare 연락처: 1-800-MEDICARE(1-800-633-4227). 24시간 연중무휴로 연락이 가능합니다. TTY 사용자는 1-877-486-2048번을 이용해 주십시오.
- 뉴저지 의료 지원 및 보건 서비스국(DMAHS)
- Office for Civil Rights(민권 담당국)는 1-800-368-1019번으로 문의하세요. TTY 사용자는 1-800-537-7697번을 이용해 주십시오.

我們必須確保以符合文化要求且便於使用的方式為您提供所有服務。我們還必須以您可以理解的方式告訴您我們計畫的福利和您的權利。我們必須在您參加計畫的每一年向您介紹您的權利。

- 若需以您可以理解的方式獲取資訊，請致電保戶服務部。我們的計畫提供免費口譯服務，可以用不同語言回答問題。
- 我們的計畫還可以為您提供英語以外語言的材料，包括中文、韓語、西班牙語以及大字體、盲文或音訊等格式的材料。若要獲得這些替代格式之一的副本，請致電保戶服務部或寫信至：

Wellcare  
PO Box 31370  
Tampa, FL 33631-3370

保戶服務部電話號碼：1-866-892-8340 (TTY 711)  
保戶服務部辦公時間：在 10 月 1 日至 3 月 31 日期間，週一至週日上午 8 點至晚上 8 點有代表提供服務。在 4 月 1 日至 9 月 30 日期間，週一至週五上午 8 點至晚上 8 點有代表提供服務。

Wellcare Dual Liberty (HMO D-SNP) 希望確保您瞭解您的健康計畫資訊。如果您提出請求，我們會以另一種語言或其他格式向您發送資料。您還可以提出「長期請求」，我們將在其中記錄您的請求，並在以後的郵寄和通信中以您首選的語言和/或格式向您提供材料。如果出現以下情況，請致電與我們聯絡：



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

- 您希望獲得西班牙語、中文、韓語或其他格式的資料。您也可以要求使用其中一種語言的替代格式。
- 您想要提出長期請求、更改長期請求或對英語以外的語言或其他格式的材料 提出一次性請求。
- 您想要更改我們向您發送資料的語言或格式。

如果您因語言問題或殘障而無法從我們的計畫獲取資訊，並且想要提出投訴，請致電：

- Medicare：1-800-MEDICARE (1-800-633-4227)。服務時間為每週 7 天、每天 24 小時。TTY 使用者應致電 1-877-486-2048。
- 新澤西州人類服務部醫療協助與健康服務處 (DMAHS)
- Office for Civil Rights：1-800-368-1019。TTY 聽障專線使用者請撥打 1-800-537-7697。

---

Debemos asegurarnos de que **todos** los servicios se le brindan de manera competente y accesible desde el punto de vista cultural. También debemos informarle sobre sus derechos y los beneficios de nuestro plan de forma que pueda entenderlos. Debemos comunicarle sus derechos cada año que sea miembro de nuestro plan.

- Para obtener información de forma que pueda entenderla, llame a Servicios al Miembro. Nuestro plan dispone de servicios de interpretación gratuitos para responder preguntas en distintos idiomas.
- Desde nuestro plan, también podemos proporcionarle materiales en otros idiomas aparte del inglés, como chino, coreano o español, y en formatos como letra grande, braille o audio. Para obtener materiales en uno de estos formatos alternativos, llame a Servicios al Miembro o escriba a la siguiente dirección:

Wellcare  
PO Box 31370  
Tampa, FL 33631-3370

Número de teléfono de Servicios al Miembro: 1-866-892-8340 (TTY 711).

Horario de atención de Servicios al Miembro: entre el 1.o de octubre y el 31 de marzo, los representantes están disponibles de lunes a domingo, de 8 a. m. a 8 p. m. Entre el 1.o de abril y el 30 de septiembre, los representantes están disponibles de lunes a viernes, de 8 a. m. a 8 p. m.

En Wellcare Dual Liberty (HMO D-SNP) queremos asegurarnos de que usted entiende la información de



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

su plan de salud. Podemos enviarle materiales en otro idioma o formato alternativo si nos lo pide. También puede hacer una “solicitud permanente”, en la que dejaremos constancia de su petición y los materiales que se le brinden en el futuro se le enviarán en el idioma o en el formato que prefiera. Llámenos si desea pedir una de las siguientes opciones

- Quiere que le enviemos sus materiales en español, chino, coreano o en un formato alternativo. También puede solicitar los materiales en un formato alternativo en uno de estos idiomas.
- Quiere hacer una solicitud permanente, modificar una solicitud permanente o hacer una solicitud única de materiales en un idioma distinto del inglés o en un formato alternativo.
- Quiere cambiar el idioma o el formato en que le enviamos los materiales.

Si tiene dificultades para obtener información de nuestro plan debido a problemas de idioma o a una discapacidad y quiere presentar un reclamo, llame a los siguientes departamentos:

- Medicare al 1-800-MEDICARE (1-800-633-4227). Puede llamar las 24 horas del día, los 7 días de la semana. Los usuarios de TTY deben llamar al 1-877-486-2048.
- Departamento de Servicios Humanos de NJ, División de Asistencia Médica y Servicios de Salud (DMAHS).
- Office for Civil Rights al 1-800-368-1019. Los usuarios de TTY deben llamar al 1-800-537-7697.

---

## B. Our responsibility for your timely access to covered services and drugs

You have rights as a member of our plan.

- You have the right to choose a primary care provider (PCP) in our network. A network provider is a provider who works with us. You can find more information about what types of providers may act as a PCP and how to choose a PCP in **Chapter 3** of your *Evidence of Coverage*.
  - Call Member Services or look in the *Provider and Pharmacy Directory* to learn more about network providers and which doctors are accepting new patients.
- You have the right to a women’s health specialist without getting a referral. A referral is approval from your PCP to use a provider that is not your PCP.
- You have the right to get covered services from network providers within a reasonable amount of time.
  - This includes the right to get timely services from specialists.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

- If you can't get services within a reasonable amount of time, we must pay for out-of-network care.
- You have the right to get emergency services or care that is urgently needed without prior approval (PA).
- You have the right to get your prescriptions filled at any of our network pharmacies without long delays.
- You have the right to know when you can use an out-of-network provider. To learn about out-of-network providers, refer to **Chapter 3** of your *Evidence of Coverage*.

**Chapter 9** of your *Evidence of Coverage* tells what you can do if you think you aren't getting your services or drugs within a reasonable amount of time. It also tells what you can do if we denied coverage for your services or drugs and you don't agree with our decision.

---

## C. Our responsibility to protect your personal health information (PHI)

We protect your PHI as required by federal and state laws.

Your PHI includes information you gave us when you enrolled in our plan. It also includes your medical records and other medical and health information.

You have rights when it comes to your information and controlling how your PHI is used. We give you a written notice that tells about these rights and explains how we protect the privacy of your PHI. The notice is called the "Notice of Privacy Practice."

### C1. How we protect your PHI

We make sure that no unauthorized people look at or change your records.

Except for the cases noted below, we don't give your PHI to anyone not providing your care or paying for your care. If we do, we must get written permission from you first. You, or someone legally authorized to make decisions for you, can give written permission.

Sometimes we don't need to get your written permission first. These exceptions are allowed or required by law:

- We must release PHI to government agencies checking on our plan's quality of care.
- We must release PHI by court order.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).



- We must give Medicare your PHI. If Medicare releases your PHI for research or other uses, they do it according to federal laws.

## C2. Your right to look at your medical records

- You have the right to look at your medical records and to get a copy of your records.
- You have the right to ask us to update or correct your medical records. If you ask us to do this, we work with your health care provider to decide if changes should be made.
- You have the right to know if and how we share your PHI with others.

If you have questions or concerns about the privacy of your PHI, call Member Services.

---

## D. Our responsibility to give you information

As a member of our plan, you have the right to get information from us about our plan, our network providers, your member rights and responsibilities, and your covered services.

If you don't speak English, we have interpreter services to answer questions you have about our plan. To get an interpreter, call Member Services. This is a free service to you. We can also give you information in large print, braille, or audio. You can also get this handbook in the following languages for free:

- Spanish
- Korean
- Chinese

If you want information about any of the following, call Member Services:

- How to choose or change plans
- Our plan, including:
  - financial information
  - how plan members have rated us
  - the number of appeals made by members
  - how to leave our plan
- Our network providers and our network pharmacies, including:



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).



- how to choose or change primary care providers
- qualifications of our network providers and pharmacies
- how we pay providers in our network
- Covered services and drugs, including:
  - services (refer to **Chapter 3** and **Chapter 4** of your *Evidence of Coverage*) and drugs (refer to **Chapter 5** and **Chapter 6** of your *Evidence of Coverage*) covered by our plan
  - limits to your coverage and drugs
  - rules you must follow to get covered services and drugs
- Why something is not covered and what you can do about it (refer to **Chapter 9** of your *Evidence of Coverage*), including asking us to:
  - put in writing why something is not covered
  - change a decision we made
  - pay for a bill you got

---

## E. Inability of network providers to bill you directly

Doctors, hospitals, and other providers in our network cannot make you pay for covered services. They also cannot balance bill or charge you if we pay less than the amount the provider charged. To learn what to do if a network provider tries to charge you for covered services, refer to **Chapter 7** of your *Evidence of Coverage*.

---

## F. Your right to leave our plan

No one can make you stay in our plan if you do not want to.

- You have the right to get most of your health care services through Original Medicare or another Medicare Advantage (MA) plan.
- You can get your Medicare Part D prescription drug benefits from a prescription drug plan or from another MA plan.
- Refer to **Chapter 10, Section C** of your *Evidence of Coverage*:



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

- For more information about when you can join a new MA or prescription drug benefit plan.
- For information about how you will get your NJ FamilyCare benefits if you leave our plan.

---

## G. Your right to make decisions about your health care

You have the right to full information from your doctors and other health care providers to help you make decisions about your health care.

### G1. Your right to know your treatment choices and make decisions

Your providers must explain your condition and your treatment choices in a way that you can understand. You have the right to:

- **Know your choices.** You have the right to be told about all treatment options.
- **Know the risks.** You have the right to be told about any risks involved. We must tell you in advance if any service or treatment is part of a research experiment. You have the right to refuse experimental treatments.
- **Get a second opinion.** You have the right to use another doctor before deciding on treatment.
- **Say no.** You have the right to refuse any treatment. This includes the right to leave a hospital or other medical facility, even if your doctor advises you not to. You have the right to stop taking a prescribed drug. If you refuse treatment or stop taking a prescribed drug, we will not drop you from our plan. However, if you refuse treatment or stop taking a drug, you accept full responsibility for what happens to you.
- **Ask us to explain why a provider denied care.** You have the right to get an explanation from us if a provider denied care that you think you should get.
- **Ask us to cover a service or drug that we denied or usually don't cover.** This is called a coverage decision. **Chapter 9** of your *Evidence of Coverage* tells how to ask us for a coverage decision.

### G2. Your right to say what you want to happen if you are unable to make health care decisions for yourself

Sometimes people are unable to make health care decisions for themselves. Before that happens to you, you can:



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

- Fill out a written form **giving someone the right to make health care decisions for you.**
- **Give your doctors written instructions** about how to handle your health care if you become unable to make decisions for yourself, including care you do **not** want.

The legal document that you use to give your directions is called an “advance directive.” There are different types of advance directives and different names for them. Examples are a living will and a power of attorney for health care.

You are not required to have an advance directive, but you can. Here’s what to do if you want to use an advance directive:

- **Get the form.** You can get the form from your doctor, a lawyer, a legal services agency, or a social worker. Pharmacies and provider offices often have the forms. You can find a free form online and download it. You can also contact Member Services to ask for the form.
- **Fill out the form and sign it.** The form is a legal document. You should consider having a lawyer or someone else you trust, such as a family member or your PCP, help you complete it.
- **Give copies to people who need to know.** You should give a copy of the form to your doctor. You should also give a copy to the person you name to make decisions for you. You may want to give copies to close friends or family members. Keep a copy at home.
- If you are being hospitalized and you have a signed advance directive, **take a copy of it to the hospital.**
  - The hospital will ask if you have a signed advance directive form and if you have it with you.
  - If you don’t have a signed advance directive form, the hospital has forms and will ask if you want to sign one.

You have the right to:

- Have your advance directive placed in your medical records.
- Change or cancel your advance directive at any time.

Call Member Services for more information. You can also visit New Jersey Department of Health website at <https://www.state.nj.us/health/advancedirective/ad/> to learn more about advance directives.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

### G3. What to do if your instructions are not followed

If you signed an advance directive and you think a doctor or hospital didn't follow the instructions in it, you can make a complaint with the State of New Jersey Department of Health.

---

## H. Your right to make complaints and ask us to reconsider our decisions

**Chapter 9** of your *Evidence of Coverage* tells you what you can do if you have any problems or concerns about your covered services or care. For example, you can ask us to make a coverage decision, make an appeal to change a coverage decision, or make a complaint.

You have the right to get information about appeals and complaints that other plan members have filed against us. Call Member Services to get this information.

### H1. What to do about unfair treatment or to get more information about your rights

If you think we treated you unfairly – and it is **not** about discrimination for reasons listed in **Chapter 11** of your *Evidence of Coverage* – or you want more information about your rights, you can call:

- Member Services.
- The SHIP program at 1-800-792-8820. For more details about the SHIP, refer to Chapter 2, Section 3.
- The Ombudsperson Program at 1-800-446-7467. For more details about this program, refer to **Chapter 2, Section G** of your *Evidence of Coverage*.

Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. (You can also read or download “Medicare Rights & Protections,” found on the Medicare website at [www.medicare.gov/Pubs/pdf/11534-Medicare-Rights-and-Protections.pdf](http://www.medicare.gov/Pubs/pdf/11534-Medicare-Rights-and-Protections.pdf).)

You can also contact the New Jersey Medicaid program for assistance. You can call the NJ Department of Human Services, Division of Medical Assistance and Health Services at 1-800-701-0710 (TTY: 711).

---

## I. Your responsibilities as a plan member

As a plan member, you have a responsibility to do the things that are listed below. If you have any questions, call Member Services.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

- **Read the *Evidence of Coverage*** to learn what our plan covers and the rules to follow to get covered services and drugs. For details about your:
  - Covered services, refer to **Chapter 3 and Chapter 4** of your *Evidence of Coverage*. Those chapters tell you what is covered, what is not covered, what rules you need to follow, and what you pay.
  - Covered drugs, refer to **Chapter 5 and Chapter 6** of your *Evidence of Coverage*.
- **Tell us about any other health or prescription drug coverage** you have. We must make sure you use all of your coverage options when you get health care. Call Member Services if you have other coverage.
- **Tell your doctor and other health care providers** that you are a member of our plan. Show your Member ID Card when you get services or drugs.
- **Help your doctors** and other health care providers give you the best care.
  - Give them information they need about you and your health. Learn as much as you can about your health problems. Follow the treatment plans and instructions that you and your providers agree on.
  - Make sure your doctors and other providers know about all of the drugs you take. This includes prescription drugs, over-the-counter drugs, vitamins, and supplements.
  - Ask any questions you have. Your doctors and other providers must explain things in a way you can understand. If you ask a question and you don't understand the answer, ask again.
- **Be considerate.** We expect all plan members to respect the rights of others. We also expect you to act with respect in your doctor's office, hospitals, and other provider offices.
- **Pay what you owe.** As a plan member, you are responsible for these payments:
  - **If you get any services or drugs that are not covered by our plan, you must pay the full cost.** (Note: If you disagree with our decision to not cover a service or drug, you can make an appeal. Please refer to **Chapter 9** to learn how to make an appeal.)
- **Tell us if you move.** If you plan to move, tell us right away. Call Member Services.
  - **If you move outside of our service area, you cannot stay in our plan.** Only people who live in our service area can be members of this plan. **Chapter 1** of your *Evidence of Coverage* tells about our service area.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

- We can help you find out if you're moving outside our service area. During a special enrollment period, you can switch to Original Medicare or enroll in a Medicare health or prescription drug plan in your new location. We can tell you if we have a plan in your new area.
- Tell Medicare and NJ FamilyCare your new address when you move. Refer to **Chapter 2** of your *Evidence of Coverage* for phone numbers for Medicare and NJ FamilyCare.
- **If you move and stay in our service area, we still need to know.** We need to keep your membership record up to date and know how to contact you.
- **Call Member Services for help if you have questions or concerns.**



---

**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

## Chapter 9. What to do if you have a problem or complaint (coverage decisions, appeals, complaints)

---

### Introduction

This chapter has information about your rights. Read this chapter to find out what to do if:

- You have a problem with or complaint about your plan.
- You need a service, item, or medication that your plan said it won't pay for.
- You disagree with a decision your plan made about your care.
- You think your covered services are ending too soon.

This chapter is in different sections to help you easily find what you are looking for. **If you have a problem or concern, read the parts of this chapter that apply to your situation.**

### Table of Contents

A.	What to do if you have a problem or concern .....	167
A1.	About the legal terms.....	167
B.	Where to get help.....	167
B1.	For more information and help.....	167
C.	Understanding Medicare and NJ FamilyCare complaints and appeals in our plan.....	168
D.	Problems with your benefits .....	168
E.	Coverage decisions and appeals .....	169
E1.	Coverage decisions .....	169
E2.	Appeals.....	170
E3.	Help with coverage decisions and appeals.....	170
E4.	Which section of this chapter can help you .....	171
F.	Medical care.....	172
F1.	Using this section.....	172
F2.	Asking for a coverage decision .....	173
F3.	Making a Level 1 Appeal .....	175



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

F4.	Making a Level 2 Appeal .....	178
F5.	Payment problems.....	183
G.	Medicare Part D prescription drugs.....	185
G1.	Medicare Part D coverage decisions and appeals .....	185
G2.	Medicare Part D exceptions.....	186
G3.	Important things to know about asking for an exception.....	187
G4.	Asking for a coverage decision, including an exception .....	188
G5.	Making a Level 1 Appeal .....	190
G6.	Making a Level 2 Appeal .....	192
H.	Asking us to cover a longer hospital stay .....	194
H1.	Learning about your Medicare rights .....	194
H2.	Making a Level 1 Appeal .....	195
H3.	Making a Level 2 Appeal .....	197
I.	Asking us to continue covering certain medical services .....	197
I1.	Advance notice before your coverage ends .....	198
I2.	Making a Level 1 Appeal .....	198
I3.	Making a Level 2 Appeal .....	200
J.	Taking your appeal beyond Level 2 .....	200
J1.	Next steps for Medicare services and items .....	200
J2.	Additional NJ FamilyCare appeals.....	202
J3.	Appeal Levels 3, 4 and 5 for Medicare Part D Drug Requests .....	202
K.	How to make a complaint.....	203
K1.	What kinds of problems should be complaints .....	203
K2.	Internal complaints.....	205
K3.	External complaints .....	206



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).



---

## A. What to do if you have a problem or concern

This chapter explains how to handle problems and concerns. The process you use depends on the type of problem you have. Use one process for **coverage decisions and appeals** and another for **making complaints**; also called grievances.

To ensure fairness and promptness, each process has a set of rules, procedures, and deadlines that we and you must follow.

### A1. About the legal terms

There are legal terms in this chapter for some rules and deadlines. Many of these terms can be hard to understand, so we use simpler words in place of certain legal terms when we can. We use abbreviations as little as possible.

For example, we say:

- “Making a complaint” instead of “filing a grievance”
- “Coverage decision” instead of “organization determination”, “benefit determination”, “at-risk determination”, or “coverage determination”
- “Fast coverage decision” instead of “expedited determination”
- “Independent Review Organization” (IRO) instead of “Independent Review Entity” (IRE)

Knowing the proper legal terms may help you communicate more clearly, so we provide those too.

---

## B. Where to get help

### B1. For more information and help

Sometimes it's confusing to start or follow the process for dealing with a problem. This can be especially true if you don't feel well or have limited energy. Other times, you may not have the information you need to take the next step.

#### Help from the State Health Insurance Assistance Program (SHIP)

You can call the SHIP. The SHIP counselors can answer your questions and help you understand what to do about your problem. The SHIP is not connected with us or with any insurance company or health plan. The SHIP has trained counselors in every county, and services are free. The SHIP phone number is 1-800-792-8820 (TTY: 711).



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

## Help and information from Medicare

For more information and help, you can contact Medicare. Here are two ways to get help from Medicare:

- Call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users call 1-877-486-2048.
- Visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)).

## Help and information from the NJ Department of Human Services, Division of Medical Assistance and Health Services (the New Jersey Medicaid program)

You can get help and information from the Division of Medical Assistance and Health Services (the New Jersey Medicaid program) by calling 1-800-701-0710 (TTY: 711). Their website can be found at [www.state.nj.us/humanservices/dmahs/](http://www.state.nj.us/humanservices/dmahs/).

---

## C. Understanding Medicare and NJ FamilyCare complaints and appeals in our plan

You have Medicare and NJ FamilyCare. Information in this chapter applies to **all** of your Medicare and NJ FamilyCare benefits. This is sometimes called an “integrated process” because it combines, or integrates, Medicare and NJ FamilyCare processes.

Sometimes Medicare and NJ FamilyCare processes cannot be combined. In those situations, you use one process for a Medicare benefit and another process for an NJ FamilyCare benefit. **Section F4** explains these situations.

---

## D. Problems with your benefits

If you have a problem or concern, read the parts of this chapter that apply to your situation. The following chart helps you find the right section of this chapter for problems or complaints.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

**Is your problem or concern about your benefits or coverage?**

This includes problems about whether particular medical care (medical items, services and/or Part B prescription drugs) are covered or not, the way they are covered, and problems about payment for medical care.

**Yes.**

My problem is about  
benefits or coverage.

Refer to **Section E**, “Coverage  
decisions and appeals.”

**No.**

My problem is not about  
benefits or coverage.

Refer to **Section K**, “How to make a  
complaint.”

---

## E. Coverage decisions and appeals

The process for asking for a coverage decision and making an appeal deals with problems related to your benefits and coverage for your medical care (services, items and Part B prescription drugs, including payment). To keep things simple, we generally refer to medical items, services, and Part B prescription drugs as **medical care**.

### E1. Coverage decisions

A coverage decision is a decision we make about your benefits and coverage for your medical services or drugs. For example, if your plan network provider refers you to a medical specialist outside of the network, this referral is considered a favorable decision unless either your network provider can show that you received a standard denial notice for this medical specialist, or the referred service is never covered under any condition (refer to **Chapter 4** of your *Evidence of Coverage*).

You or your doctor can also contact us and ask for a coverage decision. You or your doctor may be unsure whether we cover a specific medical service or if we may refuse to provide medical care you think you need. **If you want to know if we will cover a medical service before you get it, you can ask us to make a coverage decision for you.**

We make a coverage decision whenever we decide what is covered for you. In some cases, we may decide a service or drug is not covered or is no longer covered for you by Medicare or NJ FamilyCare. If you disagree with this coverage decision, you can make an appeal.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

## E2. Appeals

If we make a coverage decision and you are not satisfied with this decision, you can “appeal” the decision. An appeal is a formal way of asking us to review and change a coverage decision we have made.

When you appeal a decision for the first time, this is called a Level 1 Appeal. In this appeal, we review the coverage decision we made to check if we followed all rules properly. Different reviewers than those who made the original unfavorable decision handle your appeal.

When we complete the review, we give you our decision. Under certain circumstances, explained later in this chapter, **Section F2** and **Section F3**, you can ask for an expedited or “fast coverage decision” or “fast appeal” of a coverage decision.

If we say **No** to part or all of what you asked for, we will send you a letter. If your problem is about coverage of Medicare medical care, the letter will tell you that we sent your case to the Independent Review Organization (IRO) for a Level 2 Appeal. If your problem is about coverage of a Medicare Part D or Medicaid service or item, the letter will tell you how to file a Level 2 Appeal yourself. Refer to **Section F4** for more information about Level 2 Appeals. If your problem is about coverage of a service or item covered by both Medicare and Medicaid, the letter will give you information regarding both types of Level 2 Appeals. If your problem is about a coverage of a service or item covered by both Medicare and Medicaid, the letter will give you information regarding both types of Level 2 appeals.

If you are not satisfied with the Level 2 Appeal decision, you may be able to go through additional levels of appeal.

## E3. Help with coverage decisions and appeals

You can ask for help from any of the following:

- **Member Services** at the numbers at the bottom of the page.
- The State Health Insurance Assistance Program (SHIP), which can be reached at 1-800-792-8820 (TTY: 711).
- **Your doctor or other provider.** Your doctor or other provider can ask for a coverage decision or appeal on your behalf.
- **A friend or family member.** You can name another person to act for you as your “representative” and ask for a coverage decision or make an appeal.
- **A lawyer.** You have the right to a lawyer, but **you are not required to have a lawyer** to ask for a coverage decision or make an appeal.



---

**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

- Call your own lawyer, or get the name of a lawyer from the local bar association or other referral service. Some legal groups will give you free legal services if you qualify.
- The New Jersey Department of Banking and Insurance, Office of the Insurance Ombudsman: Call 1-800-446-7467 (TTY: 711). The Office of the Insurance Ombudsman can answer questions if you have a problem with your appeal. They can also help you understand what to do next. They aren't connected with our plan or with any insurance company or health plan. Their services are free.
- Medicare: Call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week (TTY users can call 1-877-486-2048). Or, visit [Medicare.gov](http://www.Medicare.gov).
- NJ Medicaid/Division of Medical Assistance and Health Services: 1-800-701-0710 (TTY: 711).
- Medicare Rights Center: Call 1-800-333-4114, or visit [www.medicarerights.org](http://www.medicarerights.org).
- Eldercare Locator: Call 1-800-677-1116, or visit [www.eldercare.acl.gov](http://www.eldercare.acl.gov) to find help in your community.

Fill out the Appointment of Representative form if you want a lawyer or someone else to act as your representative. The form gives someone permission to act for you.

Call Member Services at the numbers at the bottom of the page and ask for the “Appointment of Representative” form. You can also get the form by visiting [www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms1696.pdf](http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms1696.pdf) or on our website at [www.wellcare.com/medicare](http://www.wellcare.com/medicare). **You must give us a copy of the signed form.**

#### **E4. Which section of this chapter can help you**

There are four situations that involve coverage decisions and appeals. Each situation has different rules and deadlines. We give details for each one in a separate section of this chapter. Refer to the section that applies:

- **Section F** “Medical care”
- **Section G** “Medicare Part D prescription drugs”
- **Section H** “Asking us to cover a longer hospital stay”
- **Section I**, “Asking us to continue covering certain medical services” (This section only applies to these services: home health care, skilled nursing facility care, and Comprehensive Outpatient Rehabilitation Facility (CORF) services.)

If you're not sure which section to use, call Member Services at the numbers at the bottom of the page.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

## F. Medical care

This section explains what to do if you have problems getting coverage for medical care or if you want us to pay you back for your care.

This section is about your benefits for medical care that is described in **Chapter 4, Section D** of your *Evidence of Coverage*. In some cases, different rules may apply to a Medicare Part B prescription drug. When they do, we explain how rules for Medicare Part B prescription drugs differ from rules for medical services and items.

### F1. Using this section

This section explains what you can do in any of the five following situations:

1. You think we cover medical care you need but are not getting.

**What you can do:** You can ask us to make a coverage decision. Refer to **Section F2**

2. We didn't approve the medical care your doctor or other health care provider wants to give you, and you think we should.

**What you can do:** You can appeal our decision. Refer to **Section F3**

3. You got medical care that you think we cover, but we will not pay.

**What you can do:** You can appeal our decision not to pay. Refer to **Section F5**

4. You got and paid for medical care you thought we cover, and you want us to pay you back.

**What you can do:** You can ask us to pay you back. Refer to **Section F5**

5. We reduced or stopped your coverage for certain medical care, and you think our decision could harm your health.

**What you can do:** You can appeal our decision to reduce or stop the medical care. Refer to **Section F4**.

- If the coverage is for hospital care, home health care, skilled nursing facility care, or CORF services, special rules apply. Refer to **Section H** or **Section I** to find out more.
- For all other situations involving reducing or stopping your coverage for certain medical care, use this section (**Section F**) as your guide.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

## F2. Asking for a coverage decision

When a coverage decision involves your medical care, it's called an **"integrated organization determination"**.

You, your doctor, or your representative can ask us for a coverage decision by:

- Calling: 1-866-892-8340, TTY: 711. Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.
- Writing: Wellcare Health Plans  
Coverage Determinations Department - Medical  
PO Box 31370  
Tampa, FL 33631-3370

### Standard coverage decision

When we give you our decision, we use the "standard" deadlines unless we agree to use the "fast" deadlines. A standard coverage decision means we give you an answer about a:

- Medical service or item within 14 calendar days after we get your request.
- Medicare Part B prescription drug within 72 hours after we get your request.

**For a medical item or service, we can take up to 14 more calendar days** if you ask for more time or if we need more information that may benefit you (such as medical records from out-of-network providers). If we take extra days to make the decision, we will tell you in writing. **We can't take extra days if your request is for a Medicare Part B prescription drug.**

If you think we should **not** take extra days, you can make a "fast complaint" about our decision to take extra days. When you make a fast complaint, we give you an answer to your complaint within 24 hours. The process for making a complaint is different from the process for coverage decisions and appeals. For more information about making a complaint, including a fast complaint, refer to **Section K**.

### Fast coverage decision

The legal term for "fast coverage decision" is **"expedited determination."**

When you ask us to make a coverage decision about your medical care and your health requires a quick response, ask us to make a "fast coverage decision." A fast coverage decision means we will give you an answer about a:



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).



- Medical service or item within 72 hours after we get your request.
- Medicare Part B prescription drug within 24 hours after we get your request.

**For a medical item or service, we can take up to 14 more calendar days** if we find information that may benefit you is missing (such as medical records from out-of-network providers) or if you need time to get us information for the review. If we take extra days to make the decision, we will tell you in writing. **We can't take extra time if your request is for a Medicare Part B prescription drug.**

If you think we should **not** take extra days to make the coverage decision, you can make a “fast complaint” about our decision to take extra days. For more information about making a complaint, including a fast complaint, refer to **Section K**. We will call you as soon as we make the decision.

To get a fast coverage decision, you must meet two requirements:

- You are asking for coverage for medical items and/or services that you **did not get**. You can't ask for a fast coverage decision about payment for items or services you already got.
- Using the standard deadlines **could cause serious harm to your health** or hurt your ability to function.

**We automatically give you a fast coverage decision if your doctor tells us your health requires it.** If you ask without your doctor's support, we decide if you get a fast coverage decision.

- If we decide that your health doesn't meet the requirements for a fast coverage decision, we send you a letter that says so and we use the standard deadlines instead. The letter tells you:
  - We automatically give you a fast coverage decision if your doctor asks for it.
  - How you can file a “fast complaint” about our decision to give you a standard coverage decision instead of a fast coverage decision. For more information about making a complaint, including a fast complaint, refer to **Section K**.

**If we say No to part or all of your request,** we send you a letter explaining the reasons.

- If we say **No**, you have the right to make an appeal. If you think we made a mistake, making an appeal is a formal way of asking us to review our decision and change it.
- If you decide to make an appeal, you will go on to Level 1 of the appeals process (refer to **Section F3**).

In limited circumstances we may dismiss your request for a coverage decision, which means we won't review the request. Examples of when a request will be dismissed include:

- if the request is incomplete,



**If you have questions,** please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information,** visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).



- if someone makes the request on your behalf but isn't legally authorized to do so, **or**
- if you ask for your request to be withdrawn.

If we dismiss a request for a coverage decision, we will send you a notice explaining why the request was dismissed and how to ask for a review of the dismissal. This review is called an appeal. Appeals are discussed in the next section.

### F3. Making a Level 1 Appeal

**To start an appeal**, you, your doctor, or your representative must contact us. Call us at the phone number printed at the bottom of this page.

**Ask for a standard appeal or a fast appeal** in writing or by calling us at the phone number printed at the bottom of this page.

- If your doctor or other prescriber asks to continue a service or item you are already getting during your appeal, you may need to name them as your representative to act on your behalf.
- If someone other than your doctor makes the appeal for you, include an Appointment of Representative form authorizing this person to represent you. You can get the form by visiting [www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms1696.pdf](http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms1696.pdf) or on our website at [www.wellcare.com/medicare](http://www.wellcare.com/medicare).
- We can accept an appeal request without the form, but we can't begin or complete our review until we get it. If we don't get the form before our deadline for making a decision on your appeal:
  - We dismiss your request, and
  - We send you a written notice explaining your right to ask the IRO to review our decision to dismiss your appeal.
- You must ask for an appeal within 65 calendar days from the date on the letter we sent to tell you our decision.
- If you miss the deadline and have a good reason for missing it, we may give you more time to make your appeal. Examples of good reasons are things like you had a serious illness or we gave you the wrong information about the deadline. Explain the reason why your appeal is late when you make your appeal.
- You have the right to ask us for a free copy of the information about your appeal. You and your doctor may also give us more information to support your appeal.

**If your health requires it, ask for a fast appeal.**



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

The legal term for “fast appeal” is “**expedited reconsideration.**”

- If you appeal a decision we made about coverage for care that you did not get, you and/or your doctor decide if you need a fast appeal.

**We automatically give you a fast appeal if your doctor tells us your health requires it.** If you ask without your doctor’s support, we decide if you get a fast appeal.

- If we decide that your health doesn’t meet the requirements for a fast appeal, we send you a letter that says so and we use the standard deadlines instead. The letter tells you:
  - We automatically give you a fast appeal if your doctor asks for it.
  - How you can file a “fast complaint” about our decision to give you a standard appeal instead of a fast appeal. For more information about making a complaint, including a fast complaint, refer to **Section K**.

**If we tell you we are stopping or reducing services or items that you already get, you may be able to continue those services or items during your appeal.**

- If we decide to change or stop coverage for a service or item that you get, we send you a notice before we take action.
- If you disagree with our decision, you can file a Level 1 Appeal.
- We continue covering the service or item if you ask for a Level 1 Appeal within 10 calendar days of the date on our letter or by the intended effective date of the action, whichever is later.
  - If you meet this deadline, you will get the service or item with no changes while your Level 1 appeal is pending.
  - You will also get all other services or items (that are not the subject of your appeal) with no changes.
  - If you do not appeal before these dates, then your service or item will not be continued while you wait for your appeal decision.

**We consider your appeal and give you our answer.**

- When we review your appeal, we take another careful look at all information about your request for coverage of medical care.
- We check if we followed all the rules when we said **No** to your request.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

- We gather more information if we need it. We may contact you or your doctor to get more information.

### **There are deadlines for a fast appeal.**

- When we use the fast deadlines, we must give you our answer **within 72 hours after we get your appeal**. We will give you our answer sooner if your health requires it.
- If you ask for more time or if we need more information that may benefit you, we **can take up to 14 more calendar days** if your request is for a medical item or service.
  - If we need extra days to make the decision, we tell you in writing.
  - If your request is for a Medicare Part B prescription drug, we can't take extra time to make the decision.
  - If we don't give you an answer within 72 hours or by the end of the extra days we took, we must send your request to Level 2 of the appeals process. An IRO then reviews it. Later in this chapter, **Section F4**, we tell you about this organization and explain the Level 2 appeals process. If your problem is about coverage of a Medicaid service or item, you can file a Level 2 appeal with the state yourself as soon as the time is up. In New Jersey, you have two options for Level 2 appeals. The first is called an IURO appeal. The IURO is the state's Independent Utilization Review Organization. The other option is called a Fair Hearing. **Section F4** includes a detailed explanation of these two options.
- **If we say Yes to part or all of your request**, we must authorize or provide the coverage we agreed to provide within 72 hours after we get your appeal.
- **If we say No to part or all of your request**, we send your appeal to the IRO for a Level 2 Appeal.

### **There are deadlines for a standard appeal.**

- When we use the standard deadlines, we must give you our answer **within 30 calendar days** after we get your appeal for coverage for services you didn't get.
- If your request is for a Medicare Part B prescription drug you didn't get, we give you our answer **within 7 calendar days** after we get your appeal or sooner if your health requires it.
- If you ask for more time or if we need more information that may benefit you, we **can take up to 14 more calendar days** if your request is for a medical item or service.
  - If we need extra days to make the decision, we tell you in writing.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

- If your request is for a Medicare Part B prescription drug, we can't take extra time to make the decision.
- If you think we should **not** take extra days, you can file a fast complaint about our decision. When you file a fast complaint, we give you an answer within 24 hours. For more information about making complaints, including fast complaints, refer to **Section K**.
- If we don't give you an answer by the deadline or by the end of the extra days we took, we must send your request to Level 2 of the appeals process. An IRO then reviews it. Later in this chapter, **Section F4**, we tell you about this organization and explain the Level 2 appeals process. If your problem is about coverage of a Medicaid service or item, you can file a Level 2 appeal with the state yourself as soon as the time is up. In New Jersey, you have two options for Level 2 appeals. The first is called an IURO appeal. The IURO is the state's Independent Utilization Review Organization. The other option is called a Fair Hearing. **Section F4** includes a detailed explanation of these two options.

If we say **Yes to part or all of your request**, we must authorize or provide the coverage we agreed to provide within 30 calendar days, or **within 7 calendar days** if your request is for a Medicare Part B prescription drug, after we get your appeal.

If we say **No** to part or all of your request, **you have additional appeal rights**:

- If we say **No** to part or all of what you asked for, we send you a letter.
- If your problem is about coverage of a Medicare service or item, the letter tells you that we sent your case to the IRO for a Level 2 Appeal.
- If your problem is about coverage of a NJ FamilyCare service or item, the letter tells you how to file a Level 2 Appeal yourself.

## F4. Making a Level 2 Appeal

If we say **No** to part or all of your Level 1 Appeal, we send you a letter. This letter tells you if Medicare, NJ FamilyCare, or both programs usually cover the service or item.

- If your problem is about a service or item that Medicare usually covers, we automatically send your case to Level 2 of the appeals process as soon as the Level 1 Appeal is complete.
- If your problem is about a service or item that NJ FamilyCare usually covers, you can file a Level 2 Appeal yourself. The letter tells you how to do this. We also include more information later in this chapter.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

- If your problem is about a service or item that **both Medicare and NJ FamilyCare** may cover, you automatically get a Level 2 Appeal with the IRO. You can also ask for a Fair Hearing with the state.

If you qualified for continuation of benefits when you filed your Level 1 Appeal, your benefits for the service, item, or drug under appeal may also continue during Level 2. Refer to **Section F3** for information about continuing your benefits during Level 1 Appeals.

- If your problem is about a service usually covered only by Medicare, your benefits for that service don't continue during the Level 2 appeals process with the IRO.
- If your problem is about a service usually covered only by NJ FamilyCare, your benefits for that service continue if you submit a Level 2 Appeal within 10 calendar days after getting our decision letter.

### When your problem is about a service or item Medicare usually covers

The IRO reviews your appeal. It's an independent organization hired by Medicare.

The formal name for the "Independent Review Organization" (IRO) is the "**Independent Review Entity**", sometimes called the "**IRE**".

- This organization isn't connected with us and isn't a government agency. Medicare chose the company to be the IRO, and Medicare oversees their work.
- We send information about your appeal (your "case file") to this organization. You have the right to a free copy of your case file.
- You have a right to give the IRO additional information to support your appeal.
- Reviewers at the IRO take a careful look at all information related to your appeal.

### If you had a fast appeal at Level 1, you also have a fast appeal at Level 2.

- If you had a fast appeal to us at Level 1, you automatically get a fast appeal at Level 2. The IRO must give you an answer to your Level 2 Appeal **within 72 hours** of getting your appeal.
- If your request is for a medical item or service and the IRO needs to gather more information that may benefit you, **it can take up to 14 more calendar days**. The IRO can't take extra time to make a decision if your request is for a Medicare Part B prescription drug.

### If you had a standard appeal at Level 1, you also have a standard appeal at Level 2.

- If you had a standard appeal to us at Level 1, you automatically get a standard appeal at Level 2.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

- If your request is for a medical item or service, the IRO must give you an answer to your Level 2 Appeal **within 30 calendar days** of getting your appeal.
- If your request is for a Medicare Part B prescription drug, the IRO must give you an answer to your Level 2 Appeal **within 7 calendar days** of getting your appeal.
- If your request is for a medical item or service and the IRO needs to gather more information that may benefit you, **it can take up to 14 more calendar days**. The IRO take extra time to make a decision if your request is for a Medicare Part B prescription drug.

The IRO gives you their answer in writing and explains the reasons.

- **If the IRO says Yes to part or all of a request for a medical item or service, we must:**
  - Authorize the medical care coverage **within 72 hours, or**
  - Provide the service within **14 calendar days** after we get the IRO's decision for **standard requests, or**
  - Provide the service **within 72 hours** from the date we get the IRO's decision for **expedited requests.**
- **If the IRO says Yes to part or all of a request for a Medicare Part B prescription drug, we must authorize or provide the Medicare Part B prescription drug under dispute:**
  - **within 72 hours** after we get the IRO's decision for **standard requests, or**
  - **within 24 hours** from the date we get the IRO's decision for **expedited requests.**
- **If the IRO says No to part or all of your appeal, it means they agree that we should not approve your request (or part of your request) for coverage for medical care. This is called "upholding the decision" or "turning down your appeal."**
  - If your case meets the requirements, you choose whether you want to take your appeal further.
  - There are three additional levels in the appeals process after Level 2, for a total of five levels.
  - If your Level 2 Appeal is turned down and you meet the requirements to continue the appeals process, you must decide whether to go on to Level 3 and make a third appeal. The details about how to do this are in the written notice you get after your Level 2 Appeal.
  - An Administrative Law Judge (ALJ) or attorney adjudicator handles a Level 3 Appeal. Refer to **Section J** for more information about Level 3, 4, and 5 Appeals.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

## **When your problem is about a service or item Medicaid usually covers, or that is covered by both Medicare and NJ FamilyCare**

A Level 2 Appeal for services that NJ FamilyCare usually covers gives you two options. One option is an appeal with the IURO, the state's Independent Utilization Review Organization. The second option is a Fair Hearing with the state. You must request an IURO appeal **within 60 calendar days** of the date we sent the decision letter on your Level 1 Appeal. You must ask for a Fair Hearing in writing or by phone **within 120 calendar days** of the date we sent the decision letter on your Level 1 Appeal. The letter you get from us tells you where to submit your request for a Fair Hearing.

### **How do I request an IURO appeal?**

- The Independent Utilization Review Organization (IURO) is an independent organization that is hired by the State of New Jersey's Department of Banking and Insurance (DOBI). This organization is not connected with us, and it is not a government agency. This organization is chosen by the DOBI to serve as an independent reviewer for medical appeals, and the DOBI administers the IURO appeal process. A review by the IURO is also sometimes called an "IURO appeal" or an "External Appeal".
- The IURO will typically not review cases based on the following services:
  - assisted living program
  - assisted living services - when the denial is not based on medical necessity
  - caregiver/participant training
  - chore services
  - community transition services
  - home based supportive care
  - home-delivered meals
  - personal care assistance (PCA)
  - respite (daily and hourly)
  - social day care
  - structured day program -- when the denial is not based on medical necessity
  - supported day services -- when the denial is not based on the diagnosis of TBI



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).



- The IURO appeal process is optional. You can request an IURO appeal, and wait to receive the IURO's decision, before you request a Fair Hearing. Or, you can request an IURO appeal and a Fair Hearing at the same time (the requests are made to two different organizations). **You are not required to request an IURO appeal before requesting a Fair Hearing.**
- You can request an IURO appeal yourself, or it can be requested by your Authorized Representative (which includes your provider, if they are acting on your behalf with your written consent).
- You can request an IURO appeal by filling out the External Appeal Application form. A copy of the External Appeal Application form will be sent to you with the decision letter for your Level 1 Appeal. You must send this form to the following address **within 60 calendar days** of the date we sent the decision letter on your Level 1 Appeal:

Maximus Federal – NJ IHCAP

3750 Monroe Avenue, Suite 705

Pittsford, New York 14534

You may also fax the form to **1-585-425-5296**, or file your appeal online at <https://njihcap.maximus.com>.

- If you are appealing because we told you we were going to stop or reduce services or items that you were already getting and you want to keep those services or items during your IURO appeal, you must request the IURO appeal **within 10 calendar days** of the date on the decision letter for your Level 1 appeal.
- If the IURO reviews your case, it will reach a decision **within 45 calendar days** (or sooner, if your medical condition makes it necessary). If your IURO appeal is a “fast” appeal, the IURO will reach a decision **within 48 hours**.
- If you have questions about the IURO appeal process and/or need assistance with your application, you can call the New Jersey Department of Banking and Insurance toll-free at 1-888-393-1062 or 1-609-777-9470.

### How do I request a Fair Hearing?

- You must ask for a Fair Hearing in **writing within 120 calendar days** of the date that we sent the decision letter on your Level 1 appeal. The letter you get from us will tell you where to submit your hearing request.
- If you ask for an expedited or “fast” Fair Hearing, and you meet all of the requirements for a “fast” hearing, a decision will be made within 72 hours of the agency's receipt of your hearing request.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).



- However, if you are appealing because we told you we were going to stop or reduce services or items that you were already getting and you want to keep those services or items during your Fair Hearing, you must request that your benefits be continued **in writing** on your Fair Hearing request, and you must send your request **within 10 calendar days** of the date on the decision letter for your Level 1 appeal.

Or, if you asked for an IURO appeal and received an adverse decision before requesting a Fair Hearing, you must send this written request **within 10 calendar days** of the date on the letter informing you of the adverse decision on your IURO appeal.

**Please note that if you ask to have your services or items continue during a Fair Hearing and the final decision is not in your favor, you may be required to pay for the cost of the services or items.**

The Fair Hearing office gives you their decision in writing and explain the reasons.

- If the Fair Hearing office says **Yes** to part or all of a request for a medical item or service, we must authorize or provide the service or item **within 72 hours** after we get their decision.
- If the Fair Hearing office says **No** to part or all of your appeal, it means they agree that we should not approve your request (or part of your request) for coverage for medical care. This is called “upholding the decision” or “turning down your appeal.”

If the IRO or Fair Hearing office decision is **No** for all or part of your request, you have additional appeal rights.

If your Level 2 Appeal went to the **IRO**, you can appeal again only if the dollar value of the service or item you want meets a certain minimum amount. An ALJ or attorney adjudicator handles a Level 3 Appeal. **The letter you get from the IRO explains additional appeal rights you may have.**

The letter you get from the Fair Hearing office describes the next appeal option.

Refer to **Section J** for more information about your appeal rights after Level 2.

## F5. Payment problems

We do not allow our network providers to bill you for covered services and items. This is true even if we pay the provider less than the provider charges for a covered service or item. You are never required to pay the balance of any bill.

If you get a bill for covered services and items, send the bill to us. You should not pay the bill yourself. We will contact the provider directly and take care of the problem. If you do pay the bill, you can get a refund from our plan if you followed the rules for getting services or item.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

For more information, refer to **Chapter 7** of your *Evidence of Coverage*. It describes situations when you may need to ask us to pay you back or pay a bill you got from a provider. It also tells how to send us the paperwork that asks us for payment.

If you ask to be paid back, you are asking for a coverage decision. We will check if the service or item you paid for is covered and if you followed all the rules for using your coverage.

- If the service or item you paid for is covered and you followed all the rules, we will send you the payment for the service or item typically within 30 calendar days, but no later than 60 calendar days after we get your request.
- If you haven't paid for the service or item yet, we will send the payment directly to the provider. When we send the payment, it's the same as saying **Yes** to your request for a coverage decision.
- If the service or item is not covered or you did not follow all the rules, we will send you a letter telling you we won't pay for the service or item and explaining why.

If you don't agree with our decision not to pay, **you can make an appeal**. Follow the appeals process described in **Section F3**. When you follow these instructions, note:

- If you make an appeal for us to pay you back, we must give you our answer within 30 calendar days after we get your appeal.
- If you ask us to pay you back for medical care you got and paid for yourself, you can't ask for a fast appeal.

If our answer to your appeal is **No** and **Medicare** usually covers the service or item, we will send your case to the IRO. We will send you a letter if this happens.

- If the IRO reverses our decision and says we should pay you, we must send the payment to you or to the provider within 30 calendar days. If the answer to your appeal is **Yes** at any stage of the appeals process after Level 2, we must send the payment to you or to the health care provider within 60 calendar days.
- If the IRO says **No** to your appeal, it means they agree that we should not approve your request. This is called "upholding the decision" or "turning down your appeal." You will get a letter explaining additional appeal rights you may have. Refer to **Section J** for more information about additional levels of appeal.

If our answer to your appeal is **No** and NJ FamilyCare usually covers the service or item, you can file a Level 2 Appeal yourself. Refer to **Section F4** for more information.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

---

## G. Medicare Part D prescription drugs

Your benefits as a member of our plan include coverage for many prescription drugs. Most of these are Medicare Part D drugs. There are a few drugs that Medicare Part D doesn't cover that NJ FamilyCare may cover. **This section only applies to Medicare Part D drug appeals.** We'll say "drug" in the rest of this section instead of saying "Medicare Part D drug" every time.

To be covered, the drug must be used for a medically accepted indication. That means the drug is approved by the Food and Drug Administration (FDA) or supported by certain medical references. Refer to **Chapter 5, Section B3** of your *Evidence of Coverage* for more information about a medically accepted indication.

### G1. Medicare Part D coverage decisions and appeals

Here are examples of coverage decisions you ask us to make about your Medicare Part D drugs:

- You ask us to make an exception, including asking us to:
  - cover a Medicare Part D drug that is not on our plan's *List of Covered Drugs* or
  - set aside a restriction on our coverage for a drug (such as limits on the amount you can get)
- You ask us if a drug is covered for you (such as when your drug is on our plan's Drug List but we must approve it for you before we cover it)

**NOTE:** If your pharmacy tells you that your prescription can't be filled as written, the pharmacy gives you a written notice explaining how to contact us to ask for a coverage decision.

An initial coverage decision about your Medicare Part D drugs is called a "**coverage determination.**"

- You ask us to pay for a drug you already bought. This is asking for a coverage decision about payment.

If you disagree with a coverage decision we made, you can appeal our decision. This section tells you both how to ask for coverage decisions and how to make an appeal. Use the chart below to help you.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

**Which of these situations are you in?**

<p>You need a drug that isn't on our <i>List of Covered Drugs</i> or need us to set aside a rule or restriction on a drug we cover.</p>	<p>You want us to cover a drug on our <i>List of Covered Drugs</i>, and you think you meet plan rules or restrictions (such as getting approval in advance) for the drug you need.</p>	<p>You want to ask us to pay you back for a drug you already got and paid for.</p>	<p>We told you that we won't cover or pay for a drug in the way that you want.</p>
<p><b>You can ask us to make an exception.</b> (This is a type of coverage decision.)</p>	<p><b>You can ask us for a coverage decision.</b></p>	<p><b>You can ask us to pay you back.</b> (This is a type of coverage decision.)</p>	<p><b>You can make an appeal.</b> (This means you ask us to reconsider.)</p>
<p>Start with <b>Section G2</b>, then refer to <b>Section G3 and G4</b>.</p>	<p>Refer to <b>G4</b>.</p>	<p>Refer to <b>G4</b>.</p>	<p>Refer to <b>Section G5</b>.</p>

**G2. Medicare Part D exceptions**

If we don't cover a drug in the way you would like, you can ask us to make an "exception." If we turn down your request for an exception, you can appeal our decision.

When you ask for an exception, your doctor or other prescriber needs to explain the medical reasons why you need the exception.

Asking for coverage of a drug not on our *List of Covered Drugs* or for removal of a restriction on a drug is sometimes called asking for a "**formulary exception**."

Here are some examples of exceptions that you or your doctor or other prescriber can ask us to make:

1. **Covering a drug that is not on our *List of Covered Drugs***
2. **Removing a restriction for a covered drug**



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

- Extra rules or restrictions apply to certain drugs on our *List of Covered Drugs* (refer to **Chapter 5** of your *Evidence of Coverage* for more information).
- Extra rules and restrictions for certain drugs include:
  - Being required to use the generic version of a drug instead of the brand name drug.
  - Getting our approval in advance before we agree to cover the drug for you. This is sometimes called “prior authorization (PA).”
  - Being required to try a different drug first before we agree to cover the drug you ask for. This is sometimes called “step therapy.”
  - Quantity limits. For some drugs, there are restrictions on the amount of the drug you can have.
- Our *List of Covered Drugs* often includes more than one drug for treating a specific condition. These are called “alternative” drugs.

### **G3. Important things to know about asking for an exception**

#### **Your doctor or other prescriber must tell us the medical reasons.**

Your doctor or other prescriber must give us a statement explaining the medical reasons for asking for an exception. For a faster decision, include this medical information from your doctor or other prescriber when you ask for the exception.

Our *List of Covered Drugs* often includes more than one drug for treating a specific condition. These are called “alternative” drugs. If an alternative drug is just as effective as the drug you ask for and wouldn’t cause more side effects or other health problems, we generally do **not** approve your exception request.

#### **We can say Yes or No to your request.**

- If we say **Yes** to your exception request, the exception usually lasts until the end of the calendar year. This is true as long as your doctor continues to prescribe the drug for you and that drug continues to be safe and effective for treating your condition.
- If we say **No** to your exception request, you can make an appeal. Refer to **Section G5** for information on making an appeal if we say **No**.

The next section tells you how to ask for a coverage decision, including an exception.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

## G4. Asking for a coverage decision, including an exception

- Ask for the type of coverage decision you want by calling 1-866-892-8340 (TTY: 711), writing, or faxing us. You, your representative, or your doctor (or other prescriber) can do this. Please include your name, contact information, and information about the claim.
- You or your doctor (or other prescriber) or someone else acting on your behalf can ask for a coverage decision. You can also have a lawyer act on your behalf.
- Refer to **Section E3** to find out how to name someone as your representative.
- You don't need to give written permission to your doctor or other prescriber to ask for a coverage decision on your behalf.
- If you want to ask us to pay you back for a drug, refer to **Chapter 7** of your *Evidence of Coverage*.
- If you ask for an exception, give us a "supporting statement." The supporting statement includes your doctor or other prescriber's medical reasons for the exception request.
- Your doctor or other prescriber can fax or mail us the supporting statement. They can also tell us by phone and then fax or mail the statement.

### If your health requires it, ask us for a "fast coverage decision."

We use the "standard deadlines" unless we agree to use the "fast deadlines."

- A **standard coverage decision** means we give you an answer within 72 hours after we get your doctor's statement.
- A **fast coverage decision** means we give you an answer within 24 hours after we get your doctor's statement.

A "fast coverage decision" is called an "**expedited coverage determination.**"

You can get a fast coverage decision if:

- It's for a drug you didn't get. You can't get a fast coverage decision if you are asking us to pay you back for a drug you already bought.
- Your health or ability to function would be seriously harmed if we use the standard deadlines.

If your doctor or other prescriber tells us that your health requires a fast coverage decision, we agree and give it to you. We send you a letter that tells you.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

- If you ask for a fast coverage decision without support from your doctor or other prescriber, we decide if you get a fast coverage decision.
- If we decide that your medical condition doesn't meet the requirements for a fast coverage decision, we use the standard deadlines instead.
  - We send you a letter that tells you. The letter also tells you how to make a complaint about our decision.
  - You can file a fast complaint and get a response within 24 hours. For more information making complaints, including fast complaints, refer to **Section K**.

### **Deadlines for a fast coverage decision**

- If we use the fast deadlines, we must give you our answer within 24 hours after we get your request. If you ask for an exception, we give you our answer within 24 hours after we get your doctor's supporting statement. We give you our answer sooner if your health requires it.
- If we don't meet this deadline, we send your request to Level 2 of the appeals process for review by an IRO. Refer to **Section G6** for more information about a Level 2 Appeal.
- If we say **Yes** to part or all of your request, we give you the coverage within 24 hours after we get your request or your doctor's supporting statement.
- If we say **No** to part or all of your request, we send you a letter with the reasons. The letter also tells you how you can make an appeal.

### **Deadlines for a standard coverage decision about a drug you didn't get**

- If we use the standard deadlines, we must give you our answer within 72 hours after we get your request. If you ask for an exception, we give you our answer within 72 hours after we get your doctor's supporting statement. We give you our answer sooner if your health requires it.
- If we don't meet this deadline, we send your request to Level 2 of the appeals process for review by an IRO.
- If we say **Yes** to part or all of your request, we give you the coverage within 72 hours after we get your request or your doctor's supporting statement for an exception.
- If we say **No** to part or all of your request, we send you a letter with the reasons. The letter also tells you how to make an appeal.

### **Deadlines for a standard coverage decision about a drug you already bought**

- We must give you our answer within 14 calendar days after we get your request.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).



- If we don't meet this deadline, we send your request to Level 2 of the appeals process for review by an IRO.
- If we say **Yes** to part or all of your request, we pay you back within 14 calendar days.
- **If** we say **No** to part or all of your request, we send you a letter with the reasons. The letter also tells you how to make an appeal.

## G5. Making a Level 1 Appeal

An appeal to our plan about a Medicare Part D drug coverage decision is called a plan “**redetermination**”.

- Start your **standard** or **fast appeal** by calling 1-866-892-8340 (TTY: 711), writing, or faxing us. You, your representative, or your doctor (or other prescriber) can do this. Please include your name, contact information, and information regarding your appeal.
- You must ask for an appeal **within 65 calendar days** from the date on the letter we sent to tell you our decision.
- If you miss the deadline and have a good reason for missing it, we may give you more time to make your appeal. Examples of good reasons are things like you had a serious illness or we gave you the wrong information about the deadline. Explain the reason why your appeal is late when you make your appeal.
- You have the right to ask us for a free copy of the information about your appeal. You and your doctor may also give us more information to support your appeal.

### If your health requires it, ask for a fast appeal.

A fast appeal is also called an “**expedited redetermination**.”

- If you appeal a decision we made about a drug you didn't get, you and your doctor or other prescriber decide if you need a fast appeal.
- Requirements for a fast appeal are the same as those for a fast coverage decision. Refer to **G4** for more information.

We consider your appeal and give you our answer.

- We review your appeal and take another careful look at all of the information about your coverage request.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).



- We check if we followed the rules when we said **No** to your request.
- We may contact you or your doctor or other prescriber to get more information.

### Deadlines for a fast appeal at Level 1

- If we use the fast deadlines, we must give you our answer **within 72 hours** after we get your appeal.
  - We give you our answer sooner if your health requires it.
  - If we don't give you an answer within 72 hours, we must send your request to Level 2 of the appeals process. Then an IRO reviews it. Refer to **Section G6** for information about the review organization and the Level 2 appeals process.
- If we say **Yes** to part or all of your request, we must provide the coverage we agreed to provide within 72 hours after we get your appeal.
- If we say **No** to part or all of your request, we send you a letter that explains the reasons and tells you how you can make an appeal.

### Deadlines for a standard appeal at Level 1

- If we use the standard deadlines, we must give you our answer **within 7 calendar days** after we get your appeal for a drug you didn't get.
- We give you our decision sooner if you didn't get the drug and your health condition requires it. If you believe your health requires it, ask for a fast appeal.
  - If we don't give you a decision within 7 calendar days, we must send your request to Level 2 of the appeals process. Then an IRO reviews it. Refer to **Section G6** for information about the review organization and the Level 2 appeals process.

If we say **Yes** to part or all of your request:

- We must **provide the coverage** we agreed to provide as quickly as your health requires, but **no later than 7 calendar days** after we get your appeal.
- We must **send payment to you** for a drug you bought **within 30 calendar days** after we get your appeal.

If we say **No** to part or all of your request:

- We send you a letter that explains the reasons and tells you how you can make an appeal.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

- We must give you our answer about paying you back for a drug you bought **within 14 calendar days** after we get your appeal.
  - If we don't give you a decision within 14 calendar days, we must send your request to Level 2 of the appeals process. Then an IRO reviews it. Refer to **Section G6** for information about the review organization and the Level 2 appeals process.
- If we say **Yes** to part or all of your request, we must pay you within 30 calendar days after we get your request.
- If we say **No** to part or all of your request, we send you a letter that explains the reasons and tells you how you can make an appeal.

## G6. Making a Level 2 Appeal

If we say **No** to your Level 1 Appeal, you can accept our decision or make another appeal. If you decide to make another appeal, you use the Level 2 Appeal appeals process. The **IRO** reviews our decision when we said **No** to your first appeal. This organization decides if we should change our decision.

The formal name for the “Independent Review Organization” (IRO) is the “**Independent Review Entity**”, sometimes called the “**IRE**”.

To make a Level 2 Appeal, you, your representative, or your doctor or other prescriber must contact the IRO **in writing** and ask for a review of your case.

- If we say **No** to your Level 1 Appeal, the letter we send you includes **instructions about how to make a Level 2 Appeal** with the IRO. The instructions tell who can make the Level 2 Appeal, what deadlines you must follow, and how to reach the organization.
- When you make an appeal to the IRO, we send the information we have about your appeal to the organization. This information is called your “case file”. **You have the right to a free copy of your case file.**
- You have a right to give the IRO additional information to support your appeal.

The IRO reviews your Medicare Part D Level 2 Appeal and gives you an answer in writing. Refer to **Section F4** for more information about the IRO.

### Deadlines for a fast appeal at Level 2

If your health requires it, ask the IRO for a fast appeal.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

- If they agree to a fast appeal, they must give you an answer **within 72 hours** after getting your appeal request.
- If they say **Yes** to part or all of your request, we must provide the approved drug coverage **within 24 hours** after getting the IRO's decision.

### Deadlines for a standard appeal at Level 2

If you have a standard appeal at Level 2, the IRO must give you an answer:

- within 7 calendar days after they get your appeal for a drug you didn't get.
- within 14 calendar days after getting your appeal for repayment for a drug you bought.

If the IRO says **Yes** to part or all of your request:

- We must provide the approved drug coverage **within 72 hours** after we get the IRO's decision.
- We must pay you back for a drug you bought within 30 calendar days after we get the IRO's decision.
- If the IRO says **No** to your appeal, it means they agree with our decision not to approve your request. This is called "upholding the decision" or "turning down your appeal".

If the IRO says **No** to your Level 2 Appeal, you have the right to a Level 3 Appeal if the dollar value of the drug coverage you ask for meets a minimum dollar value. If the dollar value of the drug coverage you ask for is less than the required minimum, you can't make another appeal. In that case, the Level 2 Appeal decision is final. The IRO sends you a letter that tells you the minimum dollar value needed to continue with a Level 3 Appeal.

If the dollar value of your request meets the requirement, you choose if you want to take your appeal further.

- There are three additional levels in the appeals process after Level 2.
- If the IRO says **No** to your Level 2 Appeal and you meet the requirement to continue the appeals process, you:
  - Decide if you want to make a Level 3 Appeal.
  - Refer to the letter the IRO sent you after your Level 2 Appeal for details about how to make a Level 3 Appeal.

An ALJ or attorney adjudicator handles Level 3 Appeals. Refer to **Section J** for information about Level 3, 4, and 5 Appeals.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

---

## H. Asking us to cover a longer hospital stay

When you're admitted to a hospital, you have the right to get all hospital services that we cover that are necessary to diagnose and treat your illness or injury. For more information about our plan's hospital coverage, refer to **Chapter 4, Section D** of your *Evidence of Coverage*.

During your covered hospital stay, your doctor and the hospital staff work with you to prepare for the day when you leave the hospital. They also help arrange for care you may need after you leave.

- The day you leave the hospital is called your "discharge date."
- Your doctor or the hospital staff will tell you what your discharge date is.

If you think you're being asked to leave the hospital too soon or you are concerned about your care after you leave the hospital, you can ask for a longer hospital stay. This section tells you how to ask.

### H1. Learning about your Medicare rights

Within two days after you're admitted to the hospital, someone at the hospital, such as a nurse or caseworker, will give you a written notice called "An Important Message from Medicare about Your Rights." Everyone with Medicare gets a copy of this notice whenever they are admitted to a hospital.

If you don't get the notice, ask any hospital employee for it. If you need help, call Member Services at the numbers at the bottom of the page. You can also call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

- **Read the notice** carefully and ask questions if you don't understand. The notice tells you about your rights as a hospital patient, including your rights to:
  - Get Medicare-covered services during and after your hospital stay. You have the right to know what these services are, who will pay for them, and where you can get them.
  - Be a part of any decisions about the length of your hospital stay.
  - Know where to report any concerns you have about the quality of your hospital care.
  - Appeal if you think you're being discharged from the hospital too soon.
- **Sign the notice** to show that you got it and understand your rights.
  - You or someone acting on your behalf can sign the notice.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

- Signing the notice **only** shows that you got the information about your rights. Signing does **not** mean you agree to a discharge date your doctor or the hospital staff may have told you.
- **Keep your copy** of the signed notice so you have the information if you need it.

If you sign the notice more than two days before the day you leave the hospital, you'll get another copy before you're discharged.

You can look at a copy of the notice in advance if you:

- Call Member Services at the numbers at the bottom of the page
- Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.
- Visit [www.cms.gov/Medicare/Medicare-General-Information/BNI](http://www.cms.gov/Medicare/Medicare-General-Information/BNI).

## H2. Making a Level 1 Appeal

If you want us to cover your inpatient hospital services for a longer time, make an appeal. The Quality Improvement Organization (QIO) reviews the Level 1 Appeal to find out if your planned discharge date is medically appropriate for you.

The QIO is a group of doctors and other health care professionals paid by the federal government. These experts check and help improve the quality for people with Medicare. They are not part of our plan.

In New Jersey, the QIO is Livanta. Call them at 1-866-815-5440 (TTY: 1-866-868-2289). Contact information is also in the notice, "An Important Message from Medicare about Your Rights," and in **Chapter 2**.

**Call the QIO before you leave the hospital and no later than your planned discharge date.**

- **If you call before you leave**, you can stay in the hospital after your planned discharge date without paying for it while you wait for the QIO's decision about your appeal.
- **If you do not call to appeal**, and you decide to stay in the hospital after your planned discharge date, you may pay all costs for hospital care you get after your planned discharge date.

**Ask for help if you need it.** If you have questions or need help at any time:

- Call Member Services at the numbers at the bottom of the page.
- Call the New Jersey Department of Human Services at 1-800-792-8820.

**Ask for a fast review.** Act quickly and contact the QIO to ask for a fast review of your hospital discharge.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

The legal term for “fast review” is “immediate review” or “expedited review.”

### What happens during fast review

- Reviewers at the QIO ask you or your representative why you think coverage should continue after the planned discharge date. You aren’t required to write a statement, but you may.
- Reviewers look at your medical information, talk with your doctor, and review information that the hospital and our plan gave them.
- By noon of the day after reviewers tell our plan about your appeal, you get a letter with your planned discharge date. The letter also gives reasons why your doctor, the hospital, and we think that is the right discharge date that’s medically appropriate for you.

The legal term for this written explanation is the “Detailed Notice of Discharge.” You can get a sample by calling Member Services at the numbers at the bottom of the page or 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. (TTY users should call 1-877-486-2048.) You can also refer to a sample notice online at [www.cms.gov/Medicare/Medicare-General-Information/BNI](http://www.cms.gov/Medicare/Medicare-General-Information/BNI).

Within one full day after getting all of the information it needs, the QIO give you their answer to your appeal.

If the QIO says **Yes** to your appeal:

- We will provide your covered inpatient hospital services for as long as the services are medically necessary.

If the QIO says **No** to your appeal:

- They believe your planned discharge date is medically appropriate.
- Our coverage for your inpatient hospital services will end at noon on the day after the QIO gives you their answer to your appeal.
- You may have to pay the full cost of hospital care you get after noon on the day after the QIO gives you their answer to your appeal.
- You can make a Level 2 Appeal if the QIO turns down your Level 1 Appeal **and** you stay in the hospital after your planned discharge date.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

### H3. Making a Level 2 Appeal

For a Level 2 Appeal, you ask the QIO to take another look at the decision they made on your Level 1 Appeal. Call them at 1-866-815-5440 (TTY: 1-866-868-2289).

You must ask for this review **within 60 calendar days** after the day the QIO said **No** to your Level 1 Appeal. You can ask for this review **only** if you stay in the hospital after the date that your coverage for the care ended.

QIO reviewers will:

- Take another careful look at all of the information related to your appeal.
- Tell you their decision about your Level 2 Appeal within 14 calendar days of receipt of your request for a second review.

If the QIO says **Yes** to your appeal:

- We must pay you back for hospital care costs since noon on the day after the date the QIO turned down your Level 1 Appeal.
- We will provide coverage for the care for as long as it is medically necessary.

If the QIO says **No** to your appeal:

- They agree with their decision about your Level 1 Appeal and won't change it.
- They give you a letter that tells you what you can do if you want to continue the appeals process and make a Level 3 Appeal.

An ALJ or attorney adjudicator handles Level 3 Appeals. Refer to **Section J** for information about Level 3, 4, and 5 Appeals.

---

## I. Asking us to continue covering certain medical services

This section is only about three types of services you may be getting:

- home health care services
- skilled nursing care in a skilled nursing facility, **and**
- rehabilitation care as an outpatient at a Medicare-approved CORF. This usually means you're getting treatment for an illness or accident or you're recovering from a major operation.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).



With any of these three types of services, you have the right to get covered services for as long as the doctor says you need them.

When we decide to stop covering any of these, we must tell you **before** your services end. When your coverage for that service ends, we stop paying for it.

If you think we're ending the coverage of your care too soon, **you can appeal our decision**. This section tells you how to ask for an appeal.

## I1. Advance notice before your coverage ends

We send you a written notice that you'll get at least two days before we stop paying for your care. This is called the "Notice of Medicare Non-Coverage." The notice tells you the date when we will stop covering your care and how to appeal our decision.

You or your representative should sign the notice to show that you got it. Signing the notice **only** shows that you got the information. Signing does **not** mean you agree with our decision.

## I2. Making a Level 1 Appeal

If you think we're ending coverage of your care too soon, you can appeal our decision. This section tells you about the Level 1 Appeal process and what to do.

- **Meet the deadlines.** The deadlines are important. Understand and follow the deadlines that apply to things you must do. Our plan must follow deadlines too. If you think we're not meeting our deadlines, you can file a complaint. Refer to **Section K** for more information about complaints.
- **Ask for help if you need it.** If you have questions or need help at any time:
  - Call Member Services at the numbers at the bottom of the page.
  - Call the State Health Insurance Assistance Program (SHIP) at 1-800-792-8820 (TTY: 711).
- **Contact the QIO.**
  - Refer to **Section H2** or refer to **Chapter 2** of your *Evidence of Coverage* for more information about the QIO and how to contact them.
  - Ask them to review your appeal and decide whether to change our plan's decision.
- **Act quickly and ask for a "fast-track appeal.** Ask the QIO if it's medically appropriate for us to end coverage of your medical services.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).



### Your deadline for contacting this organization

- You must contact the QIO to start your appeal by noon of the day before the effective date on the “Notice of Medicare Non-Coverage” we sent you.
- If you miss the deadline for contacting the QIO, you can make your appeal directly to us instead. For details about how to do that, refer to Section I4.

The legal term for the written notice is “**Notice of Medicare Non-Coverage**”. To get a sample copy, call Member Services at the numbers at the bottom of the page or call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. Or get a copy online at [www.cms.gov/Medicare/Medicare-General-Information/BNI](http://www.cms.gov/Medicare/Medicare-General-Information/BNI).

### What happens during a fast-track appeal

- Reviewers at the QIO ask you or your representative why you think coverage should continue. You aren’t required to write a statement, but you may.
- Reviewers look at your medical information, talk with your doctor, and review information that our plan gave them.
- Our plan also sends you a written notice that explains our reasons for ending coverage of your services. You get the notice by the end of the day the reviewers inform us of your appeal.

The legal term for the notice explanation is “**Detailed Explanation of Non-Coverage**”.

- Reviewers tell you their decision within one full day after getting all the information they need.

If the QIO says **Yes** to your appeal:

- We will provide your covered services for as long as they are medically necessary.

If the QIO says **No** to your appeal:

- Your coverage ends on the date we told you.
- We stop paying the costs of this care on the date in the notice.
- You pay the full cost of this care yourself if you decide to continue the home health care, skilled nursing facility care, or CORF services after the date your coverage ends.
- You decide if you want to continue these services and make a Level 2 Appeal.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

### I3. Making a Level 2 Appeal

For a Level 2 Appeal, you ask the QIO to take another look at the decision they made on your Level 1 Appeal. Call them at 1-866-815-5440 (TTY: 1-866-868-2289).

You must ask for this review **within 60 calendar days** after the day the QIO said **No** to your Level 1 Appeal. You can ask for this review **only** if you continue care after the date that your coverage for the care ended.

QIO reviewers will:

- Take another careful look at all of the information related to your appeal.
- Tell you their decision about your Level 2 Appeal within 14 calendar days of receipt of your request for a second review.

If the QIO says **Yes** to your appeal:

- We pay you back for the costs of care you got since the date when we said your coverage would end.
- We will provide coverage for the care for as long as it is medically necessary.

If the QIO says **No** to your appeal:

- They agree with our decision to end your care and will not change it.
- They give you a letter that tells you what you can do if you want to continue the appeals process and make a Level 3 Appeal.

An ALJ or attorney adjudicator handles Level 3 Appeals. Refer to **Section J** for information about Level 3, 4, and 5 Appeals.

---

## J. Taking your appeal beyond Level 2

### J1. Next steps for Medicare services and items

If you made a Level 1 Appeal and a Level 2 Appeal for Medicare services or items, and both of your appeals were turned down, you may have the right to additional levels of appeal.

If the dollar value of the Medicare service or item you appealed does not meet a certain minimum dollar amount, you cannot appeal any further. If the dollar value is high enough, you can continue the appeals process. The letter you get from the IRO for your Level 2 Appeal explains who to contact and what to do to ask for a Level 3 Appeal.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

### Level 3 Appeal

Level 3 of the appeals process is an ALJ hearing. The person who makes the decision is an ALJ or an attorney adjudicator who works for the federal government.

If the ALJ or attorney adjudicator says **Yes** to your appeal, we have the right to appeal a Level 3 decision that is favorable to you.

- If we decide **to appeal** the decision, we send you a copy of the Level 4 Appeal request with any accompanying documents. We may wait for the Level 4 Appeal decision before authorizing or providing the service in dispute.
- If we decide **not to appeal** the decision, we must authorize or provide you with the service within 60 calendar days after getting the ALJ or attorney adjudicator's decision.
  - If the ALJ or attorney adjudicator says **No** to your appeal, the appeals process may not be over.
- If you decide **to accept** this decision that turns down your appeal, the appeals process is over.
- If you decide **not to accept** this decision that turns down your appeal, you can continue to the next level of the review process. The notice you get will tell you what to do for a Level 4 Appeal.

### Level 4 Appeal

The Medicare Appeals Council (Council) reviews your appeal and gives you an answer. The Council is part of the federal government.

If the Council says **Yes** to your Level 4 Appeal or denies our request to review a Level 3 Appeal decision favorable to you, we have the right to appeal to Level 5.

- If we decide **to appeal** the decision, we will tell you in writing.
- If we decide **not to appeal** the decision, we must authorize or provide you with the service within 60 calendar days after getting the Council's decision.

If the Council says **No** or denies our review request, the appeals process may not be over.

- If you decide **to accept** this decision that turns down your appeal, the appeals process is over.
- If you decide **not to accept** this decision that turns down your appeal, you may be able to continue to the next level of the review process. The notice you get will tell you if you can go on to a Level 5 Appeal and what to do.

### Level 5 Appeal



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

- A Federal District Court judge will review your appeal and all of the information and decide **Yes** or **No**. This is the final decision. There are no other appeal levels beyond the Federal District Court.

## J2. Additional NJ FamilyCare appeals

You may also have other appeal rights if your appeal is about services or items that NJ FamilyCare usually covers. The letter you get from the Fair Hearing office will tell you what to do if you want to continue the appeals process.

## J3. Appeal Levels 3, 4 and 5 for Medicare Part D Drug Requests

This section may be appropriate for you if you made a Level 1 Appeal and a Level 2 Appeal, and both of your appeals have been turned down.

If the value of the drug you appealed meets a certain dollar amount, you may be able to go on to additional levels of appeal. The written response you get to your Level 2 Appeal explains who to contact and what to do to ask for a Level 3 Appeal.

### Level 3 Appeal

Level 3 of the appeals process is an ALJ hearing. The person who makes the decision is an ALJ or an attorney adjudicator who works for the federal government.

If the ALJ or attorney adjudicator says **Yes** to your appeal:

- The appeals process is over.
- We must authorize or provide the approved drug coverage within 72 hours (or 24 hours for an expedited appeal) or make payment no later than 30 calendar days after we get the decision.

If the ALJ or attorney adjudicator says **No** to your appeal, the appeals process may not be over.

- If you decide **to accept** this decision that turns down your appeal, the appeals process is over.
- If you decide **not to accept** this decision that turns down your appeal, you can continue to the next level of the review process. The notice you get will tell you what to do for a Level 4 Appeal.

### Level 4 Appeal

The Council reviews your appeal and gives you an answer. The Council is part of the federal government.

If the Council says **Yes** to your appeal:

- The appeals process is over.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

- We must authorize or provide the approved drug coverage within 72 hours (or 24 hours for an expedited appeal) or make payment no later than 30 calendar days after we get the decision.

If the Council says **No** to your appeal, the appeals process may not be over.

- If you decide **to accept** this decision that turns down your appeal, the appeals process is over.
- If you decide **not to accept** this decision that turns down your appeal, you may be able to continue to the next level of the review process. The notice you get will tell you if you can go on to a Level 5 Appeal and what to do.

### Level 5 Appeal

- A Federal District Court judge will review your appeal and all of the information and decide **Yes** or **No**. This is the final decision. There are no other appeal levels beyond the Federal District Court.

## K. How to make a complaint

### K1. What kinds of problems should be complaints

The complaint process is used for certain types of problems only, such as problems related to quality of care, waiting times, coordination of care, and customer service. Here are examples of the kinds of problems handled by the complaint process.

Complaint	Example
<b>Quality of your medical care</b>	<ul style="list-style-type: none"> <li>• You are unhappy with the quality of care, such as the care you got in the hospital.</li> </ul>
<b>Respecting your privacy</b>	<ul style="list-style-type: none"> <li>• You think that someone did not respect your right to privacy or shared confidential information about you.</li> </ul>
<b>Disrespect, poor customer service, or other negative behaviors</b>	<ul style="list-style-type: none"> <li>• A health care provider or staff was rude or disrespectful to you.</li> <li>• Our staff treated you poorly.</li> <li>• You think you are being pushed out of our plan.</li> </ul>
<b>Accessibility and language assistance</b>	<ul style="list-style-type: none"> <li>• You cannot physically access the health care services and facilities in a doctor or provider's office.</li> </ul>



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

Complaint	Example
	<ul style="list-style-type: none"> <li>• Your doctor or provider does not provide an interpreter for the non-English language you speak (such as American Sign Language or Spanish).</li> <li>• Your provider does not give you other reasonable accommodations you need and ask for.</li> </ul>
<b>Waiting times</b>	<ul style="list-style-type: none"> <li>• You have trouble getting an appointment or wait too long to get it.</li> <li>• Doctors, pharmacists, or other health professionals, Member Services, or other plan staff keep you waiting too long.</li> </ul>
<b>Cleanliness</b>	<ul style="list-style-type: none"> <li>• You think the clinic, hospital or doctor's office is not clean.</li> </ul>
<b>Information you get from us</b>	<ul style="list-style-type: none"> <li>• You think we failed to give you a notice or letter that you should have received.</li> <li>• You think written information we sent you is too difficult to understand.</li> </ul>
<b>Timeliness related to coverage decisions or appeals</b>	<ul style="list-style-type: none"> <li>• You think we don't meet our deadlines for making a coverage decision or answering your appeal.</li> <li>• You think that, after getting a coverage or appeal decision in your favor, we don't meet the deadlines for approving or giving you the service or paying you back for certain medical services.</li> <li>• You don't think we sent your case to the IRO on time.</li> </ul>

**There are different kinds of complaints.** You can make an internal complaint and/or an external complaint. An internal complaint is filed with and reviewed by our plan. An external complaint is filed with



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

and reviewed by an organization not affiliated with our plan. If you need help making an internal and/or external complaint, you can call Member Services at the phone number printed at the bottom of this page.

The legal term for a “complaint” is a “**grievance.**”

The legal term for “making a complaint” is “**filing a grievance.**”

## K2. Internal complaints

To make an internal complaint, call Member Services at 1-866-892-8340 (TTY: 711). You can make the complaint at any time unless it is about a Medicare Part D drug. If the complaint is about a Medicare Part D drug, you must make it within **60 calendar days** after you had the problem you want to complain about.

- If there is anything else you need to do, Member Services will tell you.
- You can also write your complaint and send it to us. If you put your complaint in writing, we will respond to your complaint in writing.
- You may mail a written request to the address listed under Complaints about Medical Care or Complaints about Part D Prescription Drugs in **Chapter 2** of this document.
- If you ask for a written response, if you file a written complaint (grievance), or if your complaint is related to quality of care, we will respond to you in writing.
- We must notify you of our decision about your complaint as quickly as your case requires based on your health status, but no later than 30 calendar days after receiving your complaint. We may extend the time frame by up to 14 calendar days if you ask for the extension, or if we justify a need for additional information and the delay is in your best interest.
- In certain cases, you have the right to ask for a fast review of your complaint. This is called the Expedited Grievance Procedure. You may submit an expedited grievance by phone by calling Member Services at the phone number printed at the bottom of this page. You may also submit the complaint to us in writing at the address listed under *Complaints about Medical Care and Complaints about Part D Prescription Drugs* in **Chapter 2** of this document.

The legal term for “fast complaint” is “**expedited grievance.**”

If possible, we answer you right away. If you call us with a complaint, we may be able to give you an answer on the same phone call. If your health condition requires us to answer quickly, we will do that.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).



- We answer most complaints within 30 calendar days. If we don't make a decision within 30 calendar days because we need more information, we notify you in writing. We also provide a status update and estimated time for you to get the answer.
- If you make a complaint because we denied your request for a "fast coverage decision" or a "fast appeal," we automatically give you a "fast complaint" and respond to your complaint within 24 hours.
- If you make a complaint because we took extra time to make a coverage decision or appeal, we automatically give you a "fast complaint" and respond to your complaint within 24 hours.

If we don't agree with some or all of your complaint, we will tell you and give you our reasons. We respond whether we agree with the complaint or not.

### **K3. External complaints**

#### **Medicare**

You can tell Medicare about your complaint or send it to Medicare. The Medicare Complaint Form is available at: [www.medicare.gov/MedicareComplaintForm/home.aspx](http://www.medicare.gov/MedicareComplaintForm/home.aspx). You do not need to file a complaint with Wellcare Dual Liberty (HMO D-SNP) before filing a complaint with Medicare.

Medicare takes your complaints seriously and uses this information to help improve the quality of the Medicare program.

If you have any other feedback or concerns, or if you feel the health plan is not addressing your problem, you can also call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. The call is free.

#### **Medicaid**

You can also contact the state's Medicaid program with a complaint by calling the NJ Department of Human Services, Division of Medical Assistance and Health Services (DMAHS) at 1-800-701-0710 (TTY: 711)

#### **Office for Civil Rights (OCR)**

You can make a complaint to the Department of Health and Human Services (HHS) OCR if you think you have not been treated fairly. For example, you can make a complaint about disability access or language assistance. The phone number for the OCR is 1-800-368-1019. TTY users should call 1-800-537-7697.

You can visit [www.hhs.gov/ocr](http://www.hhs.gov/ocr) for more information.

You may also contact the local OCR office at:



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).



U.S. Department of Health and Human Services  
Jacob Javits Federal Building  
26 Federal Plaza - Suite 3312  
New York, NY 10278

Customer Response Center: (800) 368-1019  
Fax: (202) 619-3818  
TDD: (800) 537-7697  
Email: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)  
Mid-Atlantic Region

You may also have rights under the Americans with Disability Act (ADA). You can contact the Americans with Disability Act (ADA) by visiting their website at <https://www.state.nj.us/humanservices/home/ada.html>.

## QIO

When your complaint is about quality of care, you have two choices:

- You can make your complaint about the quality of care directly to the QIO.
- You can make your complaint to the QIO and to our plan. If you make a complaint to the QIO, we work with them to resolve your complaint.

The QIO is a group of practicing doctors and other health care experts paid by the federal government to check and improve the care given to Medicare patients. To learn more about the QIO, refer to **Section H2** or refer to **Chapter 2, Section D**, of your *Evidence of Coverage*.

In New Jersey, the QIO is called Livanta. The phone number for Livanta is 1-866-815-5440 (TTY: 1-866-868-2289).



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

## Chapter 10: Ending your membership in our plan

---

### Introduction

This chapter explains how you can end your membership with our plan and your health coverage options after you leave our plan. If you leave our plan, you will still be in the Medicare and NJ FamilyCare (Medicaid) programs as long as you are eligible. Key terms and their definitions appear in alphabetical order in the last chapter of your *Evidence of Coverage*.

### Table of Contents

A.	When you can end your membership in our plan.....	209
B.	How to end your membership in our plan .....	210
C.	How to get Medicare and NJ FamilyCare services separately.....	210
C1.	Your Medicare services .....	210
C2.	Your NJ FamilyCare services .....	214
D.	Your medical items, services and drugs until your membership in our plan ends .....	215
E.	Other situations when your membership in our plan ends .....	215
F.	Rules against asking you to leave our plan for any health-related reason.....	216
G.	Your right to make a complaint if we end your membership in our plan .....	217
H.	How to get more information about ending your plan membership.....	217



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

---

## A. When you can end your membership in our plan

Most people with Medicare can end their membership during certain times of the year. Since you have NJ FamilyCare, you have some choices to end your membership with our plan any month of the year.

In addition, you may end your membership in our plan during the following periods each year:

- The **Annual Enrollment Period**, which lasts from October 15 to December 7. If you choose a new plan during this period, your membership in our plan ends on December 31 and your membership in the new plan starts on January 1.
- The **Medicare Advantage (MA) Open Enrollment Period**, which lasts from January 1 to March 31 and also for new Medicare beneficiaries who are enrolled in a plan, from the month of entitlement to Part A and Part B until the last day of the 3rd month of entitlement. If you choose a new plan during this period, your membership in the new plan starts the first day of the next month.

There may be other situations when you are eligible to make a change to your enrollment. For example, when:

- you move out of our service area,
- your eligibility for NJ FamilyCare or Extra Help changed, **or**
- if you recently moved into, currently are getting care in, or just moved out of a nursing facility or a long-term care hospital.

Your membership ends on the last day of the month that we get your request to change your plan. For example, if we get your request on January 18, your coverage with our plan ends on January 31. Your new coverage begins the first day of the next month (February 1, in this example).

If you leave our plan, you can get information about your:

- Medicare options in the table in **Section C1**.
- Medicaid services in **Section C2**.

You can get more information about how you can end your membership by calling:

- Member Services at the number at the bottom of this page. The number for TTY users is listed too.
- Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.
- The State Health Insurance Assistance Program (SHIP), at 1-800-792-8820 (TTY 711).

**NOTE:** If you're in a drug management program (DMP), you may not be able to change plans. Refer to **Chapter 5** of your Evidence of Coverage for information about drug management programs.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

---

## B. How to end your membership in our plan

If you decide to end your membership you can enroll in another Medicare plan or switch to Original Medicare. However, if you want to switch from our plan to Original Medicare but you have not selected a separate Medicare prescription drug plan, you must ask to be disenrolled from our plan. There are two ways you can ask to be disenrolled:

- You can make a request in writing to us. Contact Member Services at the number at the bottom of this page if you need more information on how to do this.
- Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users (people who have difficulty with hearing or speaking) should call 1-877-486-2048. When you call 1-800-MEDICARE, you can also enroll in another Medicare health or drug plan. More information on getting your Medicare services when you leave our plan is in the chart in **Chapter 10, Section C1**.

---

## C. How to get Medicare and NJ FamilyCare services separately

You have choices about getting your Medicare and Medicaid services if you choose to leave our plan.

### C1. Your Medicare services

You have three options for getting your Medicare services listed below any month of the year. You have an additional option listed below during certain times of the year including the **Annual Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in **Section A**. By choosing one of these options, you automatically end your membership in our plan.



---

**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

<p><b>1. You can change to:</b></p> <p><b>Another plan that provides your Medicare and most or all of your Medicaid benefits and services in one plan, also known as an integrated dual-eligible special needs plan (D-SNP)</b></p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>For Program of All-Inclusive Care for the Elderly (PACE) inquiries, call 1-855-921-PACE (7223).</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the State Health Insurance Assistance Program (SHIP) at 1-800-792-8820 (TTY 711).</li> </ul> <p><b>OR</b></p> <p>Enroll in a new integrated D-SNP plan directly, or through a broker or agent contracted with the new D-SNP plan.</p> <p>You will automatically be disenrolled from our plan when your coverage with the new D-SNP plan begins.</p> <p>Your NJ FamilyCare (Medicaid) coverage will also be shifted to the new D-SNP, and will be covered through that new plan.</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

<p><b>2. You can change to:</b></p> <p><b>Original Medicare with a separate Medicare prescription drug plan</b></p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the State Health Insurance Assistance Program (SHIP) at 1-800-792-8820 (TTY 711).</li> </ul> <p><b>OR</b></p> <p>Enroll in a new Medicare prescription drug plan.</p> <p>You are automatically disenrolled from our plan when your Original Medicare coverage begins.</p> <p>If you disenroll from this plan and make any of the choices listed in the chart, you will be enrolled into our affiliated NJ FamilyCare plan, Fidelis Care for your NJ FamilyCare benefits. Your new coverage will begin on the first day of the following month. This will happen automatically, unless you have chosen to enroll in another D-SNP plan or if you voluntarily choose a different NJ FamilyCare plan. If you wish to select a different NJ FamilyCare plan, you can call NJ FamilyCare at 1-800-701-0710 (TTY: 711).</p>
---------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

<p><b>3. You can change to:</b></p> <p><b>Original Medicare without a separate Medicare prescription drug plan</b></p> <p><b>NOTE:</b> If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you do not want to join.</p> <p>You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the New Jersey Department of Human Services at 1-800-792-8820, Monday through Friday from 8:30 a.m. to 4:30 p.m. For more information or to find a local New Jersey Department of Human Services office in your area, please visit <a href="https://nj.gov/humanservices/doas/services/qz/ship/">https://nj.gov/humanservices/doas/services/qz/ship/</a></p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the State Health Insurance Assistance Program (SHIP) at 1-800-792-8820 (TTY 711).</li> </ul> <p>You are automatically disenrolled from our plan when your Original Medicare coverage begins.</p> <p>If you disenroll from this plan and make any of the choices listed in the chart, you will be enrolled into our affiliated NJ FamilyCare plan, Fidelis Care for your NJ FamilyCare benefits. Your new coverage will begin on the first day of the following month. This will happen automatically, unless you have chosen to enroll in another D-SNP plan or if you voluntarily choose a different NJ FamilyCare plan. If you wish to select a different NJ FamilyCare plan, you can call NJ FamilyCare at 1-800-701-0710 (TTY: 711).</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

<p><b>4. You can change to:</b></p> <p><b>Any Medicare health plan</b> during certain times of the year including the <b>Annual Enrollment Period</b> and the <b>Medicare Advantage Open Enrollment Period</b> or other situations described in <b>Section A</b>.</p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>For Program of All-Inclusive Care for the Elderly (PACE) inquiries, call 1-855-921-PACE (7223).</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the State Health Insurance Assistance Program (SHIP) at 1-800-792-8820 (TTY 711).</li> </ul> <p>OR</p> <p>Enroll in a new Medicare plan.</p> <p>You are automatically disenrolled from our Medicare plan when your new plan's coverage begins.</p> <p>If you disenroll from this plan and make any of the choices listed in the chart, you will be enrolled into our affiliated NJ FamilyCare plan, Fidelis Care for your NJ FamilyCare benefits. Your new coverage will begin on the first day of the following month. This will happen automatically, unless you have chosen to enroll in another D-SNP plan or if you voluntarily choose a different NJ FamilyCare plan. If you wish to select a different NJ FamilyCare plan, you can call NJ FamilyCare at 1-800-701-0710 (TTY:711).</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

## C2. Your NJ FamilyCare services

If you disenroll from this plan and make any of the choices listed in the chart, you will be enrolled into our affiliated NJ FamilyCare plan, Fidelis Care, for your NJ FamilyCare benefits. Your new coverage will begin on the first day of the following month. This will happen automatically, unless you have chosen to enroll in another D-SNP plan or if you voluntarily choose a different NJ FamilyCare plan. If you wish to select a different NJ FamilyCare plan, you can call NJ FamilyCare at 1-800-701-0710 (TTY: 711).



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).



---

## D. Your medical items, services and drugs until your membership in our plan ends

If you leave our plan, it may take time before your membership ends and your new Medicare and Medicaid coverage begins. During this time, you keep getting your prescription drugs and health care through our plan until your new plan begins.

- Use our network providers to receive medical care.
- Use our network pharmacies including through our mail-order pharmacy services to get your prescriptions filled.
- If you are hospitalized on the day that your membership in Wellcare Dual Liberty (HMO D-SNP) ends, our plan will cover your hospital stay until you are discharged. This will happen even if your new health coverage begins before you are discharged.

---

## E. Other situations when your membership in our plan ends

These are cases when we must end your membership in our plan:

- If there is a break in your Medicare Part A and Medicare Part B coverage.
- If you no longer qualify for Medicaid. Our plan is for people who qualify for both Medicare and Medicaid.
- If you no longer meet the special eligibility requirements of our plan, your membership in this plan will end after six months. You will receive a notice from us informing you of the end of your membership and your options. If you have any questions about your eligibility, please contact Member Services.
  - The plan's period of deemed continued eligibility is six months. The period of deemed continued eligibility begins the first of the month following the month in which you lose special needs status.
- If you move out of our service area.
- If you are away from our service area for more than six months.
  - If you move or take a long trip, call Member Services to find out if where you're moving or traveling to is in our plan's service area.



---

**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

- If you go to jail or prison for a criminal offense.
- If you lie about or withhold information about other insurance you have for prescription drugs.
- If you are not a United States citizen or are not lawfully present in the United States.
  - You must be a United States citizen or lawfully present in the United States to be a member of our plan.
  - The Centers for Medicare & Medicaid Services (CMS) notify us if you're not eligible to remain a member on this basis.
  - We must disenroll you if you don't meet this requirement.

If you are within our plan's 6-month period of deemed continued eligibility, we will continue to provide all Medicare Advantage plan-covered Medicare benefits. However, during this period, Medicaid-only benefits may not be covered by our plan. To find out if a benefit is Medicaid-only, and/or to find out if it will be covered, you can call Member Services at the bottom of this page. All of your Medicare services, including Medicare Part D prescription drugs, will continue to be covered at \$0 cost-sharing (no copayments, coinsurance, or deductibles) during the period of deemed continued eligibility.

We can make you leave our plan for the following reasons only if we get permission from Medicare and Medicaid first:

- If you intentionally give us incorrect information when you are enrolling in our plan and that information affects your eligibility for our plan.
- If you continuously behave in a way that is disruptive and makes it difficult for us to provide medical care for you and other members of our plan.
- If you let someone else use your Member ID Card to get medical care. (Medicare may ask the Inspector General to investigate your case if we end your membership for this reason.)

---

## F. Rules against asking you to leave our plan for any health-related reason

We cannot ask you to leave our plan for any reason related to your health. If you think we're asking you to leave our plan for a health-related reason, **call Medicare** at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may call 24 hours a day, 7 days a week.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

---

## G. Your right to make a complaint if we end your membership in our plan

If we end your membership in our plan, we must tell you our reasons in writing for ending your membership. We must also explain how you can file a grievance or make a complaint about our decision to end your membership. You can also refer to **Chapter 9** of your *Evidence of Coverage* for information about how to make a complaint.

---

## H. How to get more information about ending your plan membership

If you have questions or would like more information on ending your membership, you can call Member Services at the number at the bottom of this page.



---

**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

## Chapter 11: Legal notices

---

### Introduction

This chapter includes legal notices that apply to your membership in our plan. Key terms and their definitions appear in alphabetical order in the last chapter of your *Evidence of Coverage*.

### Table of Contents

A.	Notice about laws .....	219
B.	Notice about nondiscrimination .....	219
C.	Notice about Medicare as a second payer and NJ FamilyCare as a payer of last resort .....	219
D.	Recovery of benefits paid by our plan under your Wellcare Dual Liberty (HMO D-SNP) plan..	220
E.	Membership card .....	222
F.	Independent contractors .....	222
G.	Health care plan fraud.....	223
H.	Circumstances beyond Wellcare Dual Liberty (HMO D-SNP)'s control .....	223



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

---

## A. Notice about laws

Many laws apply to this *Evidence of Coverage*. These laws may affect your rights and responsibilities even if the laws are not included or explained in the *Evidence of Coverage*. The main laws that apply are federal laws about the Medicare and NJ FamilyCare (Medicaid) programs. Other federal and state laws may apply too.

---

## B. Notice about nondiscrimination

Our health plan complies with Federal Civil Rights Laws. We don't discriminate or treat you differently because of your race, ethnicity, national origin, color, religion, sex, gender, age, sexual orientation, mental or physical disability, health status, claims experience, medical history, genetic information, evidence of insurability, or geographic location within the service area.

If you want more information or have concerns about discrimination or unfair treatment:

- Call the Department of Health and Human Services, Office for Civil Rights at 1-800-368-1019. TTY users can call 1-800-537-7697. You can also visit [www.hhs.gov/ocr](http://www.hhs.gov/ocr) for more information.
- Call your local Office for Civil Rights at 1-800-368-1019. TTY users can call 1-800-537-7697.
- If you have a disability and need help accessing health care services or a provider, call Member Services. If you have a complaint, such as a problem with wheelchair access, Member Services can help.

---

## C. Notice about Medicare as a second payer and NJ FamilyCare as a payer of last resort

Sometimes someone else must pay first for the services we provide you. For example, if you're in a car accident or if you're injured at work, insurance or Workers Compensation must pay first.

We have the right and responsibility to collect for covered Medicare services for which Medicare is not the first payer.

We comply with federal and state laws and regulations relating to the legal liability of third parties for health care services to members. We take all reasonable measures to ensure that NJ FamilyCare is the payer of last resort.



---

**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

---

## D. Recovery of benefits paid by our plan under your Wellcare Dual Liberty (HMO D-SNP) plan

When you are injured

If you are ever injured, become ill or develop a condition through the actions of another person, company, or yourself (a “responsible party”), our plan will provide benefits for covered services that you receive. However, if you receive money or are entitled to receive money because of your injury, illness or condition, whether through a settlement, judgment, or any other payment associated with your injury, illness or condition, our plan and/or the treating providers retain the right to recover the value of any services provided to you through this plan in accordance with applicable State law.

As used throughout this provision, the term “responsible party” means any person or entity actually or potentially responsible for your injury, illness or condition. The term responsible party includes the liability or other insurer of the responsible person or entity.

Some examples of how you could be injured, become ill or develop a condition through the actions of a responsible party include, but are not limited to:

- You are in a car accident;
- You slip and fall in a store; or
- You are exposed to a dangerous chemical at work.

Our plan’s right of recovery applies to any and all amounts you receive from the responsible party, including but not limited to:

- Payments made by a third party or any insurance company on behalf of the third party;
- Uninsured or underinsured motorist coverage;
- Personal injury protection, no fault or any other first party coverage;
- Workers Compensation or Disability award or settlement;
- Medical payments coverage under any automobile policy, premises or homeowners’ insurance coverage or umbrella coverage;
- Any settlement or judgment received from a lawsuit or other legal action; or
- Any other payments from any other source received as compensation for the responsible party’s actions or omissions.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

By accepting benefits under this plan, you agree that our plan has a first priority right of subrogation and reimbursement that attaches when this plan has paid benefits for Covered Services that you received due to the actions or omissions of a responsible party, and you or your representative recovers, or is entitled to recover, any amounts from a responsible party.

By accepting benefits under this plan, you also (i) assign to our plan your right to recover medical expenses from any coverage available up to the full cost of all Covered Services provided by the plan in connection with your injury, illness or condition, and (ii) you agree to specifically direct the responsible party to directly reimburse the plan on your behalf.

By accepting benefits under this plan, you also give our plan a first priority lien on any recovery, settlement or judgment, or other source of compensation and all reimbursement for the full cost of benefits for Covered Services paid under the plan that are associated with your injury, illness or condition due to the actions or omissions of a responsible party. This priority applies regardless of whether the amounts are specifically identified as a recovery for medical expenses and regardless of whether you are made whole or fully compensated for your loss. Our plan may recover the full cost of all benefits provided by this plan without regard to any claim of fault on your part, whether by comparative negligence or otherwise. No attorney fees may be deducted from our plan's recovery, and our plan is not required to pay or contribute to paying court costs or attorneys' fees for the attorney hired to pursue the claim or lawsuit against any responsible party.

### Steps you must take

If you are injured, become ill or develop a condition because of a responsible party, you must cooperate with our plan and/or the treating provider's efforts to recover its expenses, including:

- Telling our plan or the treating provider, as applicable, the name and address of the responsible party and/or his or her lawyer, if you know it; the name and address of your lawyer; if you are using a lawyer, the name and address of any insurance company involved; and a description of how the injury, illness or condition was caused.
- Completing any paperwork that our plan or the treating provider may reasonably require to assist in enforcing the lien or right of recovery.
- Promptly responding to inquiries from our plan or the treating provider about the status of the case or claim and any settlement discussions.
- Notifying our plan immediately upon you or your lawyer receiving any money from the responsible party(s) or any other source.
- Paying the health care lien or plan recovery amount from any recovery, settlement or judgment, or other source of compensation, including payment of all reimbursement due to our plan for the full cost of benefits paid under the plan that are associated with your injury, illness or condition due to



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

a responsible party regardless of whether specifically identified as recovery for medical expenses and regardless of whether you are made whole or fully compensated for your loss;

- Doing nothing to prejudice our plan's rights as set forth above. This includes, but is not limited to, refraining from any attempts to reduce or exclude from settlement or recovery the full cost of all benefits paid by the plan or any attempts to deny our plan its first priority right of recovery or lien.
- Holding any money that you or your lawyer receive from the responsible party(s), or from any other source, in trust, and reimbursing our plan or the treating provider, as applicable, for the amount of the recovery due to the plan as soon as you are paid and prior to payment of any other potential lien holders or third parties claiming a right to recover.
- You are required to cooperate with us in pursuing such recoveries or over payments.

---

## E. Membership card

A membership card issued by our plan under this Evidence of Coverage is for identification purposes only. Possession of a membership card does not confer any right to services or other benefits under this *Evidence of Coverage*. To be entitled to services or benefits under this *Evidence of Coverage*, the holder of the card must be eligible for coverage and be enrolled as a member under this *Evidence of Coverage*. Any person receiving services to which he or she is not then entitled under this *Evidence of Coverage* will be responsible for payment for those services. A member must present the plan's membership card, not a Medicare card, at the time of service. Please call Member Services at 1-866-892-8340 (TTY 711), Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. if you need your membership card replaced.

Note: Any member knowingly permitting abuse or misuse of the membership card may be disenrolled for cause. Our plan is required to report a disenrollment that results from membership card abuse or misuse to the Office of the Inspector General, which may result in criminal prosecution.

---

## F. Independent contractors

The relationship between our plan and each participating provider is an independent contractor relationship. Participating providers are not employees or agents of our plan and neither our plan, nor any employee of our plan, is an employee or agent of a participating provider. In no case will our plan be liable for the negligence, wrongful act, or omission of any participating or other health care provider. Participating physicians, and not our plan, maintain the physician-patient relationship with the Member. Our plan is not a provider of health care.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).



---

## G. Health care plan fraud

Health care plan fraud is defined as a deception or misrepresentation to the plan by a provider, member, employer or any person acting on their behalf. It is a felony that can be prosecuted. Any person who willfully and knowingly engages in an activity intended to defraud the health care plan by, for example, filing a claim that contains a false or deceptive statement could be guilty of health care plan fraud.

If you are concerned about any of the charges that appear on a bill or Explanation of Benefits form, or if you know of or suspect any illegal activity, call our plan's toll-free Fraud Hotline at 1-866-685-8664 (TTY: 711). The Fraud Hotline operates 24 hours a day, seven days a week. All calls are strictly confidential.

---

## H. Circumstances beyond Wellcare Dual Liberty (HMO D-SNP)'s control

To the extent that a natural disaster, war, riot, civil insurrection, epidemic, complete or partial destruction of facilities, atomic explosion or other release of nuclear energy, disability of significant medical group personnel, state of emergency or other similar events not within the control of our plan, results in Wellcare Dual Liberty (HMO D-SNP)'s facilities or personnel not being available to provide or arrange for services or benefits under this *Evidence of Coverage*, Wellcare Dual Liberty (HMO D-SNP)'s obligation to provide such services or benefits shall be limited to the requirement that Wellcare Dual Liberty (HMO D-SNP) make a good-faith effort to provide or arrange for the provision of such services or benefits within the current availability of its facilities or personnel.



---

**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

## Chapter 12: Definitions of important words

---

### Introduction

This chapter includes key terms used throughout your *Evidence of Coverage* with their definitions. The terms are listed in alphabetical order. If you can't find a term you're looking for or if you need more information than a definition includes, contact Member Services.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

**Activities of daily living (ADL):** The things people do on a normal day, such as eating, using the toilet, getting dressed, bathing, or brushing teeth.

**Administrative law judge:** A judge that reviews a level 3 appeal.

**AIDS drug assistance program (ADAP):** A program that helps eligible individuals living with HIV/AIDS have access to life-saving HIV medications.

**Ambulatory surgical center:** A facility that provides outpatient surgery to patients who do not need hospital care and who are not expected to need more than 24 hours of care.

**Appeal:** A way for you to challenge our action if you think we made a mistake. You can ask us to change a coverage decision by filing an appeal. **Chapter 9** of your *Evidence of Coverage* explains appeals, including how to make an appeal.

**Behavioral Health:** An all-inclusive term referring to mental health and substance use disorders.

**Biological Product:** A prescription drug that is made from natural and living sources like animal cells, plant cells, bacteria, or yeast. Biological products are more complex than other drugs and cannot be copied exactly, so alternative forms are called biosimilars. (See also “Original Biological Product” and “Biosimilar”).

**Biosimilar:** A biological product that is very similar, but not identical, to the original biological product. Biosimilars are as safe and effective as the original biological product. Some biosimilars may be substituted for the original biological product at the pharmacy without getting a new prescription. (See “Interchangeable Biosimilar”).

**Brand name drug:** A prescription drug that is made and sold by the company that originally made the drug. Brand name drugs have the same ingredients as the generic versions of the drugs. Generic drugs are usually made and sold by other drug companies.

**Care Manager:** One main person who works with you, with the health plan, and with your care providers to make sure you get the care you need.

**Care plan:** Refer to “Individualized Care Plan.”

**Care team:** Refer to “Interdisciplinary Care Team.”

**Centers for Medicare & Medicaid Services (CMS):** The federal agency in charge of Medicare. **Chapter 2** of your *Evidence of Coverage* explains how to contact CMS.

**Complaint:** A written or spoken statement saying that you have a problem or concern about your covered services or care. This includes any concerns about the quality of service, quality of your care, our



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

network providers, or our network pharmacies. The formal name for “making a complaint” is “filing a grievance”.

**Comprehensive outpatient rehabilitation facility (CORF):** A facility that mainly provides rehabilitation services after an illness, accident, or major operation. It provides a variety of services, including physical therapy, social or psychological services, respiratory therapy, occupational therapy, speech therapy, and home environment evaluation services.

**Coverage decision:** A decision about what benefits we cover. This includes decisions about covered drugs and services. **Chapter 9** of your *Evidence of Coverage* explains how to ask us for a coverage decision.

**Covered drugs:** The term we use to mean all of the prescription and over-the-counter (OTC) drugs covered by our plan.

**Covered services:** The general term we use to mean all of the health care, long-term services and supports, supplies, prescription and over-the-counter drugs, equipment, and other services our plan covers.

**Cultural competence training:** Training that provides additional instruction for our health care providers that helps them better understand your background, values, and beliefs to adapt services to meet your social, cultural, and language needs.

**Disenrollment:** The process of ending your membership in our plan. Disenrollment may be voluntary (your own choice) or involuntary (not your own choice).

**Drug management program (DMP):** A program that helps make sure members safely use prescription opioids and other frequently abused medications.

**Dual eligible special needs plan (D-SNP):** Health plan that serves individuals who are eligible for both Medicare and Medicaid. Our plan is a D-SNP.

**Durable medical equipment (DME):** Certain items your doctor orders for use in your own home. Examples of these items are wheelchairs, crutches, powered mattress systems, diabetic supplies, hospital beds ordered by a provider for use in the home, IV infusion pumps, speech generating devices, oxygen equipment and supplies, nebulizers, and walkers.

**Emergency:** A medical emergency when you, or any other person with an average knowledge of health and medicine, believe that you have medical symptoms that need immediate medical attention to prevent death, loss of a body part, or loss of or serious impairment to a bodily function (and if you are a pregnant woman, loss of an unborn child). The medical symptoms may be an illness, injury, severe pain, or a medical condition that is quickly getting worse.



---

**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

**Emergency care:** Covered services given by a provider trained to give emergency services and needed to treat a medical or behavioral health emergency.

**Exception:** Permission to get coverage for a drug not normally covered or to use the drug without certain rules and limitations.

**Excluded Services:** Services that are not covered by this health plan.

**Extra Help:** Medicare program that helps people with limited incomes and resources reduce Medicare Part D prescription drug costs, such as premiums, deductibles, and copays. Extra Help is also called the “Low-Income Subsidy”, or “LIS”.

**Evidence of Coverage and Disclosure Information:** This document, along with your enrollment form and any other attachments, or riders, which explain your coverage, what we must do, your rights, and what you must do as a member of our plan.

**Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP):** Health plan that serves individuals who are eligible for both Medicare and Medicaid. A FIDE SNP covers both Medicare and Medicaid under a single health plan. Our plan is a FIDE SNP.

**Generic drug:** A prescription drug approved by the federal government to use in place of a brand name drug. A generic drug has the same ingredients as a brand name drug. It’s usually cheaper and works just as well as the brand name drug.

**Grievance:** A complaint you make about us or one of our network providers or pharmacies. This includes a complaint about the quality of your care or the quality of service provided by your health plan.

**Health plan:** An organization made up of doctors, hospitals, pharmacies, providers of long-term services, and other providers. It also has Care Managers to help you manage all your providers and services. All of them work together to provide the care you need.

**Health risk assessment (HRA):** A review of your medical history and current condition. It’s used to learn about your health and how it might change in the future.

**Home health aide:** A person who provides services that don’t need the skills of a licensed nurse or therapist, such as help with personal care (like bathing, using the toilet, dressing, or carrying out the prescribed exercises). Home health aides don’t have a nursing license or provide therapy.

**Hospice:** A program of care and support to help people who have a terminal prognosis live comfortably. A terminal prognosis means that a person has been medically certified as terminally ill, meaning having a life expectancy of 6 months or less.

- An enrollee who has a terminal prognosis has the right to elect hospice.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

- A specially trained team of professionals and caregivers provide care for the whole person, including physical, emotional, social, and spiritual needs.
- We are required to give you a list of hospice providers in your geographic area.

**Improper/inappropriate billing:** A situation when a provider (such as a doctor or hospital) bills you for services. Call Member Services if you get any bills you don't understand.

Because we pay the entire cost for your services, you do **not** owe any cost-sharing. Providers should not bill you anything for these services.

**Independent review organization (IRO):** An independent organization hired by Medicare that reviews a level 2 appeal. It is not connected with us and is not a government agency. This organization decides whether the decision we made is correct or if it should be changed. Medicare oversees its work. The formal name is the **Independent Review Entity**.

**Individualized Care Plan (ICP or Care Plan):** A plan for what services you will get and how you will get them. Your plan may include medical services, behavioral health services, and long-term services and supports.

**Inpatient:** A term used when you are formally admitted to the hospital for skilled medical services. If you're not formally admitted, you may still be considered an outpatient instead of an inpatient even if you stay overnight.

**Integrated D-SNP:** A dual-eligible special needs plan that covers Medicare and most or all Medicaid services under a single health plan for certain groups of individuals eligible for both Medicare and Medicaid. These individuals are known as full-benefit dually eligible individuals.

**Interchangeable Biosimilar:** A biosimilar that may be substituted at the pharmacy without needing a new prescription because it meets additional requirements related to the potential for automatic substitution. Automatic substitution at the pharmacy is subject to state law.

**Interdisciplinary Care Team (ICT or Care team):** A care team may include doctors, nurses, counselors, or other health professionals who are there to help you get the care you need. Your care team also helps you make a care plan.

**List of Covered Drugs (Formulary):** A list of prescription and over-the-counter (OTC) drugs we cover. We choose the drugs on this list with the help of doctors and pharmacists. The *List of Covered Drugs* tells you if there are any rules you need to follow to get your drugs. The *List of Covered Drugs* is sometimes called a "formulary".

**Managed Long-term services and supports (MLTSS):** Managed Long-term services and supports help improve a long-term medical condition. Most of these services help you stay in your home



---

**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

so you don't have to go to a nursing facility or hospital. MLTSS include Community-Based Services and Nursing Facilities (NF).

**Low-income subsidy (LIS):** Refer to “Extra Help”

**NJ FamilyCare:** This is the name of New Jersey's Medicaid program. NJ FamilyCare is run by the state and is paid for by the state and the federal government. It helps people with limited incomes and resources pay for long-term services and supports and medical costs.

- It covers extra services and some drugs not covered by Medicare.
- Medicaid programs vary from state to state, but most health care costs are covered if you qualify for both Medicare and Medicaid.

**Medicaid (or Medical Assistance):** A program run by the federal government and the state that helps people with limited incomes and resources pay for long-term services and supports and medical costs.

**Medically necessary:** This describes services, supplies, or drugs you need to prevent, diagnose, or treat a medical condition or to maintain your current health status. This includes care that keeps you from going into a hospital or nursing facility. It also means the services, supplies, or drugs meet accepted standards of medical practice.

**Medicare:** The federal health insurance program for people 65 years of age or older, some people under age 65 with certain disabilities, and people with end-stage renal disease (generally those with permanent kidney failure who need dialysis or a kidney transplant). People with Medicare can get their Medicare health coverage through Original Medicare or a managed care plan (refer to “Health plan”).

**Medicare Advantage:** A Medicare program, also known as “Medicare Part C” or “MA”, that offers MA plans through private companies. Medicare pays these companies to cover your Medicare benefits.

**Medicare Appeals Council (Council):** A council that reviews a level 4 appeal. The Council is part of the Federal government.

**Medicare-covered services:** Services covered by Medicare Part A and Medicare Part B. All Medicare health plans, including our plan, must cover all of the services covered by Medicare Part A and Medicare Part B.

**Medicare diabetes prevention program (MDPP):** A structured health behavior change program that provides training in long-term dietary change, increased physical activity, and strategies for overcoming challenges to sustaining weight loss and a healthy lifestyle.

**Medicare-Medicaid enrollee:** A person who qualifies for Medicare and Medicaid coverage. A Medicare- Medicaid enrollee is also called a “dually eligible individual”.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).



**Medicare Part A:** The Medicare program that covers most medically necessary hospital, skilled nursing facility, home health, and hospice care.

**Medicare Part B:** The Medicare program that covers services (such as lab tests, surgeries, and doctor visits) and supplies (such as wheelchairs and walkers) that are medically necessary to treat a disease or condition. Medicare Part B also covers many preventive and screening services.

**Medicare Part C:** The Medicare program, also known as “Medicare Advantage” or “MA”, that lets private health insurance companies provide Medicare benefits through an MA Plan.

**Medicare Part D:** The Medicare prescription drug benefit program. We call this program “Part D” for short. Medicare Part D covers outpatient prescription drugs, vaccines, and some supplies not covered by Medicare Part A or Medicare Part B or Medicaid. Our plan includes Medicare Part D.

**Medicare Part D drugs:** Drugs covered under Medicare Part D. Congress specifically excludes certain categories of drugs from coverage under Medicare Part D. Medicaid may cover some of these drugs.

**Medication Therapy Management (MTM):** A distinct group of service or group of services provided by health care providers, including pharmacists, to ensure the best therapeutic outcomes for patients. Refer to **Chapter 5** of your *Evidence of Coverage* for more information.

**Member (member of our plan, or plan member):** A person with Medicare and Medicaid who qualifies to get covered services, who has enrolled in our plan, and whose enrollment has been confirmed by the Centers for Medicare & Medicaid Services (CMS) and the state.

**Member Services:** A department in our plan responsible for answering your questions about membership, benefits, grievances, and appeals. Refer to **Chapter 2** of your *Evidence of Coverage* for more information about Member Services.

**Network pharmacy:** A pharmacy (drug store) that agreed to fill prescriptions for our plan members. We call them “network pharmacies” because they agreed to work with our plan. In most cases, we cover your prescriptions only when filled at one of our network pharmacies.

**Network provider:** “Provider” is the general term we use for doctors, nurses, and other people who give you services and care. The term also includes hospitals, home health agencies, clinics, and other places that give you health care services, medical equipment, and long-term services and supports.

- They are licensed or certified by Medicare and by the state to provide health care services.
- We call them “network providers” when they agree to work with our health plan, accept our payment, and do not charge members an extra amount.
- While you’re a member of our plan, you must use network providers to get covered services. Network providers are also called “plan providers”.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).



**Nursing home or facility:** A place that provides care for people who can't get their care at home but don't need to be in the hospital.

**Ombudsperson:** An office in your state that works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do. The ombudsperson's services are free. You can find more information in **Chapter 2** and **Chapter 9** of your *Evidence of Coverage*.

**Organization determination:** Our plan makes an organization determination when we, or one of our providers, decide about whether services are covered or how much you pay for covered services. Organization determinations are called "coverage decisions". **Chapter 9** of your *Evidence of Coverage* explains coverage decisions.

**Original Medicare (traditional Medicare or fee-for-service Medicare):** The government offers Original Medicare. Under Original Medicare, services are covered by paying doctors, hospitals, and other health care providers amounts that Congress determines.

- You can use any doctor, hospital, or other health care provider that accepts Medicare. Original Medicare has two parts: Medicare Part A (hospital insurance) and Medicare Part B (medical insurance).
- Original Medicare is available everywhere in the United States.
- If you don't want to be in our plan, you can choose Original Medicare.

**Out-of-network pharmacy:** A pharmacy that has not agreed to work with our plan to coordinate or provide covered drugs to members of our plan. Our plan doesn't cover most drugs you get from out-of-network pharmacies unless certain conditions apply.

**Out-of-network provider** or **Out-of-network facility:** A provider or facility that is not employed, owned, or operated by our plan and is not under contract to provide covered services to members of our plan. **Chapter 3** of your *Evidence of Coverage* explains out-of-network providers or facilities.

**Over-the-counter (OTC) drugs:** Over-the-counter drugs are drugs or medicines that a person can buy without a prescription from a health care professional.

**Part A:** Refer to "Medicare Part A."

**Part B:** Refer to "Medicare Part B."

**Part C:** Refer to "Medicare Part C."

**Part D:** Refer to "Medicare Part D."

**Part D drugs:** Refer to "Medicare Part D drugs."



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

**Personal health information (also called Protected health information) (PHI):** Information about you and your health, such as your name, address, social security number, physician visits, and medical history. Refer to our Notice of Privacy Practices for more information about how we protect, use, and disclose your PHI, as well as your rights with respect to your PHI.

**Primary care provider (PCP):** The doctor or other provider you use first for most health problems. They make sure you get the care you need to stay healthy.

- They also may talk with other doctors and health care providers about your care and refer you to them.
- In many Medicare health plans, you must use your primary care provider before you use any other health care provider.
- Refer to **Chapter 3** of your *Evidence of Coverage* for information about getting care from primary care providers.

**Prior authorization (PA):** An approval you must get from us before you can get a specific service or drug or use an out-of-network provider. Our plan may not cover the service or drug if you don't get approval first.

Our plan covers some network medical services only if your doctor or other network provider gets PA from us.

- Covered services that need our plan's PA are marked in **Chapter 4** of your *Evidence of Coverage*.

Our plan covers some drugs only if you get PA from us.

- Covered drugs that need our plan's PA are marked in the *List of Covered Drugs* and the rules are posted on our website.

**Program for All-Inclusive Care for the Elderly (PACE):** A program that covers Medicare and Medicaid benefits together for people age 55 and over who need a higher level of care to live at home.

**Prosthetics and Orthotics:** Medical devices ordered by your doctor or other health care provider that include, but are not limited to, arm, back, and neck braces; artificial limbs; artificial eyes; and devices needed to replace an internal body part or function, including ostomy supplies and enteral and parenteral nutrition therapy.

**Quality improvement organization (QIO):** A group of doctors and other health care experts who help improve the quality of care for people with Medicare. The federal government pays the QIO to check and improve the care given to patients. Refer to **Chapter 2** of your *Evidence of Coverage* for information about the QIO.



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

**Quantity limits:** A limit on the amount of a drug you can have. We may limit the amount of the drug that we cover per prescription.

**Real Time Benefit Tool:** A portal or computer application in which enrollees can look up complete, accurate, timely, clinically appropriate, enrollee-specific covered drugs and benefit information. This includes alternative drugs that may be used for the same health condition as a given drug and coverage restrictions (prior authorization, step therapy, quantity limits) that apply to alternative drugs.

**Referral:** A referral is your primary care provider's (PCP's) approval to use a provider other than your PCP. If you don't get approval first, we may not cover the services. You don't need a referral to use certain specialists, such as women's health specialists. You can find more information about referrals in **Chapter 3** and **Chapter 4** of your *Evidence of Coverage*.

**Rehabilitation services:** Treatment you get to help you recover from an illness, accident or major operation. Refer to **Chapter 4** of your *Evidence of Coverage* to learn more about rehabilitation services.

**Service area:** A geographic area where a health plan accepts members if it limits membership based on where people live. For plans that limit which doctors and hospitals you may use, it's generally the area where you can get routine (non-emergency) services. Only people who live in our service area can enroll in our plan.

**Skilled nursing facility (SNF):** A nursing facility with the staff and equipment to give skilled nursing care and, in most cases, skilled rehabilitative services and other related health services.

**Skilled nursing facility (SNF) care:** Skilled nursing care and rehabilitation services provided on a continuous, daily basis, in a skilled nursing facility. Examples of skilled nursing facility care include physical therapy or intravenous (IV) injections that a registered nurse or a doctor can give.

**Specialist:** A doctor who provides health care for a specific disease or part of the body.

**State Fair Hearing:** If your doctor or other provider asks for a Medicaid service that we won't approve, or we won't continue to pay for a Medicaid service you already have, you can ask for a State Fair Hearing. If the State Fair Hearing is decided in your favor, we must give you the service you asked for.

**Step therapy:** A coverage rule that requires you to try another drug before we cover the drug you ask for.

**Supplemental Security Income (SSI):** A monthly benefit Social Security pays to people with limited incomes and resources who are disabled, blind, or age 65 and over. SSI benefits are not the same as Social Security benefits.

**Urgently needed care:** Care you get for an unforeseen illness, injury, or condition that is not an emergency but needs care right away. You can get urgently needed care from out-of-network providers when you cannot get to them because given your time, place, or circumstances, it is not possible, or it is



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

unreasonable to obtain services from network providers (for example when you are outside the plan's service area and you require medically needed immediate services for an unseen condition but it is not a medical emergency).

**Wellcare Spendables™ card:** A debit card, prepaid by the plan that may be used to help pay for items as described in the Medical Benefits Chart.



---

**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

**This page intentionally left blank**

**This page intentionally left blank**

**This page intentionally left blank**

## Wellcare Dual Liberty (HMO D-SNP) Member Services

### CALL

1-866-892-8340

Calls to this number are free. Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. However, please note during weekends and holidays from April 1 to September 30 our automated phone system may answer your call. Please leave your name and telephone number, and we will call you back within one (1) business day.

Member Services also has free language interpreter services available for non-English speakers.

### TTY

711

Calls to this number are free. Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.

### WRITE

Member Services  
PO Box 31370  
Tampa, FL 33631

### WEBSITE

[www.wellcare.com/medicare](http://www.wellcare.com/medicare)



**If you have questions**, please call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare).