

Introduction

WellCare Health Plans, Inc. is a family of health plans that works with physicians and other healthcare professionals to provide our members with quality care. Founded in 1985, our team of 1,200 associates and over 20,000 physician partners serve over three-quarters of a million members in Connecticut, Florida, New York, Indiana, Illinois and Louisiana. We specialize in providing care to those who receive their health benefits through government programs such as Medicare, Medicaid, and State Childrens' Health Insurance Programs.

Our corporate headquarters are in Tampa, Florida with regional headquarters in New York, Connecticut, Indiana, Illinois and Louisiana.

In New York, our family of products include:

- Medicare
- Healthy Choice (Medicaid)
- Child Health Plus
- Family Health Plus

This Provider Manual is presented to all WellCare participating providers to assist with the administration of our products, services, policies and procedures, and to serve as an extension of our Agreement.

Mission

WellCare will:

- Enhance our member's health and quality of life.
- Partner with providers and governments to provide quality, cost-effective healthcare solutions.
- Create a rewarding and enriching experience for our associates.

Core Values**Partnership**

Members are the reason we are in business; providers are our partners in serving our members; and regulators are the stewards of the public's resources and trust. We will deliver excellent service to our partners.

Integrity

Our actions must consistently demonstrate a high level of integrity that earns the trust of those we serve.

Accountability

All associates must be responsible for the commitments we made and the results we deliver.

Teamwork

We can expect – and are expected to demonstrate – a collaborative approach in the way we work.

Medicare

WellCare has served New York Medicare recipients for over 15 years, offering all standard plan benefits plus numerous value-added services. Our Medicare Advantage plans include everything Medicare allows and more.

In addition to traditional Medicare coverage, additional benefits* include:

- Prescription Drug Services
- Hearing Services
- Vision Services
- Dental Services
- Routine Physical Exams

* Benefits are subject to change.

Co-payments / Coinsurance / Deductibles

- No annual deductibles
- Coinsurance may apply to some services
- Co-payments vary by county
- Benefits vary by county and are subject to change.

Service Areas Include*:

Albany, Bronx, Dutchess, Greene, Kings (Brooklyn), New York (Manhattan), Queens, Rensselaer, Rockland, Westchester, Sullivan and Ulster

* Service Areas are subject to change

**Healthy Choice
(Medicaid)**

Healthy Choice serves both adults and children who are eligible to participate in New York's Medicaid Program. **Medicaid** is a state and federal partnership which provides health coverage for selected categories of individuals and families with low income. Eligible enrollees can choose to join Medicaid or a program such as Healthy Choice. With an enrollment in Healthy Choice, members receive more benefits, more choice, more convenience and more coverage than traditional Medicaid. If they access their benefits within the Healthy Choice network, there is no additional cost. Members can choose their personal doctor from a network of family doctors, pediatricians and internists and then make appointments to see the doctor in his or her office.

In addition to traditional Medicaid coverage, additional coverage* includes:

- Unlimited Physician Visits
- 4-Hour Nursing Hotline
- Six-Month Guaranteed Eligibility
- Wellness Programs

* Coverage is subject to change

Co-payments / Coinsurance / Deductibles

- There are no co-payments, coinsurance or deductibles.

Service Areas Include:

Albany, Bronx, Columbia, Dutchess, Greene, Kings (Brooklyn), New York (Manhattan), Orange, Queens, Rensselaer, Rockland, Sullivan and Ulster

* Service Areas are subject to change

Child Health Plus

The Child Health Plus contract is issued pursuant to a special New York State Department of Health program designed to provide health insurance coverage to children of families who do not receive health insurance benefits from their employers and who can not afford private coverage premiums. This coverage applies to children, under the age of 19, of families who do not receive other health insurance benefits, who are not eligible for Medicaid, who are a permanent NY State residents and reside in our service area.

Coverage* includes:

- Physician Services
- Outpatient and Inpatient Hospital Care
- Prescription Drug Services
- Wellness Programs and Immunizations
- X-Ray and Laboratory Test
- Emergency Care, Mental Health, Alcohol and Substance Abuse Services
- Short Term Therapeutic Services
- Diabetic Supplies, Education, and Supplements
- Dental, Vision, Hearing

* Coverage is subject to change

Service Areas Include:

Albany, Bronx, Columbia, Dutchess, Greene, Kings (Brooklyn), New York (Manhattan), Orange, Queens, Rensselaer, Rockland, Sullivan and Ulster

* Service Areas are subject to change

Family Health Plus WellCare has a contract with the NY State Department of Health to provide coverage for Family Health Plus. Family Health Plus offers health coverage to adults who do not have private insurance, but have incomes too high to qualify for Medicaid

Coverage* includes:

- Physician Services
- Outpatient and Inpatient Hospital Care
- Prescription Drug Services
- Wellness Programs and Immunizations
- X-Ray and Laboratory Testing
- Emergency Care, Mental Health, Alcohol and Substance Abuse Services
- Short Term Therapeutic Services
- Diabetic Supplies, Education, and Supplements
- Dental, Vision, Hearing

* Coverage is subject to change

Service Areas Include:

Albany, Bronx, Columbia, Dutchess, Greene, Kings (Brooklyn), New York (Manhattan), Queens, Rensselaer, Rockland and Ulster

* Service Areas are subject to change

As of September 1, 2005, the State has implemented copays for some services (see Appendix 1).

New State Mandated Family Health Plus Co-Payments

Dear Provider:

Effective 9/1/05, Family Health Plus (FHPlus) enrollees will be responsible for making co-payments for certain medical care and services, as outlined below. WellCare will implement these New York State mandated FHPlus co-payments which providers will be responsible for collecting from patients.

Note: FHPlus has no annual cap on co-payments, other than for dental services (see chart below).

SERVICE	AMOUNT	DETAILS ABOUT CO-PAY	NO CO-PAYMENT FOR THESE SERVICES
Physician Visits	\$5.00	Co-pay for each non-emergency visit.	Emergency services
Clinic Visits	\$5.00	Outpatient clinics in hospitals or freestanding clinics such as Community Health Centers	Mental Health Clinics, Family Planning/Prenatal Services, Chemical Dependence Clinics, MR/DD Clinics
Brand Name Prescription Drugs	\$6.00	One co-payment for <i>each</i> new prescription and for each refill	Drugs to treat mental illness (psychotropics), Birth Control, Tuberculosis Drugs
Generic Prescription Drugs	\$3.00	One co-payment for <i>each</i> new prescription and for each refill	Drugs to treat mental illness (psychotropics), Birth Control, Tuberculosis Drugs
Over-the-Counter Medications (OTC)	\$0.50	Covered OTCs-Smoking cessation (eg: patches, gum), insulin	No other OTCs are covered by FHPlus
Medical Supplies	\$1.00	Covered supplies – diabetic supplies (eg: test strips, glucose monitor, lancets, syringes) enteral formulae and hearing aid batteries	No other supplies are covered by FHPlus
Lab Tests	\$0.50	One co-payment for each laboratory test	Pregnancy or prenatal tests, laboratory services related to emergencies
Radiology Services	\$1.00	Radiology services, including diagnostic radiology, ultrasound, nuclear medicine and radiation oncology services	Radiology services related to emergencies
Inpatient Hospital Stay	\$25.00	One \$25 co-payment for each hospitalization of any length involving at least one overnight stay	Hospital stays for childbirth, miscarriage, family planning services, prenatal care or an emergency condition
Emergency Room	\$3.00	Only for non-urgent or non-emergency services	Urgent or emergency services
Dental Visits	\$5.00	Co-pay for each non-emergency visit, but only up to \$25 a year	Emergency services, non-emergency visits once the \$25 cap has been met

The following people are exempt from making co-payments:

- **People who state they cannot afford to pay. Health care providers have an obligation to provide services regardless of the patient's ability to pay co-payments.**
- People under 21 years of age.
- Pregnant women are exempt during pregnancy and for the two months after the month in which the pregnancy ends.
- People obtaining family planning services, including prescription birth control.
- Permanent residents of a Nursing Home or community based residential facility.
- Residents of an Intermediate Care Facility for the Developmentally Disabled (ICF/DD). Residents of an Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD) certified Community Residence.

The New York Department of Health will publish an article regarding the new FHP Co-Pays in an upcoming issue of the Medicaid Update. If you have any questions please contact your Provider Relations Representative.