



Accessing Your Wellcare Prime by Absolute Total Care (Medicare-Medicaid Plan) Member Handbook

Your Wellcare Prime Member Handbook is a valuable tool to help you understand your **benefits** and **rights** as a member of our plan. It also provides information on **who to contact** for different issues.

How to Get a Copy of the Member Handbook

You can access your Member Handbook in a few ways:

- If you have access to the internet, you can visit this webpage:
mmp.absolutetotalcare.com/benefits/member-handbook.html
- If you want the Member Handbook to be mailed to you, call: **1-855-735-4398 (TTY: 711)** from 8 a.m. to 8 p.m., Monday through Friday and ask us to mail you a copy. After hours, on weekends and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.

If you request a mailed copy, you will receive it in approximately 7 days after you submit your request.

Please note: The Member Handbook for the following plan year will be available on the website or for mailing on October 15th.

What Important Information Is in Your Member Handbook

Below is a listing of some of the types of information you can get from your Member Handbook.

1. Getting started as a member

- What to expect when you first join a health plan

2. Important phone numbers and resources

- Contacts for billing questions, coverage decisions, appeals about your health care
- How to contact your assigned care coordinator
- How to contact the Nurse Advice Call Line, which is available 24 hours a day, 7 days a week by calling **1-855-735-4398 (TTY: 711)**.

3. Using the plan's coverage for your health care and other covered services

- How to get your health care, behavioral health, and long-term services and supports covered by the plan
- How to choose your primary care provider (PCP)
- How to get care from specialists, other network providers and out-of-network providers
- How to get covered services when you have a medical emergency or urgent need for care
- What to do if your provider bills you for services

4. Benefits Chart

- Description of services and items our plan covers, along with:
 - Any costs
 - Any requirements for a referral from your PCP or a prior authorization from our plan before you get the service or item
- Long term services and supports that our plan pays for (such as personal care and Personal Emergency Response System)
- Benefits covered outside of our plan but are available through Medicare

5. Getting your outpatient prescription drugs through the plan

- Getting your prescriptions filled, including using mail-order services
- What is on the Drug List (also known as the List of Covered Drugs)
- Limits on coverage for some drugs and why your drug might not be covered
- How to ask for a temporary supply

6. What you pay for your Medicare and Healthy Connections Medicaid prescription drugs

7. Asking us to pay our share of a bill you have gotten for covered services or drugs

- When you can ask us to pay for your services or drugs
- How and where to send us your request for payment

8. Your rights and responsibilities

- You have a right to get information in a way that meets your needs (for example, in other languages or in formats such as large print, braille or audio)
- We must treat you with respect, fairness and dignity at all times
- We must protect your personal health information
- You have the right to leave the plan at any time
- You have the right to make complaints and to ask us to reconsider our decisions

9. What to do if you have a problem or complaint (coverage decisions, appeals, complaints)

- What to do if you have a problem and who can you call for help. For example:
 - Problems about services, items and drugs
 - Asking us to cover a longer hospital stay
 - If you think your home health care, skilled nursing care, or Comprehensive Outpatient Rehabilitation Facility (CORF) services are ending too soon
- How to make a complaint

10. Ending your membership in our Medicare-Medicaid Plan

- How do you end your membership in our plan?
- If you leave our plan and you do not want a different Medicare-Medicaid Plan, how do you get Medicare and Healthy Connections Medicaid services

11. Legal Notices

12. Definitions of important words

Wellcare Prime by Absolute Total Care (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and South Carolina Healthy Connections Medicaid to provide benefits of both programs to enrollees.

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-855-735-4398 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-735-4398 (TTY: 711) de 8 a.m. a 8 p.m., de lunes a viernes. Luego del horario de atención, los fines de semana y los días feriados federales, es posible que se le pida que deje un mensaje. Le devolveremos la llamada el próximo día hábil. La llamada es gratuita.

Out-of-network/non-contracted providers are under no obligation to treat Wellcare Prime members, except in emergency situations. Please call our Member Services number or see your Member Handbook for more information, including the cost-sharing that applies to out-of-network services.

Notice of Non-Discrimination. Absolute Total Care (Medicare-Medicaid Plan) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Absolute Total Care does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Absolute Total Care: → Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
→ Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Absolute Total Care's Member Services at 1-855-735-4398 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.

If you believe that Absolute Total Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; Absolute Total Care's Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, (TDD: 1-800-537-7697).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Services

ATTENTION: If you do not speak English, language assistance services are available to you, free of charge. Call 1-855-735-4398 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-735-4398 (TTY: 711).

ملحوظة: إذا كنت لا تجيد التحدث باللغة الإنجليزية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-735-4398 (رقم هاتف الصم والبكم: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-735-4398 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-735-4398 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-735-4398 (TTY: 711).

ATENÇÃO: Se você fala português do Brasil, os serviços de assistência em sua língua estão disponíveis para você de forma gratuita. Chame 1-855-735-4398 (TTY: 711).

注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請電 1-855-735-4398 (TTY: 711)。

RUAHSAKNAK: Mirang ttong hmang nan um silen, Mirang ttong thawn pehpar aw in a lak in bawm nak a um. Himi ah in contact thei asi: 1-855-735-4398 (TTY: 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-735-4398 (TTY: 711) पर कॉल करें।

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-735-4398 (TTY: 711) 번으로 전화해 주십시오.

THEIHTERNAK: Mirang holh a thiammi na si ahcun, holh lei kongkau bawmchanh khawhnak a lak in nangmah caah a um. Hika hin au hna 1-855-735-4398 (TTY: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-735-4398 (ATS : 711).

ဟံသျှ်ဟံသးဘၣ်တက့ၢ်-ဖဲန့ၣ်တကတိၤအဲးကလံးအကျိၣ်ဘၣ်န့ၣ်,ကျိၣ်အတၢ်ဆိၣ်ထွဲမၤစၢၤအတၢ်ဖဲတၢ်မၤတဖၣ်အိၣ်ဝဲဒၣ်လၢနဂီၢ်လၢတလိၣ် ဟ့ၣ်အပူၤဘၣ်န့ၣ်လီၤ.ကိးဘၣ် 1-855-735-4398 (TTY: 711) တက့ၢ်.

ማሳሰቢያ:- ከማርች 1 ማይ 2020 ለሆነ የቋንቋ እገዛ አገልግሎቶች ያለ ምንም ክፍያ ለእርስዎ ሊሰጡ ይችላሉ። ወደ 1-855-735-4398 (TTY: 711) ይደውሉ።

သတိပြုရန်။ သင် မြန်မာစကားပြောပါက အခမဲ့ ဘာသာပြန် ဝန်ဆောင်မှုကို ရရှိနိုင်သည်။ 1-855-735-4398 (TTY: 711) ကိုခေါ်ပါ။