

Get Greater Doctor and Hospital Choices



WITH A WELLCARE BY 'OHANA HEALTH PLAN PPO PLAN

Choose a Wellcare By 'Ohana Health Plan Preferred Provider Organization (PPO) Medicare Advantage Plan! We now offer PPO plans in your area with Part A, B, and Part D coverage and additional benefits.



More Choices!

PPOs (unlike HMOs) don't limit you to seeing only doctors, hospitals, and specialists in the plan's network. PPO plans give you the flexibility to:

- Get services from providers outside our network.
- Have a portion of your claim covered by the plan for medically necessary services.



What are the Benefits?

- You can choose to see providers both in and out of network.
- You get access to a larger pool of providers — primary care providers, specialists, and hospitals.
- Unlike HMOs, PPOs do not require referrals and prior authorization for out-of-network providers, although it is highly encouraged that you ask for a pre-service evaluation before you get services.
- You have more control over which medical facilities will serve your healthcare needs.



How Does a PPO Work?

- You must select a primary care provider (PCP) when you enroll.
- You are encouraged to use an in-network PCP, but you're not required to.
- You can have long-standing patient/provider relationships through our large network of providers.



What About Referrals and Authorizations?

- You do not need a referral to see a specialist.
- You do not need a referral or prior authorization to see out-of-network providers.
- In-network providers must get prior authorization for specific services to make sure they are medically necessary before performing the service.
- You do not have to pay when in-network providers perform services without getting prior authorization for certain covered services.
- If you see an out-of-network provider for services, those services must be covered by the plan and considered medically necessary for the plan to pay a portion of the claim.
- When you go to an out-of-network provider, please ask for a pre-service evaluation. This is to make sure services are medically necessary.
- We will review services on our medical necessity list after you get a service, if a pre-service evaluation is not on file. You may be asked to assist in collection of medical records, or required documentation from the non-participating provider, if a pre-service evaluation is not on file.
- You must pay for non-covered services and covered services you get from out-of-network providers that do not meet medical necessity.



Paying for Services and Filing a Claim

- With the exception of emergency care, out-of-network providers rendering services must be eligible to participate in the Medicare program.
- As with all PPO plans, out-of-network providers are not obligated to see our members.
- Fill out a claim form. You can download a copy at www.wellcare.com/Claim or call Member Services. The phone number is on the back of your member ID card. We are here from 8 a.m. to 8 p.m. 7 days a week between October 1 and March 31, and from 8 a.m. to 8 p.m. Monday through Friday between April 1 and September 30.
- Include your bill and documentation of any payment you have made. Keep a copy for your records.
- Submit your claim within 365 days of the date you received the service, item, or drug.
- If you have additional information about a request you have already sent, please call Member Services at the phone number on the back of your member ID card. Also, contact us if you don't know what you should have paid or if you receive bills and don't know what to do.



**We're in this together and look forward to
serving as your partner in quality care!**

Wellcare is the Medicare brand for Centene Corporation, an HMO, PPO, PFFS, PDP plan with a Medicare contract and is an approved Part D Sponsor. Our D-SNP plans have a contract with the state Medicaid program. Enrollment in our plans depends on contract renewal.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

