

What's Medicare

Medicare is health insurance for:

- People 65 or older
- Certain people under 65 with disabilities
- People of any age with end-stage renal disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant)

What are the different parts of Medicare?

Original Medicare is a fee-for-service health plan that has two parts: Part A (Hospital Insurance) and Part B (Medical Insurance).

Medicare Part **A**

(Hospital Insurance) helps cover:

- Inpatient care in a hospital
- Skilled nursing facility care
- Hospice care
- Home healthcare

You usually don't pay a monthly premium for Part A coverage if you or your spouse paid Medicare taxes while working for a certain amount of time. This is sometimes called premium-free Part A. If you aren't eligible for premium-free Part A, you may be able to buy Part A.

Medicare Part **B**

(Medical Insurance) helps cover:

Services from doctors and other healthcare providers

- Outpatient care
- Home healthcare
- Durable medical equipment (DME)
- Many preventive services

Most people pay the standard monthly Part B premium.

Note: Original Medicare pays for much – but not all – of the cost for healthcare services and supplies. Medicare Supplement Insurance policies, sold by private companies, can help pay some of the remaining healthcare costs, like co-payments, coinsurance and deductibles. Medicare Supplement Insurance policies are also called Medigap policies.

Medicare Part **C**

(Medicare Advantage):

- Includes all benefits and services covered under Part A and Part B
- Usually includes Medicare prescription drug coverage (Part D) as part of the plan
- Run by Medicare-approved private insurance companies that follow rules set by Medicare
- Plans have a yearly limit on out-of-pocket costs for medical services
- May include extra benefits and services that aren't covered by Original Medicare, sometimes for an extra cost

Medicare Part **D**

(Medicare prescription drug coverage):

- Helps cover the cost of prescription drugs
- Run by Medicare-approved drug plans that follow rules set by Medicare
- May help lower prescription drug costs and help protect against higher costs in the future

Note: Beneficiaries with limited income and resources may qualify for help to pay for some healthcare and prescription drug costs. More information on programs that can help pay for healthcare costs is available at [Medicare.gov](https://www.medicare.gov), or by calling **1-800-MEDICARE (1-800-633-4227)**. TTY users may call **1-877-486-2048**.

Quality care is a team effort.
Thank you for playing a starring role!





2019 New Benefits, Services & Products

With the new year upon us, we wanted to give our Providers a heads-up about some of the global changes we made to our benefits, services and products for 2019. This is a high-level overview highlighting some of the enhancements your patients – our members – can expect. Of course, there are numerous changes that vary by plan and by location, so not everything is covered here. We do send each member an Annual Notice of Changes (ANOC), which outlines specific year-over-year changes affecting their specific plan. Here are some overviews of the added or expanded benefits.

Preventive diagnostic services*

Mammograms (now including diagnostic) and DEXA scans now offered at \$0 for all plans.

Enhanced Part D Benefits for 2019 include:

- WellCare now offers members a 90-day supply of Tier 1 & 2 medicines for \$0 and a co-pay 2 times a 30-day supply for Tier 3 & 4 drugs when applicable through CVS/Caremark, our preferred medication home delivery service.
- Streamlined number of formularies.
- Options for coverage in the gap (“donut hole”) on certain plans.

New or enhanced ancillary benefits for 2019 include:



In-Home Meals*

Many plans now offer expanded meal benefits and home-delivered meals immediately following an inpatient hospital stay to aid in a member’s recovery. Post-acute meals have up to a 14-day benefit duration with a maximum of 10 meals. Certain plans also offer home-delivered meals as part of a supervised program designed to transition members with chronic conditions to lifestyle modifications.





In-Home Support Services*

Many plans now offer In-Home Support Services. Members who meet clinical criteria have access to In-Home Support services, including light cleaning, household chores and meal preparation.



TruHearing*

New hearing aid vendor with new co-pay structures toward the purchase of TruHearing-branded hearing aids available on certain plans.



Rolling Over-the-Counter (OTC)*

New over-the-counter (OTC) options on select plans allow members to carry over allowances to the next month/quarter offered on select plans.



Telehealth*

Pilot Telehealth supplemental benefit (*acute & behavioral health virtual visits*) on select plans.

Local PPO Plans (in some markets)

For members seeking network flexibility.

2019 Enrollment Changes – Special Enrollment Period (SEP)

Members covered by both Medicare and Medicaid and members who qualify for low income subsidy (LIS) but do not receive Medicaid benefits may enroll in or make a change to their Medicare Advantage (MA) or prescription drug plan (PDP) plan during a Special Enrollment Period in these situations:

- Once during each of the first three quarters of the year
- Within three months of a change in eligibility status
- Within three months of an automatic assignment into a plan or the effective date of such an assignment (whichever is later)



Before this new change, dual eligible and other LIS-eligible members had an SEP that allowed them to change plans at any time (every month). This new rule limits that frequency to AEP and once per quarter from January through September. These changes apply to any dual or LIS beneficiary, not just those enrolled in a DSNP plan.

*Full details and eligibility requirements of all benefits, services and products are provided in the member's Evidence of Coverage.

WellCare's Footprint

The WellCare product portfolio meets the needs of a broad member population:

- 180 unique plans – *up from 120 in 2018*
- 99 Traditional Medicare Advantage (TMA) Plans (*Health Maintenance Organization (HMO) and HMO Point of Service (POS)*)
- 38 Dual Special Needs Plans (DSNPs)
- 32 Preferred Provider Organizations (PPOs)
- 12 Private Fee-for-Service (PFFS)
- 3 Chronic Special Needs Plans (CSNPs)



About WellCare

A group of physicians started WellCare Health Plans, Inc., in 1985. Since then, our company has focused on providing government-sponsored managed care services to families, children, seniors and individuals with complex medical needs primarily through Medicaid, Medicare Advantage and Medicare Prescription Drug Plans. In 2018, WellCare was honored as a 2018 *Fortune* Most Admired Company.

We're here to help!

We have many self-service tools available to assist you. Please visit www.wellcare.com/providers for our online tools and resources. If you need additional assistance, click on the Chat feature. This gives you quick and easy access to a dedicated and knowledgeable associate ready to help! As always, your Provider Relations representative is also available to assist, as well.

If you are not registered for our new Provider Web Portal, please click on Login/Register above and follow the instructions to register now. As always, we thank you for your continued partnership and the quality service and care you provide to our members.

Join the Conversation on Social Media

Join our digital and social communities for up-to-date information on how we're working with you and others to help our members live better, healthier lives.

