

## NOTICE OF PRIVACY PRACTICES

*Effective Date: April 14, 2003*

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW THIS NOTICE CAREFULLY. AS A VALUED MEMBER OF OUR HEALTH PLAN, WE WANT YOU TO BE ASSURED OF OUR COMMITMENT TO PROTECTING YOUR CONFIDENTIAL PATIENT INFORMATION.**

**IF YOU HAVE ANY QUESTIONS OR CONCERNS, PLEASE CALL THE TOLL-FREE PHONE NUMBER ON YOUR MEMBERSHIP CARD AND A MEMBER SERVICES ASSOCIATE WILL ASSIST YOU.**

### **1. Why have we provided this notice to you?**

This notice explains our corporate privacy practices applicable to you, a valued member, of our Health Plan<sup>‡</sup>. This notice describes how medical information about you may be disclosed and used and how you can obtain access to this information. This notice is provided to you for information purposes only.

### **2. The Health Plan has a legal duty to protect your Protected Health Information.**

We appreciate the confidence and trust that you have bestowed upon us. Your privacy is very important to us, and we take this duty seriously. It is our legal responsibility to protect the privacy of the health information that we collect, disclose and use. We refer to this information as "Protected Health Information" or "PHI" for short.

PHI includes information that can be used to identify you and has been created or received about your past, present or future health or condition, the provision of health care to you, or the payment for this health care. PHI does not apply to information that is publicly available.

The Health Plan provides this notice for you in accordance with applicable law about our privacy practices so that you can understand how, why and when we obtain, use and disclose your PHI. We obtain PHI for the purpose of the management of our health benefit plans. The Health Plan requires access to PHI to be restricted to those associates who need it to perform the duties required to provide services to you and all of our members. In order to accomplish the purpose of the disclosure or use of your PHI, we may not disclose or use any more of your PHI than what is necessary to accomplish the purpose of the disclosure or its use.

To avoid unauthorized access and use of your PHI, the Health Plan has in place procedural, physical, and electronic safety measures.

<sup>‡</sup> The Health Plan is owned by WellCare Health Plans, Inc. and is a member of The WellCare Group of Companies, which includes the following: Well Care HMO, Inc., HealthEase of Florida, Inc., WellCare of New York, Inc., FirstChoice Health Plans of Connecticut, Inc., The WellCare Management Group, Inc., Comprehensive Health Management, Inc., WellCare Behavioral Health, Inc., Comprehensive Health Management of Florida, L.C., WellCare of Louisiana, Inc., Harmony Health Systems, Inc., Harmony Health Plan of Illinois, Inc., and Harmony Health Management, Inc.

We have a designated Privacy Officer and a Chief Compliance Officer who are responsible for the development, supervision, implementation, enforcement, and training of our workforce on policies and procedures with respect to the safeguarding of PHI from inappropriate disclosure, access and use as required by relevant law. These measurements that we use include restricted access for associates within our physical locations and various technical apparatus to protect PHI we store and use electronically.

In addition, your state where you enrolled in our health benefit plan may afford you additional privacy protection.

### **3. Who receives this notice and when.**

The Health Plan will provide this notice to all of our members at the time of enrollment. We will communicate to all affected individuals, at least once every three years, that this privacy notice is available together with instructions on how copies of this notice may be obtained.

### **4. The Health Plan collects various kinds of personal information about you.**

The various types of PHI we collect on each of our members are similar to what other high quality health plans collect. This information will include, but is not limited to: (i) the information that you provide to us or that we receive from regulatory authorities, your employer or benefits plan sponsor on an application or any other form, in person or in writing, electronically or by telephone (such as your name, address, social security number, date of birth, dependent information, marital status, health or medical history, employment information and other insurance carrier history); and (ii) your contact and affiliation in any form with any of our agents, business partners, the Health Plan or any other party (such as medical records, health care claims, premium payments, verification of your eligibility, appeal and grievance information, information to process requests for health care authorizations and enrollment applications).

### **5. The Health Plan wants you to know the importance of why we disclose and use your PHI.**

In the next two sections we outline activities that play the most vital role in our day-to-day management and which are similar to the operations of other high quality health plans. As permitted by law or unless stated elsewhere, we disclose and use PHI as outlined in the sections below.

The Health Plan offers programs to improve the health of our members, such as our disease management program, which assists our members to partner with their treating physicians to effectively manage chronic conditions like asthma and diabetes. We also offer outreach programs, which are designed to educate our members on how to use the health plan and what services are available to them. Additionally, we use quality investigative measurements to enable us to evaluate, expand and improve the types of services we offer to our members.

The Health Plan will seek your authorization before using or disclosing your PHI if we seek to offer unsolicited marketing resources to you for a purpose that is not related to your health benefits or health condition.

## **6. How the Health Plan discloses and uses your PHI.**

A. We disclose and use your PHI for many reasons. For some of these disclosures or uses, we need your specific authorization. The following list describes the most common disclosures and uses that the Health Plan and its business partners may make that are permitted by law.

- In cases where it is necessary for the daily operations of the Health Plan, the treatment and care of a member, or other similar activities of the Health Plan.
- To employers who sponsor self-funded health plans, government authorities, and their respective agents, consultants, as well as other insurance companies. In accordance with applicable laws, each of these entities are required to also keep your PHI confidential.
- To other sponsors of health plans for eligibility and enrollment purposes and in accordance with applicable federal and state laws. In accordance with applicable laws, each of these entities is also required to keep your PHI confidential.
- The Health Plan uses PHI internally and shares PHI among affiliated companies commonly owned together with the Health Plan; we share it with our business partners and disclose it to health care providers (such as hospitals, skilled nursing facilities, doctors, and other caretakers); third party administrators; and payors such as health care provider organizations, and other financial partners whom may be responsible for payment for the services or benefits you receive under your health plan. In accordance with applicable laws, each of these entities is also required to keep your PHI confidential.

B. In certain situations, the Health Plan will require a specific authorization before we disclose or use PHI. When these types of cases arise and the member is not able to provide the authorization, we will accept an authorization from a person who is legally authorized to act on behalf of the member (for example, in the situation where a member is incapacitated due to a health condition).

## **7. When and why we may disclose and collect your PHI from a third party.**

The Health Plan has provided the following list to illustrate a few of the reasons why we may disclose your PHI to a third party and what we do with the collected information.

We may disclose to a third party and collect from a third party information about you:

- In a case when a disclosure is required by federal, state or local law, judicial proceedings, or law enforcement officials. For example, we make disclosures to law enforcement officials when a law requires that we report information to government agencies. We may also disclose PHI to law enforcement officials when we are ordered to do so by a judicial or administrative proceeding. In addition, we may also disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.
- To agencies seeking that information including the government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws. The Health Plan, to the extent allowed by law, may disclose PHI to related entities or unrelated third parties.
- For the relocation of policies or contracts from and to other insurers, HMO's or third party administrators; and facilitation of due diligence activities in connection with the sale, transfer or purchase of health benefits plans or other corporate assets.
- To perform statistics and management data gathering.

- For preventative health processing, disease and case management programs that are offered by the Health Plan and programs by our business partners; the Health Plan or its business partners may perform health and risk assessments; contact and recognize members who may benefit from participation in disease or case management programs; send applicable information to those members and their providers who enroll in the programs, and send out provider and member announcements or screening reminders and education resources.
- For performing mandatory licensing, regulatory compliance/reporting, and public health activities; quality improvement and assessment actions (such as credentialing and peer review of participating network and preferred providers); accreditation by the Accreditation Association for Ambulatory Health Care, Inc. or other relevant organizations; and other activities as listed below.
- To conduct research of health services, performance outcome/measurement and health claims analysis and reporting.
- To accomplish the management of the Health Plan's business activities related to contract administration or the administration of health benefits policies which may involve claims administration and payment, coordination of benefits, coordination of care and other services; utilization, management and review, medical necessity review, response to the members request for services or inquiries; construction of attractiveness of the products offered by us; performance of grievance, external review programs and appeals; programs and benefits breakdown and reporting; fulfillment; fraud investigation and detection of other unauthorized conduct; reinsurance management and stop loss or excess insurance policies and synchronization with reinsurance and stop loss or excess insurers; risk management, actuary and underwriting.

#### **8. The Health Plan's terminated members and their PHI.**

We do not destroy the PHI of members who have terminated from the health plan and their PHI continues to be kept private, subject to the same safeguards, policies and procedures as the PHI of active members. The reasons for not destroying the PHI of terminated members include, but are not limited to, (i) legal requirements, which require us to maintain the information; (ii) the information is useful to the health plan; and (iii) other reasons as outlined under the sections of this notice.

#### **9. How you can request other disclosures of your PHI.**

A. A member can authorize the Health Plan to disclose his or her PHI to third parties. A member may authorize us to disclose his or her PHI for reasons that we have not described in the sections listed above.

B. To authorize the Health Plan to perform this request, the member may contact a member services associate by calling the telephone number listed on their membership card and asking for a authorization form to release their PHI. Once you receive the authorization form, provide all of the information on the form and mail it back to us at the following address:

WellCare Health Plans, Inc.  
Attention: Member Services re: Authorizations/PHI  
6800 N. Dale Mabry Highway  
Suite 168

Tampa, FL 33614

C. At anytime, if you choose to change the authorization from that is on file with us, send us a written notification that you would like to revoke or change the authorization for the person or organization on file with the Health Plan. Be sure to include your printed name, member identification number and sign and date your notification to us.

D. If you want to have access to PHI about yourself, you should contact your provider that created your health records or health history. Your provider may be your dentist, medical treating primary care doctor, specialist, hospital, pharmacy or other health care giver. These providers will have the most complete history for you since they directly treated you. The Health Plan's participating providers (those providers who are participating in our network) are required to provide copies of your medical records to you upon your request. Please be aware that health care providers may charge applicable fees to cover administration costs.

E. You may contact the Health Plan and request from us specific documents that contain information that your providers send to us when they submit encounters or claims to us for payment. Under federal law, however, you may not inspect or have copies of the information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding, and certain PHI is subject to legal restrictions that prohibits your access. Depending on the circumstances, a decision to deny access to your PHI may be reviewable. The Health Plan, where allowed by law, will request that you pay a \$10 administration fee to help cover our costs in the processing of your request.

- If you choose to have a copy of the encounter/claims documents that we maintain on you and your covered dependents, please send a written request to:

WellCare Health Plans, Inc.  
Attention: Claims Manager - Request for Claims/Encounter PHI  
6800 N. Dale Mabry Highway  
Suite 168  
Tampa, FL 33614

- In your written request, please include a statement entitled, Request for Claims/Encounter PHI, and include the member's name, member identification number, address, and date of birth for each person whose PHI is requested. In addition, please include a money order, payable to WellCare Health Plans, Inc., for \$10.00 per person for whom the information is requested.
- Each member must print his or her name, and sign and date each request.
- If you are a member who has dependents, each dependent that is 18 years or older must also sign and date each request.
- Please call the toll-free phone number on your membership card and a member services associate will assist you with any questions.

F. If you believe that the information contained in your medical records is not complete or not correct, we ask that you directly contact your health care provider that was responsible for the treatment or provided the service in question. You may have the right to have your physician amend your protected health information.

G. If the Health Plan's records are found to be the source of a proven error, we will amend the records accordingly. Please call the toll-free phone number on your membership card and a member services associate will assist you. We cannot amend or correct any records maintained by a third party or your provider of service.

**10. How can you file a complaint if you feel your privacy rights haven been violated?**

If you believe this policy has been violated with respect to information about you or your covered dependents and you wish to file a complaint with us, it may be done either verbally or in writing. If you wish to write to us, please follow the grievance procedures received in your health plan documents. If you call us, please call the toll-free phone number on your membership card and a member services associate will assist you. You may also file a complaint with the U. S. Health and Human Services Office for Civil Rights (OCR). **We will not retaliate against you for filing a complaint.**

**11. This notice to you and our privacy policies are subject to further change.**

We are required by law to follow the privacy practices that are described in this notice. ***However, we reserve the right to change the terms of this notice and our privacy practices at any time. Any changes to our policies and procedures will apply to the PHI we already have in our possession.*** If we make material change to our policies and procedures about your PHI, we will update this notice, post a new notice on our web site at <http://www.wellcare.com> and, to the extent required by applicable law, promptly mail a notice of the changes to you.