

Allwell from Western Sky Community Care HMO Plans Provider & Pharmacy Introductory Documentation

PROVIDERS

This website will offer the most up-to-date information about Allwell network providers in your area. If you have further questions please call our Member Services Department at 1-833-543-0246. From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays. TTY users should call 711.

Every member of this plan must choose a Primary Care Provider (PCP), and you should use the Find a Doctor or Pharmacy application to select a PCP. All PCPs are listed in this Find a Doctor or Pharmacy tool under the heading “Primary Care Providers.” A PCP is a family practice physician, a general practitioner, a primary care clinic, or internal medicine physician practicing as a primary care provider. A PCP is your medical home and our partner in meeting your health care needs. Your PCP provides the care he/she is qualified to provide and makes referrals to network specialists and other providers when your health condition requires the services of other providers. In some cases, your PCP will obtain prior authorization for services that require authorization; in other cases, the specialist or other provider will obtain prior authorization for services he/she will provide. Every member of this plan must choose a Primary Care Provider (PCP), and you should use the Find a Doctor or Pharmacy application to select a PCP.

If you receive a bill for the full cost from an out-of-network provider, you should not pay the bill. Submit the bill to this plan so we can process the bill to determine your responsibility, if any. The address to submit the bill is located on your membership card.

You can get urgently needed care from in-network or out-of-network providers without prior approval when network providers are temporarily unavailable or inaccessible. Kidney dialysis services that you get at a Medicare-certified dialysis facility when you are temporarily outside the plan’s service area do not need prior approval.

Emergency services from network providers or out-of-network providers do not require prior approval. You may get covered emergency medical care whenever you need it, anywhere in the United States and its territories. The doctors who are giving you emergency care will decide when your condition is stable and the medical emergency is over. After the medical emergency is over, you are entitled to follow-up care to be sure your condition continues to be stable. The provider(s) must call this plan when care is needed beyond the emergency as services may require prior authorization. The hospital should call your PCP as soon as possible. This lets your PCP know that you have received care and allow your PCP to coordinate your care. It is important that you contact your PCP and us within 24 hours of your discharge. Follow-up care is important to your health. If the hospital admits you, please make sure this plan is contacted within 24 hours.

What is the service area for Allwell from Western Sky Community Care?

The counties in our service area are listed below.

Allwell Medicare Boost: Bernalillo, Dona Ana, Sandoval and Santa Fe

Allwell Medicare Complement: Bernalillo, Dona Ana, Sandoval and Santa Fe

Allwell Medicare: Bernalillo, Dona Ana, Sandoval and Santa Fe

Allwell Medicare Simple*: Bernalillo, Dona Ana, Sandoval and Santa Fe

How do you find Allwell from Western Sky Community Care providers in your area?

The Find a Doctor or Pharmacy application is organized by provider type, county, and city. Look for the type of provider first (for example, PCP, cardiologist, etc.), then look for your county and city to find a provider close to your home.

If you have questions about Allwell or require assistance in selecting a PCP, please call our Member Services Department at 1-833-543-0246. From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays. TTY users should call 711.

PHARMACY

To get a complete description of your prescription coverage, including how to fill your prescriptions, please review the *Evidence of Coverage* and Allwell's formulary.

We call the pharmacies on this list our "network pharmacies" because we have made arrangements with them to provide prescription drugs to Plan members. In most cases, your prescriptions are covered under Allwell only if they are filled at a network pharmacy or through our mail order pharmacy service. Once you go to one pharmacy, you are not required to continue going to the same pharmacy to fill your prescription but can switch to any other of our network pharmacies. We will fill prescriptions at non-network pharmacies under certain circumstances as described in our *Evidence of Coverage*.

The website will offer the most up-to-date list of pharmacies. You may also call Member Services for updated Pharmacy information.

You can get prescription drugs shipped to your home through our network mail order delivery service. For more information, please contact us at the number below.

For information on more pharmacies in our plan network, please call our Member Services Department at 1-833-543-0246. From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays. TTY users should call 711.

If you have questions about any of the above, including for instructions on how to submit claims for prescriptions that you had to fill at a non-network pharmacy, please contact Member Services at the number above.

The provider and pharmacy network may change at any time. Please contact Member Services at the number above for more information.

**This plan does not include Part D prescription drug coverage.*