**[STANDARD MEMBER HANDBOOK LANGUAGE FOR BADGERCARE PLUS AND MEDICAID SSI]**

**Interpreter Services**

[Note to HMO: The Member Handbook must contain taglines of prevalent non-English languages spoken by members as well as large print, explaining that written translation or oral interpretation of the document is available to the member free of charge. Sample taglines are provided at:

<https://www.dhs.wisconsin.gov/publications/p02057.docx>]

*[Insert applicable non-English taglines here.]*

[Note to HMO: The Member Handbook must also include a large print tagline with information on how to request auxiliary aids and services, including the provision of the materials in alternative formats.]

*[Name of HMO program]*:

* Provides free aids and services to people with disabilities, such as:
  + Sign language interpreters
  + Written information in large print, audio, accessible electronic formats, other formats
* Offers free language services to people whose main language is not English, such as:
  + Interpreters
  + Information written in other languages

If you need these services, contact *[Name of entity or of contact at HMO]* at *[800-xxx-xxxx]*.

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# IMPORTANT *[HMO PROGRAM NAME]* PHONE NUMBERS

1. **How to Contact *[HMO]* Customer Service**

Phone Number: 800-xxx-xxxx [Hours/Days Available]

TDD/TTY: 800-xxx-xxxx

**Call Customer Service for:**

* Questions about your *[HMO]* membership
* Questions about how to get care
* Help choosing a primary care physician or other provider
* Help getting a new *[HMO]* membership card
* Help getting a paper copy of the *[HMO]* provider directory
* If you get a bill for a service you did not agree to

Calls to this number are free. Free language interpreters are available for non-English speakers.

1. ***[HMO]* Member Advocate**

Phone Number: 800-xxx-xxxx [Hours/Days Available]

TDD/TTY: 800-xxx-xxxx

**Call the Member Advocate for:**

* Help solving problems with getting care
* Help with filing a complaint or grievance
* Help with requesting an appeal or review of a decision made by *[HMO]*

Calls to this number are free. Free language interpreters are available for non-English speakers.

1. ***[HMO]* Emergency Number**

Phone Number: 800-xxx-xxxx Call 24 hours a day, seven days a week

TDD/TTY: 800-xxx-xxxx

**Call this number if you need help after-hours or if you are not sure if you are experiencing a medical emergency.**

Calls to this number are free. Free language interpreters are available for non-English speakers.

**If you are having an emergency, call 911**

# OTHER IMPORTANT PHONE NUMBERS

1. **ForwardHealth Member Services**

Phone number: 800-362-3002 Hours: 8:00 a.m.–6:00 p.m., Monday–Friday

TDD/TTY:

Email: [memberservices@wisconsin.gov](mailto:memberservices@wisconsin.gov)

**Call ForwardHealth Customer Service for:**

* Questions about how to use your ForwardHealth card
* Questions about ForwardHealth services or providers
* Help with getting a new ForwardHealth card

1. **HMO Enrollment Specialist**

Phone number: 800-291-2002 Hours: 7:00 a.m.–6:00p.m., Monday–Friday

TDD/TTY:

**Call the HMO Enrollment Specialist for:**

* General information about health maintenance organizations (HMOs) and managed care
* Help with disenrollment or exemption from *[HMO]* or managed care
* If you move out of *[HMO]*’s service area

1. **State of Wisconsin HMO Ombuds Program**

An Ombuds is a person who provides neutral, private, and informal help with any questions or problems you have as an *[HMO]* member.

Phone number: 800-760-0001 Hours: 8:00 a.m.–4:30 p.m., Monday–Friday

TDD/TTY:

**Call the Ombuds Program for:**

* Help solving problems with the care or services you get from *[HMO]*
* Help understanding your member rights and responsibilities
* Help filing a grievance, complaint, or appeal of a decision made by *[HMO]*

1. **External Advocate (Medicaid SSI Only)**

Phone number: 800-708-3034 Hours: 8:30 a.m.–5:00 p.m., Monday–Friday

TDD/TTY:

**Call the Medicaid SSI External Advocate for:**

* Help solving problems with the care or services you get from *[HMO]*
* Help filing a complaint or grievance
* Help requesting an appeal or review of a decision made by *[HMO]*

# WELCOME TO *[HMO]*

Welcome to *[HMO Program Name].* *[HMO]* is a health plan that runs the *[BadgerCare Plus* *and/or Medicaid SSI]* program. BadgerCare Plus is a health care program. It helps low-income children, pregnant people, and adults in Wisconsin. Medicaid SSI is a program that helps people who have Supplemental Security Income (SSI) get health care. [Note to HMO: only include information related to the program(s) offered.]

This handbook can help you:

* Learn the basics of *[BadgerCare Plus and/or Medicaid SSI].*
* See the services covered by *[HMO]* and ForwardHealth.
* Know your rights and responsibilities.
* File a grievance or appeal if you have a problem or concern.

*[HMO]* will cover most of your health care needs. Wisconsin Medicaid will cover some others through ForwardHealth. See the *Services Covered by [HMO]* and *Services Covered by ForwardHealth* sections of this handbook for more information.

**Using Your *[HMO]* Membership Card** [Note to HMO: only include this section if you provide an ID card.]

You will use your *[HMO]* membership card to get care from doctors, clinics, and hospitals in the *[HMO]* provider network. This is the list of providers that *[HMO]* has contracts with to provide your health care services.

**Always carry your *[HMO]* card with you. Show it every time you get care.** You may have problems getting health care services if you don’t have your card with you. If your *[HMO]* card is lost, damaged, or stolen, please *[insert instructions here]*.

## **Using Your ForwardHealth Card**

You will get most of your health care through *[HMO]* providers. But, you may need to get some services using your ForwardHealth card.

Use your ForwardHealth card to get the health care services listed below:

* Behavioral (autism) treatment services
* Chiropractic services
* Crisis intervention services
* Community recovery services
* Comprehensive community services
* Dental services *[unless carved in to HMO, list counties as an exception if some are carved in]*
* Hub and spoke integrated recovery support health home services
* Medication therapy management
* Medications and pharmacy services
* Non-emergency medical transportation
* Prenatal care coordination
* Residential substance use disorder treatment
* School based services
* Targeted case management
* Tuberculosis-related services

Your ForwardHealth card is different from your *[HMO]* card. It is a plastic card with your name on it. It also has a 10-digit number and a magnetic stripe. Always carry your ForwardHealth card with you. Show it every time you go to the doctor or hospital and every time you get a prescription filled. You may have problems getting health care or prescriptions if you do not have your card with you. Also, bring any other health insurance cards you may have. This could include any ID card from *[HMO Program]* or other service providers.

If you have questions about how to use your ForwardHealth card or if your card is lost, damaged, or stolen, call ForwardHealth Member Services at 800-362-3002. To find a provider that accepts your Forward Health card:

1. Go to [www.forwardhealth.wi.gov](http://www.forwardhealth.wi.gov).
2. Click on the Members link or icon in the middle section of the page.
3. Scroll down and click on the Resources tab.
4. Click on the Find a Provider link.
5. Under Program, select BadgerCare/Medicaid.

Or, contact ForwardHealth Member Services at 800-362-3002.

## **Using the Provider Directory**

As a member of *[HMO],* you should get your health care from doctors and hospitals in the *[HMO]* network. See our provider directory for a list of these providers. Providers accepting new patients are called out in the provider directory.

The provider directory is a list of doctors, clinics, and hospitals that you can use to get health care services as a member of *[HMO].* *[HMO]* has the provider directory in different languages and formats. You can find the provider directory on our website at *[insert URL]*. For a paper copy of the provider directory, call our Customer Service Department at *[800-xxx-xxxx]*.

*[HMO]* providers are sensitive to the needs of many cultures. See the *[HMO]* provider directory for a list of providers with staff who speak certain languages or understand certain ethnic cultures or religious beliefs. The provider directory can also tell you about the accommodations that providers offer.

## **Choosing a Primary Care Provider**

When you need care, call your primary care provider (PCP) first. A primary care provider could be a doctor, nurse practitioner, physician assistant, or other provider that gives, directs, or helps you get health care services. You can choose a primary care provider from the *[HMO]* provider directory. Use the list of providers accepting new patients. If you are an American Indian or Alaska Native, you can choose to see an Indian Health Care Provider outside of our network.

**Call our Customer Service Department at *[800-xxx-xxxx]* to choose or change your primary care provider.** You can keep your current primary care provider if they are part of our provider network. Your primary care provider will help you decide if you need to see another doctor or specialist. They can give you a referral if needed. If you want to use a certain specialist or hospital, you’ll need a referral from your primary care provider. You’ll need to get approval from your primary care provider before you see another doctor.

You may see a women’s health specialist without a referral in addition to choosing a primary care provider. This could be an obstetrician and gynecologist (OB/GYN), nurse midwife, or licensed midwife.

## **New Member Discussion of Health Needs**

*[HMO]* will contact you by *[insert contact method]* to talk with you about your individual health needs and circumstances. You can ask about resources in your community or that are part of your new health plan that may be available to you. They can learn more about you and help you achieve your health goals. Call *[800-xxx-xxx]* to get started.

# GETTING THE CARE YOU NEED

## **Emergency Care**

Emergency care is care that is needed right away for an illness, injury, symptom, or condition that is very serious. Some examples are:

* Choking

**If you are having an emergency, call 911**

* Convulsions
* Prolonged or repeated seizures
* Serious broken bones
* Severe burns
* Severe pain
* Severe or unusual bleeding
* Suspected heart attack
* Suspected poisoning
* Suspected stroke
* Trouble breathing
* Unconsciousness

**If you need emergency care, get help as quickly as possible**. Try to go to a *[HMO Program Name]* hospital or emergency room for help if you can. If your condition cannot wait, go to the nearest provider (hospital, doctor, or clinic). **Call 911 or your local police or fire department emergency services if the emergency is very severe and you are unable to get to the nearest provider.**

If you must go to a non-*[HMO]* hospital or emergency room, you or someone else should call *[HMO]* at ***[800-xxx-xxxx]*** as soon as you can to tell us what happened.

You do not need *[HMO]*’s or your primary care provider’s approval before getting emergency care.

Remember, hospital emergency rooms are for true emergencies only. Unless your condition is very serious, call your doctor or our 24‑hour emergency number at *[800-xxx-xxxx]* before you go to the emergency room. If you do not know if your illness or injury is an emergency, call [Note to HMO: Insert applicable instructions here—call clinic, doctor, 24-hour number, nurse line, etc.]. We will tell you where you can get care. **You may have to pay a copayment if you go to an emergency room for care that is not an emergency.**

## **Urgent Care**

Urgent care is care for an illness, injury, or condition that needs medical help right away, but does not require emergency room care. Some examples are:

* Bruises
* Minor burns
* Minor cuts
* Most broken bones
* Most drug reactions
* Bleeding that is not severe
* Sprains

You must get urgent care from *[HMO]* providers unless you get our approval to see a non*-[HMO]* provider. Do not go to a hospital emergency room for urgent care unless you get approval from *[HMO]* first.

## **Specialty Care**

A specialist is a doctor who is an expert in an area of medicine. There are many kinds of specialists. Here are a few examples:

* Oncologists, who care for people with cancer.
* Cardiologists, who care for people with heart conditions.
* Orthopedists, who care for people with certain bone, joint, or muscle conditions.

Contact your primary care provider if you need care from a specialist. Most of the time, you need to get approval from your primary care provider and *[HMO]* before seeing a specialist.

## **Care During Pregnancy and Delivery**

Let *[HMO]* and your county or tribal agency know right away if you become pregnant, so you can get the extra care you need. You do not have copayments when you are pregnant.

You must go to a *[HMO]* hospital to have your baby. Talk to your provider to make sure you know which hospital you should go to when it is time to have your baby. Do not go out of the area to have your baby unless you have *[HMO]* approval. Your *[HMO]* provider knows your history and is the best provider to help you.

Also, talk to your doctor if you plan to travel in your last month of pregnancy. Traveling during your last month of pregnancy increases the chance that your baby will be born while you are away from home. Many people have a better birthing experience when they use the doctors and hospitals that cared for them throughout their pregnancy.

## **Telehealth Services**

Telehealth is audio and video contact with your doctor or health care provider using your phone, computer, or tablet. *[HMO]* covers telehealth services that your provider can deliver at the same quality as in-person services. This could be doctor office visits, mental health or substance abuse services, dental consultations, and more. There are some services you cannot get using telehealth. This includes services where the provider needs to touch or examine you.

Both you and your provider must agree to a telehealth visit. You always have the right to refuse a telehealth visit and do an in-person visit instead. Your *[BadgerCare Plus and/or Medicaid SSI]* benefits and care will not be impacted if you refuse telehealth services. If your provider only offers telehealth visits and you want to do in-person, they can refer you to a different provider.

*[HMO]* and Wisconsin Medicaid providers must follow privacy and security laws when providing services over telehealth.

## **Care When You Are Away From Home**

Follow these rules if you need medical care but are too far away from home to go to your regular primary care physician or clinic:

* **For true emergencies, go to the nearest hospital, clinic, or doctor.** Call *[HMO]* at *[800-xxx-xxxx]* as soon as you can to tell us what happened. If you need emergency care outside of Wisconsin, health care providers in the area where you are can treat you and send the bill to *[HMO].* You may need to pay a copayment if you get emergency care outside of Wisconsin. If you get a bill for services you got outside of Wisconsin, call Customer Service at *[800-xxx-xxxx]*.
* **For urgent or routine care away from home, you must get approval from *[HMO]*** **before you go to a different doctor, clinic, or hospital.** This includes children who are spending time away from home with a parent or relative. Call us at ***[800-xxx-xxxx]*** for approval to go to a different doctor, clinic, or hospital.
* **For urgent or routine care outside the United States, call *[HMO]* first.** *[HMO]* does not cover any services provided outside the United States, Canada, and Mexico. This includes emergency services. If you need emergency services while in Canada or Mexico, *[HMO]* will cover it only if the doctor’s or hospital’s bank is in the United States. Other services may be covered with *[HMO]* approval if the provider has a bank in the United States. Please call *[HMO]* if you get any emergency services outside the United States.

# WHEN YOU MAY BE BILLED FOR SERVICES

## **Covered and Noncovered Services**

With *[BadgerCare Plus and/or Medicaid SSI],* you do not have to pay for covered services other than required copayments.

You may have to pay the full cost of services if:

* The service is not covered under *[BadgerCare Plus or Medicaid SSI].*
* You needed approval for a service from your primary care provider or *[HMO],* but you did not get approval before getting the service.
* *[HMO]* determines that the service is not medically necessary for you. Medically necessary services are approved services or supplies needed to diagnose or treat a condition, disease, illness, injury, or symptom.
* You received a non-emergency service from a provider that is not in the *[HMO]* network. Or you received a non-emergency service from a provider that does not accept your ForwardHealth card.

You can ask for noncovered services if you are willing to pay for them. You’ll have to make a written payment plan with your provider. Providers may bill you up to their usual and customary charges for noncovered services.

**If you get a bill for a service you did not agree to, please call *[800-xxx-xxxx]*.**

## **Copayments**

Under BadgerCare Plus and Medicaid SSI, *[HMO]* and its providers may bill you copayments. A copayment is a fixed amount of money you pay for a covered health care service. Copayments for *[Badgercare Plus and/or Medicaid SSI]* members are usually $3 or less. The following members do **not** have to pay copayments:

* Nursing home residents
* Terminally ill members receiving hospice care
* Pregnant women
* Members younger than 19 years old
* Children in foster care or adoption assistance
* Youth who were in foster care on their 18th birthday. They don’t have to pay any copays until age 26.
* Members who join by Express Enrollment
* American Indians or Alaskan Native Tribal members, children or grandchildren of a tribal member, or anyone who can get Indian Health Services. Age and income do not matter. This applies when getting items and services from an Indian Health Services provider or from the Purchase and Referred Care program.

# SERVICES COVERED UNDER *[BADGERCARE PLUS or MEDICAID SSI]*

[Note to HMO: Information you provide for these sections must be approved by the Department of Health Services. See the summary of covered services and copayments referenced in Addendum V. of the [DHS-HMO contract](https://www.forwardhealth.wi.gov/WIPortal/content/Managed%20Care%20Organization/Contracts/Home.htm.spage.%5d).]

*[HMO]* provides most medically necessary, covered services under *[BadgerCare Plus and/or Medicaid SSI]*. See *Services Covered by [HMO]* on page *[xx]* for more information about services covered by *[HMO]*.

Some services are covered by ForwardHealth. To learn more about these services see page *[xx]*, *Services Covered by ForwardHealth*.

Some services require **prior authorization**. Prior authorization is written approval for a service or prescription. You may need prior authorization from *[HMO]* or ForwardHealth before you get a service or fill a prescription.

|  |  |
| --- | --- |
| Service | Coverage under *[BadgerCare Plus or Medicaid SSI]* |
| Ambulatory surgical center care | *[Add coverage policy]* |
| Behavioral (autism) treatment services | Full coverage (with prior authorization).  No copay  **\*Covered by ForwardHealth. Use your ForwardHealth card to get this service** |
| Chiropractic services | Full coverage.  Copay: $.50 to $3 per service  **\*Covered by ForwardHealth. Use your ForwardHealth card to get this service.** |
| Dental services | *[If covered by HMO insert applicable information]*  *[If not covered by HMO insert the following:]*  Full coverage.  Copay: $0.50 to $3 per service  **\*Covered by Forward Health. Use your ForwardHealth card to get this service**  \*See additional information on pg.*[xx]* |
| Disposable medical supplies | *[Add coverage policy]* |
| Drugs (Prescription and over-the-counter) | Coverage of generic and brand name prescription drugs, and some over-the counter drugs.  Copay: $0.50 for over-the-counter drugs  $1 for generic drugs  $3 for brand  Copays are limited to $12 per member, per provider, per month. Over-the-counter drugs do not count toward the $12 maximum.  Limit of five opioid prescription refills per month.  \***Covered by ForwardHealth. Use your ForwardHealth card to get drugs** |
| Durable medical equipment | *[Add coverage policy]* |
| HealthCheck screenings for children | *[Add coverage policy]*  \*See additional information on pg.*[xx]* |
| Hearing services | *[Add coverage policy]* |
| Home care services | *[Add coverage policy]* |
| Hospice | *[Add coverage policy]* |
| Hospital services: inpatient | *[Add coverage policy]* |
| Hospital services: outpatient | *[Add coverage policy]* |
| Hospital services: emergency room | *[Add coverage policy]* |
| Mental health and substance abuse treatment | *[Add coverage policy]*  \*See additional information on pg.*[xx]* |
| Nursing home services | *[Add coverage policy]* |
| Physician services | *[Add coverage policy]* |
| Podiatry services | *[Add coverage policy]* |
| Prenatal/maternity care | *[Add coverage policy]* |
| Reproductive and family planning services | *[Add coverage policy]*  \*See additional information on pg. *[xx]* |
| Routine vision | *[Add coverage policy]*  \*Some limitations apply. Call Customer Service for more information. |
| Therapies:  Physical therapy, occupational therapy,  speech and language therapy | *[Add coverage policy]* |
| Transportation: ambulance, specialized motor vehicle, common carrier | Full coverage of emergency and non-emergency transportation to and from a provider for a covered service.  No Copay.\*See additional information on pg. *[xx]* |
| *[Additional services provided by HMO, if applicable]* | *[Description and copayment amounts for additional services provided by HMO]* |

# SERVICES COVERED BY *[HMO]*

## **Mental Health and Substance Abuse Services**

[Note to HMO: The language you use in this section may vary based on which plan you are talking about. See the summary of covered services and copayments referenced in Addendum V. of the [DHS-HMO contract](https://www.forwardhealth.wi.gov/WIPortal/content/Managed%20Care%20Organization/Contracts/Home.htm.spage.%5d).]

*[HMO]* provides mental health and substance abuse (drug and alcohol) services to all members. If you need these services, call [Note to HMO: Insert primary care physician, behavioral health manager, customer service, etc., as appropriate]. If you need immediate help, you can call the Crisis Hotline at *[800-xxx-xxxx]* or our 24-Hour Nurse Line at *[800-xxx-xxxx]*, which is open seven days a week.

All services provided by *[HMO]* are private.

## **Family Planning Services**

[Note to HMO: The language you use in this section may vary based on which plan you are talking about. See the summary of covered services and copayments referenced in Addendum V. of the [DHS-HMO contract](https://www.forwardhealth.wi.gov/WIPortal/content/Managed%20Care%20Organization/Contracts/Home.htm.spage.%5d).]

*[HMO]* provides private family planning services to all members, including people under the age of 18. If you do not want to talk to your primary care provider about family planning, call our Customer Service Department at *[800-xxx-xxxx]*. We will help you choose a *[HMO]* family planning provider who is different from your primary care provider.

We encourage you to get family planning services from a *[HMO]* provider. This allows us to better coordinate all your health care. However, you can also go to any family planning clinic that will accept your ForwardHealth ID card, even if the clinic is not part of *[HMO]*’s provider network.

## **HealthCheck Services**

HealthCheck covers health checkups for members younger than 21 years old. HealthCheck exams, also known as "well-child checks," are doctor visits your child or young adult has when they are well. The doctor asks questions and examines your child. This is to make sure your child is healthy and taking the right steps to stay healthy. It’s a good time to ask health questions you or your child may have. HealthCheck also covers treatment for any problems found during your child’s HealthCheck exam.

HealthCheck has three purposes:

1. To find and treat health problems for members younger than 21 years old.
2. To share information about special health services for members younger than 21 years old.
3. To make members younger than 21 years old eligible for some health care not otherwise covered.

The HealthCheck exam includes:

* Age appropriate immunizations (shots)
* Blood and urine lab tests
* Dental checks and a referral to a dentist beginning at 1 year old
* Health and developmental history
* Hearing checks
* Head-to-toe physical exam
* Lead testing for children ages 1 and 2 years old and children under age 6 who have never had a lead test
* Vision checks

To schedule a HealthCheck exam or for more information, call our Customer Service Department at *[800-xxx-xxxx]*.

If you need a ride to or from a HealthCheck appointment, please call the Wisconsin non-emergency medical transportation (NEMT) manager at 866-907-1493 (or TTY 800-855-2880) to schedule a ride.

## **Dental Services**

[Note to HMO: Use the first statement below if you provide dental services. Use the second statement if you do not provide dental services. If you provide dental services in only part of your service area, use both statements and list the appropriate counties with each statement.]

[Statement 1- if HMO covers dental in Milwaukee, Kenosha, Ozaukee, Racine, Washington, or Waukesha counties]

*[HMO]* provides all covered dental services through *[Dental Benefit Manager]*. You must go to a *[HMO or Dental Benefit Manager]* dentist. See the provider directory or call our Customer Service Department at *[800-xxx-xxxx]* for the names of *[HMO or Dental Benefit Manager]* dentists you can go to.

**You have the right to a routine dental appointment within 90 days of your request for an appointment**. Call *[HMO]* at *[800-xxx-xxxx]* if you are unable to get a dental appointment within 90 days.

Call the Wisconsin non-emergency medical transportation NEMT manager at 866-907-1493 (or TTY 711) if you need help with getting a ride to or from the dentist’s office. They can help with getting a ride.

**If you have a dental emergency, you have the right to treatment within 24 hours of your request for an appointment**. A dental emergency is severe dental pain, swelling, fever, infection, or injury to the teeth. If you are having a dental emergency:

* If you already have a dentist who is with *[HMO/DBM]*:
* Call the dentist’s office.
* Tell the dentist’s office that you or your child are having a dental emergency.
* Tell the dentist’s office what the exact dental problem is. This may be something like a severe toothache or swollen face.
* Call us if you need help getting a ride to or from your dental appointment.
* If you do not currently have a dentist who is with *[HMO/DBM]*:
* Call [Note to HMO: insert dental benefits manager or HMO, as appropriate.]. Tell us that you or your child are having a dental emergency. We can help you get dental services.
* Tell us if you need help getting a ride to or from the dentist’s office.

[Statement 2- for all other counties]

Dental services are covered for you. You may get covered dental services from a Medicaid-enrolled provider who will accept your ForwardHealth ID card. To find a Medicaid-enrolled provider:

1. Go to [www.forwardhealth.wi.gov](http://www.forwardhealth.wi.gov).
2. Click on the Members link or icon in the middle section of the page.
3. Scroll down and click on the Resources tab.
4. Click on the Find a Provider link.
5. Under Program, select BadgerCare/Medicaid.

Or, you can call ForwardHealth Member Services at 800-362-3002.

**You have the right to a routine dental appointment within 90 days of your request for an appointment**. Call ForwardHealth Member Services at800-362-3002 if you are unable to get a dental appointment within 90 days.

Call the Wisconsin non-emergency medical transportation NEMT manager at 866-907-1493 (or TTY 711) if you need help with getting a ride to or from the dentist’s office. They can help with getting a ride.

**If you have a dental emergency, you have the right to treatment within 24 hours of your request for an appointment**. A dental emergency is severe dental pain, swelling, fever, infection, or injury to the teeth. If you are having a dental emergency:

* If you already have a dentist who is with ForwardHealth:
* Call the dentist’s office.
* Tell the dentist’s office that you or your child are having a dental emergency.
* Tell the dentist’s office what the exact dental problem is. This may be something like a severe toothache or swollen face.
* Call the NEMT manager at 866-907-1493 or ForwardHealth Member Services at 800-362-3002 if you need help getting a ride to or from your dental appointment.
* If you do not currently have a dentist who is with ForwardHealth:
* Call ForwardHealth Member services at 800-362-3002. Tell them that you or your child are having a dental emergency. They can help you get dental services.
* Tell them if you need help getting a ride to or from the dentist’s office.

# SERVICES COVERED BY FORWARDHEALTH

[Note to HMO: Insert Dental services in this section if not covered by HMO]

## **Behavioral (Autism) Treatment Services**

Behavioral treatment services are covered under *[BadgerCare Plus]*. Behavioral treatment services are used to treat autism. You can get autism treatment services from a Medicaid-enrolled provider who will accept your ForwardHealth ID card. To find a Medicaid-enrolled provider:

1. Go to [www.forwardhealth.wi.gov](http://www.forwardhealth.wi.gov).
2. Click on the Members link or icon in the middle section of the page.
3. Scroll down and click on the Resources tab.
4. Click on the Find a Provider link.
5. Under Program, select BadgerCare/Medicaid.

Or, you can call ForwardHealth Member Services at 800-362-3002.

## **Chiropractic Services**

Chiropractic services are covered under *[BadgerCare Plus and/or Medicaid SSI]*. You can get chiropractic services from a Medicaid-enrolled provider who will accept your ForwardHealth ID card. To find a Medicaid-enrolled provider:

1. Go to [www.forwardhealth.wi.gov](http://www.forwardhealth.wi.gov).
2. Click on the Members link or icon in the middle section of the page.
3. Scroll down and click on the Resources tab.
4. Click on the Find a Provider link.
5. Under Program, select BadgerCare/Medicaid.

Or, you can call ForwardHealth Member Services at 800-362-3002.

## **Transportation Services**

You can get non-emergency medical transportation (NEMT) services through Wisconsin NEMT manager. The NEMT manager arranges and pays for rides to covered services for members who have no other way to get there. NEMT can include rides using:

* Public transportation, such as a city bus
* Non-emergency ambulances
* Specialized medical vehicles
* Other types of vehicles, depending on a member’s medical and transportation needs

If you have a car and are able to drive yourself to your appointment but cannot afford to pay for gas, you may be eligible for mileage reimbursement (money for gas).

You must schedule routine rides at least two business days before your appointment. Call the NEMT manager at 866-907-1493 (or TTY 711), Monday through Friday, from 7 a.m. until 6 p.m. You may also schedule rides for urgent appointments. A ride to an urgent appointment will be provided in three hours or less.

## **Pharmacy Benefits**

You may get a prescription from a *[HMO Name]* provider, specialist, or dentist. You can get covered prescriptions and certain over-the-counter items at any pharmacy that will accept your ForwardHealth ID card.

You may have copayments or limits on covered medications. If you cannot afford your copayments, you can still get your prescriptions.

If you have any questions about the medications covered under *[Badgercare Plus or Medicaid SSI]* or medication copayments, contact ForwardHealth Member Services at 800-362-3002.

# SERVICES NOT COVERED UNDER *[BADGERCARE PLUS and/or MEDICAID SSI]*

The services below are not covered under *[BadgerCare Plus and/or Medicaid SSI]*:

* Services that are not medically necessary
* Services that have not been approved by *[HMO]* or your primary care provider when approval is required
* Normal living expenses like rent or mortgage payments, food, utilities, entertainment, clothing, furniture, household supplies, and insurance
* Experimental or cosmetic services or procedures
* Infertility treatments or services
* Reversal of voluntary sterilization
* Inpatient mental health stays in institutional settings for members ages 22-64, unless provided for less than 15 days instead of traditional treatment
* Room and board

# IN LIEU OF SERVICE OR SETTING

*[HMO]* may cover some services or care settings that are not normally covered in Wisconsin Medicaid. These services are called “in lieu of” services or settings.

The following in lieu of services or settings are covered under BadgerCare Plus or Medicaid SSI:

* Inpatient mental health services in an institute of mental disease (IMD) for a person 22-64 years of age for no more than 15 days during a month.
* Sub-acute community based clinical treatment (short-term residential mental health services).

Deciding if an “in lieu of” service or setting is right for you is a team effort. *[HMO]* will work with you and your provider to help you make the best choice. **You have a right to choose not to participate in one of these settings or treatments.**

# GETTING A SECOND MEDICAL OPINION

If you disagree with your doctor’s treatment recommendations, you may be able to get a second medical opinion. Contact your provider or our Customer Service Department at *[800-xxx-xxxx]* for information.

# CARE MANAGEMENT (COORDINATION)

As a member of *[HMO]*, you have access to a care management team. Care management is a free service for *[HMO]* members. It will help you identify and meet your health and wellness goals. The care management team will also connect you with providers, community services, and social supports.

When you sign up for our plan, you will get an outreach letter or call to talk about your unique health needs. It is important to respond so we know how to best meet your needs. You can also call the Care Management team directly at *[800-xxx-xxxx].*

Your care manager can also help you transition from the hospital or other care settings to home. Call your care manager at *[insert phone number or other instructions]* for help if you are hospitalized.

# COMPLETING AN ADVANCE DIRECTIVE, LIVING WILL, OR POWER OF ATTORNEY FOR HEALTH CARE

You have the right to give instructions about what you want done if you are not able to make decisions for yourself. Sometimes people become unable to make health care decisions for themselves due to accidents or serious illness. You have the right to say what you want to happen in these situations. This means you can develop an “advance directive.”

There are different types of advance directives and different names for them. Documents called “living will” and “power of attorney for health care” are examples of advance directives.

You decide whether you want an advanced directive. Your providers can explain how to create and use an advance directive. But, they cannot force you to have one or treat you differently if you don’t have one.

Contact your provider if you want to know more about advance directives. You can also find advance directive forms on the Wisconsin Department of Health Service (DHS) website at [https://www.dhs.wisconsin.gov/forms/advdirectives](https://www.dhs.wisconsin.gov/forms/advdirectives/index.htm).

You have the right to file a grievance with the DHS Division of Quality Assurance if your advance directive, living will, or power of attorney wishes are not followed. You can get help filing a grievance by calling the DHS Division of Quality Assurance at 800-642-6552.

# NEW TREATMENTS AND SERVICES

*[HMO]* has a process for reviewing new types of services and treatments. As part of the review process, *[HMO]*:

* Reviews scientific studies and standards of care to make sure new treatments or services are safe and helpful.
* Looks at whether the government has approved the treatment or service.

[Note to HMO: Include additional language in this section for any plan specific policies and procedures related to review of new technologies or treatments.]

# OTHER INSURANCE

Tell your providers if you have other insurance in addition to *[BadgerCare Plus or Medicaid SSI]*. Your providers must bill your other insurance before billing *[HMO]*. If your *[HMO]* provider does not accept your other insurance, call the HMO Enrollment Specialist at 800-291-2002. They can tell you how to use both insurance plans.

# IF YOU MOVE

If you are planning to move, contact your county or tribal agency. If you move to a different county, you must also contact the county or tribal agency in your new county to update your eligibility for BadgerCare Plus or Medicaid SSI.

If you move out of *[HMO]*’s service area, call the HMO Enrollment Specialist at 800-291-2002. They will help you choose a new HMO that serves your new area.

# CHANGES IN YOUR MEDICAID COVERAGE

If you have moved from ForwardHealth or a *[BadgerCare Plus or Medicaid SSI]* HMO to a new *[BadgerCare Plus or Medicaid SSI]* HMO, then you have the right to:

* Continue to see your current providers and access your current services for up to 90 days. Please call your new HMO when you enroll to let them know who your provider is. If this provider is still not in the HMO network after 90 days, you will choose a new provider that is in the HMO network.
* Get services that you need to avoid serious health risk or hospitalization.

Call *[HMO]* Customer Service at *[800-xxx-xxxx]* for more information about changes in your coverage.

# HMO EXEMPTIONS

*[HMO]* is a health maintenance organization, or HMO. HMOs are insurance companies that offer services from select providers.

Generally, you must enroll in an HMO to get health care benefits through BadgerCare Plus and Medicaid SSI. An HMO exemption means you don’t have to join an HMO to get your BadgerCare Plus or Medicaid SSI benefits. Most exemptions are granted for only a short period of time. It’s usually to allow you to complete a course of treatment before you are enrolled in an HMO. If you think you need an exemption from HMO enrollment, call the HMO Enrollment Specialist at 800-291-2002 for more information.

# FILING A GRIEVANCE OR APPEAL

## **Grievances**

**What is a grievance?**

You have a right to file a grievance if you are unhappy with our plan or providers. A grievance is any complaint about *[HMO]* or a network provider that is not related to a decision *[HMO]* made about your health care services. You might file a grievance about things like the quality of services or care, rudeness from a provider or an employee, and not respecting your rights as a member.

**Who can file a grievance?**

You can file a grievance. An authorized representative, a legal decision maker, or a provider can also file a grievance for you. We will contact you for your permission if an authorized representative or provider files a grievance for you.

**When can I file a grievance?**

You (or your representative) can file a grievance at any time.

**How do I file a grievance with *[HMO]*?**

Call *[HMO]* Member Advocate at *[800-xxx-xxxx]*, or write to us at the following address if you have a grievance:

*[HMO Name and Mailing Address]*

If you file a grievance with *[HMO]*, you will have the opportunity to appear by telephone or in-person in front of *[HMO]*’s Grievance and Appeal Committee. *[HMO]* will have 30 days from the date the grievance is received to give you a decision resolving the grievance.

**Who can help me file a grievance?**

*[HMO]*’s Member Advocate can work with you to solve the problem or help you file a grievance.

If you want to talk to someone outside *[HMO]* about the problem, you can call the Wisconsin HMO Ombuds Program at 800-760-0001. The Ombuds Program may be able to help you solve the problem or write a formal grievance to *[HMO]*. If you are enrolled in a Medicaid SSI Program, you can also call the SSI External Advocate at 800-928-8778 for help with filing a grievance.

**What if I disagree with *[HMO]*’s response?**

If you don’t agree with *[HMO]*’s response to your grievance, you can request a review of your grievance with the Wisconsin Department of Health Services (DHS).

**Write to:** BadgerCare Plus and Medicaid SSI

HMO Ombuds

P.O. Box 6470

Madison, WI 53716-0470

**Or call:** 800-760-0001

**Will I be treated differently if I file a grievance?**

You will not be treated differently from other members because you file a complaint or grievance. Your health care and benefits will not be affected.

## **Appeals**

**What is an appeal?**

You have a right to request an appeal if you are unhappy with a decision made by *[HMO]*. An appeal is a request for *[HMO]* to review a decision that affects your services. These decisions are called **adverse benefit determinations**.

An **adverse benefit determination** is any of the following:

* *[HMO]* plans to stop, suspend, or reduce a service you are currently getting.
* *[HMO]* decides to deny a service you asked for.
* *[HMO]* decides not to pay for a service.
* *[HMO]* asks you to pay an amount that you don’t believe you owe.
* *[HMO]* decides to deny your request to get a service from a non-network provider when you live in a rural area with only one HMO.
* *[HMO]* does not arrange or provide services in a timely manner.
* *[HMO]* does not meet the required timeframes to resolve your grievance or appeal.

*[HMO]* will send you a letter if you have received an adverse benefit determination.

**Who can file an appeal?**

You can request an appeal. An authorized representative, a legal decision maker, or a provider can also file an appeal for you. We will contact you for your permission if an authorized representative or provider requests an appeal for you.

**When can I file an appeal?**

You (or your representative) must request an appeal within 60 days of the date on the letter you get describing the adverse benefit determination.

**How do I file an appeal with [HMO]?**

If you would like to appeal an adverse benefit determination, you can call the *[HMO]* Member Advocate at *[800-xxx-xxxx]* or write to the following address:

*[HMO Name and Mailing Address]*

If you request an appeal with *[HMO]*, you will have the opportunity to appear by telephone or in-person in front of *[HMO]*’s Grievance and Appeal Committee. Once your appeal is requested, *[HMO]* will have 30 calendar days to give you a decision.

**What if I can’t wait 30 days for a decision?**

If you or your doctor think that waiting 30 days could seriously harm your health or ability to perform your daily activities, you can request a fast appeal. If *[HMO]* agrees that you need a fast appeal, you will get a decision within 72 hours.

**Who can help me request an appeal?**

If you need help writing a request for an appeal, please call your *[HMO]* Member Advocate at *[800-xxx-xxxx]*.

If you want to speak with someone outside *[HMO]*, you can call the BadgerCare Plus and Medicaid SSI Ombuds at 800-760-0001. If you are enrolled in a Medicaid SSI Program, you can also call the SSI External Advocate at 800-708-3034 for help with your appeal.

**Can I continue to get the service during my appeal?**

If *[HMO]* decides to stop, suspend, or reduce a service you are currently getting, you have the right to ask to keep getting your service during your appeal. You’ll have to mail, fax, or email your request within a certain timeframe, whichever is later:

* On or before the date *[HMO]* plans to stop or reduce your service
* Within 10 days of getting notice that your service will be reduced

If *[HMO]*’s decision about your appeal is not in your favor, you might have to pay *[HMO]* back for the service you got during the appeal process.

**Will I be treated differently if I request an appeal?**

You will not be treated differently from other members because you request an appeal. The quality of your health care and other benefits will not be affected.

**What if I disagree with *[HMO]*’s decision about my appeal?**

You can request a fair hearing with the Wisconsin Division of Hearing and Appeals if you disagree with *[HMO]*’s decision about your appeal. Learn more about fair hearings below.

## **Fair Hearings**

**What is a fair hearing?**

A fair hearing is a review of *[HMO]*’s decision on your appeal by an Administrative Law Judge in the county where you live. **You must appeal to *[HMO]* first before requesting a fair hearing.**

**When can I request a fair hearing?**

You must request a fair hearing within 90 days of the date you get *[HMO]*’s written decision about your appeal.

**How do I request a fair hearing?**

If you want a fair hearing, send a written request to:

Department of Administration

Division of Hearings and Appeals

P.O. Box 7875

Madison, WI 53707-7875

You have the right to be represented at the hearing, and you can bring a friend for support. If you need a special arrangement for a disability or for language translation, please call 608-266-7709.

**Who can help me request a fair hearing?**

If you need help writing a request for a fair hearing, please call the BadgerCare Plus and Medicaid SSI Ombuds at 800-760-0001. If you are enrolled in a Medicaid SSI Program, you can also call the SSI External Advocate at 800-708-3034 for help.

**Can I keep getting the service during my fair hearing?**

If *[HMO]* decides to stop, suspend, or reduce a service you are currently getting, you have the right to ask to keep getting your service during your *[HMO]* appeal and fair hearing. You’ll have to request that the service continue during your fair hearing, even if you already requested to continue the service during your *[HMO]* appeal. You’ll have to mail, fax, or email your request within a certain timeframe, whichever is later:

* On or before the date *[HMO]* plans to stop or reduce your service
* Within 10 days of getting notice that your service will be reduced

If the administrative law judge’s decision is not in your favor, you might have to pay *[HMO]* back for the service you got during the appeal process.

**Will I be treated differently if I request a fair hearing?**

You will not be treated differently from other members because you request a fair hearing. The quality of your health care and other benefits will not be affected.

# YOUR RIGHTS

1. **You have a right to get information in a way that works for you. This includes:**

* Your right to have an interpreter with you during any *[BadgerCare Plus, Medicaid SSI]* covered service.
* Your right to get this member handbook in another language or format.

1. **You have a right to be treated with dignity, respect, and fairness and with consideration for privacy. This includes:**

* Your right to be free from discrimination. *[HMO]* must obey laws that protect you from discrimination and unfair treatment*. [HMO]* provides covered services to all eligible members regardless of the following:
  + Age
  + Color
  + Disability
  + National origin
  + Race
  + Sex
  + Religion
  + Sexual orientation
  + Gender identity

All medically necessary, covered services are available and will be provided in the same manner to all members. All persons or organizations connected with *[HMO]* that refer or recommend members for services shall do so in the same manner for all members.

* Your right to be free from any form of restraint or seclusion used to coerce, discipline, be convenient, or retaliate. This means you have the right to be free from being restrained or forced to be alone to make you behave in a certain way, to punish you, or because someone finds it useful.
* Your right to privacy. *[HMO]* must follow laws protecting the privacy of your personal and health information. See *[HMO]*’s Notice of Privacy Practices for more information.

1. **You have the right to get health care services as provided for in federal and state law. This includes:**

* Your right to have covered services be available and accessible to you when you need them. When medically appropriate, services must be available 24 hours a day, seven days a week.

1. **You have a right to make decisions about your health care. This includes:**

* Your right to get information about treatment options, regardless of cost or benefit coverage.
* Your right to accept or refuse medical or surgical treatment and participate in making decisions about your care.
* Your right to plan and direct the types of health care you may get in the future if you become unable to express your wishes. You can make these decisions by completing an **advance directive**, **living will**, or **power of attorney for health care**. See more information on page *[xx]*, Completing an Advance Directive, Living Will, Or Power Of Attorney For Health Care.
* Your right to a second opinion if you disagree with your provider’s treatment recommendation. Call Customer Service for more information about how to get a second opinion.

1. **You have a right to know about our providers and any physician incentive plans *[HMO]* uses. This includes:**

* Your right to ask if *[HMO]* has special financial arrangements (physician incentive plans) with our physicians that can affect the use of referrals and other services you might need. To get this information, call our Customer Service Department at *[800-xxx-xxxx]* and request information about our physician payment arrangements.
* Your right to request information about *[HMO]* providers, including the provider’s education, board certification, and recertification. To get this information, call our Customer Service Department at *[800-xxx-xxxx]*.

1. **You have a right to ask for copies of your medical records from your provider.**

* You may correct inaccurate information in your medical records if your doctor agrees to the correction.
* Call *[800-xxx-xxxx]* for assistance with requesting a copy or change to your medical records. Please note that you may have to pay to copy your medical records.

1. **You have a right to be informed about any Medicaid covered benefits that are not available through the [HMO] because of moral or religious objection. This includes:**

* Your right to be informed of how to access these services through FowardHealth using your ForwardHealth card.
* Your right to disenroll from *[HMO]* if *[HMO]* does not cover a service you want because of moral or religious objections.

1. **You have a right to file a complaint, grievance, or appeal if you are dissatisfied with your care or services. This includes:**

* Your right to request a fair hearing if you are dissatisfied with *[HMO]*’s decision about your appeal or if *[HMO]* does not respond to your appeal in a timely manner.
* Your right to request a Department of Health Services grievance review if you are unhappy with *[HMO]*’s decision about your grievance or if *[HMO]* does not respond to your grievance in a timely manner.
* For more information on how to file a grievance, appeal, or fair hearing, see page *[xx]*, Filing a Grievance or Appeal.

1. **You have the right to receive information about [HMO], its services, its practitioners, providers, and member rights and responsibilities. This includes:**

* Your right to know about any big changes with *[HMO]* at least 30 days before the effective date of the change.

1. **You have a right to be free to exercise your rights without negative treatment by the *[HMO]* and its network providers. This includes:**

* Your right to make recommendations about *[HMO]*’s Member Rights and Responsibilities Policy.

# YOUR RESPONSIBILITIES

* **You have a responsibility to provide the information that *[HMO]* and its providers need to provide care.**
* **You have a responsibility to let *[HMO]* know how best to contact and communicate with you. You have a responsibility to respond to communications from *[HMO].***
* **You have a responsibility to follow plans and instructions for care that you have agreed to with your providers.**
* **You have a responsibility to understand your health problems and participate in creating treatment goals with your providers.**

# ENDING YOUR MEMBERSHIP IN *[HMO]*

**You may switch HMOs for any reason during your first 90 days of enrollment in *[HMO]*.** After your first 90 days, you will be “locked in” to enrollment in *[HMO]* for the next nine months. You will only be able to switch HMOs once this “lock-in” period has ended unless your reason for ending your membership in *[HMO]* is one of the reasons described below:

* You have the right to switch HMOs, without cause, if the Wisconsin Department of Health Services (DHS) imposes sanctions or temporary conditions on *[HMO]*.
* You have the right to end your membership with *[HMO]* at any time if:
  + You move out of *[HMO]*’s service area.
  + *[HMO]* does not, for moral or religious objections, cover a service you want.
  + You need one or more services performed at the same time and you can’t get them all within the provider network. This applies if your provider determines that getting the services separately could put you at unnecessary risk.
  + Other reasons, including poor quality of care, lack of access to covered services, or lack of access to providers experienced in dealing with your care needs.

If you choose to switch HMOs or disenroll from the *[BadgerCare Plus or Medicaid SSI]* program*[s]* completely, you must continue to get health care services through *[HMO]* until your membership ends.

For more information about how to switch HMOs or to disenroll from *[BadgerCare Plus and/or Medicaid SSI]* completely, contact the HMO Enrollment Specialist at 800-291-2002.

# FRAUD AND ABUSE

If you suspect fraud or abuse of the Medicaid program, you may report it. Please go to [www.reportfraud.wisconsin.gov](http://www.reportfraud.wisconsin.gov/).