

Affected Programs: BadgerCare Plus, Medicaid

To: Home Health Agencies, Hospital Providers, Nurse Practitioners, Nursing Homes, Personal Care Agencies, Physician Assistants, Physician Clinics, Physicians, HMOs and Other Managed Care Programs

New Personal Care Independent Assessment and Prior Authorization Policy

ForwardHealth is implementing a new independent assessment and prior authorization process for personal care services provided on a fee-for-service basis to BadgerCare Plus, Medicaid, and certain Include, Respect, I Self-Direct (IRIS) members. This *ForwardHealth Update* includes:

- An overview of the upcoming changes including background information, policy changes, effective dates and affected members
- An overview of the new independent assessment and prior authorization process
- Types of requests
- New responsibilities for personal care providers and tasks for which personal care providers are no longer responsible
- Resources and training opportunities for personal care providers

Overview

ForwardHealth is implementing a new independent assessment and prior authorization (PA) process for personal care services. The Wisconsin Department of Health Services (DHS) has contracted with Liberty Healthcare Corporation (Liberty) to conduct independent assessments and prior authorize the delivery of personal care services. Under the new process, Liberty will conduct an in-person assessment of a member who requests personal care services to determine the member's medical need for services using ForwardHealth's Personal Care Screening Tool (PCST).

Based on the assessment, Liberty will issue PA for medically necessary services to the member's selected personal care provider. Liberty will not oversee, manage, or provide personal care services. Medicaid-enrolled personal care providers will continue to provide personal care services and will continue to submit claims for authorized services directly to ForwardHealth per the current claim submission process.

The new assessment and PA process applies to all personal care services provided on a fee-for-service basis, including personal care services provided by a home health agency. The new process does **not** apply to other types of services, such as home health or private duty nursing services.

Liberty's services will be provided at no charge to members or providers.

This new process is a result of a provision included in the 2015-17 biennial state budget (2015 Wisconsin Act 55).

Effective Dates

Liberty will begin to conduct assessments on June 1, 2017 for PAs with an effective start date on or after July 1, 2017. Providers should note the following dates and plan accordingly:

- **For all PAs with a requested start date prior to July 1, 2017**, providers should continue to follow ForwardHealth's current PA process.

- For all PAs with an effective start date on and after July 1, 2017, Liberty will complete an assessment and issue the PA.
 - ✓ For members with an active PA that expires on or after July 1, 2017, Liberty will contact members on behalf of ForwardHealth on a rolling basis throughout the year approximately 60 days before their current PA expires to schedule an assessment.
 - ✓ For members without an active PA who need services to begin on or after July 1, 2017, the member or his or her representative (e.g., the member's guardian, personal care provider, physician, or other health care professional) should contact Liberty to request an assessment.

Note: ForwardHealth will return all PA requests submitted by providers with a requested start date on or after July 1, 2017. Liberty will prior authorize any medically necessary services with an effective start date on or after July 1, 2017.

In late April, ForwardHealth will send a letter to all members with an active PA for personal care services to notify them of the new assessment and PA process. A copy of this letter is included as Attachment 1 of this *Update*. Personal care providers are encouraged to review the member letter in order to help explain the letter to members.

A summary of all important dates related to the new assessment and PA process is included as Attachment 2.

Additional Changes

Providers should also note the following additional changes related to the implementation of the new assessment and PA process, both effective July 1, 2017:

- ForwardHealth is eliminating the allowance of up to 50 hours of personal care services without PA and will require PA for all personal care services.
- Personal care providers will no longer be able to access the PCST screens.

Affected Members

The new assessment and PA process will affect the following members who receive personal care services on a fee-for-service basis:

- BadgerCare Plus members
- Wisconsin Medicaid members
- Include, Respect, I Self-Direct (IRIS) members who do not self-direct their personal care services
- Members enrolled in Wraparound Milwaukee or Children Come First programs

Members Who Are Not Affected

The new assessment and PA process will not affect the following members, as they are either not eligible for personal care services or not eligible to receive personal care services on a fee-for-service basis:

- Members who reside in a nursing home, a community-based residential facility with more than 20 beds, or a hospital
- Members who are enrolled in a state-contracted HMO, including a Medicaid or BadgerCare Plus supplemental security income (SSI) managed care organization
- Members who are enrolled in Family Care, Family Care Partnership, or Program for All-Inclusive Care for the Elderly (PACE)
- Members enrolled in the IRIS program who choose to self-direct their personal care services
- Members enrolled in the Care4Kids program

Overview of New Assessment and Prior Authorization Process

The following is a general overview of the process to assess and authorize personal care services. The entire process will typically take no longer than 30 business days. The process includes the following steps:

- Requesting an assessment
- Scheduling an assessment
- Conducting an assessment
- Notifying personal care providers of referrals
- Obtaining a physician order
- Issuing prior authorization

As noted previously, Liberty will begin assessments on June 1, 2017, for PAs with an effective start date on or after July 1, 2017.

Requesting an Assessment

For members without an active PA for personal care services who need services to begin on or after July 1, 2017, the member or his or her representative should contact Liberty to request an assessment. Liberty's call center will be open for requesting assessments beginning May 1, 2017. Requests may be submitted to Liberty via any of the following methods:

- Telephone: 855-947-2742
- Website online form: www.wipcsia.com/
- Fax: 855-881-8472
- Mail:
Liberty Healthcare Corporation
2801 Coho St Ste 100
Madison WI 53713

The requestor will be asked to provide information about the member and his or her need for personal care services, including the member's:

- Name, date of birth, address, telephone number, and ForwardHealth ID number.
- Medicaid-enrolled primary care physician's name, clinic name, and clinic contact information.
- Medical conditions that result in a need for assistance with activities of daily living.

For members who have an active PA for personal care services that expires on or after July 1, 2017, Liberty will contact the member approximately 60 calendar days prior to the PA expiration date to notify the member of the need to schedule an assessment.

Scheduling an Assessment

Following the request for an assessment, Liberty will coordinate with the member or guardian to schedule a date and time for the assessment, which will take place in the member's home. During the scheduling call, the Liberty representative will inform the member or guardian that they

should have any pertinent medical records available for the assessment, that they may have others present at the assessment, and that a registered nurse assessor will contact them one business day before the assessment to confirm the date and time. The Liberty representative will also ask the member to verify the phone number the nurse assessor should use for this call.

When the registered nurse assessor calls the member or guardian to confirm the assessment, the registered nurse assessor will ask the member or guardian to provide information such as who will be present during the assessment, whether there are any pets in the home, and if the member needs language interpretation services.

Conducting an Assessment

A registered nurse assessor from Liberty will complete the assessment based on a face-to-face evaluation in the member's home. If applicable, the member's guardian must be present at the assessment. The nurse assessor will ask the member to have certain items and information available, such as pertinent medical records, assistive devices, guardian contacts, and prescription medications. The nurse assessor will perform an assessment to determine the member's functional limitations by directly observing the member performing various activities of daily living. The nurse assessor will then use ForwardHealth's PCST to determine the member's need for assistance in the home. The assessment will take approximately one hour to complete.

At the time of the assessment, the nurse assessor will provide the member with a list of all personal care providers certified to provide services to the member in his or her county of residence, the order of which will be randomized. The nurse assessor will ask the member to select his or her top three choices of personal care providers, in priority order, from the list. If the member currently has a Medicaid-enrolled personal care provider that is eligible to provide services in the member's county of residence, he or she will be able to select that provider. The member will be asked to provide Liberty with his or her top three personal care provider choices within one business day of the assessment.

Notifying Personal Care Providers of Referrals

Following completion of the assessment, Liberty will notify the member's first selected personal care provider of the referral through Liberty's Provider Communication Interface (PCI), an online tool for communicating with personal care providers. Through the PCI, personal care providers will receive the member's assessment results and will be asked to either accept or decline the referral as soon as possible.

Personal care providers are required to set up an account on the PCI to receive these referrals.

Information about setting up a PCI account is located under the Provider Communication Interface section of this *Update*.

If the member's first selected personal care provider does not respond to the referral or declines the referral, Liberty will notify the member's next selected personal care provider.

Obtaining a Physician Order

Following completion of the assessment, Liberty will also fax the Personal Care Services Physician Order to the member's Medicaid-enrolled primary care physician for his or her signature. Liberty will not be able to authorize personal care services without a completed and signed physician order.

Issuing Prior Authorization

Once a personal care provider has accepted the referral to provide services to the member and once Liberty receives the signed physician order, Liberty will issue the PA to the selected personal care provider via the PCI and will send a notification letter to the member/guardian. The PA will also be uploaded to the ForwardHealth claims processing system. Personal care providers should continue to submit claims for authorized services to ForwardHealth per the current claim submission process.

The duration of services authorized is dependent on the member's need for personal care services and may be approved for a maximum of one year at a time. Members will be required to receive a continuation assessment from Liberty to continue receiving services after the expiration

date of the PA. Liberty will contact these members approximately 60 days prior to the expiration date of the PA to schedule the continuation assessment.

Members or guardians may appeal an adverse action that results from an assessment. Refer to the Notice of Appeal Rights in Attachment 3 for more information.

Types of Requests

Expedited Assessments

Members who are being discharged from a hospital or nursing home, or who have been receiving protective services and are returning home, may need personal care services to begin more quickly than the normal assessment timeline allows.

Expedited assessments may allow an eligible member to begin receiving personal care services within four business days of the request for services. Expedited assessments are only for members who need personal care services immediately following discharge from a hospital or nursing home or after receiving protective services.

The discharging facility should contact Liberty by telephone to arrange for an expedited assessment. The discharging facility is asked to have the following information available at the time of the request:

- The member's name, date of birth, address, telephone number, and ForwardHealth ID number
- The member's Medicaid-enrolled primary care physician's name, clinic name, and clinic contact information
- The member's medical conditions that result in a need for assistance with activities of daily living
- The member's choice of personal care provider

Liberty will then contact the requested provider through the PCI and by telephone to ascertain whether or not the referral is accepted. In addition, Liberty will obtain a physician order and issue a provisional PA for the personal care services.

Liberty will subsequently contact the member to schedule and conduct an in-person assessment, which will follow the normal 30 business day timeline. If, after the in-person assessment, the nurse assessor determines that more or fewer personal care services are needed, the PA will be adjusted accordingly.

Change of Status

Effective July 1, 2017, if a member with an active PA for personal care services experiences a change of status, whether medical or non-medical, that affects his or her need for personal care services, the member/guardian, physician, or personal care provider is required to contact Liberty to request a change of status review. The change of status review replaces the current PA amendment process.

Effective July 1, 2017, all change of status requests must be submitted to Liberty, regardless of whether the active PA was issued by Liberty.

For medical changes that impact the need for personal care services, the requestor must submit a completed Personal Care Services Independent Assessment Request form along with supporting documentation so that Liberty can review the changes and schedule an in-person assessment. A change of status for a medical condition typically takes 30 business days from the date of the request to process. If the change of status review results in a PA amendment, Liberty will issue the provider a copy of the amended PA through the PCI and will send the member a notification letter outlining the service changes.

Note: Changes in a member's condition that do not affect a member's need for personal care services do not need to be reported to Liberty. Liberty will not obtain orders for changes in a member's condition unless it requires a change to the PA allocation.

Change of Provider

Effective July 1, 2017, if a member with an active PA for personal care services would like to change personal care providers, the member or guardian must contact Liberty to make the request. Effective July 1, 2017, all change of

provider requests must be submitted to Liberty, regardless of whether the active PA was issued by Liberty. Liberty will notify the new provider of the referral via the PCI; Liberty will not conduct a re-assessment of the member unless the active PA was not issued by Liberty. If the new provider accepts the referral, Liberty will amend the PA to include the name of the new provider and will notify the new provider of the availability of the PA in the PCI.

To allow personal care providers time to coordinate the transfer of the member's care, the new provider will be able to begin providing personal care services 10 business days from the date the provider accepts the member in the PCI. After acceptance, Liberty will send a PA to the new provider through the PCI and a notification letter to the member confirming the change. Liberty will also notify the former provider that the PA will be enddated. The amended PA will be uploaded to the ForwardHealth claims processing system.

Personal Care Provider Responsibilities

As a result of the new assessment and PA process for members receiving fee-for-service personal care services, personal care providers are responsible for the following:

- Establishing an account on the PCI, Liberty's online tool for communicating with personal care providers. Providers can request a PCI account beginning April 3, 2017.
- Accepting or declining member referrals through the PCI. Providers should review referrals as quickly as possible to ensure members receive timely access to services.
- If discharging a member, fulfilling the discharge requirements listed in Wis. Admin. Code § DHS 105.17(1w)(f). If discharging a member with a Liberty-approved PA, the provider should indicate the discharge through the PCI within seven business days. If discharging a member with an approved PA not authorized by Liberty, the provider should amend the PA in the ForwardHealth Portal to enddate the PA.

Although Liberty will now be responsible for assessing members, obtaining physician orders, and issuing PA for

personal care services, personal care providers continue to be responsible for the following:

- Developing and maintaining a plan of care (POC) for each member receiving personal care services. The POC should correlate to the order, assessment, and authorization information sent by Liberty to the provider. Refer to the An Overview topic (topic #2460) of the Plan of Care chapter of the Prior Authorization section of the Personal Care service area of the ForwardHealth Online Handbook for more information.
- Conducting all supervisory nurse visits.
- Maintaining accurate records, as indicated in Wis. Admin. Code § DHS 106.02(9).
- Obtaining and retaining orders from physicians that do not impact unit allocation of personal care services.
- Submitting claims for services rendered. Claim submission procedures for personal care services have not changed.
- Verifying member eligibility prior to the provision of services.
- Following all policy and program information defined in applicable Wisconsin Administrative Code or published in the Online Handbook.

Tasks for Which Personal Care Providers Are No Longer Responsible

As a result of the new assessment and PA process for members receiving fee-for-service personal care services, personal care providers are no longer responsible for the following:

- Completing the PCST
- Completing and submitting PA request forms to ForwardHealth
- Obtaining orders from physicians that allocate units of personal care services
- Amending PAs for changes of status or provider

The transfer of responsibility to Liberty for providing assessment and PA for personal care services will result in the following ForwardHealth forms either being discontinued or no longer applying to personal care providers effective July 1, 2017:

- Personal Care Screening Tool (PCST), F-11133
- Personal Care Addendum, F-11136
- Personal Care Prior Authorization Provider Acknowledgment, F-11134
- Prior Authorization Request Form, F-11018
- Prior Authorization Amendment Request, F-11042
- Agency Application for Access to Web-Based Personal Care Screening Tool, F-20418

Resources

Liberty Website

The Liberty website contains information and resources for members and their families, medical providers, and personal care providers. Some of the information available on the site includes:

- Requesting personal care services
- Choosing a personal care provider
- Providing a physician order
- Provider Communication Interface details
- Resources
- Glossary of terms
- Contact information

The website can be accessed at www.wipcsia.com/.

Provider Communication Interface

The PCI is Liberty's secure, interactive online tool for personal care providers. Personal care providers will be required to register for Liberty's PCI in order to receive referrals for personal care services and can begin the registration process immediately. Personal care providers may designate up to two administrators for a personal care provider's PCI account. These administrators are able to manage an agency's users and viewing rights. Liberty will authorize access to the PCI after validating the personal care provider's Medicaid ID, name, telephone number, and address.

To register for PCI administrative access, personal care providers are required to do the following:

- Access the Liberty website at www.wipcsia.com/.

- Click the **Personal Care Providers** menu item and select **Provider Communication Interface**.
- Under the Registration section, click the link to register.
- Complete the Provider Communication Interface Administrator Registration form.
- Click **Submit**. A confirmation message will be displayed, letting the user know the request has been sent to Liberty for review and verification.

Following approval of the request to establish a PCI account, Liberty will send the personal care provider a letter that includes a PIN and instructions on how to complete the activation process.

Personal care providers are strongly encouraged to register on the PCI prior to May 30, 2017. Provider administrators will be asked during registration to provide an email address at which they can receive referral notifications from Liberty. This email account should be monitored during normal business hours.

Beginning May 1, 2017, personal care providers will be able to do the following through the PCI, once an account is activated:

- Grant staff members PCI access
- Accept or decline referrals
- View assessment results, physician orders, and PAs
- Submit a change of status request on behalf of a member
- View notifications
- Contact Liberty with case-specific questions
- View the PCI user guide

Note: Although the functionality will be available May 1, 2017, no member information will be available in the PCI until after assessments begin on June 1, 2017.

Once a personal care provider's administrative accounts are established, the designated administrators from each agency will be responsible for granting access to the PCI to all other staff who need it. Provider administrators will be able to grant staff members either full or view-only access, depending on their role. Staff with full access will be able to

accept or decline referrals and to discharge members. Staff with view-only access will only be able to view information.

A PCI user guide will be available on the Liberty website beginning May 1, 2017, and will provide information on giving access to staff members, accepting and declining referrals, viewing documents, submitting a change of status request, and more.

Personal care providers may also use the PCI to submit member-specific questions through the secure contact link.

Liberty Contact Information

Providers and members may contact Liberty using the following methods:

- Website secure contact form: www.wipesia.com
- Telephone: 855-947-2742
- Fax: 855-881-8472
- Mail:

Liberty Healthcare Corporation
2801 Coho Street Suite 100
Madison WI 53713

ForwardHealth Portal Page

Providers are encouraged to regularly check the Independent Assessments for Personal Care Services page on the Portal at www.forwardhealth.wi.gov/ for current information about the new assessment and PA process, including *ForwardHealth Updates*, FAQs, and other resources.

ForwardHealth Online Handbook

The Online Handbook will be revised on July 3, 2017, to include the new personal care assessment and PA policies.

Questions

Providers may submit general questions about personal care independent assessments to WTPCSLA@Libertyhealth.com; this email address should not be used to submit member-specific questions. Submissions to this email address will not be responded to directly but will be evaluated for incorporation into future updates to the FAQ document. This email

address may also be found on the Independent Assessments for Personal Care Services page of the Portal.

Beginning May 1, 2017, providers may contact Liberty at 855-947-2742 for member-specific questions related to the new independent assessment and PA process. Providers may contact ForwardHealth Provider Services at 800-947-9627 for questions related to enrollment, member eligibility, covered services, other insurance, claims, etc.

Training

ForwardHealth and Liberty will host six regional trainings about the new assessment and PA process May 2-11, 2017. Information regarding the trainings was outlined in the March 2017 *Update* (2017-08), titled “Regional Trainings for New Personal Care Independent Assessments and Prior Authorization Process.” Information about how to register for a training session is available at www.wipcsia.com/.

Information Regarding Managed Care Organizations

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Medicaid Services, the Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at www.forwardhealth.wi.gov/.

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ATTACHMENT 1

Letter to Members Currently Receiving Personal Care Services

(A copy of the letter to members currently receiving personal care services is located on the following pages.)

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Scott Walker
Governor



Linda Seemeyer
Secretary

State of Wisconsin
Department of Health Services

DIVISION OF MEDICAID SERVICES

MEMBER SERVICES
PO BOX 6678
MADISON WI 53716-0678

Telephone: 800-362-3002
Fax: 608-250-6563
TTY: 711
www.forwardhealth.wi.gov

Spanish – Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono 1-800-362-3002 (V/TTY).

Russian – Если вам не всё понятно в этом документе, позвоните по телефону 1-800-362-3002 (V/TTY).

Hmong – Yog xav tau kev pab txhais cov ntaub ntauw no kom koj totaub, hu rau 1-800-362-3002 (V/TTY).

Laotian – ເພື່ອຊ່ວຍໃນການແປ ຫລື ເຂົ້າໃຈເນື້ອຫາໃນນີ້, ກະລຸນາໂທລະສັບຫາ 1-800-362-3002 (V/TTY).

April 17, 2017

Dear Member,

This letter is for information purposes only. **You do not need to take action.**

Wisconsin Medicaid and BadgerCare Plus will soon have a new process for you to continue getting personal care services. Personal care services are services you get from a worker who comes to your home to help you with “activities of daily living” like bathing, eating, and toileting.

Our records show that you are currently getting your personal care services through the Medicaid or BadgerCare Plus fee-for-service program. You may also know these services as “medical assistance personal care” or “personal care card services.”

What is changing?

We are changing how personal care services are approved for fee-for-service members. Currently, assessments are done by the staff of your personal care agency. Your next assessment will be done by a registered nurse working with a company called Liberty Healthcare (Liberty). Liberty will be contacting you 60 days before your next assessment is due to schedule a time to meet with you in your home.

During your assessment, the nurse will ask you to show how you would do some of your daily activities, which will help him or her know the personal care services you need. The nurse will also ask for your doctor’s information and questions about your medical history. You may have anyone you want with you during your assessment.

To keep getting personal care services, you must have an assessment at least every 12 months. Be sure to set up an appointment with Liberty when they contact you.

What is not changing?

Until Liberty contacts you, you will continue to get your personal care services as you do today. The new process **does not** change your enrollment or benefits. Liberty will contact you when it is time to meet to assess your need for personal care services. You **do not** need to do anything at this time.

Wisconsin Medicaid and BadgerCare Plus are not changing the standards used to determine personal care needs. The standards we have developed over the years, with guidance from personal care providers and members, help make sure all members have equal access to services.

Where can I get more information?

For more information about Liberty and this new process, go to the Liberty website at <http://www.wipcsia.com/>. You can also call Liberty Healthcare at 855-947-2742.

If you have any questions about your Wisconsin Medicaid or BadgerCare Plus benefits, call ForwardHealth Member Services at 800-362-3002.



ATTACHMENT 2

Personal Care Provider Independent Assessment Timeline

The following is a timeline of activities related to personal care provider education and the initiation of the new independent assessment process.

March 2017

- ForwardHealth announced regional provider trainings by publishing a *ForwardHealth Update*.
- Registration opened for personal care provider trainings.

April 2017

- ForwardHealth published an *Update* on independent assessment policy and requirements.
- Liberty's Customer Service call center is open for general questions.
- Liberty website is available at www.wipcsia.com.
- The Wisconsin Department of Health Services will send letters to all current members receiving personal care services to explain the new independent assessment process.
- Personal care providers may request to establish an administrator account on the Provider Communication Interface (PCI).

May 2017

- ForwardHealth and Liberty staff will hold regional provider trainings.
- Liberty's Customer Service call center will be open for questions and scheduling.
- Liberty will begin scheduling independent assessments.

June 2017

- Liberty will begin to conduct independent assessments for PAs with an effective start date on or after July 1, 2017.
- Providers will begin to receive member referrals through the PCI.

ATTACHMENT 3

Member Appeal Notice

(A copy of the Member Appeal Notice is located on the following page.)

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You Have the Right to Appeal This Decision

If you do not agree with this decision, you can file an appeal with Liberty Healthcare Corporation **or** request a fair hearing directly from the Division of Hearings and Appeals. You must file an appeal or request a fair hearing **within 45 days** of the date on this letter.

Filing an appeal with Liberty is optional but may be the fastest way to come to an agreement without having to wait for a fair hearing. If you disagree with Liberty's decision, you can then request a fair hearing with the Division of Hearings and Appeals. You will have **another 45 days** from the date of Liberty's decision to request a fair hearing.

How to File an Appeal with Liberty

To file an **appeal** with **Liberty**, write to Liberty at the following address:

Liberty Healthcare Corporation
Attention: Appeals Department
2801 Coho Street, Suite 100
Madison, WI 53713

Your letter to Liberty should say you disagree with Liberty's decision regarding your approved personal care services. Your letter should also include:

- Your name
- Your address
- Your ForwardHealth number
- Your reason for filing an appeal

If you request an appeal, Liberty will send you a letter of decision within 20 business days.

If you are not satisfied with Liberty's decision, you can follow the continued appeal process described in the letter informing you of your right to request a fair hearing with the Division of Hearing and Appeals.

How to Request a Fair Hearing

To request a fair hearing with the Division of Hearings and Appeals, complete the Request for Fair Hearing form and send it to the following address:

Department of Administration
Division of Hearings and Appeals
5005 University Avenue, Suite 201
Madison, WI 53707-5400

You can get the Request for Fair Hearing Request form online at www.doa.state.wi.us/Divisions/Hearings-and-appeals/request-hearing or by calling 1-608-266-3096. If you need help with asking for a fair hearing, call Member Services at 1-800-362-3002.

You can also choose to write a letter to the Division of Hearings and Appeals in place of the form. Your letter should include the following:

- Your name
- Your mailing address
- The reason you are requesting a fair hearing
- Liberty HealthCare Corporation's name as the agency that took the action or denied the service
- Your Social Security number
- Your signature

For more information about fair hearings, refer to your ForwardHealth Enrollment and Benefits handbook online at <https://www.dhs.wisconsin.gov/library/P-00079.htm> or call Member Services at 1-800-362-3002.

For Help Translating or Understanding This Letter

If you need help translating or understanding this letter, call Liberty at 1-855-947-2742. If you have a speech or hearing disability, call the TTY line at 711.