2024

Member Handbook

1-888-713-6180 (TTY: 711) | mhswi.com

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Welcome to Network Health

Network Health is a health plan that runs the BadgerCare Plus and/or Medicaid SSI program.

- **BadgerCare Plus** is a health care program that 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.

This handbook can help you:
- ✓ Learn the basics of BadgerCare Plus and/or Medicaid SSI.
- ✓ See the services covered by Network Health and ForwardHealth.
- ✓ Know your rights and responsibilities.
- ✓ File a grievance or appeal if you have a problem or concern.

Network Health will cover most of your healthcare needs. Wisconsin Medicaid will cover some others through ForwardHealth. See the sections called Services Covered by Network Health on page 15 and Services Covered by ForwardHealth on page 19 of this handbook for more information.

Interpretation and Translation Services

Network Health 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

Contact Network Health at 1-888-713-6180 (TTY: 711) if you need these services.

If you believe Network Health has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; a Customer Service is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F, HHH Building Washington, DC 20201
1-800-368-1019 (TDD: 1-800-537-7697).
Complaints forms and information: https://www.hhs.gov/ocr/complaints/index.html

English
Attention: If you speak English, language assistance services are available to you free of charge. Call 1-888-713-6180 (TTY: 711).

Español (Spanish)
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-713-6180 (TTY: 711).

Hmoob (Hmong)
LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-713-6180 (TTY: 711).

中文 (Chinese Mandarin)
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-713-6180 (TTY: 711).

ລາວ (Laotian)
ໂປດຊາບຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ ໂທຣ. 1-888-713-6180 (TTY: 711).

Burmese
ေက်းဇူးျပဳ၍ နားဆင္ပါ - သင္သည္ ျမန္မာစကားေျပာသူျဖစ္ပါက၊ သင့္အတြက္ အခမဲ့ျဖင့္ ဘာသာစကားကူညီေရး ဝန္ေဆာင္မႈမ်ား ရရွိႏိုင္သည္။ 1-888-713-6180 (TTY: 711) တြင္ ဖုန္းေခၚဆိုပါ။

OGEYSIIS (Somali)
DIGTOONI: Hadii luuqada aad ku hadashaa tahay Somali, waxa ku diyaar ah adeega caawinta luuqadaha oo lacag la'aan ah. Fadlan wac 1-888-713-6180 (TTY: 711).

Russian
ВНИМАНИЕ: Если Вы говорите по-русски, Вам будут бесплатно предоставлены услуги переводчика. Позвоните по номеру: 1-888-713-6180 (TTY: 711).

Serbo-Croatian
PAŽNJA: Ako govorite srpsko-hrvatski imate pravo na besplatnu jezičnu pomoć. Nazovite 1-888-713-6180 (telefon za gluhe: 711).

Deutsch (German)
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-713- 6180 (TTY: 711).

العربية Arabic
تنبيه: إذا كنتم تتحدثون العربية، تتوفر لكم مساعدة لغوية مجانية. اتصلوا بالرقم 1-888-713-6180 (هاتف نصي: 711)

Tiếng Việt (Vietnamese)
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-713-6180 (TTY: 711)

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

1-888-713-6180 (TTY: 711) 번으로 전화해 주십시오.

Pennsilfaanisch Deitsch (Pennsylvania Dutch)
Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-888-713-6180 (TTY: 711).

Polski (Polish)
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-713-6180 (TTY: 711).

ह िंदी (Hindi)
आप या जिसकी आप मदद कर रहे हैं उनके , Network Health के बारे में कोई सवाल हो, तो आपको जबना जकसी खर्च के अपनी भाषा में मदद और िानकारी प्राप्त करने का अजिकार है। जकसी दुभाजषये से बात करने के जलए 1-888-713- 6180 (TTY: 711) पर कॉल करें ।

Shqip (Albanian)
KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-888-713-6180 (TTY: 711).

Requesting Interpretation and Translation Services
Communicating with you is important. Network Health provides the following at no cost to you.

- Interpreter services in the language you speak. This includes sign language.
- Written materials in your chosen language.
- Written materials in formats such as large print, Braille, audio recording, and electronic formats.

Members have the right to have an interpreter at all covered services and during any grievance or appeal process. Network Health suggests use of a qualified interpreter and not family, friends, or children.

Visit the Language & Diversity Resources page on the Network Health website for a list of commonly used interpreter service companies. You can also ask your provider or Network Health to arrange for interpreter services. Please call us at 1-888-713-6180 (TTY: 711).

Race, Ethnicity and Language Information (REL)
Network Health promises to keep your race, ethnicity, and language (REL) information private. We use some of the following ways to protect your information:

- Keeping paper documents in locked file cabinets.
- Requiring that all electronic information stays on physically secure media.
- Maintaining your electronic information in password-protected files.

We may use or share your REL info to perform our work. These activities may include:

- Finding health care gaps.
- Making intervention programs.
- Designing and directing outreach materials.
- Telling health care professionals and doctors about your language needs.
- Promoting equity in access, availability, and accountability of services.

We will never use your REL information for approving, rate setting, or benefit decisions. We will not give your REL information to unauthorized people.

Important Network Health Phone Numbers

How to contact Network Health Customer Service

Call: 1-888-713-6180, (TTY: 711)
Open Hours: 8 a.m. to 5 p.m., Monday – Friday
Calls to this number are free. Free language interpreters are available for non-English speakers.

Call Customer Service for:

- Questions about your Network Health membership.
- Questions about how to get care.
- Help choosing a primary care physician or other provider.
- Help getting a paper copy of the Network Health provider directory.
- If you get a medical bill for a service(s) you did not agree to.

How to contact a Network Health Member Advocate

Call: 1-888-713-6180. Ask to speak with a Member Advocate, (TTY: 711)
Open Hours: 8 a.m. to 5 p.m., Monday – Friday
Calls to this number are free. Free language interpreters are available for non-English speakers.

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 Network Health.
- If you are being billed for a medical service while covered by Network Health

How to contact the Network Health 24/7 Nurse Advice Line

Call: 1-800-280-2348, (TTY: 711)
Open Hours: 24 hours a day, 7 days a week
Calls to this number are free. Free language interpreters are available for non-English speakers.

Call the 24/7 Nurse Advice Line:

- If you need help after hours or if you are not sure if you are experiencing a medical emergency.

Other Important Phone Numbers

ForwardHealth Member Services

Phone number: 1-800-362-3002, (TTY: 711)
Hours: 8 a.m. to 6 p.m., Monday – Friday
Email: 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.

HMO Enrollment Specialist

Phone number: 1-800-291-2002, (TTY: 711)
Hours: 7 a.m. to 6 p.m., Monday – Friday

Call the HMO Enrollment Specialist for:

- General information about health maintenance organizations (HMOs) and managed care.
- Help with disenrollment or exemption from Network Health or managed care.
- If you move out of Network Health's service area.

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 a Network Health member.

Phone number: 1-800-760-0001, (TTY: 711)
Hours: 8 a.m. to 4:30 p.m., Monday – Friday

Call the Ombuds Program for:

- Help solving problems with the care or services you get from Network Health.
- Help understanding your member rights and responsibilities.
- Help filing a grievance, complaint, or appeal of a decision made by Network Health.

External Advocate (Medicaid SSI Only)

Phone number: 1-800-708-3034, (TTY: 711)
Hours: 8:30 a.m. to 5 p.m., Monday – Friday

Call the Medicaid SSI External Advocate for:

- Help solving problems with the care or services you get from Network Health.
- Help filing a complaint or grievance.
- Help requesting an appeal or review of a decision made by Network Health.
- If you are being billed for a medical service while covered by Network Health

Using Your ForwardHealth Card

You will get most of your health care through Network Health 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
- ForwardHealth provides dental services in all counties, except the following six counties: Milwaukee, Waukesha, Ozaukee, Kenosha, Racine, and Washington counties. Network Health provides all covered dental services in these six counties.
- Information on Dental Services provided in Milwaukee, Waukesha, Ozaukee, Kenosha, Racine, and Washington counties can be found on page 17 of this handbook.
- 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 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 provider 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 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 1-800-362-3002. To find a provider that accepts your Forward Health card:

1. Go to 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 1-800-362-3002.

Using the Provider Directory

As a member of Network Health, you should get your healthcare from providers and hospitals in the Network Health 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 providers, practitioners, clinics, and hospitals that you can use to get health care services as a member of Network Health. The online Find a Provider directory is found on the Network Health website. You can get a copy of the provider directory in different languages and formats. Just call our Customer Service department at 1-888-713-6180.

Network Health providers are sensitive to the needs of many cultures. See the Network Health Find a Provider directory for a list of providers with staff who speak certain languages or understand certain ethnic cultures or religious beliefs. The Find a Provider 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 provider, 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 Network Health 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 1-888-713-6180 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 provider 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 provider.

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

Network Health will contact you by phone to talk with you about your individual health needs and circumstances. This is often called a Health Risk Screening (HRS) or Health Needs Assessment (HNA). We will contact you within the first 60 days of your being enrolled with us.

It is very important that you talk with Network Health so you can get the care and services you need. 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 1-844-545-6326 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
- 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 Network Health hospital or emergency room if you can. If your condition cannot wait, go to the nearest hospital, provider, 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-NetworkHealth hospital or emergency room, you or someone else should call Network Health at 1-888-713-6180 as soon as you can to tell us what happened.

Approval is not needed from Network Health or your primary care provider before getting emergency care.

Remember, hospital emergency rooms are for true emergencies only. Unless your condition is very serious, call your provider or our 24-hour emergency number at 1-888-713-6180 before you go to the emergency room. If you do not know if your illness or injury is an emergency, call the 24/7 Nurse Advice Line at 1-800-280-2348, 24 hours a day, 7 days a week. 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 Network Health providers unless you get our approval to see a non-Network Health provider.

Do not go to a hospital emergency room for urgent care unless you get approval from Network Health first.

Specialty Care

A specialist is a provider 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 Network Health before seeing a specialist.

Care During Pregnancy and Delivery

Let Network Health and your county or tribal agency know right away if you become pregnant. They can help you get the extra care you need. You do not have copayments when you are pregnant.

You must go to an Network Health 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 Network Health approval. Your Network Health provider knows your history and is the best provider to help you.

Also, talk to your provider 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 providers and hospitals that cared for them throughout their pregnancy.

Telehealth Services

Telehealth is audio and video contact with your provider or health care provider using your phone, computer, or tablet. Network Health covers telehealth services that your provider can deliver at the same quality as in-person services. This could be provider 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.

Network Health 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:

If you are having an emergency

CALL 911

- For true emergencies, go to the nearest hospital, clinic, or provider. Call Network Health at 1-888-713-6180 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 Network Health. You may need to pay a copayment if you get emergency care outside of Wisconsin. Call Customer Service at 1-888-713-6180 if you get a bill for services received outside of Wisconsin.
- For urgent or routine care away from home, you must get approval from Network Health before you go to a different provider, clinic, or hospital. This includes children who are spending time away from home with a parent or relative. Call us at 1-888-713-6180 for approval to go to a different provider, clinic, or hospital.
- For urgent or routine care outside the United States, call Network Health first. Network Health 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, Network Health will cover it only if the provider's or hospital's bank is in the United States. Other services may be covered with Network Health approval if the provider has a bank in the United States. Please call Network Health if you get any emergency services outside the United States.

Access and Availability to Care

You should be able to schedule an appointment with your primary care provider and get medical care when you need it. You may have to wait a little longer to get in to see other types of providers, like specialists. Call Network Health at 1-888-713-6180 if you can't get an appointment in a timely manner.

Visit the Making Appointments section on the Network Health website to see how quickly you should be able to see a provider.

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 any copayments that may be required.

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 Network Health, but you did not get approval before getting the service.
- Network Health 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 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 medical bill for a service you did not agree to, please call 1-888-713-6180.

Copayments

Some services under BadgerCare Plus and Medicaid SSI may require 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. Copay for services covered under Network Health are paid for by Network Health.

The following members also 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 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

Network Health provides most medically necessary, covered services under BadgerCare Plus and/or Medicaid SSI. See Services Covered by Network Health on page 15 for more information about services covered by Network Health (referred to as NHP in the table below).

Some other services are covered by ForwardHealth. See Services Covered by ForwardHealth on page 19 to learn more about these services.

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

Services	**BadgerCare Plus and Medicaid SSI**	**Copays (per service)**
Ambulance services	Full coverage	NHP covers copay cost
Ambulatory surgical center care	Full coverage	NHP covers copay cost
Behavioral (autism) treatment services	Full coverage (with prior authorization) *Covered by ForwardHealth. Use your ForwardHealth card to get this service.*	No copay is required

Continued on next page.

Services	BadgerCare Plus and Medicaid SSI	Copays (per service)
Chiropractor	Full coverage *Covered by ForwardHealth. Use your ForwardHealth card to get this service.*	*$.50 - $3
Dental	Preventive, restorative, palliative *Network Health covers dental services for members living in the following six counties: Milwaukee, Waukesha, Ozaukee, Kenosha, Racine, and Washington counties.* *Members living outside the six counties listed above can get dental services from any provider who accepts ForwardHealth.* See also page 17 in this handbook.	*$.50 - $3 NHP covers copay costs for members living in the six counties listed at left
Disposable medical supplies	Full coverage	NHP covers copay cost
Durable medical equipment (DME)	Full coverage	NHP covers copay cost
Emergency room	Full coverage See also page 9 in this handbook.	NHP covers copay cost
Family planning	Full coverage See also page 16 in this handbook.	No copay is required
HealthCheck screenings for children	Full coverage up to age 21. See also page 16 in this handbook.	NHP covers copay cost
Health education	Asthma, diabetes, hypertension	NHP added benefit
Hearing	Full coverage	NHP covers copay cost
Home health services	Full coverage	NHP covers copay cost
Hospice	Full coverage	No copay is required
Hospital – Inpatient	Full coverage	NHP covers copay cost
Hospital – outpatient	Full coverage	NHP covers copay cost
Medications/Drugs (Pharmacy Services)	Coverage of generic and brand name prescription drugs, and some over-the counter (OTC) medications. Limit of five opioid prescription refills per month.	$0.50 for OTC $1 for generic $3 for brand

Continued on next page.

Services	BadgerCare Plus and Medicaid SSI	Copays (per service)
	Covered by ForwardHealth. Use your ForwardHealth card to get this service.	Copays are limited to $12 per member, per provider, per month. OTC medications do not count toward the $12 copay maximum.
Medication injected during a provider visit	Full coverage	NHP covers copay cost
Mental health • Outpatient • Inpatient	 Full coverage Full coverage for ages 0-21. (Stays for ages 22-64 in institutional settings are covered for up to 15 days in a month if medically necessary). See also page 16 in this handbook.	 NHP covers copay cost NHP covers copay cost
Nursing home	Full coverage	NHP covers copay cost
Physician services	Full coverage	NHP covers copay cost
Podiatrist	Full coverage	NHP covers copay cost
Prenatal/maternity care	Full coverage	NHP covers copay cost
Substance use disorder • Outpatient • Inpatient	 *Residential and Hub and Spoke Services are covered by ForwardHealth* Full coverage See also page 16 in this handbook.	 NHP covers copay cost NHP covers copay cost
Therapy (physical, occupational, speech and language)	Full coverage	NHP covers copay cost
Transportation	Full coverage of emergency and non-emergency transportation to and from a provider for a covered service. *Covered by ForwardHealth. Use your ForwardHealth card to get this service.*	$0 for non-emergency ambulance trips $0 per trip for transportation by specialized motor vehicle No copay by common carrier or emergency ambulance

Continued on next page.

Services	BadgerCare Plus and Medicaid SSI	Copays (per service)
Vision	One exam and pair of glasses per year $100 allowance for better frames, or $80 toward contact lenses. See also page 19 in this handbook.	NHP covers copay cost

Services Covered by Network Health

Network Health is responsible for providing all medically necessary covered services under BadgerCare Plus and Medicaid SSI. Some services may require a provider's order or a prior authorization.

The list below is a summary of covered services. Please read this entire section for more information. Covered services include:

- Services by providers and nurses, including nurse practitioners and nurse midwives
- Inpatient and outpatient hospital services
- Laboratory and X-ray services
- HealthCheck for members under 21 years of age, including referral for other medically necessary services
- Certain podiatrists' (foot providers) services
- Inpatient mental health stays in institutional settings for members ages 22-64, unless provided for less than 15 days instead of traditional treatment
- Optometrists (eye providers) or optician services, including eyeglasses
- Mental health and substance abuse services (Please see special section below)
- Family planning services and supplies
- Abortions when necessary to protect the health or life of the patient or when the pregnancy was the result of sexual assault or incest
- Prostheses and other corrective support devices
- Hearing aids and other hearing services
- Home health care
- Personal care
- Independent nursing services
- Medical supplies and equipment
- Occupational therapy
- Physical therapy
- Speech therapy
- Respiratory therapy
- Nursing home services
- Medical nutrition counseling
- Hospice care
- Telehealth
- Certain dental services in certain areas (not all dental services are covered)
- Some medications administered by healthcare providers.

Extra Benefits for Network Health Members

- $100 extra allowance to upgrade eyeglass frames or $80 allowance for contact lenses
- No co-pays for Network Health covered services
- Rewards dollars for healthy behaviors (For details, check our website at www.mhswi.com/rewards.)
- 24/7 Nurse Advice Line - offers bilingual registered nurses that provide free 24-hour medical advice, 7 days a week at 1-800-280-2348
- An experienced team of local staff and clinicians to serve you
- Health education programs if you have asthma or diabetes
- Start Smart for Your Baby®, a program for pregnant women and new moms that offers health education and incentives to ensure a healthy pregnancy and first year of life for their babies. Call 1-800-496-5803.
- Online health education resources available at www.mhswi.com

Mental Health and Substance Abuse Services

Network Health provides mental health and substance abuse (drug and alcohol) services to all members. If you need these services, call your primary care provider or Network Health at 1-888-713-6180.

If you need immediate help:

- If your life or the life of someone else is in danger, call 911 or visit the nearest emergency room.
- Call the Suicide and Crisis Prevention Lifeline at 988.
- Call the Network Health 24-Hour Nurse Line at 1-800-280-2348.

All services provided are private.

Family Planning Services

Network Health 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 1-888-713-6180. We will help you choose an Network Health family planning provider who is different from your primary care provider.

We encourage you to get family planning services from an Network Health provider. This allows us to better coordinate 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 Network Health's provider network.

HealthCheck

HealthCheck covers health checkups for members younger than 21 years old. HealthCheck exams, also known as "well-child checks," are provider visits your child or young adult has when they are well. The provider 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 age 1
- Health and developmental history
- Hearing checks
- Head-to-toe physical exam
- Lead testing for children between the ages of 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 1-888-713-6180.

If you need a ride to or from a HealthCheck appointment, please call the Wisconsin non-emergency medical transportation (NEMT) manager at 1-866-907-1493 (or TTY 1-800-855-2880) to schedule a ride.

Dental Services

If you live in Milwaukee, Waukesha, Ozaukee, Kenosha, Racine, or Washington counties:
Network Health provides dental services if you live in Milwaukee, Waukesha, Ozaukee, Kenosha, Racine, or Washington counties. Network Health dental services are provided through Envolve Dental. You must go to an Envolve Dental dentist. Call Network Health at 1-888-713-6180 or use the Find a Provider tool at www.mhswi.com to find a dentist who meets your needs.

You have the right to a routine dental appointment within 90 days of your request for an appointment. Call Network Health at 1-888-713-6180 if you are unable to get a dental appointment within 90 days.

You can get a ride to your dental appointment. Call the Wisconsin non-emergency medical transportation (NEMT) manager at 1-866-907-1493 (or TTY 711) if you need help with getting a ride to or from the dentist's office. They can help you get 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 Envolve Dental
  - 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 Envolve Dental
    - Call Network Health at 1-888-713-6180 to let us know if 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.

If you live in another Wisconsin county:
If you do not reside in Milwaukee, Waukesha, Ozaukee, Kenosha, Racine, or Washington counties, you may get dental services from a Medicaid-enrolled provider who will accept your ForwardHealth ID card. To find a Medicaid-enrolled provider:

1. Go to www.forwardhealthwi.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.

You can also call ForwardHealth Member Services at 1-800-362-3002.

You have the right to a routine dental appointment within 90 days of your request for an appointment. Call ForwardHealth Member Services at 1-800-362-3002 if you are unable to get a dental appointment within 90 days.

Call the Wisconsin non-emergency medical transportation NEMT manager at 1-866-907-1493 (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 1-866-907-1493 or ForwardHealth Member Services at 1-800-362-3002 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 1-800-362-3002. 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.

Vision Services

Network Health provides vision coverage through Envolve Vision. This includes one eye exam each year and extra $100 to use for eyeglass frames or $80 to buy contact lenses. Some limitations apply. Call us at 1-888-713-6180 for more information.

Services Covered by ForwardHealth

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.
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 1-800-362-3002.

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.
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 1-800-362-3002.

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 1-866-907-1493 (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 an Network Health provider, specialist, or dentist. You can get covered prescriptions and certain over-the-counter items at any pharmacy that accepts 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 and/or Medicaid SSI or medication copayments, contact ForwardHealth Member Services at 1-800-362-3002.

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 Network Health 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

Network Health 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. Network Health 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 provider’s treatment recommendations, you may be able to get a second medical opinion. Contact your provider or our Customer Service Department at 1-888-713-6180.

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 advance 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.

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 1-800-642-6552.

New Treatments and Services

Network Health has a process for reviewing new types of services and treatments. As part of the review process, Network Health:

- 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.

New Technology

Network Health has a clinical policy committee made up of providers. They evaluate new technologies and new uses for technology. This is done as a review for possible inclusion in your benefit plan. We know it is important to stay up to date and we want our members to have access to safe and effective care.

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 Network Health. If your Network Health provider does not accept your other insurance, call the HMO Enrollment Specialist at 1-800-291-2002. They can tell you how to use both insurance plans.

If You Move

Network Health provide services in all 72 Wisconsin counties. That means you are covered wherever you move in Wisconsin. If you are planning to move but stay within your county, 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 Network Health's service area, call the HMO Enrollment Specialist at 1-800-291-2002. 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 Network Health Customer Service at 1-888-713-6180 for more information about changes in your coverage.

HMO Exemptions

Network Health 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 1-800-291-2002 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 Network Health or a network provider that is not related to a decision Network Health 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 Network Health?
Contact a Network Health Member Advocate if you have a grievance.

Write to: Network Health
Grievances and Appeals
801 S. 60th Street, Suite 200
West Allis, WI 53214

Or call: 1-888-713-6180

If you file a grievance with Network Health, you will have the opportunity to appear in-person or on the phone with the Network Health Grievance and Appeal Committee. Network Health 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?
Network Health'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 Network Health about the problem, you can call the Wisconsin HMO Ombuds Program at 1-800-760-0001. The Ombuds Program may be able to help you solve the problem or write a formal grievance to Network Health. If you are enrolled in a Medicaid SSI Program, you can also call the SSI External Advocate at 1-800-928-8778 for help with filing a grievance.

What if I disagree with Network Health's response?
If you don't agree with Network Health'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: 1-800-760-0001

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 Network Health. An appeal is a request for Network Health to review a decision that affects your services. These decisions are called adverse benefit determinations.

An adverse benefit determination is any of the following:

- Network Health plans to stop, suspend, or reduce a service you are currently getting.
- Network Health decides to deny a service you asked for.

- Network Health decides not to pay for a service.
- Network Health asks you to pay an amount that you don't believe you owe.
- Network Health 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.
- Network Health does not arrange or provide services in a timely manner.
- Network Health does not meet the required timeframes to resolve your grievance or appeal.

Network Health 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 Network Health?
If you would like to appeal an adverse benefit determination, contact a Network Health Member Advocate.

Write to: Network Health
Grievances and Appeals
801 S. 60th Street, Suite 200
West Allis, WI 53214

Or call: 1-888-713-6180

If you request an appeal with Network Health, you will have the opportunity to appeal in-person in front of Network Health's Grievance and Appeal Committee. Once your appeal is requested, Network Health 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 provider think that waiting 30 days could seriously harm your health or ability to perform your daily activities, you can request a fast appeal. If Network Health 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 Network Health Member Advocate at 1-888-713-6180.

If you want to speak with someone outside Network Health, you can call the BadgerCare Plus and Medicaid SSI Ombuds at 1-800-760-0001. If you are enrolled in a Medicaid SSI Program, you can also call the SSI External Advocate at 1-800-708-3034 for help with your appeal.

Can I continue to get the service during my appeal?
If Network Health 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 Network Health plans to stop or reduce your service.
- Within 10 days of getting notice that your service will be reduced.

If Network Health's decision about your appeal is not in your favor, you might have to pay Network Health 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 Network Health's decision about my appeal?
You can request a fair hearing with the Wisconsin Division of Hearing and Appeals if you disagree with Network Health'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 Network Health's decision on your appeal by an Administrative Law Judge in the county where you live. You must appeal to Network Health 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 Network Health's written decision about your appeal.

How do I request a fair hearing?
If you want a fair hearing:

Write 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 1-608-266-7709.

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 1-800-760-0001. If you are enrolled in a Medicaid SSI Program, you can also call the SSI External Advocate at 1-800-708-3034 for help.

Can I keep getting the service during my fair hearing?
If Network Health 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 Network Health 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 Network Health appeal. You'll have to mail, fax, or email your request within a certain timeframe, whichever is later:

- On or before the date Network Health 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 Network Health 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 and/or Medicaid SSI covered service.
    - Your right to get this member handbook in another language or format.
2. **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. Network Health must obey laws that protect you from discrimination and unfair treatment. Network Health 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 Network Health 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. Network Health must follow laws protecting the privacy of your personal and health information. See Network Health's Notice of Privacy Practices for more information.
3. **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.
4. **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 27, 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.

5. **You have a right to know about our providers and any physician incentive plans Network Health uses.** This includes:
    - Your right to ask if Network Health 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 1-888-713-6180 and request information about our physician payment arrangements.
    - Your right to request information about Network Health providers, including the provider’s education, board certification, and recertification. To get this information, call our Customer Service Department at 1-888-713-6180.
6. **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 provider agrees to the correction.
    - Call 1-888-713-6180 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.
7. **You have a right to be informed about any Medicaid covered benefits that are not available through the Network Health because of moral or religious objection. This includes:**
    - Your right to be informed of how to access these services through ForwardHealth using your ForwardHealth card.
    - Your right to disenroll from Network Health if Network Health does not cover a service you want because of moral or religious objections.
8. **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 Network Health’s decision about your appeal or if Network Health 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 Network Health’s decision about your grievance or if Network Health 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 22, Filing a Grievance or Appeal.
9. **You have the right to receive information about Network Health, its services, its practitioners, providers, and member rights and responsibilities. This includes:**
    - Your right to know about any big changes with Network Health at least 30 days before the effective date of the change.
10. **You have a right to be free to exercise your rights without negative treatment by Network Health and its network providers**. This includes:
    - Your right to make recommendations about Network Health’s Member Rights and Responsibilities Policy.

Knowing About Physician Incentive Plan

You have the right to ask if we have special financial arrangements 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 1-888-713-6180 and request information about our physician payment arrangements.

Knowing Provider Credentials

You have the right to information about our providers including the provider's education, board certification, and recertification. To get this information, call our Customer Service Department at 1-888-713-6180.

Completing an Advance Directive, Living Will, Or Power of Attorney for Health Care

You have the right to make decisions about your medical care. You have the right to accept or refuse medical or surgical treatment. You have the 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 let your provider know about your wishes by completing an advance directive, living will, or power of attorney for health care. Contact your provider for details.

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.

- You have a right to a candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
- You have the right to participate with practitioners in making decisions about your health care.
- You have the right to be treated with respect and recognition of your dignity and right to privacy.
- You have the right to be free from any form of restraint or seclusion used as a means of force, control, ease, or reprisal.
- You have the right to be free to exercise your rights without adverse treatment by the HMO and its network providers.
- You may switch HMOs without cause during the first 90 days of Network Health enrollment.
- You have the right to switch HMOs, without cause, if the State imposes sanctions or temporary management on Network Health.
- You have the right to receive information from Network Health regarding any significant changes with Network Health at least 30 days before the effective date of the change.
- You have a right to receive information about Network Health, its services, its practitioners and providers and member rights and responsibilities.
- You have a right to voice complaints or appeals about the organization or the care it provides.
- You have a right to make recommendations regarding the organization's member rights and responsibilities policy.

Network Health offers many helpful and secure tools to assist you. You also have access to your healthcare information through our Secure Member Portal. Visit mhswi.com/login.

Creating an account is free and easy. On the portal you can:

1. Change your primary care provider.
2. Update your personal information.
3. Send us a message.

Your Responsibilities

- You have a responsibility to provide the information that Network Health and its providers need to provide care.
- You have a responsibility to let Network Health know how best to contact and communicate with you. You have a responsibility to respond to communications from Network Health.
- 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 Network Health

You may switch HMOs for any reason during your first 90 days of enrollment in Network Health. After your first 90 days, you will be "locked in" to enrollment in Network Health 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 Network Health 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 Network Health.
- You have the right to end your membership with Network Health at any time if:
  - You move out of Network Health's service area.
  - Network Health 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 programs completely, you must continue to get health care services through Network Health 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 1-800-291-2002.

Your Civil Rights

Network Health provides covered services to all eligible members regardless of the following:

- Age
- Color
- Disability
- National origin
- Ethnicity
- Race
- Sex
- Gender identity
- Sexual orientation
- Religion
- Marital status

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

Care Management (Coordination)

As a member of Network Health you have access to a care management team. Care management is a free service for Network Health 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 1-844-545-6326.

Your care manager can also help you transition from the hospital or other care settings to your home. Call your care manager at 1-844-545-6326 for help if you are hospitalized.

Care management is part of your health benefits and is provided to you at no cost. Network Health pays for this service. You may be selected for these services in a variety of ways:

- Your provider may enroll you.
- We may call you after reviewing your medical information.
- You or your caregiver may call 1-888-713-6180 and ask for help.

Your care manager will help you work toward better health using the following methods:

- Frequent contact with members, family, and health providers.
- Member assessment and evaluation.
- Care planning and setting short- and long-term goals.
- Coordination of services to provide necessary and efficient care.

A care manager is a resource person:

- To answer questions about treatment
- To help you meet your health needs by using knowledge of the healthcare system.
- To help you consider your options and choices.
- To work with you to develop a plan of care for home health services, if needed. These might include such things as nursing services, medical equipment, and physical therapies.
- To help with referrals for treatment at healthcare facilities.
- To act as your link to Network Health.
- To identify covered benefits and help with referrals to specialists.
- To help to plan your transition out of the hospital. This helps reduce the stress of dealing with an often complex healthcare system.

Confidentiality

The information obtained through our care management process is confidential. It is shared only when needed to plan your care and to properly pay your claims.

Ethics
Network Health provides care management services in an ethical manner based on the Commission for Care management Certification's Statement on Ethics and Standards of Practice. Upon your request, information on Network Health policies and standards regarding its ethical framework for care management, are available to staff, members, consumers, contractors, and clients.

Health problems
If you have a serious condition and need extra help, please call Network Health. Together we can decide if you need a care management program at no cost to you.

Transition of Care

If you have moved from ForwardHealth or a BadgerCare Plus HMO to a new BadgerCare Plus 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 HMO upon enrollment to let them know who your provider is. If this provider is still not in the HMO network after 90 days, you will be given a choice of participating providers to make a new choice.
- Receive services that would pose a serious health risk or hospitalization if you did not receive them.

Transition From Pediatric Care

We can help you or your child transition from pediatric care to adult care. We will work with the pediatric provider to make sure the change goes smoothly. Members may continue to see their pediatric provider after they are adults, but it is important to move to a PCP that treats adults eventually. If you need help making this shift, just call us at 1-888-713-6180 and ask for an advocate. The advocates can also help with transitioning from Birth-to-Three programs.

Right to Medical Records

You have the right to ask for copies of your medical records from your provider(s). We can help you get copies of these records. Please call 1-888-713-6180 for help. Please note that you may have to pay to copy your medical records. You may correct inaccurate information in your medical records if your provider agrees to the correction.

Mobile Access to Your Health Records

On July 1, 2021, a new federal rule named the Interoperability and Patient Access Rule (CMS 9115 F) made it easier for members to get their health records when they need it most. You now have full access to your health records* on your mobile device. This lets you manage your health better and know what resources are open to you. Learn more about Interoperability and Patient Access on our website.

**You can get information for dates of service on or after January 1, 2016.*

Medical Decisions

Decisions Network Health makes about the services you receive are based on the care you need and on your coverage. Network Health does not do or approve of the following:

- We do not reward providers for reducing care or services.
- We do not reward anyone for issuing denials of service.
- We do not provide incentives for our decision-makers that result in underuse of services.

Medical Terminology Glossary

Advance Directive
A document expressing a person's wishes about critical care when he or she is unable to decide for himself or herself. A Living Will and a Power of Attorney for Healthcare are examples of Advance Directives.

Appeal
A request for your managed care organization to review a decision that denied, reduced, or suspended a service. For example, if your care team refuses to pay for a service or ends a service, you have the right to file an appeal.

Copayment or copay
A fixed amount ($5, for example) you pay for a covered health care service.

Durable medical equipment
Equipment for everyday or extended use that you may need because of a medical issue or disability. Durable medical equipment may include oxygen equipment, wheelchairs, or walkers.

Emergency medical condition
An illness, injury, symptom, or condition so serious that a reasonable person would seek care right away to avoid severe harm.

Emergency medical transportation
Transportation by ambulance for an emergency medical condition.

Emergency room care
Health care services you get in an emergency room.

Emergency services
Evaluation or treatment of an emergency medical condition.

Excluded services
Services your managed care organization or Medicaid do not cover.

Habilitation services
Health and long-term care services that help you keep, learn, or improve skills and functioning for daily living.

Health insurance
A contract that requires a health insurer to pay some or all of your health care costs.

Home health services (also known as home health care)
Health and long-term care services you receive at home, where you work, or in the community. Examples of home health services include nursing, medical supplies and equipment, and home health aide services.

Hospice care services
Services to provide comfort and support for people in the last stages of a terminal illness. These services include providing supportive care to the person's family and friends.

Hospitalization
Care in a hospital that requires admission as an inpatient and usually requires an overnight stay.

Hospital outpatient care
Care in a hospital or outpatient department that usually doesn't require admission to the hospital.

Medically necessary
Health and long-term care services or supplies needed to diagnose or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards.

Network
The facilities, providers, and suppliers your managed care organization has contracted with to provide health and long-term care services.

Non-network provider (also known as non-participating provider)
A provider who does not have a contract with your managed care organization to provide services to you.

Nurse Midwife
A nurse skilled in helping women with prenatal care and in childbirth, especially at home or in another non-hospital setting.

Physician services
Health care services a licensed medical physician (M.D. or Medical Doctor) provides or coordinates. Services may be provided in a physician's office, hospital, nursing home, or in your home.

Plan
An individual or group health plan that provides or pays the cost of your medical care.

Prior authorization (also known as pre-authorization)
Written approval that may be required from your managed care organization or the State of Wisconsin before you get a service or fill a prescription.

Network Provider (also known as participating provider or provider)
A provider who has a contract with your managed care organization to provide services to you.

Premium
The amount you pay to Medicare, an insurance company, or a health care plan every month for health or prescription drug coverage.

Prescription drug coverage
The payment of some or all of your costs by a health insurance plan for prescription drugs, over-the-counter medications, and medical supplies.

Prescription drugs
Drugs and medications that, by law, require a prescription.

Primary care physician
The physician (M.D. Medical Doctor or D.O. Doctor of Osteopathic Medicine) who directly provides or coordinates your health care services.

Primary care provider
A primary care physician (a medical doctor), nurse practitioner, physician assistant, or other licensed provider who provides, coordinates, or helps you access health care services.

Provider
A person who is trained and licensed to give health care.

Rehabilitation services
Services that help you keep, get back, or improve functioning for daily living due to an illness, injury, or disability.

Skilled nursing (also known as skilled nursing care)
Skilled nursing services your physician orders and that are provided by an advanced practice nurse, registered nurse (RN), or a licensed practical nurse (LPN) who is supervised by an RN.

Specialist
A physician who focuses on a specific area of medicine or surgery.

Urgent care or urgent service needs
Care for an illness, injury, or condition that requires medical care right away but not so severe it requires emergency room care.

Notice of Non-Discrimination

Network Health complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, health status, sex, sexual orientation, gender identity, or disability and will not use any policy or practice that has the effect of discriminating on the basis of race, color, national origin, health status, sex, sexual orientation, gender identity or disability.

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Covered Entities Duties

Network Health is a Covered Entity as defined and regulated under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Network Health is required by law to maintain the privacy of your protected health information (PHI), provide you with this Notice of our legal duties and privacy practices related to your PHI, abide by the terms of the Notice that is currently in affect and notify you in the event of a breach of your unsecured PHI.

This Notice describes how we may use and disclose your PHI. It also describes your rights to access, amend and manage your PHI and how to exercise those rights. All other uses and disclosures of your PHI not described in this Notice will be made only with your written authorization.

Network Health reserves the right to change this Notice. We reserve the right to make the revised or changed Notice effective for your PHI we already have as well as any of your PHI we receive in the future. Network Health will promptly revise and distribute this Notice whenever there is a material change to the following:

- The Uses or Disclosures
- Your rights
- Our legal duties
- other privacy practices stated in the notice

We will make any revised Notices available on our website (mhswi.com).

Permissible Uses and Disclosures of Your PHI

The following is a list of how we may use or disclose your PHI without your permission or authorization:

Treatment

We may use or disclose your PHI to a physician or other health care provider providing treatment to you, to coordinate your treatment among providers, or to assist us in making prior authorization decisions related to your benefits.

Payment

We may use and disclose your PHI to make benefit payments for the health care services provided to you. We may disclose your PHI to another health plan, to a health care provider, or other entity subject to the federal Privacy Rules for their payment purposes. Payment activities may include:

- processing claims
- determining eligibility or coverage for claims
- issuing premium billings
- reviewing services for medical necessity
- performing utilization review of claims

HealthCare Operations
We may use and disclose your PHI to perform our healthcare operations. These activities may include:

- providing customer services
- responding to complaints and appeals
- providing case management and care coordination
- conducting medical review of claims and other quality assessment
- improvement activities

In our healthcare operations, we may disclose PHI to business associates. We will have written agreements to protect the privacy of your PHI with these associates. We may disclose your PHI to another entity that is subject to the federal Privacy Rules. The entity must also have a relationship with you for its healthcare operations. This includes the following:

- quality assessment and improvement activities
- reviewing the competence or qualifications of healthcare professionals
- case management and care coordination
- detecting or preventing healthcare fraud and abuse.

Group Health Plan/Plan Sponsor Disclosures
We may disclose your protected health information to a sponsor of the group health plan, such as an employer or other entity that is providing a health care program to you, if the sponsor has agreed to certain restrictions on how it will use or disclose the protected health information (such as agreeing not to use the protected health information for employment-related actions or decisions).

Other Permitted or Required Disclosures of Your PHI

Fundraising Activities
We may use or disclose your PHI for fundraising activities, such as raising money for a charitable foundation or similar entity to help finance their activities. If we do contact you for fundraising activities, we will give you the opportunity to opt-out, or stop, receiving such communications in the future.

Underwriting Purposes
We may use or disclosure your PHI for underwriting purposes, such as to make a determination about a coverage application or request. If we do use or disclose your PHI for underwriting purposes, we are prohibited from using or disclosing your PHI that is genetic information in the underwriting process.

Appointment Reminders/Treatment Alternatives
We may use and disclose your PHI to remind you of an appointment for treatment and medical care with us or to provide you with information regarding treatment alternatives or other health-related benefits and services, such as information on how to stop smoking or lose.

As Required by Law
If federal, state, and/or local law requires a use or disclosure of your PHI, we may use or disclose your PHI information to the extent that the use or disclosure complies with such law and is limited to the requirements of such law. If two or more laws or regulations governing the same use or disclosure conflict, we will comply with the more restrictive laws or regulations.

Public Health Activities
We may disclose your PHI to a public health authority for the purpose of preventing or controlling disease, injury, or disability. We may disclosure your PHI to the Food and Drug Administration (FDA) to ensure the quality, safety or effectiveness products or services under the jurisdiction of the FDA.

Victims of Abuse and Neglect
We may disclose your PHI to a local, state, or federal government authority, including social services or a protective services agency authorized by law authorized by law to receive such reports if we have a reasonable belief of abuse, neglect or domestic violence.

Judicial and Administrative Proceedings
We may disclose your PHI in judicial and administrative proceedings. We may also disclose it in response to the following:

- an order of a court
- warrant
- administrative tribunal
- discovery request
- subpoena
- similar legal request
- summons

Law Enforcement
We may disclose your relevant PHI to law enforcement when required to do so, such as a response to:

- court order
- summons issued by a judicial officer
- court-ordered warrant
- subpoena
- grand jury subpoena

We may also disclose your relevant PHI to identify or locate a suspect, fugitive, material witness, or missing person.

Coroners, Medical Examiners and Funeral Directors
We may disclose your PHI to a coroner or medical examiner. This may be necessary, for example, to determine a cause of death. We may also disclose your PHI to funeral directors, as necessary, to carry out their duties.

Organ, Eye and Tissue Donation
We may disclose your PHI to organ procurement organizations. We may also disclose your PHI to those who work in procurement, banking, or transplantation of:

- cadaveric organs
- eyes
- tissue

Threats to Health and Safety
We may use or disclose your PHI if we believe, in good faith, that the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public.

Specialized Government Functions
If you are a member of U.S. Armed Forces, we may disclose your PHI as required by military command authorities. We may also disclose your PHI:

- to authorized federal officials for national security
- to intelligence activities
- the Department of State for medical suitability determinations
- for protective services of the President or other authorized persons

Workers' Compensation
We may disclose your PHI to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

Emergency Situations
We may disclose your PHI in an emergency situation, or if you are incapacitated or not present, to a family member, close personal friend, authorized disaster relief agency, or any other person previous identified by you. We will use professional judgment and experience to determine if the disclosure is in your best interests. If the disclosure is in your best interest, we will only disclose the PHI that is directly relevant to the person's involvement in your care.

Inmates
If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official, where such information is necessary for the institution to provide you with health care; to protect your health or safety; or the health or safety of others; or for the safety and security of the correctional institution.

Research
Under certain circumstances, we may disclose your PHI to researchers when their clinical research study has been approved and where certain safeguards are in place to ensure the privacy and protection of your PHI.

Uses and Disclosures of Your PHI That Require Your Written Authorization

We are required to obtain your written authorization to use or disclose your PHI, with limited exceptions, for the following reasons:

Sale of PHI
We will request your written authorization before we make any disclosure that is deemed a sale of your PHI, meaning that we are receiving compensation for disclosing the PHI in this manner.

Marketing
We will request your written authorization to use or disclose your PHI for marketing purposed with limited exceptions, such as when we have face-to-face marketing communications with you or when we provide promotional gifts of nominal value.

Psychotherapy Notes
We will request your written authorization to use or disclose any of your psychotherapy notes that we may have on file with limited exception, such as for certain treatment, payment, or healthcare operation functions.

Individuals Rights
The following are your rights concerning your PHI. If you would like to use any of the following rights, please contact us using the information at the end of this Notice.

Right to Revoke an Authorization
You may revoke your authorization at any time, the revocation of your authorization must be in writing. The revocation will be effective immediately, except to the extent that we have already taken actions in reliance of the authorization and before we received your written revocation.

Right to Request Restrictions
You have the right to request restrictions on the use and disclosure of your PHI for treatment, payment, or healthcare operations, as well as disclosures to persons involved in your care or payment of your care, such as family members or close friends. Your request should state the restrictions you are requesting and state to whom the restriction applies. We are not required to agree to this request. If we agree, we will comply with your restriction request unless the information is needed to provide you with emergency treatment. However, we will restrict the use or disclosure of PHI for payment or health care operations to a health plan when you have paid for the service or item out of pocket in full.

Right to Request Confidential Communications
You have the right to request that we communicate with you about your PHI by alternative means or to alternative locations. This right only applies if the information could endanger you if it is not communicated by the alternative means or to the alternative location you want. You do not have to explain the reason is for your request, but you must state that the information could endanger you if the communication means or location is not changed. We must accommodate your request if it is reasonable and specifies the alternative means or location where you PHI should be delivered.

Right to Access and Receive a Copy of your PHI
You have the right, with limited exceptions, to look at or get copies of your PHI contained in a designated record set. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your PHI. If we deny your request, we will provide you a written explanation and will tell you if the reasons for the denial can be reviewed and how to ask for such a review or if the denial cannot be reviewed.

Right to Amend your PHI
You have the right to request that we amend, or change, your PHI if you believe it contains incorrect information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request for certain reasons, for example if we did not create the information you want amended and the creator of the PHI is able to perform the amendment. If we deny your request, we will provide you a written explanation. You may respond with a statement that you disagree with our decision, and we will attach your statement to the PHI you request that we amend. If we accept your request to amend the information, we will make reasonable efforts to inform

others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

Right to Receive an Accounting of Disclosures
You have the right to receive a list of instances within the last 6 years period in which we or our business associates disclosed your PHI. This does not apply to disclosure for purposes of treatment, payment, health care operations, or disclosures you authorized and certain other activities. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. We will provide you with more information on our fees at the time of your request.

Right to File a Complaint
If you feel your privacy rights have been violated or that we have violated our own privacy practices, you can file a complaint with us in writing or by phone using the contact information at the end of this Notice.

You can also file a complaint with the Secretary of the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201 or calling 1-800-368-1019, (TTY: 1-866-788-4989) or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

We will not take any action against you for filing a complaint.

Right to Receive a Copy of this Notice
You may request a copy of our Notice at any time by using the contact information list at the end of the Notice. If you receive this Notice on our web site or by electronic mail (e-mail), you are also entitled to request a paper copy of the Notice.

Fraud and Abuse

If you suspect fraud or abuse of the Medicaid program, report it at www.reportfraud.wisconsin.gov.

Contact Information

Contact us if you have any questions about this Notice, our privacy practices related to your PHI or how to exercise your rights. You can contact us in writing or by phone using the contact information listed below.

Network Health
Privacy Official
801 S. 60th Street, Suite 200
West Allis, WI 53214
1-888-713-6180 (TTY: 711)

www.mhswi.com

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12/2023

Connect with us on social media.