

MEMBER RIGHTS & RESPONSIBILITIES

- You have the right to receive a member handbook and to receive information about MHS.
- You have a right to know about MHS services, practitioners and providers.
- You are entitled to all member rights & responsibilities.
- You have the right to be treated with respect and with care for your dignity and privacy.
- You have the right to make decisions about your health care. This includes the right to participate with practitioners in making decisions about your health care. This includes the right to refuse treatment.
- You have the right to receive information about treatment options. This includes the right to request a second opinion in a manner appropriate to your condition and ability to understand. This also includes the right to open discussion with your provider of treatment options for your condition, regardless of cost or benefit coverage.
- You have the right to voice complaints or appeals about this organization or the services we provide.
- You have the right to make recommendations to us regarding our member rights and responsibilities policy.
- You have the right to ask for an interpreter and have one provided to you during any Medicaid/Badger Care covered service or appeal process.
- You have the right to receive the information in the handbook in another language or another format.
- You have the right to receive health care services as provided for in Federal and State law. All covered services must be available and accessible to you. When medically appropriate, services must be available 24 hours a day, 7 days a week.
- You have the right to be free from any form of restraint or seclusion used as a means of force, control, ease of reprisal, or retaliation.
- You have the responsibility to tell your doctor and other providers what they need to know in order to treat you.
- You have the responsibility to follow the treatment plan agreed upon by you and your practitioner.
- You have a responsibility to understand your health problems. It is your responsibility to participate in developing mutually agreed upon treatment goals. This includes making and keeping appointments.
- If you are not able to keep an appointment, you must inform your doctor as soon as possible.
- It is your responsibility to present your Forward ID Card when getting care.
- If you have other insurance, you must tell your provider. You have a responsibility to follow the guidelines of your other insurance.

CIVIL RIGHTS

MHS provides covered services to all eligible Members regardless of: age, race, religion, color, disability, sex, sexual orientation, gender identity, national origin, marital status, arrest or conviction record, and/or military participation.

- All medically necessary covered services are available to all Members.
- All services are provided in the same manner to all Members.
- All persons or organizations connected with MHS who refer or recommend Members for services shall do so in the same manner for all Members.

- Translation or interpreting services are available for those who need them. This service is free.

MHS accepts individuals eligible for enrollment in the order in which they apply without restriction, unless authorized by CMS, up to the limits set under the contract.

Enrollment in MHS is voluntary, except in the case of mandatory enrollment programs that meet the conditions set forth in § 438.50(a).

MEDICAL RECORDS

You have the right to ask for copies of your medical records from your Providers. We can help you get copies of these records. Please call toll free at (888) 713-6180 for help.

PROVIDER CREDENTIALS

You have the right to information about our Providers that includes the Provider's education, board certification, and re-certification. To get this information, call our Member Services Department toll free at (888) 713-6180.

PHYSICIAN INCENTIVE PLAN

You are entitled 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 Member Services at (888) 713-6180.

COMPLAINTS

We would like to know if you have a complaint about your care at MHS. Please call your Member Advocate if you have a complaint. Call toll free at (800) 547-1647. Or you can write us at: MHS Health Wisconsin, 10700 W Research Dr. #300, Milwaukee, WI 53226.

If you want to talk to someone outside of MHS about the problem, call the HMO Enrollment Specialist. (800) 291-2002. The Enrollment Specialist may be able to help you solve the problem. They can also help you write a formal complaint to MHS or to the State HMO Program. The address of the State HMO Program is: EDS, HMO Ombuds, P.O. Box 6470, Madison, WI 53716. We cannot treat you differently than other Members because you file a complaint. Your health care benefits will not be affected.

BENEFITS DENIED

You may appeal to the State if you believe your benefits are unfairly denied, limited, reduced, delayed, or stopped by MHS. An appeal must be made no later than 45 days after the date of the action being appealed. To appeal to the State, call the HMO Ombuds at (800) 760-0001, or write to the HMO Ombuds at: EDS, HMO Ombuds, P.O. Box 6470, Madison, WI 53716.

You may also wish to appeal to the State of Wisconsin Division of Hearing and Appeals for a fair hearing if you believe your benefits are unfairly denied, limited, reduced, delayed, or stopped by MHS. An appeal must be made no later than 45 days after the date of action being appealed. If you want a fair hearing, send a written request to: Department of Administration, Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707-7875.

The hearing will be held in the county where you live. If you need a special arrangement for a disability, or for English language translation, please call (608) 266-3096 or, for the

hearing-impaired, (608) 264-9853. We cannot treat you differently than other Members because you request a fair hearing. Your health care benefits will not be affected. If you need help writing a grievance, please call the State Ombuds, (800) 760-0001.