network health

2022 Member Handbook

Member Services: 1-888-713-6180
Wisconsin Relay: 1-800-947-3529

mhswi.com

TABLE OF CONTENTS

BADGERCARE PLUS AND SSI MEDICAID BENEFITS SUMMARY

Services must be medically necessary.

Services	Standard & SSI Plan	Copays
*Pharmacy	State drug list	*$.50 - $3
Medication injected during a doctor visit	Full coverage	NHP covers
Physician visits	Full coverage	NHP covers
Inpatient hospital	Full coverage	NHP covers
Outpatient hospital	Full coverage	NHP covers
Emergency room	Full coverage	NHP covers
Nursing home	Full coverage	NHP covers
Physical therapy	Full coverage	NHP covers
Home health	Full coverage	NHP covers
Medical equipment	Full coverage	NHP covers
Medical supplies	Full coverage	NHP covers
*Transportation	Routine to & from covered services	*$1 - 3
Ambulance	Full Coverage	NHP covers
*Dental	Preventive, restorative, palliative	*$1 -3
Vision added vision	One exam & glasses per year $100 allowance for better frames or $ 80 toward contact lenses	NHP covers
Hearing	Full coverage	NHP covers
Hospice	Full coverage	No copay
Family planning	Full coverage	No copay
*Chiropractor	Full coverage	*$3
Podiatrist	Full coverage	NHP covers
Mental health outpatient	Full coverage	NHP covers
Mental health inpatient	Full coverage for ages 0-21. (Stays for ages 22-64 in institutional settings are not covered).	NHP covers
Health education	Asthma, diabetes, hypertension	NHP added benefit

* Depending on your county of residence the dental benefit may be provided by Network Health or by the state. Pharmacy and chiropractic services are provided by the state in all areas. You may access this care from any provider that will accept your ForwardHealth card. Routine transport is provided by the state through a separate company.

Services Not Covered

- Medically unnecessary services
- Artificial insemination
- Infertility treatments
- Reversal of voluntary sterilization
- Surrogate parenting and related services
- Experimental procedures and treatments
- Inpatient mental health stays in institutional settings for ages 22-64

WELCOME

Thank you for being a member of Network Health. As a member, you should get all your health care from doctors and hospitals in the Network Health network. You can find the list of providers at www.mhswi.com.

The Provider Directory will have the most up to date information:

- Provider's name
- Clinic address(es)
- Telephone numbers
- If they are accepting new patients
- Languages spoken
- Gender
- Medical specialty
- Professional qualifications
- Board certification status

You may also call us at 1-888-713-6180 to learn more about a provider's medical school and residency information. If you need a paper copy of the directory, please call us at 1-888-713-6180.

INTERPRETER SERVICES

English - If you do not speak English, language assistance services, free of charge, are available to you. Call 1-888-713-6180.

Spanish - si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-713-6180 (TTY: 1-800-947-3529).

Russian - Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-713-6180 (TTY: 1-800-947-3529).

Hmong - Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-713-6180 (TTY: 1-800-947-3529).

Chinese: 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: 1-800-947-3529).

Laotian: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-888-713-6180 (TTY: 1-800-947-3529).

Somali: 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: 1-800-947-3529)
Hearing Impaired Members:

Call the Wisconsin Relay Service at 1-800-947-3529. Ask the operator to connect you to us at 1-888-713-6180.

Network Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Network Health at 1-888-713-6180. Interpreter services are provided free of charge to you during any service.

IMPORTANT MHS HEALTH PHONE NUMBERS

Customer Service	1-888-713-6180	Monday – Friday, 8 a.m. – 6 p.m.
24/7 Nurse Advice Line	1-800-280-2348	Call 24 hours a day, 7 days a week

Hearing Impaired Members, call Wisconsin Relay Service at 1-800-947-3529. Ask the operator to connect you to us at 1-888-713-6180.

USING YOUR FORWARDHEALTH ID CARD

Your ForwardHealth ID card is the card you will use to get your BadgerCare Plus, Medicaid SSI, Care4Kids, Children Come First, or Wraparound Milwaukee benefits. MHS Health does not issue ID cards. Always carry your ForwardHealth ID card with you and show it every time you go to the doctor or hospital and every time you get a prescription filled. You may have problems getting health care or prescriptions if you do not have your card with you. Also bring any other health insurance cards you may have. This could include any ID card from your HMO/PIHP Program or other service providers.

CHOOSING A PRIMARY CARE PHYSICIAN (PCP)

When you need care, it is important to call your primary care provider (PCP) first. It is important to choose a primary care physician to manage all your health care. You can choose a primary care physician from the list of doctors accepting new patients, as marked in the Network Health Provider Directory. Network Health doctors are sensitive to the needs of many cultures. To choose a primary care physician or to change primary care physicians, call our Customer Service Department at 1-888-713-6180. Your primary care physician will

help you decide if you need to see another doctor or specialist and, if appropriate, give you a referral. Remember, you must get approval from your primary care provider before you see another doctor.

Women may see a women's health specialist, such as an Obstetrician and Gynecologist (OB/GYN), nurse midwife, or licensed midwife, without a referral in addition to choosing from their primary care physician.

RURAL AREA RESIDENT

If you live in a rural area with only one HMO and your current primary care physician is not a Network Health provider, you may continue to see this provider for up to 60 days. Please call us as soon as you enroll to let us know who your provider is. If this provider is still not in the Network Health network after 60 days, you will be given a list of participating providers to make a new choice.

ACCESSING THE CARE YOU NEED

Emergency care is care needed right away. This may be caused by an injury or a sudden illness. Some examples are:

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

If you need emergency care, try to go to an Network Health provider for help. If your condition can't wait, go to the nearest provider (hospital, doctor, or clinic). Call 911 or your local police or fire department emergency services if the emergency is very severe and you are unable to get to the nearest provider.

If you must go to a non-Network Health hospital or provider, call us at 1-888-713-6180 as soon as you can and tell us what happened.

Remember, hospital emergency rooms are for true emergencies only. Unless you have a true emergency, call your doctor or our 24-hour emergency number at 1-800-280-2348 before you go to the emergency room. If you do not know if your illness or injury is an emergency, call 24-hour emergency number at 1-800-280-2348. We will tell you where you can get care.

A prior authorization is not required for emergency services.

URGENT CARE

Urgent Care is care you need sooner than a routine doctor's visit but is not an emergency. Some examples are:

- Most broken bones
- Minor burns
- Minor cuts
- Most drug reactions
- Sprains
- Non-severe bleeding
- Bruises

You must get urgent care from Network Health providers unless you get our approval to see a non-Network Health in-network provider. Do not go to a hospital emergency room for urgent care unless you get approval from Network Health first.

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 (PCP) or clinic.

For true emergencies, go to the nearest hospital, clinic, or doctor. Call Network Health at 1-888-713-6180 as soon as you can to tell us what happened.

For urgent or routine care away from home, you must get approval from us to go to a different doctor, clinic, or hospital. This includes children who are spending time away from home with a parent or relative. Call us at 1-888-713-6180 for approval to go to a different doctor, clinic or hospital.

CARE DURING PREGNANCY AND DELIVERY

If you become pregnant, please let us and your income maintenance (IM) agency know right away, so you can get the extra care you need. You do not have copayments when you are pregnant.

You must go to a Network Health hospital to have your baby. Talk to your Network Health doctor to make sure you know which hospital you are to go to when it is time to have your baby. Do not go out of area to have your baby unless you have Network Health approval. Your Network Health doctor knows your history and is the best doctor to help you.

Also, talk to your doctor if you plan to travel in your last month of pregnancy. We want you to have a healthy birth and a good birthing experience, so it may not be a good time for you to be traveling.

WHEN YOU MAY BE BILLED FOR SERVICES

Covered and Noncovered Services

Under BadgerCare Plus or Medicaid SSI, you do not have to pay for covered services other than required copayments. The amount of your copay cannot be greater than it would have been in fee-for-service. To help ensure that you are not billed for services, you must see a provider in Network Health's network. The only exception is for emergencies. If you are willing to accept financial responsibility and make a written payment plan with your provider, you may ask for noncovered services. Providers may bill you up to their usual and customary charges for noncovered services.

If you get a bill for a service that you did not agree to, please call us at 1-888-713-6180.

COPAYMENTS

Under BadgerCare Plus and Medicaid SSI, Network Health and its providers and subcontractors may bill you small service fees, called copayments. The following members do not have to pay copayments:

- Nursing home residents
- Pregnant women
- Members younger than 19 years old who are members of a federally recognized tribe

- Members younger than 19 years old with incomes at or below 100 percent of the federal poverty level

You may have copayments for emergency services provided outside of Wisconsin. If you are a BadgerCare Plus childless adult, you may have an $8.00 copay if you go to the emergency room when it is not an emergency.

MEDICAL SERVICES RECEIVED OUTSIDE WISCONSIN

If you travel outside Wisconsin and need emergency care, health care providers in the area where you travel can treat you and send the bill to Network Health. You may have copayments for emergency services provided outside Wisconsin.

Network Health does not cover any services, including emergency services, provided outside the United States, Canada, and Mexico. If you need emergency services while in Canada or Mexico, we will cover the service only if the doctor's or hospital's bank is in the United States. Other services may be covered with Network Health approval if the provider has a U.S. bank. Please call Network Health if you get any emergency services outside the United States.

If you get a bill for services, call our Customer Service Department at 1-888-713-6180 right away.

OTHER INSURANCE

If you have other insurance in addition to Network Health, you must tell your doctor or other health care provider. Your doctor or other health care provider must bill your other insurance before billing Network Health. If your Network Health doctor or other health care provider does not accept your other insurance, call the HMO Enrollment Specialist at 1-800-291-2002. The HMO Enrollment Specialist can tell you how to use both insurance plans.

SERVICES COVERED BY MHS HEALTH WISCONSIN

Network Health is responsible for providing all medically necessary covered services under BadgerCare Plus and Medicaid SSI.

Network Health provides all medically necessary covered services. Some services may require a doctor's order or a prior authorization. Covered services include:

- Services by doctors and nurses, including nurse practitioners and nurse midwives.
- Inpatient and outpatient hospital services.
- Laboratory and X-ray services.
- Health Check for members under 21 years of age, including referral for other medically necessary services.
- Certain podiatrists' (foot doctors) services.
- Inpatient care at institutions for mental disease (care for persons 22-64 years of age is not included).
- Optometrists (eye doctors) 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.
- This health plan provides all managed care covered services. We do not refuse any services due to religious or moral objections.

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 for a list of providers at 1-888-713-6180. If you need immediate help, you can call our 24-Hour Nurse Line at 1-800-280-2348, which is open seven days a week. All services provided are private.

FAMILY PLANNING SERVICES

We provide private family planning services to all member, including minors. If you do not want to talk to your primary care doctor about family planning, call our Customer Service Department at 1-888-713-6180. We will help you choose a Network Health family planning doctor who is different from your primary care doctor.

We encourage you to get family planning services from a Network Health doctor so that we can better coordinate all your health care. However, you can also go to any family planning clinic that will accept your ForwardHealth ID card, even if the clinic is not part of Network Health.

DENTAL SERVICES

If you live in Milwaukee, Waukesha, Ozaukee, Kenosha, Racine or Washington counties, Network Health provides all covered dental services. You must go to a Network Health dentist. Call the Member Service Department at 1-888-713-6180 or use the “Find a Provider” tool on our website at www.mhswi.com.

As a member of Network Health, you have the right to a routine dental appointment within 90 days of your request either in writing or over the phone to the Customer Service Department.

If you do not reside in one of the counties listed above, you may get dental services from a Medicaid-enrolled provider who will accept your ForwardHealth ID card. Dental services are a covered benefit under BadgerCare Plus and Care4Kids.

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 Plus.

Or, you can call ForwardHealth Member Services at 1-800-362-3002.

Dental Emergencies
If you have a dental emergency, you have the right to obtain treatment within 24 hours of your request. A dental emergency is a need for immediate dental services to treat severe dental pain, swelling, fever, infection, or injury to the teeth.

What to do if you or your child has a dental emergency:

1. If you already have a dentist who is with Network Health:
   - Call the dentist's office.
   - Tell the dentist's office that you or your child is having a dental emergency.
   - Tell the dentist's office what the exact dental problem is. This may be something like a toothache or swollen face.
   - Call us if you need help with getting a ride to or from your dental appointment.

2. If you do not currently have a dentist who is with Network Health:
   - Call 1-888-713-6180. Tell us that you/your child is having a dental emergency. We can help you get emergency services.
   - Tell us if you need help getting a ride to or from the dentist's office.

Call Network Health if you need help with getting a ride to or from the dentist's office.

For help with a dental emergency, call 1-888-713-6180.

CHIROPRACTIC SERVICES

Chiropractic services are a covered benefit under BadgerCare Plus and Medicaid SSI. You may get covered chiropractic 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 Plus.

Or, you can call ForwardHealth Member Services at 1-800-362-3002.

VISION SERVICES

Network Health provides covered visions services, including eyeglasses; however, some limitations apply. For more information, call our Customer Service Department at 1-888-713-6180.

AUTISM TREATMENT SERVICES

Behavioral treatment services are a covered benefit under BadgerCare Plus. You may get covered 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.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 Plus.

Or, you can call ForwardHealth Member Services at 1-800-362-3002.

HEALTH CHECK

Health Check is a preventive health checkup program that covers complete health checkups, including treatment for health problems found during the checkup, for members under age 21. These checkups are very important for children's health. Doctors need to see those younger than 21 years old for regular checkups, not just when they are sick. Your child may look and feel well yet may have a health problem.

The Health Check health program has three purposes:

1. To find and treat children's health problems for those younger than 21 years old.
2. To increase awareness of the special health services for those younger than 21 years old.
3. To make those younger than 21 years old eligible for some health care not otherwise covered.

The HealthCheck checkup includes:

- Age-appropriate immunizations (shots)
- Blood and urine lab tests (including blood lead level testing when age appropriate)
- Dental screening and a referral to a dentist beginning at 1 year old
- Health and developmental history
- Hearing screening
- Physical examination
- Vision screening
-

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 Department of Health Services (DHS) non-emergency medical transportation (NEMT) manager at 1-866-907-1493 (or TTY 711) to schedule a ride.

TELEHEALTH

Network Health allows certain covered services to be provided via telehealth (also known as "telemedicine"). Telehealth enables a provider who is located at a distant site to render the service remotely to a member located at an originating site using a combination of interactive video, audio, and externally acquired images through a networking environment.

When utilizing a Network Health in-network provider, there is no restriction on the location of a distant site provider. In addition, there are no limitations on what provider types may be reimbursed for telehealth services.

Services provided via telehealth must be of sufficient audio and visual reliability and clarity as to be the equivalent of a face-to-face visit.

Coverage of a service provided via telehealth is subject to the same restrictions as when the service is provided face to face (for example, allowable providers, multiple service limitations, Prior Authorization).

HIPAA confidentiality requirements apply to telehealth services.

Services that are not covered when delivered in person are not covered as telehealth services. In addition, services that are not equal to the in-person service when provided via telehealth are not covered.

SERVICES COVERED DIRECTLY BY THE STATE

Transportation Services

Non-emergency medical transportation (NEMT) is available through the DHS NEMT manager. The NEMT manager arranges and pays for rides to covered services for members who have no other way to receive a ride. Non-emergency medical transportation 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

Additionally, if you use your own private vehicle for rides to and from your covered health care appointments, you may be eligible for mileage reimbursement.

You must schedule routine rides at least two business days before your appointment. You can schedule a routine ride by calling the NEMT manager at 1-866-907-1493 (or TTY 711), Monday through Friday, from 7:00 a.m. until 6:00 p.m. You may also schedule rides for urgent appointments. A ride to an urgent appointment will be provided in three hours or less.

Pharmacy Benefits

You may get a prescription from a Network Health doctor, specialist, or dentist. You can get covered prescriptions and certain over-the-counter items at any pharmacy that will accept your ForwardHealth ID card.

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

CARE EVALUATION / HEALTH NEEDS ASSESSMENT

(BadgerCare Plus Childless Adults and SSI Managed Care only)

As a member of Network Health, you may be asked to talk with a trained staff member about your health care needs. We will contact you within the first 60 days of your being enrolled with us to schedule a time to talk about your medical history and the care you need. It is very important that you talk with Network Health so

that you can get the care and services you need. If you have questions or would like to contact us directly to schedule a time to talk about your health care needs, please call 1-888-713-6180.

IF YOU MOVE

If you are planning to move, contact your current Income Maintenance (IM) agency. If you move to a different county, you must also contact the IM agency in your new county to update your eligibility for BadgerCare Plus or Medicaid SSI.
If you move out of the Network Health service area, call the HMO Enrollment Specialist at 1-800-291-2002. The HMO Enrollment Specialist will help you choose a new HMO that serves your new area.

GETTING A SECOND MEDICAL OPINION

If you disagree with your doctor's treatment recommendations, you may be able to get a second medical opinion. Contact your doctor or our Customer Service Department at 1-888-713-6180 for information.
You may seek a second medical opinion or consultation from other physicians on recommended treatments at no additional cost beyond usual co-pay amounts. You may also seek a second opinion from a non-Network Health provider.

Second medical opinions or consultations will be subject to all terms, conditions, exclusions and limitations of the health plan coverage. If needed, we can help you get a second opinion from outside of our network.

HMO EXEMPTIONS

Generally, you must enroll in an HMO to get health care benefits through BadgerCare Plus and Medicaid SSI. An HMO exemption means you are not required to join an HMO to get your health care benefits. Most exemptions are granted for only a short period of time, primarily 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.

GETTING HELP WHEN YOU HAVE QUESTIONS OR PROBLEMS

Network Health Member Advocate
Network Health has a Member Advocate to help you get the care you need. You should contact your Member Advocate for help with any questions about getting health care and solving any problems you may have getting health care from Network Health. You can reach the Member Advocate at 1-888-713-6180.

Enrollment Specialist
To get information about what managed care is and other managed care choice counseling, you can contact call the HMO Enrollment Specialist at 1-800-291-2002 for assistance.

External Advocate (for Medicaid SSI Only)
If you have problems getting health care services while you are enrolled with Network Health Wisconsin for Medicaid SSI, call the SSI External Advocate at 1-800-708-3034.

State of Wisconsin HMO Ombuds Program
The state has designated Ombuds (individuals who provide neutral, confidential and informal assistance) who can help you with any questions or problems you have as an HMO member. The Ombuds can tell you how to

get the care you need from your HMO. The Ombuds can also help you solve problems or complaints you may have about your HMO. Call 1-800-760-0001 and ask to talk to an Ombuds.

FILING A GRIEVANCE OR APPEAL

Complaints or Grievances

A grievance is any complaint about your HMO or health care provider that is not an adverse Benefit determination (see "Appeals" below for more about adverse benefit determinations. Grievance topics include things like the quality of services you were provided, rudeness from a provider or an employee, and not respecting your rights as a member.

We would like to know if you ever have a grievance about your care at Network Health. Please call our Member Advocate at 1-888-713-6180, or write to us at the following address if you have a grievance:

Network Health
801 S. 60th Street, Suite 200
West Allis, WI 53214

If you want to talk to someone outside Network Health about the problem, call the HMO Enrollment Specialist at 1-800-291-2002. The HMO Enrollment Specialist may be able to help you solve the problem or write a formal grievance to Network Health or to the BadgerCare Plus or Medicaid SSI programs. 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 grievances.

The address to file a complaint grievance with the BadgerCare Plus or Medicaid SSI programs is:

BadgerCare Plus and Medicaid SSI
Managed Care Ombuds
P.O. Box 6470
Madison, WI 53716-0470
1-800-760-0001

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

Appeals

An appeal is a request for a review of an adverse benefit determination. 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 that has only one health maintenance organization.
- Network Health fails to arrange or provide services in a timely manner.
- Network Health fails to meet the required timeframes to resolve your grievance or appeal.

Your authorized representative or your provider may request an appeal for you if you have given them consent to do so. When requesting an appeal, first you must appeal to Network Health. The request for an appeal must be made no more than 60 days from the date on the written adverse benefit determination notice.

If you need help writing a request for an appeal, please call your HMO Advocate at 1-888-713-6180 or 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.

If you disagree with Network Health's decision about your appeal, you may request a fair hearing with the Wisconsin Division of Hearing and Appeals. The request for a fair hearing must be made no more than 90 days after the date you receive Network Health's written decision about your appeal.

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 with an administrative law judge in the county where you live. 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 1-608-266-3096 (voice) or 1-608-264-9853 (hearing impaired).

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.

You will not be treated differently from other members because you request a fair hearing. Your health care benefits will not be affected.

You may request to have the disputed services continued while the Network Health appeal and State fair hearing process are occurring. The request to continue services must happen on or before the later of the following:

- Within 10 days of receiving the notice that services were denied or changed, or
- Before the effective date of the denial or change in benefits. You may need to pay for the cost of services if the hearing decision is not in your favor.

YOUR RIGHTS

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 doctor know about your wishes by completing an advance directive, living will, or power of attorney for health care. Contact your doctor 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.

YOUR RESPONSIBILITIES

- You have a responsibility to supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care.
- You have a responsibility to follow plans and instructions for care that they have agreed to with their practitioners.
- You have a responsibility to understand their health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.

You have the right to disenroll from the HMO if:

- You move out of the HMO/PIHP's service area
- Your HMO/PIHP does not, for moral or religious objections, cover a service you want
- You need a related service performed at the same time, not all related services are available within the provider network, and your PCP or another provider determines that receiving the services separately could put you at unnecessary risk
- Other reasons, including poor quality of care, lack of access to services covered under the contract, or lack of access to providers experienced in dealing with your care needs.

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.

FRAUD AND ABUSE

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

CARE MANAGEMENT SERVICES

Network Health has several programs to improve the health of our members. We do this through education and personal help from our staff. This is referred to as care management. The goal of this service is to add to the quality of your care and help you improve your health.

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 doctor 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.

HMO Moral or Religious Objection
The HMO will inform members of any covered Medicaid benefits which are not available through the HMO because of an objection on moral or religious grounds. Network Health will inform members about how to access those services through the State.

Your Member Rights
- You have the right to have an interpreter with you during any BadgerCare Plus or Medicaid SSI covered service.
- You have the right to get the information provided in this member handbook in another language or format.
- You have the right to get 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, seven days a week.
    - You have the right to get information about treatment options including the right to request a second opinion.

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 practitioner to make sure the change goes smoothly. Members may continue to see their pediatric practitioner 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 doctor 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 which 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

NEW TECHNOLOGY

We have a clinical policy committee. The committee is made up of doctors. 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.

EXTRA BENEFITS WITH MHS HEALTH WISCONSIN

- $100 allowance to upgrade eyeglass frames or $80 allowance for contact lenses
- No co-pays for office visits with PCP
- Rewards 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 classes if you have asthma, diabetes or high blood pressure
- 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 member benefits and health education resources available at www.mhswi.com

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
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 doesn't 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.—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, 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.

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

MHS Health Wisconsin 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.

MHS Health Wisconsin:

* Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).

* Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

  If you need these services, contact MHS Health Wisconsin at 1-888-713-6180 (TTY/TDD: 1-800–947–3529).

If you believe that MHS Health Wisconsin has failed to provide these services or discriminated in another way on the basis of 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; MHS Health Wisconsin's 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 https://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).

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

English:

If you, or someone you are helping, have questions about MHS Health Wisconsin, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-888-713-6180 (TTY: 1-800-947-3529).

Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-713-6180 (TTY: 1-800-947- 3529).

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: 1-800-947-3529).

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：1-800-947-3529）。

ລາວ (Laotian)

ໂປດຊາບຖ້າວ່າ ທ່ານເວ ້ າພາສາ ລາວ :, ການບໍ ລິ ການຊ່ວຍເຫຼ ືອດ ້ ານພາສາ, ໂດຍບ່ ເສ ັ ງຄ່ າ, ເຂ ົ ້ າ ໝ ີ ພ ້ ອມໃຫ ້ ທ ່ ານ ໂທຣ .1-888-713-6180 (TTY: 1-800-947-3529).

Burmese

ေက်းဇူးျပဳ၍ နားဆင္ပါ - သင္သည္ ျမန္မာစကားေျပာသူျဖစ္ပါက၊ သင့္အတြက္ အခမဲ့ျဖင့္ ဘာသာစကားကူညီေရး ဝန္ေဆာင္မွဳမ်ား ရရွိနိုင္သည္။ 1-888-713-6180 (TTY: 1-800-947-3529) 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: 1-800-947-3529).

Русский язык (Russian)
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-713-6180 (телетайп: 1- 800-947-3529).

Serbo-Croatian
PAŽNJA: Ako govorite srpsko-hrvatski imate pravo na besplatnu jezičnu pomoć. Nazovite 1-888-713-6180 (telefon za gluhe: 1-800-947-3529).

Deutsch (German)
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-713- 6180 (TTY: 1-800-947-3529).

العربية Arabic
تنبيه: إذا كنتم تتحدثون العربية، تتوفر لكم مساعدة لغوية مجانية. اتصلوا بالرقم 1-888-713-6180 (هاتف نصي :1-800-947-3529)

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: 1-800-947-3529)

한국어 (Korean)
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-1-888-713-6180 (TTY: 1-800-947-3529)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: 1-800-947-3529).

Français (French):
ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-713-6180 (ATS: 1-800-947-3529).

Polski (Polish):
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-713-6180 (TTY: 1-800- 947-3529).

ह िंदी (Hindi):
आप या जिसकी आप मदद कर रहे हैं उनके , Network Health के बारे में कोई सवाल हो, तो आपको जबना ककसी खर्च के अपनी भाषा में मदद और िानकारी प्राप्त करने का अजिकार है। ककसी दुभाजषये से बात करने के जलए 1-888-713- 6180 (TDD/TTY: 1-800-947-3529) 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: 1- 800-947-3529).

Tagalog (Tagalog, Filipino):
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888- 713-6180 (TTY: 1-800-947-3529).

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.

For help to translate or understand this, please call 1-888-713-6180. TDD/TTY 1-800-947-3529.

Si necesita ayuda para traducir o entender este texto, por favor llame al telefono.
1-888-713-6180. (TTY 1-800-947-3529). Interpreter services are provided free of charge to you.

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 (www.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
  - administrative tribunal
  - subpoena
  - summons
  - warrant
  - discovery request
  - similar legal request

- *Law Enforcement* - We may disclose your relevant PHI to law enforcement when required to do so. For example, in response to a:
  - court order
  - court-ordered warrant
  - subpoena
  - summons issued by a judicial officer
  - 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
  - tissues

- *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 you 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.

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
Attn: Privacy Official
801 S. 60th Street
Suite 200
West Allis, WI 53214
1-888-713-6180
TDD/TTY: 1-800-947-3529

Network Health
801 S. 60th Street
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