







## 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, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີ ພ້ອມໃຫ້ທ່ານ. ໂທ 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](tel:1-888-713-6180) (TTY: [1-800-947-3529](tel:1-800-947-3529))

**Burmese:** သင်သည် မြန်မာစကားပြောပါက ဘာသာစကားဆိုင်ရာ ဝန်ဆောင်မှုများ အခမဲ့ ရယူနိုင်ပါသည်။ [1-888-713-6180](tel:1-888-713-6180) (TTY: [1-800-947-3529](tel:1-800-947-3529)) ကို ဖုန်းဆက်ပါ။

### Hearing Impaired Members:

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

Interpreter services are provided free of charge to you during any service.

## IMPORTANT NETWORK HEALTH PHONE NUMBERS

---

Member Service                      1-888-713-6180                      Monday – Friday, 8 a.m. – 7 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 (800) 947-3529. Ask the operator to connect you to us at (888) 713-6180.

## WELCOME

---

Thank you for choosing Network Health (NHP). As a member of Network Health, you will receive all of your healthcare from NHP doctors and hospitals. See the Find a Provider page at [www.mhswi.com](http://www.mhswi.com) for a list of these providers. You may also call our Member Service Department at (888) 713-6180 to get a paper copy.

## WE WANT TO HEAR FROM YOU

---

We want to know what you like and do not like about Network Health. We want to make sure that we are exceeding your expectations for service. We want to know what we need to do to improve our

service delivery to you. Call our Member Services Department to tell us what you think. You also may log on to our website to provide feedback on our benefits and services.

Come and see NHP in your neighborhood. Visit our website at [www.mhswi.com](http://www.mhswi.com) and see when we are at a health fair or community meeting near you. We can answer questions about your benefits and services.

## RENEW YOUR HEALTH BENEFITS

---

Do you know the date of your next renewal? Make sure you keep your benefits for you and your family. If you need help renewing your coverage, we can help. Call us and ask to speak with a member advocate at (888) 713-6180. If you miss your renewal date you may lose your health plan coverage.

## COMMUNICATIONS FROM NHP

---

As a valued member, you will hear from us regularly. We will notify you of any significant changes in our programs at least 30 days prior to the change taking effect. When you join, you will get a copy of this handbook and a member newsletter every four months. You also may get a postcard or phone call reminding you of needed exams. Some of our members are required to complete a **health screening or assessment**. We conduct these over the phone with you, or if you prefer, this can be done through a face-to-face visit in your home or a meeting place in the community. Our staff will always identify themselves when we call you or return your calls.

## YOUR FORWARDHEALTH ID CARD

---

Always carry your ForwardHealth ID card with you and show it every time you get care. You may have problems getting care or prescriptions if you do not have your card with you. Also bring any other health insurance cards you may have.



## PRIMARY CARE PROVIDER (PCP)

---

It is important to call your primary care provider (PCP) first when you need care. This doctor will manage all of your healthcare. If you think you need to see another doctor or a specialist, ask your PCP. Your PCP will help you decide if you need to see another doctor.













A case 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 NHP
- 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 case management process is confidential. It is shared only when needed to plan your care and to properly pay your claims.

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

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

## **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](http://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.

## **TRANSITIONS**

---

### **Transitions 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 888-713-6180 and ask for an advocate.

The advocates can also help with transitioning from Birth-to-Three programs or other changes in your needs from healthcare providers.

## SERVICES COVERED DIRECTLY BY THE STATE

---

### 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](http://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.

### 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 healthcare 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 1-800-855-2880), 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 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 may still get your prescriptions. Call ForwardHealth Member Services at 1-800-362-3002 for help.

## WHEN YOU MAY BE BILLED FOR SERVICES

---

### Covered and Noncovered Services

Under BadgerCare Plus and Medicaid SSI, you do not have to pay for covered services other than required copayments. To help ensure that you are not billed for services, you must see a provider in our 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 you did not agree to, please call 1-888-713-6180.

### Copayments

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

- Medicaid SSI members
- 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.

## MEDICAL SERVICES RECEIVED OUTSIDE WISCONSIN

---

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

BadgerCare Plus and Medicaid SSI 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 HMO approval if the provider has a U.S. bank. Please call us if you get any emergency services outside the United States.

If you get a bill for services, call us at 1-888-713-6180.

## ASSESSMENTS AND EVALUATIONS

---

As a member of our health plan, you may be asked to talk with a trained staff member about your healthcare needs. We will contact you within the first 60 days of your being enrolled to schedule a time to talk about your medical history and the care you need. It is very important that you talk with us 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 healthcare needs, please call us and ask for a health assessment. 1-888-713-6180.











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 provider.

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 ForwardHealth 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.

## **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.

### **Effective 07.01.2017**

For help to translate or understand this, please call 1-888-713-6180.

Hearing impaired 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

© 2018 MHS Health Wisconsin. All rights reserved.

Member Services: (888) 713-6180

[www.mhswi.com](http://www.mhswi.com)

- Our legal duties
- other privacy practices stated in the notice.

We will make any revised Notices available (*Insert appropriate delivery method for line of business, such as Member Handbook, Website, separate mailing*).

**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 disclose 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 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.







## 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, age, disability, or sex. Network Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Network Health:

\* 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 Network Health at 1-888-713-6180.

If you believe that Network Health 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; Network Health'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:

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

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).

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).





