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BADGERCARE AND SSI MEDICAID BENEFITS SUMMARY

Services	Standard & SSI Plan	Co pay
*Medication	State drug list	*\$.50 - \$3
Physician visits	Full coverage	NH covers
Inpatient hospital	Full coverage	NH covers
Outpatient hospital	Full coverage	NH covers
Emergency room	Full coverage	NH covers
Nursing home	Full coverage	NH covers
Physical therapy	Full coverage	NH covers
Home health	Full coverage	NH covers
Medical equipment	Full coverage	NH covers
Medical supplies	Full coverage	NH covers
*Transportation	Routine to & from covered services	*\$1 - 3
*Autism treatment	Full coverage	*\$1 - 3
Ambulance	Full Coverage	NH covers
*Dental	Preventive, restorative, palliative	*\$1 -3
Vision	One exam & glasses per year	NH covers
added vision	\$100 allowance for better frames or \$ 80 toward contact lenses	NH covers
Hearing	Full coverage	NH covers
Hospice	Full coverage	No copay
Family planning	Full coverage	No copay
*Chiropractor	Full coverage	*\$3
Podiatrist	Full coverage	NH covers
Mental health	Outpatient – full coverage. Inpatient stays for age 22-64 in institutional settings are not covered.	NH covers
Health education	NH added benefit	Asthma, diabetes, hypertension

*Depending on your county of residence the dental benefit may be provided by Network Health or by the state. Pharmacy, chiropractic, autism treatment 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
- Reversal of voluntary sterilization
- Infertility treatments
- Surrogate parenting and related services
- Artificial insemination
- Inpatient mental health stays in institutional settings for ages 22 – 64
- Experimental procedures and treatments

INTERPRETER SERVICES

English - For help to translate or understand this, please call (888) 713-6180.

Spanish- Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono (888) 713-6180.

Russian - Если вам не всё понятно в этом документе, позвоните по телефону (888) 713-6180.

Hmong - Yog xav tau kev pab txhais cov ntaub ntawv no kom koj totaub, hu rau (888) 713-6180.

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.

NurseWise 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

Welcome to Network Health. As a member of Network Health, you will receive all your healthcare from Network Health doctors and hospitals. See the Network Health Provider Directory for a list of these providers. You may also call our Member Service Department at (888) 713-6180 or visit our website at www.mhswi.com Providers not accepting new patients are marked with an *.

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 Network Health in your neighborhood. Visit our website at 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 NETWORK HEALTH

As a valued member, you will hear from us regularly. 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 our website or on paper. 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.

You **MUST** choose a PCP within 30 days of joining this health plan. If you do not choose a PCP, one will be selected for you. A list of in-plan doctors, hospitals and urgent care facilities is in the Provider Directory or online at www.mhswi.com. Providers who are not accepting new patients are marked in the Provider Directory.

You can choose a PCP in the following ways:

- mail in the PCP selection form enclosed in this packet (no stamp is needed) or
- call us at (888) 713-6180 to tell us which doctor you have selected or for help choosing or
- log in to the member portal on our website at www.mhswi.com and send us a note

PROVIDER NETWORK

For the most part, you must get care from our network of healthcare providers. If you cannot get a covered service from one of our in-plan providers, we can allow the use of a non-plan provider for as long as needed. There will be no additional cost to you. Call us if you need help getting services.

NOTE: Women may also see a women's health specialist (for example an OB/GYN doctor or a nurse midwife) in addition to choosing a PCP. There are Network Health doctors who are sensitive to the needs of many cultures.

RURAL AREA RESIDENT

If you live in a rural area with only one HMO and your current primary care physician is not a network 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 after 60 days, you will be given a list of participating providers to make a new choice.

EMERGENCY CARE

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, go to a Network Health provider for help if you can. BUT, if the emergency is severe, go to the nearest provider (hospital, doctor or clinic). You may want to call 911 if the emergency is severe.

If you must go to a non-Network Health hospital or provider, call us at (888) 713-6180 as soon as you can and tell us what happened. This is important so we can help you get follow-up care.

Remember, hospital emergency rooms are for true emergencies only. Call your doctor or our 24-hour NurseWise nurse advice line at (800) 280-2348 before you go to the emergency room, unless your emergency is severe.

URGENT CARE

Urgent Care is care you need sooner than a routine doctor's visit. Urgent care is not emergency care. Do not go to a hospital emergency room for urgent care unless your doctor tells you to go there. Some examples of urgent care are:

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

If you need urgent care, call our NurseWise nurse advice line at (800) 280-2348. We will tell you where you can get care. You must get urgent care from Network Health doctors unless you get our approval to see a non-Network Health doctor.

Remember; do not go to a hospital emergency room for urgent care unless you get approval from n Health Wisconsin first.

HOW TO GET MEDICAL 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 assigned primary care physician (PCP) or clinic.

For 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 (888) 713-6180 for approval to go to a different doctor, clinic or hospital.

PREGNANCY AND DELIVERY CARE

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

Talk to your 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 our approval. Your 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.

SERVICES COVERED BY NETWORK HEALTH

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 opticians' services, including eyeglasses.

- Mental health treatment.
- Substance abuse (drug and alcohol) services.
- 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
- Certain dental services in certain areas (not all dental services are covered)

MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

Network Health provides mental health and substance abuse services through a company called Cenpatico. If you need these services, please call (800) 589-3186. You also can go to the Cenpatico website at www.cenpatico.com. Your call is private and you talk to a real person who makes sure all of your mental health needs are met. While staff members can help you in most cases, if you have a life-threatening emergency, please go to the nearest hospital ER. Decisions are made based on a set of guidelines. Cenpatico does not pay people to make decisions that will deny you the care you need.



To find out more about your provider go to www.cenpatico.com or call (800) 589-3186. You can find out if your provider is listed. You also can learn which schools he or she attended, if he or she finished a residency and more.

FAMILY PLANNING SERVICES

We provide confidential family planning services to all enrollees. This includes minors. If you do not want to talk to your primary care doctor about family planning, call our Member Service Department at (888) 713-6180. We will help you choose a Network Health family planning doctor who is different from your primary care doctor.

You also can go to any family planning clinic that will accept your ForwardHealth ID card even if the clinic is not part of Network Health. But we encourage you to receive family planning services from a Network Health doctor. That way we can better coordinate all of your healthcare.

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DENTAL SERVICES

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

If you do not reside in one of the counties listed above, you may get dental services from any dentist who will accept your ForwardHealth ID card. Your dental services are provided by the state, not Network Health.

Dental Emergencies:

A dental emergency is an immediate dental service needed to treat 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.
 - Identify yourself or your child as 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. Make sure the office understands that you or your child is having a dental emergency.
 - Call us if you need help with transportation to your dental appointment.
2. If you do not currently have a dentist who is with Network Health:
 - Call (888) 713-6180. Tell us that you/your child is having a dental emergency. We can help you get emergency services.

HEALTH CHECK

Health Check is a preventive health checkup program for members under age 21. The Health Check program covers complete health checkups. These checkups are very important for children’s health. Your child may look and feel well, yet may have a health problem. Your doctor wants to see your children for regular checkups, not just when they are sick.

The Health Check health program has three purposes:

1. To find and treat children’s health problems early,
2. To let you know about the special child health services you can receive, and
3. To make your children eligible for healthcare not otherwise covered.

The Health Check program covers care for any health problems found during the checkup including medical care, eye care and dental care.

The Health Check checkup includes:

- a health history
- physical exam
- developmental assessment
- hearing and vision test
- blood and urine lab tests
- complete immunizations (shots)

Children age 1 and older will be referred to a dentist. You will receive help choosing and getting to a dentist. Ask your child's primary care doctor when your child should have his/her next Health Check exam.

AMBULANCE

Network Health covers ambulance service for emergency care.

EXTRA BENEFITS WITH NETWORK HEALTH

- ♥ \$100 allowance to upgrade eyeglass frames or \$80 allowance for contact lenses
- ♥ No co-pays for office visits with PCP
- ♥ CentAccount debit card with cash rewards for healthy behaviors
- ♥ NurseWise® - offers bilingual registered nurses that provide free 24-hour medical advice, 7 days a week at (800) 280-2348
- ♥ An experienced team of local staff and clinicians to serve you
- ♥ Newsletters full of helpful information 4 times a year
- ♥ 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, available at (800) 496-5803
- ♥ Online member benefits and health education resources available at www.mhswi.com



CASE 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 case management. The goal of this service is to add to the quality of your care and help you improve your health.

Case 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:

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- Your doctor may enroll you
- We may call you after reviewing your medical information
- You or your caregiver may call (888) 713-6180 and ask for help

Your case 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 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 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 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 Network Health 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 Network Health. 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.
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.
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

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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.

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.

OTHER INSURANCE

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

IF YOU MOVE

If you are planning to move, contact your eligibility agency. If you move to a different county, you must also contact the eligibility agency in your new county to update your eligibility.

If you move out of Network Health's service area, call the enrollment specialist at (800) 291-2002. Network Health will only provide emergency care while you are out of our service area. The enrollment specialist will help you choose an HMO that serves your area.

SECOND MEDICAL OPINION

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 of the 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. Give us a call at (888) 713-6180 for help with this.

PROVIDER CREDENTIALS

You have the right to information about our providers that includes the provider's education, board certification, and recertification. To get this information, call our Member Services Department or see our website at www.mhswi.com

FRAUD AND ABUSE PROGRAM

Fraud and abuse means getting benefits or payments to which you are not entitled. Please let us know if you are aware of someone who is committing fraud or abuse under the Medicaid program. This could be a provider or a member.

Some examples of fraud and abuse include:

- A lie on an application
- Using someone else's ForwardHealth card
- A provider (doctor) billing for services that were not done

You can report suspected fraud or abuse to us by calling Member Services at (888) 713-6180. Ask for the fraud program. All information will be kept private. Stopping fraud and abuse will provide more time and money for your healthcare needs.

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 Customer Service Department at (888) 713-6180 and request information about our physician payment arrangements.

HMO EXEMPTIONS

An HMO exemption means you are not required to join an HMO to receive your healthcare benefits. Most exemptions are granted for only a short period of time so you can 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 (800) 291-2002 for more information.

LIVING WILL OR POWER OF ATTORNEY FOR HEALTHCARE

You have a right to make decisions about your medical care. You have a right to accept or refuse medical or surgical treatment. You also have the right to plan and direct the types of healthcare you may receive in the future if you become unable to express your wishes. You can let your doctor know about your feelings by completing a living will or power of attorney for healthcare form. Contact your doctor for more information.

RIGHT TO MEDICAL RECORDS

You have the right to ask for copies of your medical record from your provider(s). We can help you get copies of these records. Please call us for help. Please note: You may have to pay to copy your medical record. You also may correct wrong information in your medical records if your doctor agrees to the correction.

NETWORK HEALTH MEMBER ADVOCATES

Network Health has member advocates to help you get the care you need. The advocate can answer your questions about getting healthcare from Network Health. The advocate also can help you solve any problems you may have getting healthcare from Network Health. You can reach the advocate at (888) 713-6180.

EXTERNAL ADVOCATE (For Medicaid SSI only)

If you have problems getting services while you are enrolled in our Medicaid SSI program, call the state SSI HMO advocate at (800) 708-3034.

STATE OF WISCONSIN HMO OMBUDSMAN PROGRAM

The state has ombudsmen who can help you with any questions or problems you have as an HMO member. The ombudsman can tell you how to get the care you need from your HMO. The ombudsman also can help you solve problems or complaints you may have about the HMO program or your HMO. Call (800) 760-0001 and ask to speak to an ombudsman.

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COMPLAINTS, GRIEVANCES AND APPEALS

We would like to know if you have a complaint about your care at Network Health. Please call a Network Health member advocate at (800) 547-1647 if you have a complaint. Or you can write to us at Network Health, 10700 W. Research Dr. #300, Milwaukee, WI 53226.

If you want to talk to someone outside of Network Health about the problem, call the HMO enrollment specialist at (800) 291-2002. The enrollment specialist may be able to help you solve the problem, or can help you write a formal grievance to Network Health or to the Wisconsin Managed Care Program. The address to complain to the Wisconsin Managed Care Program is Wisconsin Managed Care, Ombudsman, P. O. Box 6470, Madison, WI 53716-0470, (800) 760-0001.

If your complaint or grievance needs action right away because a delay in treatment would greatly increase the risk to your health, please call Network Health as soon as possible at (888) 713-6180.

We cannot treat you differently than other members because you file a complaint or grievance. Your healthcare benefits will not be affected.

You have the right to appeal to the State of Wisconsin Division of Hearings and Appeals (DHA) for a fair hearing if you believe your benefits are wrongly denied, limited, reduced, delayed or stopped by Network Health. An appeal must be made no later than 45 days after the date of the action being appealed. If you appeal this action to DHA before the effective date, the service may continue. You may need to pay for the cost of services if the hearing decision is not in your favor. 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. You have the right to bring a friend or be represented at the hearing. If you need a special arrangement for a disability, or for English language translation, please call (608) 266-3096 (voice) or (608) 264-9853 (hearing impaired).

We cannot treat you differently than other members because you request a fair hearing. Your healthcare benefits will not be affected.

If you need help writing a request for a fair hearing, please call:

Wisconsin Managed Care Ombudsman - (800) 760-0001.

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.

MEMBER RIGHTS & RESPONSIBILITIES

You have the right to receive a Member Handbook and to receive information about Network Health. You have a right to know about Network Health services, practitioners and providers. You are entitled to all member rights.

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 healthcare. This includes the right to participate with practitioners in making decisions about your healthcare. 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/BadgerCare-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 healthcare 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.

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Member Services: (888) 713-6180

www.mhswi.com

CIVIL RIGHTS

Network Health provides covered services to all eligible members regardless of age, race, religion, color, disability, sex, sexual orientation, national origin, marital status, arrest or conviction record 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 Network Health 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.

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

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 09.23.2013

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 keep the privacy of your protected health information (PHI). We must give you this Notice. It includes our legal duties and privacy practices related to your PHI. We must follow the terms of the current notice. We must let you know if there is a breach of your unsecured PHI.

This Notice describes how we may use and disclose your PHI. It describes your rights to access, change and manage your PHI. It also says how to use rights.

Network Health can change this Notice. We reserve the right to make the revised or changed Notice effective for your PHI we already have. We can also make it effective for any of your PHI we get in the future. Network Health will promptly update and get you this Notice whenever there is a material change to the following stated in the notice:

- The Uses and Disclosures
- Your Rights
- Our Legal Duties
- Other privacy practices stated in the notice

Updated notices will be on our website and in our Member Handbook. We will also mail you or email you a copy on request.

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 healthcare provider providing treatment to you. We do this to coordinate your treatment among providers. We also do this to help us with prior authorization decisions related to your benefits.
- **Payment.** We may use and disclose your PHI to make benefit payments for the healthcare services you received. We may disclose your PHI for payment purposes to another health plan, a healthcare provider, or other entity. This is subject to the federal Privacy Rules. 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.
- **Appointment Reminders/Treatment Alternatives.** We may use and disclose your PHI to remind you of an appointment for treatment and medical care with us. We may also use or disclose it to give you information about treatment alternatives. We may also use or disclose it for other health-related benefits and services. For example, information on how to stop smoking or lose weight.

- **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. We do this when the use or disclosure complies with the law. The use or disclosure is limited to the requirements of the law. There could be other laws or regulations that conflict. If this happens, we will comply with the more restrictive laws or regulations.
- **Public Health Activities.** We may disclose your PHI to a public health authority to prevent or control disease, injury, or disability. We may disclose your PHI to the Food and Drug Administration (FDA). We can do this to ensure the quality, safety or effectiveness of products or services under the control of the FDA.
- **Victims of Abuse and Neglect.** We may disclose your PHI to a local, state, or federal government authority. This includes social services or a protective services agency authorized by law to have these reports. We will do this 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 needed, for example, to determine a cause of death. We may also disclose your PHI to funeral directors, as needed, 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 it is needed to prevent or lessen a serious or imminent threat. This includes threats 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. These are programs 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 unable to respond or not present. This includes to a family member, close personal friend, authorized disaster relief agency, or any other person you told us about. We will use professional judgment and experience to decide if the disclosure is in your best interests. If it is in your best interest, we will only disclose the PHI that is directly relevant to the person's involvement in your care.
 - Research. In some cases, we may disclose your PHI to researchers when their clinical research study has been approved. They must have safeguards in place to ensure the privacy and protection of your PHI.

Verbal Agreement to Uses and Disclosure of Your PHI

We can take your verbal agreement to use and disclose your PHI to other people. This includes family members, close personal friends or any other person you identify. You can object to the use or disclosure of your PHI at the time of the request. You can give us your verbal agreement or objection in advance. You can also give it to us at the time of the use or disclosure. We will limit the use or disclosure of your PHI in these cases. We limit the information to what is directly relevant to that person's involvement in your healthcare treatment or payment.

We can take your verbal agreement or objection to use and disclose your PHI in a disaster situation. We can give it to an authorized disaster relief entity. We will limit the use or disclosure of your PHI in these cases. It will be limited to notifying a family member, personal representative or other person responsible for your care of your location and general condition. You can give us your verbal agreement or objection in advance. You can also give it to us at the time of the use or disclosure 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 few exceptions, for the following reasons:

- **Sale of PHI.** We will request your written approval before we make any disclosure that is deemed a sale of your PHI. A sale of your PHI means we are getting paid for disclosing the PHI in this manner.

Marketing. We will request your written approval to use or disclose your PHI for marketing purposed with limited exceptions. For examples, when we have face-to-face marketing communications with you. Or, when we give promotional gifts of nominal value.

- **Additional Restrictions on Use and Disclosure.** Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including highly confidential information about you. "Highly confidential information" may include confidential information under Federal laws governing alcohol and drug abuse information and genetic information as well as state laws that often protect the following types of information:

1. HIV/AIDS;
2. Mental health;
3. Genetic tests;
4. Alcohol and drug abuse;
5. Sexually transmitted diseases and reproductive health information; and
6. Child or adult abuse or neglect, including sexual assault.

All other uses and disclosures of your PHI not described in this Notice will be made only with your written approval. You may take back your approval at any time. The request to take back approval must be in writing. Your request to take back approval will go into effect as soon as you request it. There are two cases it won't take effect as soon as you request it. The first case is when we have already taken actions based on past approval. The second case is before we received your written request to stop.

Your Rights

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

- **Right to Request Restrictions.** You have the right to ask for restrictions on the use and disclosure of your PHI for treatment, payment or healthcare operations. You can also ask for disclosures to persons involved in your care or payment of your care. This includes family members or close friends. Your request should state the restrictions you are asking for. It should also say to whom the restriction applies. We are not required to agree to this request. If we agree, we will comply with your restriction request. We will not comply if the information

is needed to provide you with emergency treatment. However, we will restrict the use or disclosure of PHI for payment or healthcare 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 ask that we communicate with you about your PHI in other ways or locations. This right only applies if the information could endanger you if it is not communicated in other ways or locations. You do not have to explain the reason for your request. However, you must state that the information could endanger you if the change is not made. We must work with your request if it is reasonable and states the other way or location where you PHI should be delivered.
- **Right to Access and Received 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 ask that we give copies in a format other than photocopies. We will use the format you ask for unless we cannot practicably do so. You must ask in writing to get access to your PHI. If we deny your request, we will give you a written explanation. We will tell you if the reasons for the denial can be reviewed. We will also let you know how to ask for a review or if the denial cannot be reviewed.
- **Right to Change your PHI.** You have the right to ask that we change your PHI if you believe it has wrong information. You must ask in writing. You must explain why the information should be changed. We may deny your request for certain reasons. For example, if we did not create the information you want changed and the creator of the PHI is able to perform the change. If we deny your request, we will provide you a written explanation. You may respond with a statement that you disagree with our decision. We will attach your statement to the PHI you ask that we change. If we accept your request to change the information, we will make reasonable efforts to inform others of the change. This includes people you name. We will also make the effort to include the changes in any future disclosures of that information.
- **Right to Receive an Accounting of Disclosures.** You have the right to get a list of times within the last 6 year period in which we or our business associates disclosed your PHI. This does not apply to disclosure for purposes of treatment, payment, healthcare operations, or disclosures you authorized and certain other activities. If you ask for this 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 give you 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. You can also do this by phone. Use the contact information at the end of this Notice. You can also submit a written complaint to the U.S. Department of Health and Human Services (HHS). See the contact information on the HHS website at www.hhs.gov/ocr. If you request, we will provide you with the address to file a written complaint with HHS. **WE WILL NOT TAKE ANY ACTION AGAINST YOU FOR FILING A COMPLAINT.**

- Right to Receive a Copy of this Notice. You may ask for a copy of our Notice at any time. Use the contact information listed at the end of the Notice. If you get this Notice on our website or by email, you can request a paper copy of the Notice.

Contact Information

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. You can also contact us by phone. Use the contact information listed below.

Network Health
Attn: Privacy Official
10700 W Research Dr., Ste. 300
Milwaukee, WI 53226
1-888-713-6180
TTY: 1-800-947-3529