



BadgerCare Plus/Medicaid SSI Member Handbook

2022-2023

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Interpreter Services:

Written translation or oral interpretation is available for those members who need them. This service is free.

English – ATTENTION: If you speak English, language assistance services are available to you free of charge. Call 1-888-203-7770 (TTY: 711).

Spanish – ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-203-7770 (TTY: 711).

Hmong – LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-203-7770 (TTY: 711).

Chinese – 注意：如果您说中文，您可获得免费的语言协助服务。请致电1-888-203-7770 (TTY 文字电话: 711)。

German – ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-203-7770 (TTY: 711).

Arabic – ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-302-888 (رقم هاتف الصم والبكم 711).

Russian – ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-203-7770 (телетайп: 711).

Korean – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-203-7770 (TTY: 711)번으로 전화해 주십시오.

Vietnamese – CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-203-7770 (TTY: 711).

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 1-888-203-7770 (TTY: 711).

Laotian – ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ຄມ່ນມີ ພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-203-7770 (TTY: 711).

French – ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-203-7770 (ATS : 711).

Polish – UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-203-7770 (TTY: 711).

Hindi – ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-888-203-7770 (TTY: 711) पर कॉल करें।

Albanian – KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-888-203-7770 (TTY: 711).

Tagalog – PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-203-7770 (TTY: 711).

Somali – DIGTOONI: Haddii aad ku hadasho afka Soomaaliha, adeegyada caawimada luqadda waxaa lagu heli karaa iyagoo bilaash ah. Wac 1-888-203-7770 (TTY: 711).

Serbo-Croatian – OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-203-7770 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

Group Health Cooperative of Eau Claire:

- 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 our Member Services Department at 1-715-552-4300 or 1-888-203-7770 (toll-free).

Important Group Health Cooperative of Eau Claire Telephone Numbers:

Member Services	1-715-552-4300 or 1-888-203-7770	7:00 a.m. to 6:00 p.m. Monday thru Friday
Emergency Number	1-800-835-2362	Call 24 hours a day, seven (7) days a week
TDD/TTY	711	

Welcome to Group Health Cooperative of Eau Claire:

Welcome to Group Health Cooperative of Eau Claire (the Cooperative). As a member of the Cooperative, you should get all your health care from doctors and hospitals in the Cooperative network. See the Provider Directory for a list of these providers at <https://group-health.com/members/badgercare-plus-and-medicaid-ssi>. You may also call our Member Services Department at 1-715-552-4300 or 1-888-203-7770 (toll-free) if you would like a Provider Directory mailed to you. Providers accepting new patients are marked in the Provider Directory.

Using Your Forward Health ID Card:

Your ForwardHealth ID Card is the card you will use to get your BadgerCare Plus or Medicaid SSI benefits. The Cooperative does not provide a separate ID card. 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.



Choosing a Primary Care Physician:

When you need care, it is important to call your primary care physician 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 Cooperative Provider Directory. The Cooperative ensures that doctors are sensitive to the needs of many cultures. To choose a primary care physician or to change primary care physicians, call our Member Service Department at 1-715-552-4300 or 1-888-203-7770 (toll-free). 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 physician 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 their primary care physician.

Accessing the Care You Need:

Emergency Care

Emergency care is care needed right away. Some examples are:

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

If you need emergency care try to go to a network provider for help. If your condition cannot 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 hospital or provider, call the Cooperative at 1-715-552-4300 or 1-888-203-7770 (toll-free) 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 Teladoc at 1-800-835-2362 before you go to the emergency room. If you do not know if your illness or injury is an emergency, call your primary care clinic. Some clinics have after hour services available. 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 it is not emergency care. Some examples are:

- Bruises
- Minor burns
- Minor cuts
- Most broken bones
- Most drug reactions
- Bleeding that is not severe
- Sprains

You must get urgent care from network doctors unless you first get our approval to see a non-network doctor. Do not go to a hospital emergency room for urgent care unless you get approval from the Cooperative 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 or clinic.

- You may call our 24-hour emergency number Teladoc at 1-800-835-2362. For true emergencies, go to the nearest hospital, clinic or doctor. Call the Cooperative at 1-715-552-4300 or 1-888-203-7770 (toll-free) as soon as you are able to tell us what happened.
- For urgent or routine care away from home, you must get approval from the Cooperative 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 1-715-552-4300 or 1-888-203-7770 (toll-free) for approval to go to a different doctor, clinic or hospital.

Care During Pregnancy and Delivery

If you become pregnant, please let the Cooperative 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 hospital to have your baby. Talk to your network doctor to make sure you understand 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 the Cooperative's approval. Your network 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 and 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 the Cooperative'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 customary charges for noncovered services.

If you get a bill for a service you did not agree to or if you would like to submit a claim, please call our Member Services Department at 1-715-552-4300 or 1-888-203-7770 (toll-free).

Copayments

Under BadgerCare Plus and Medicaid SSI, the Cooperative 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

Medical Services Received Outside Wisconsin

If you travel outside of Wisconsin and need emergency care, health care providers in the area where you travel can treat you and send the bill to the Cooperative. You will have to pay for any service you get outside Wisconsin if the health care provider refuses to submit claims or refuses to accept Badger Care Plus or Medicaid payment as payment in full. You may have copayments for emergency services provided outside Wisconsin. You may also call our 24-hour emergency number Teladoc at 1-800-835-2362 before you require emergency care.

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

If you get a bill for services, call our Member Services Department at 1-715-552-4300 or 1-888-203-7770 (toll-free) right away.

Other Insurance:

If you have other insurance in addition to the Cooperative, you must tell your doctor or other provider. Your doctor or other health care provider must bill your other insurance before billing the

Cooperative. If your network doctor or 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 the Cooperative:

The Cooperative is responsible for providing all medically necessary covered services under BadgerCare Plus and/or Medicaid SSI.

Service	BadgerCare Plus Standard Plan and Medicaid SSI
Ambulatory Surgery Centers	Coverage of certain surgical procedures and related lab services.
Disposable Medical Supplies (DMS)	Full coverage with no copayment.
Durable Medical Equipment (DME)	Full coverage with no copayment. Rental items are not subject to copayment.
End Stage Renal Disease (ESRD)	Full coverage with no copayment
Hearing Services	Full coverage with no copayment. No copayment for hearing aid batteries.
Home Care Services – Home Health, Private Duty Nursing (PDN), and Personal care.	Full coverage of private duty nursing, home health care, personal care with no copayment.
Hospice	Full coverage with no copayment.
Hospital - Inpatient	Full coverage with no copayment.
Hospital - Outpatient	Full coverage with no copayment.
Hospital – Outpatient Emergency Room	Full coverage with no copayment.
Nursing Home Services	Full coverage with no copayment.
Physician	Full coverage including laboratory and radiology with no copayment.
Podiatry	Full coverage with no copayment.
Prenatal /Maternity Care	Full coverage with no copayment. Includes Prenatal Care Coordination (PNCC) and preventive mental health and substance abuse screening and counseling for women at risk of mental health or substance abuse problems.
Reproductive Health	Full coverage, excluding infertility treatments, reversal of voluntary sterilization and surrogate parenting and related

Service	BadgerCare Plus Standard Plan and Medicaid SSI
	services, including but not limited to artificial insemination, obstetrical care, labor or delivery, prescription and OTC drugs.
Therapy - Physical Therapy, Occupational Therapy and Speech and Language Pathology	Full coverage with no copayment.

Mental Health and Substance Abuse Services

The Cooperative provides mental health and substance abuse (drug and alcohol) services to all members. If you need these services, call the Cooperative at 1-715-552-4300 or 1-888-203-7770 (toll-free) or visit the Cooperative’s website at www.group-health.com to view a list of providers. If you need immediate help, you can call our 24-Hour number Teladoc at 1-800-835-2362 (toll free).

All services provided by the Cooperative are private.

Family Planning Services

We provide private family planning services to all members, including minors. If you do not want to talk to your primary care physician about family planning, call our Member Services Department at 1-715-552-4300 or 1-888-203-7770 (toll-free). We will help you choose a network family planning doctor who is different from your primary care physician.

We encourage you to get family planning services from a network doctor so that way 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 the Cooperative.

Dental Services

Dental services are a covered benefit for you. You may get covered dental services from a Medicaid-enrolled provider who will accept your ForwardHealth ID card. To find a Medicaid-enrolled provider:

1. Go to www.forwardhealth.wi.gov
2. Click on the Members link or icon in the middle section of the page
3. Scroll down and click on the Resources tab
4. Click on the Find a Provider link
5. Under Program, select BadgerCare Plus.

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

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. If you are experiencing a dental emergency:

- Call ForwardHealth Member Services at 1-800-362-3002. Tell them that you or your child is having a dental emergency. They can help you get dental services.
- Tell them if you need help with getting a ride to or from the dentist's office.

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.forwardhealth.wi.gov
2. Click on the Members link or icon in the middle section of the page.
3. Scroll down and click on the Resources tab.
4. Click on the Find a Provider link.
5. Under Program, select BadgerCare Plus.

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

Vision Services

The Cooperative provides covered vision services including eyeglasses; however, some limitations apply. For more information, call our Member Services Department at 1-715-552-4300 or 1-888-203-7770 (toll-free).

Population Health Management Programs

The Cooperative offers comprehensive population health management programs for members which include complex case management and disease management. A list of programs and how to enroll can be found on the Cooperative's website at <https://group-health.com/members/tools-and-resources/health-and-wellness-programs>.

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 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.

HealthCheck Services

HealthCheck is a program that covers complete health checkups, including treatment for health problems found during the checkup, for members younger than 21 years old. These checkups are very important. Doctors need to see those younger than 21 years old for regular checkups, not just when they are sick.

The HealthCheck program has three purposes:

1. To find and treat 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 under 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 Member Services Department at 1-715-552-4300 or 1-888-203-7770 (toll-free).

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.

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 Cooperative network 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.

BadgerCare Plus Standard and Medicaid SSI Prior Authorization Guide:

The Cooperative provides all medically necessary covered services. Some services may require a prior authorization. Covered services and copayment amounts are listed separately in this handbook. Please refer to the table of contents in this handbook for "Services Covered by the Cooperative." Your provider should handle your prior authorization for you.

Services that Require Prior Authorization

Prior authorization is required:

- To see a non-network provider
- For some mental health and substance abuse services
- For some ambulance transportation
- For admissions
- For outpatient surgeries
- For non-emergent surgeries
- For specialized pharmacy services
- For some radiology services

For more detail, see prior authorization guidelines on page 14.

Please call our Member Services Department at 1-715-552-4300 or 1-888-203-7770 (toll-free) for more detailed information on how to obtain prior authorization or to check on the status of your prior authorization.

Service	Prior Authorization Yes (Y) or No (N)
Ambulance	N
Cardiac Rehabilitation	Y
Dental	Not covered by the Cooperative. Use your ForwardHealth ID Card
Disposable Medical Supplies (DMS)	N
Drugs	Not covered by the Cooperative. Use your ForwardHealth ID Card
Durable Medical Equipment (DME)	Y - Purchases over \$300.00, rental over 30 days, all orthotics
Emergency Professional Fee	N
Emergency Room (ER)	N
HealthCheck	N
Home Health	Y
Hospice	N
Immunizations	N
Inpatient Hospital	Y
Laboratory Services	Y - Genetic testing only
Mental Health and Substance Abuse-Day Treatment	Y
Mental Health and Substance Abuse-Inpatient	Y
Mental Health and Substance Abuse Intensive Outpatient	Y
Nursing Home/Skilled Nursing	Y
Outpatient Hospital	N
Physical Therapy (PT)	Y - After six visits
Physician Visits/Professional Services	N
Podiatric Services	Y
Prenatal Care/Maternity	N
Preventive Services	N
Radiology Services	Y - CT, MRI, PET scans and Nuclear Imaging
Reproductive Health	N
Speech Language Pathology (SLP)/Occupational Therapy (OT)	Y
Transportation (Non-emergent medical, includes ambulance and specialized vehicle)	Not covered by the Cooperative. Please call the non-emergency medical transportation manager (NEMT) at 1-866-907-1493 (or TTY 711).
Vision (Optical)	N

For a more complete list of services requiring prior authorization, please visit our website at www.group-health.com.

Services that are not covered include but are not limited to:

- Procedures or services that are cosmetic
- Services that required approval (prior authorization) before you received them
- Procedures or services that are experimental/investigational*

Smoking and Nicotine Cessation Policy

The status of your health plays a large role in the wound healing process, and your habits can also affect the body's ability to recover after surgery. Research shows that tobacco and nicotine use prevents wound healing and reduces the amount of necessary oxygen and nutrients injured tissues need to heal. It also increases the risk for post-operative complications.

To achieve the best possible outcomes for our members, the Cooperative maintains a smoking and nicotine cessation policy for elective surgeries. Members seeking prior authorization for elective surgery who use tobacco or nicotine products will be required to discontinue the use of these products for a minimum of 60 days in advance of any requested procedure and must have a negative nicotine test through their provider prior to procedure. If you need assistance with quitting, please speak with your doctor about available options.

* See our Quality and Patient Safety webpage for how the Cooperative evaluates new technology for inclusion as a covered benefit at <https://group-health.com/providers/quality-and-patient-safety>.

An approved prior authorization does not guarantee payment for non-covered services.

Care Evaluation/Health Needs Assessment: (BadgerCare Plus Childless Adults and SSI Managed Care only)

As a member of the Cooperative, you may be asked to talk with a trained staff member about your health care needs. Your case manager will contact you within the first 60 days of being enrolled with the Cooperative to schedule a time to talk about your medical history and the care you need. It is very important that you talk with your case manager so that you can get the care and services you need. If you have questions or would like to contact the Cooperative directly to schedule a time to talk about your health care needs, please call 1-715-552-4300 or 1-888-203-7770 (toll-free).

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 Cooperative's 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 Member Services Department at 1-715-552-4300 or 1-888-203-7770 (toll-free) for information.

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:

The Cooperative Member Advocate

The Cooperative 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 the Cooperative. You can reach the Member Advocate at 1-715-552-4300 or 1-888-203-7770 (toll-free).

Enrollment Specialist

To get information about what managed care is and other managed care choice counseling, you can contact and 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 the Cooperative for Medicaid SSI, call the SSI HMO Advocate at 1-800-928-8778.

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 the HMO Program or your HMO. Call 1-800-760-0001 and ask to talk to an Ombuds.

Filing a Grievance or Appeal:

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 information 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 with a Cooperative provider. Please call our Member Services Department at 1-715-552-4300 or 1-888-203-7770 (toll-free), or write to us at the following address if you have a grievance:

Attn: Appeals
Group Health Cooperative of Eau Claire
P.O. Box 3217
Eau Claire, WI 54702-3217

If you want to talk to someone outside of the Cooperative 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 the Cooperative or to the BadgerCare Plus and Medicaid SSI programs. If you are enrolled in a Medicaid SSI Program, you can also call the SSI External Advocate at 1-800-928-8778 for help with grievances.

The address to file a grievance with the BadgerCare Plus and 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. The Cooperative has 30 days from when the grievance was received to submit an answer to you. The Cooperative must let you know if they need an extension, and a letter is then generated to you requesting an extension.

Appeals

An appeal is a request for a review of an adverse benefit determination. An adverse benefit determination is any of the following:

- The Cooperative plans to stop, suspend, or reduce a service you are currently getting.
- The Cooperative decides to deny a service you asked for.
- The Cooperative decides not to pay for a service.
- The Cooperative asks you to pay an amount that you don't believe you owe.
- The Cooperative 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.
- The Cooperative fails to arrange or provide services in a timely manner.
- The Cooperative 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, you must appeal to the Cooperative first. The request for an appeal must be made no more than 60 days from the date on the written adverse benefit determination notice. The member's appeal letter should include the following information:

- Member name
- Member ID
- Member phone number
- Member address
- Member reason/nature of grievance and appeal

You will not be treated differently from other members because you filed an appeal. Your health care benefits will not be affected. The Cooperative has 30 days from when the appeal was received to submit an answer to you. The Cooperative must let you know if they need an extension, and a letter is then generated to you requesting an extension.

If you need help writing a request for an appeal, please call our Member Services Department at 1-715-552-4300 or 1-888-203-7770, the BadgerCare Plus and Medicaid SSI Ombuds at 1-800-760-0001, or the HMO Enrollment Specialist at 1-800-291-2002. If you are enrolled in a Medicaid SSI Program, you can also call the SSI External Advocate at 1-800-928-8778 for help with your appeal.

To send your request for an appeal, you can write to us at the following address:

Attn: Appeals
Group Health Cooperative of Eau Claire
P.O. Box 3217
Eau Claire, WI 54702-3217

If you disagree with the Cooperative'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 the Cooperative'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 or the HMO Enrollment Specialist at 1-800-291-2002. If you are enrolled in a Medicaid SSI Program, you can also call the SSI External Advocate at 1-800-928-8778 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 dispute services continued while the Cooperative's 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 Member Services Department at 1-715-552-4300 or 1-888-203-7770 (toll-free) and request information about our physician payment arrangements.

Knowing 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 at 1-715-552-4300 or 1-888-203-7770 (toll-free).

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

You have a right to make decisions about your medical care. You have a 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 more information.

You have the right to file a grievance with the Department of Health Services, Division of Quality Assurance if your advance directive, living will, or power of attorney wishes are not followed. You may request help in filing a grievance.

Transition of Care

If you have moved from ForwardHealth or a BadgerCare Plus/SSI Health Plan to a new BadgerCare Plus/SSI Health Plan, 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.

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 1-715-552-4300 or 1-888-203-7770 (toll-free) 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.

Group Health Cooperative of Eau Claire Moral or Religious Objection

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

The Cooperative's 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.
- You have the right to participate with practitioners to make decisions about your health care.
- You have the right to be treated with respect and recognition of your dignity and your 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 Cooperative and its network providers.
- You may switch HMOs without cause during the first 90 days of enrollment into the Cooperative.
- You have the right to switch HMOs, without cause, if the State imposes sanctions or temporary management on the Cooperative.
- You have the right to receive information from the Cooperative regarding any significant changes with the Cooperative at least 30 days before the effective date of the change.
- You have the right to receive information about the Cooperative, its services, its practitioners and providers, and member rights and responsibilities.
- You have the 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 make recommendations regarding the Cooperative's member rights and responsibilities policy.
- You have the right to appeal decisions or voice complaints about the Cooperative or the care it provides.
- You have the right to disenroll from the Cooperative if:
 - You move out of the Cooperative's service area.
 - The Cooperative 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.

The Cooperative's Member Responsibilities

- You have a responsibility to follow plans and instructions for care that you have agreed to with your practitioner.
- You have a responsibility to understand your health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.
- You have a responsibility to read and understand your benefits, or call us if you have questions.
- You have a responsibility to select a primary care clinic/doctor from any in-network provider.
- You have a responsibility to use providers in the network, unless it is an emergency.
- You have a responsibility to provide us and your providers with complete and accurate information about your health.
- You have a responsibility to report changes in your health to your doctor and understand the care being provided to you.
- You have a responsibility to keep your scheduled appointments or call your provider if you need to cancel.
- You have a responsibility to contact us to update your address or phone number if it changes.
- You have a responsibility to provide us with complete information about other insurance you have.

Your Civil Rights

The Cooperative provides covered services to all eligible members regardless of the following:

- Age
- Color
- Disability
- National origin
- Political beliefs
- Race
- Religion
- Sex
- Sexual orientation

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

Translating or interpreting services are available for those members who need them. This service is free.

Fraud and Abuse

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

Nondiscrimination and Accessibility Policy Statement:

Group Health Cooperative of Eau Claire and KMTSJ, Inc. comply with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently on the basis of race, color, national origin, age, disability, sex, religion, political beliefs, sexual orientation, or filing of a prior civil rights complaint.

Group Health Cooperative of Eau Claire and KMTSJ, Inc.:

- 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 our Civil Rights Coordinator: 1-888-203-7770.

If you believe that Group Health Cooperative of Eau Claire or KMTSJ, Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, religion, political beliefs, sexual orientation, or filing of a prior civil rights complaint, you can file a grievance with:

Civil Rights Coordinator
2503 N. Hillcrest Pkwy
Altoona, WI 54720
Phone: 1-888-203-7770
Fax: 1-715-836-7683
TTY: 711
Email: compliance@group-health.com

If you need help filing a grievance, our Civil Rights Coordinator, 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, D.C. 20201
800-368-1019 (Voice), 800-537-7697 (TTY)
OCRComplaint@hhs.gov
<https://www.hhs.gov/civil-rights>

Notice of Privacy Practices:



Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

Effective Date of this Notice: April 1, 2013

This Notice is being directed to all members of Group Health Cooperative of Eau Claire.

PRIVACY RESPONSIBILITY.

This Notice describes how we may collect, use and disclose your protected health information and your rights concerning your protected health information. "Protected health information" is information about you, including demographic information collected from you, that can reasonably be used to identify you and that relates to your past, present, or future physical condition, the provision of health care to you or the payment for that care.

Protected health information in this Notice includes information about you that appears on enrollment applications, claims, prior authorization requests, referral requests to medical providers, surveys, health care treatment, services and prescriptions, health care encounter data, service requests, payment information, appeal and grievance information, and other records received in writing, in person, by telephone, or electronically (such as your name, address, telephone number, and other demographic data.)

OUR PRIVACY RESPONSIBILITIES INCLUDE:

- Protecting the privacy of any protected health information created or received about you and notifying you if there is a breach of your unsecured protected health information.
- Providing you with this Notice that indicates Group Health Cooperative of Eau Claire's privacy policies and our legal obligations regarding those policies.
- Using and sharing protected health information as outlined in this Notice.
- Notifying you when information within this Notice changes.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION.

Uses and Disclosures for Payment, Health Care Operations and Treatment. We use and disclose protected health information in a number of different ways in connection

with the payment of your health care, our health care operations, and your treatment.

The following are only a few examples of the types of uses and disclosures of your protected health information that we are permitted to make without your authorization.

Payment: We will use and disclose your protected health information: to administer your health benefits policy or contract, which may involve the determination of eligibility; claims payment; utilization review and management; medical necessity review; coordination of care, benefits and other services; and responding to complaints, appeals and external review requests. Protected health information may also be shared with government programs such as Worker's Compensation, Medicaid, Medicare as well as for coordination of benefits with other insurance companies in order to administer your benefits and issue or review payments.

Health Care Operations: Protected health information may be used or disclosed in order to perform necessary business activities in relation to your benefits and services received. These activities include: quality and cost improvement functions such as conducting and arranging medical reviews and accreditation by independent organizations such as the National Committee for Quality Assurance and the Accreditation Association for Ambulatory Health Care, quality improvement surveys and studies, performance measurement and outcomes assessments, health claims analysis and health services research, operation of preventive health, early detection and disease and case management and coordination of care programs, including information about treatment alternatives, therapies, health care providers, settings of care or other health-related services; underwriting and ratemaking and administration of reinsurance, stop loss and excess of loss policies; transfer of policies or contracts, risk management, and audit services; quality of care case review, peer review and credentialing of

providers; data and information systems management; customer service; administrative management; and general administration of your benefits.

Treatment: Protected health information may be used or disclosed in order to make sure that you are receiving the medical treatment and services needed, in accordance with your policy benefits. We may disclose your protected health information to health care providers (doctors, dentists, chiropractors, pharmacies, hospitals, and other caregivers) who request it in connection with your medical treatment. We may also disclose your protected health information to health care providers in connection with preventive health, early detection and disease and case management programs.

In connection with foregoing activities, we may collect the following types of information about you:

- Information we receive directly or indirectly from you or your employer, benefits plan sponsor or one of its business associates through applications, surveys, or other forms (e.g., name, address, social security number, date of birth, marital status, dependent information, employment information and medical history).
- Information about your relationships and transactions with us and others (e.g., health care claims and encounters, medical history, eligibility information, payment information and appeal and grievance information).

Affiliates and Business Associates. We may share your protected health information with affiliates and third-party business associates that perform various activities for us or on our behalf. Whenever such arrangement involves the use or disclosure of your protected health information, we will have a written contract that contains terms designed to protect the privacy of your protected health information in accordance with applicable Federal and State law. We may also contact you about treatment alternatives or other health-related benefits and services that may be of interest to you.

Plan Administrative Functions. We may disclose protected health information to the plan sponsor to permit the plan sponsor to perform administrative functions. Please see your plan sponsor for a full explanation of the limited uses and disclosures that the plan sponsor may make of your protected health information in providing plan administrative functions for your group health plan.

Genetic Information and Underwriting Activities. Group Health Cooperative of Eau Claire is prohibited from using or disclosing genetic information for underwriting purposes, including determination of benefit eligibility. If we obtain any protected health information for

underwriting purposes and the policy or contract of health insurance or health benefits is not issued by us, we will not use or disclose that protected health information for any other purpose, except as required by law.

Use and Disclosure After Disenrollment. We do not immediately destroy protected health information when individuals terminate their coverage with us. The information is necessary and used for many of the purposes described above, even after an individual leaves a plan, and is in many cases subject to legal retention requirements. However, the policies and procedures that protect this information against inappropriate use and disclosure apply regardless of the enrollment status of any member, subject to applicable law.

Applicability of More Stringent State Law. Some of the uses and disclosures described in this notice may be limited in certain cases by applicable State laws that are more stringent than Federal laws, including disclosures related to mental health and substance abuse, developmental disability, alcohol and other drug abuse (AODA), and HIV testing.

OTHER PERMITTED OR REQUIRED USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION.

We may use or disclose your protected health information in the following additional situations without your authorization:

Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, or any other person that you identify, the protected health information directly relevant to that person's involvement in your health care or payment for health care. If you are present for such a disclosure, we will either seek your verbal agreement to the disclosure or provide you an opportunity to object to it. We may also make such disclosures to the persons described above in situations where you are not present or you are unable to agree or object to the disclosure, if we determine that the disclosure is in your best interest. We may also disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Unless we are given an alternative address, we will mail explanations of benefits forms and other mailings containing protected health information to you at the address that we have on record for the subscriber of the policy.

Informing You: Your protected health information may be used to let you know about health and wellness services that are offered by the health plan. This may include contacting you for appointment reminders, follow-

up care surveys, informing you of treatment alternatives or providing you with information about health-related benefits and services offered by Group Health Cooperative of Eau Claire or its providers or affiliates, subject to the other limitations in this Notice.

As Required by Law: Your protected health information may be used or disclosed to the extent that we are required to do so by law.

Legal Proceedings: We may disclose your protected health information in the course of any legal proceeding, in response to an order of a court or administrative tribunal and, in certain cases, in response to a subpoena, discovery request or other lawful processes.

Law Enforcement: We may disclose your protected health information under limited circumstances to law enforcement officials. For example, disclosures may be made in response to a warrant or subpoena or for the purpose of identifying or locating a suspect, witness or missing persons, or to provide information concerning victims of crimes.

Public Health: Your protected health information may be reported to a public health agency to help prevent or control disease, injury, disability, infection exposure, child abuse, or family violence. In addition, disclosures may be made as required to the Food and Drug Administration to report adverse events or product defects, track products, enable product recalls, make repairs or replacements, or conduct product surveillance.

Abuse or Neglect: We may make disclosures to government authorities concerning actual, alleged, or suspected abuse, neglect or domestic violence, in accordance with applicable law.

Health Oversight Activities: Your protected health information may be used by or disclosed to a governmental agency authorized to oversee the health care system or government programs or its contractors. Examples include: licensing and inspecting of medical facilities and audits or other proceedings related to the oversight of the health care system.

Coroners, Medical Examiners, or Funeral Directors: Protected health information may be used or disclosed to a medical examiner, coroner, or funeral director as needed to carry out duties authorized by law. For example, medical information may be necessary to identify a deceased person.

For Organ Donations: If you are an organ donor, information may be given to the organization that locates organs for the purpose of an organ transplantation or donation.

Worker's Compensation: Your protected health information may be used or disclosed to the extent required by worker's compensation laws.

Public Safety: Your protected health information may be used or disclosed in order to prevent or lessen a serious threat to your health or safety, to another person, or the general public.

Military Activity and National Security: If you are a veteran, your protected health information may be used or disclosed as required by veteran administration authorities. It also may be disclosed to Armed Forces personnel under certain circumstances and to authorized federal officials for the conduct of national security and intelligence activities.

Court of Other Hearings/Correctional Institutions: Your protected health information may be disclosed in order to comply with court orders and other hearings. If you are an inmate in a correctional facility, your information may be disclosed for the provision of health care to you or the health and safety of you or others.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION WITH YOUR AUTHORIZATION.

Your authorization is necessary to allow us to use or disclose your protected health information for certain marketing activities, including Treatment or Health Care Operations communications where we receive financial remuneration from a third party to communicate this information to you. Your authorization is also necessary for us to sell your protected health information. Finally, your authorization is necessary for most uses and disclosures of psychotherapy notes. Other uses and disclosures of protected health information will be made only with your written authorization, unless otherwise permitted or required by law.

You may revoke your authorization, at any time, in writing, except to the extent that we have taken an action in reliance on the use or disclosure indicated in the authorization. Please refer to the Contact Information box for the telephone number and address for this request.

YOUR PROTECTED HEALTH INFORMATION PRIVACY RIGHTS.

The following are additional rights you have in relation to your protected health information:

Right to Review or Copy Your Protected Health Information: You have the right to review or copy records used to make decisions about your health plan services. This right to review and/or copy does not include information needed for civil, criminal, administrative actions and proceedings, or psychotherapy notes. We may ask that your request be in writing and to provide us with the specific information we need to fulfill your request. A fee will be charged to cover certain actual costs in relation

to your request, and you may request your information in electronic format. Please refer to the Contact Information box for the telephone number and address for this request.

Right to Correct Information You Believe to be Incorrect or Incomplete: You have the right to ask us to amend enrollment, claim, or other records. All requests for amendments must be in writing. In certain cases, we may deny your request, as we may not have created the original information. All denials will be made in writing and will indicate how you can respond if you disagree. Please refer to the Contact Information box for the telephone number and address for this request.

Right to Request a List of Who Was Given Your Information and Why: You have the right to have us provide you with a list of times when we have disclosed your protected health information for any purpose other than treatment, payment, or health care operations, national security purposes, or for any listing already provided to you. All requests must be in writing. We will require you to provide us with the specific information we need to fulfill your request, with specific dates required. This requirement applies for six years from the date of the disclosure, beginning with dates after April 14, 2003. If you request a list more than once in a 12-month period, we may charge you certain actual costs in relation to your request. Please refer to the Contact Information box for the telephone number and address for this request.

Right to Request Restrictions: You have the right to request restrictions on the way we use or disclose your protected health information for treatment, payment, or health care operations; however, we are not required to agree to these restrictions. All requests must be made in writing. Please refer to the Contact Information box for the telephone number and address for this request.

Right to Confidential Communications: You have the right to reasonable requests to communicate with you about your protected health information by alternative means or to alternative locations. Your request will be evaluated and you will be notified if it can be done. All requests must be made in writing. Please refer to the Contact Information box for the telephone number and address for this request.

Right to Contact Information: You may exercise any of the rights described above by contacting Group Health Cooperative of Eau Claire. All requests must be made in writing. Please refer to the Contact Information box for the telephone number and address for this request.

CHANGES TO PRIVACY PRACTICES.

This notice may be changed or amended at any time. The changes are effective for all protected health information that we maintain. Group Health Cooperative of Eau Claire will redistribute a new Notice of Privacy Practices whenever policy changes are made.

ADDITIONAL INFORMATION.

If you have any questions about this notice or would like an additional copy of this notice, please refer to the Contact Information box for the telephone number and address for this request.

COMPLAINTS.

If you are concerned about this Notice of Privacy Practices or if you believe that your privacy rights may have been violated, please forward your written complaint to the address listed within the Contact Information box.

You also have the right to file a complaint with the Secretary of the U.S. Department of Health and Human Services. If you have questions about the complaint process, please refer to the Contact Information box for the telephone number and address.

You will not lose benefits or eligibility for filing a complaint or a grievance regarding your privacy rights.

Contact Information

For all above indicated requests, please contact Group Health Cooperative of Eau Claire at 715-552-4300 or 888-203-7770.

Or you may write to the following:
Group Health Cooperative of Eau Claire
Attn: Compliance Officer
2503 N. Hillcrest Pkwy
Altoona, WI 54720

Group Health Cooperative of Eau Claire complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently on the basis of race, color, national origin, age, disability, sex, religion, political beliefs, sexual orientation, or filing of a prior civil rights complaint.

Group Health Cooperative of Eau Claire 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, audio, accessible electronic formats, other formats). We also provide free language services to people whose primary language is not English, including qualified interpreters and information written in other languages. If you need these services, contact Member Services at: (888) 203-7770 (TTY: 711).

English – ATTENTION: If you speak English, language assistance services are available to you free of charge. Call 1-888-203-7770 (TTY: 711).

Spanish – ATENCIÓN: Si habla español, los servicios de asistencia de idiomas están disponibles sin cargo, llame al 1-888-203-7770 (TTY: 711).

Hmong – LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-203-7770 (TTY: 711).

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 1-888-203-7770 (TTY: 711).

Laotian - ຫາຍເຫດ: ຖ້າທ່ານເວົ້າພາສາລາວ, ທ່ານສາມາດໃຊ້ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໄດ້ໂດຍບໍ່ເສຍຄ່າ. ໂທ 1-888-203-7770 (TTY: 711)

Somali – DIGTOONI: Haddii aad ku hadasho afka Soomaaliha, adeegyada caawimada luqadda waxaa lagu heli karaa iyagoo bilaash ah. Wac 1-888-203-7770 (TTY: 711).

Serbo-Croatian – OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-203-7770 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).



2503 N. Hillcrest Parkway | Altoona, WI 54720
1-715-552-4300 | 1-888-203-7770