



# BadgerCare Plus/Medicaid SSI Member Handbook

2025

Table of Contents

INTERPRETER SERVICES.....3

IMPORTANT GROUP HEALTH COOPERATIVE OF EAU CLAIRE PHONE NUMBERS .....5

OTHER IMPORTANT PHONE NUMBERS .....6

WELCOME TO GROUP HEALTH COOPERATIVE OF EAU CLAIRE .....7

    Keep Your Contact Information Updated .....7

    Using Your ForwardHealth Card .....7

    Using the Provider Directory .....8

    Choosing a Primary Care Provider .....8

    New Member Discussion of Health Needs.....9

GETTING THE CARE YOU NEED .....9

    Emergency Care .....9

    Urgent Care .....10

    Specialty Care .....10

    Care During Pregnancy and Delivery .....10

    Telehealth Services.....11

    Care When You Are Away From Home .....11

WHEN YOU MAY BE BILLED FOR SERVICES.....12

    Covered and Noncovered Services .....12

    Copayments .....12

SERVICES COVERED UNDER BADGERCARE PLUS OR MEDICAID SSI@ .....13

BADGERCARE PLUS STANDARD AND MEDICAID SSI PRIOR AUTHORIZATION GUIDE.....15

    Services that Require Prior Authorization.....15

    Smoking and Nicotine Cessation Policy.....17

SERVICES COVERED BY THE COOPERATIVE.....17

    Mental Health and Substance Abuse Services .....17

    Family Planning Services .....17

    HealthCheck Services.....18

    Population Health Management Programs .....18

SERVICES COVERED BY FORWARDHEALTH.....19

    Behavioral (Autism) Treatment Services.....19

    Chiropractic Services.....19

    Dental Services.....19

    Transportation Services.....20

    Pharmacy Benefits.....20

SERVICES NOT COVERED UNDER BADGERCARE PLUS OR MEDICAID SSI .....	21
IN LIEU OF SERVICE OR SETTING .....	21
GETTING A SECOND MEDICAL OPINION .....	22
CASE MANAGEMENT (COORDINATION) .....	22
COMPLETING AN ADVANCE DIRECTIVE, LIVING WILL OR POWER OF ATTORNEY FOR HEALTH CARE.....	22
NEW TREATMENTS AND SERVICES.....	23
OTHER INSURANCE .....	23
IF YOU MOVE .....	23
CHANGES IN YOUR MEDICAID COVERAGE .....	23
HMO EXEMPTIONS.....	23
FILING A GRIEVANCE OR APPEAL.....	24
Grievances .....	24
Appeals.....	25
Fair Hearings.....	27
YOUR RIGHTS .....	28
YOUR RESPONSIBILITIES.....	30
ENDING YOUR MEMBERSHIP IN THE COOPERATIVE.....	30
FRAUD AND ABUSE.....	30
NOTICE OF NON-DISCRIMINATION .....	31
NOTICE OF PRIVACY PRACTICES.....	32
NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES AND AUXILIARY AIDS AND SERVICES .....	36

## 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, los servicios de asistencia de idiomas están disponibles sin cargo, llame al 1-888-203-7770 (TTY: 711).

**Hmong** – CEEB TOOM: Yog koj hais lus Hmoob, kev pab rau lwm yam lus muaj rau koj dawb xwb. Hu 1-888-203-7770 (TTY: 711).

**Chinese Mandarin** – 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** – برقم اتصل .بالمجان لك تتوافر اللغوية المساعدة خدمات فإن ،اللغة اذكر تتحدث كنت إذا :ملحوظة  
1-888-203-7770 (الصم هاتف رقم)  
711والبك).

**Russian** – ВНИМАНИЕ: Если Вы говорите по-русски, Вам будут бесплатно предоставлены услуги переводчика. Позвоните по номеру: 1-888-203-7770 (TTY: 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 [Deutsch (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** – ໝາຍເຫດ: ຖ້າທ່ານເວົ້າພາສາລາວ, ທ່ານສາມາດໃຊ້ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໄດ້ໂດຍບໍ່ເສຍຄ່າ. 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** – PAŽNJA: Ako govorite srpsko-hrvatski imate pravo na besplatnu jezičnu pomoć. Nazovite 1-888-203-7770 (telefon za gluhe: 711).

**Burmese** – ကောင်းချီးပီ၍ နားဆင် - သင့်ည့် ပျမန္နာစကားပျေဟသူပျမစ္စိက၊ သင့်အကြံအစဉ်အရ အခမဲ့အသံထုတ်  
ဘာသာစကားကူညီရေး ဝန်ဆောင်မှုများ ရရှိနိုင်သည်။ 1-888-203-7770 (TTY: 711) ကြိုတင် ဖုန်းခေါ်ဆိုပါ။

Group Health Cooperative of Eau Claire (the Cooperative):

- Provides free aids and services to people with disabilities, such as:
  - Sign language interpreters
  - Written information in large print, audio, accessible electronic formats, other formats
- Offers free language services to people whose main language is not English, such as:
  - 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 PHONE NUMBERS

## 1. How to Contact Group Health Cooperative of Eau Claire Customer Service

Phone Number: 1-715-552-4300 or 1-888-203-7770      Hours: 8 a.m.-6 p.m., Monday-Friday  
TTY: 711

### **Call Customer Service for:**

- Questions about your Group Health Cooperative of Eau Claire membership
- Questions about how to get care
- Help choosing a primary care physician or other provider
- Help getting a paper copy of the Group Health Cooperative of Eau Claire provider directory
- If you get a bill for a service you did not agree to

Calls to this number are free. Free language interpreters are available for non-English speakers.

## 2. Group Health Cooperative of Eau Claire Member Advocate

Phone Number: 1-715-552-4300 or 1-888-203-7770      Hours: 8 a.m.-6 p.m., Monday-Friday  
TTY: 711

### **Call the Member Advocate for:**

- Help solving problems with getting care
- Help with filing a complaint or grievance
- Help with requesting an appeal or review of a decision made by Group Health Cooperative of Eau Claire

Calls to this number are free. Free language interpreters are available for non-English speakers.

## 3. Group Health Cooperative of Eau Claire Emergency Number (Teladoc)

Phone Number: 1-800-835-2362      Hours: 24 hours a day, seven (7) days a week  
TTY: 711

**Call this number if you need help after-hours or if you are not sure if you are experiencing a medical emergency.**

Calls to this number are free. Free language interpreters are available for non-English speakers.

**If you are having an emergency, call 911**

## OTHER IMPORTANT PHONE NUMBERS

### 1. **ForwardHealth Member Services**

Phone number: 1-800-362-3002                      Hours: 8 a.m.-6 p.m., Monday-Friday

TDD/TTY: 711

Email: [memberservices@wisconsin.gov](mailto:memberservices@wisconsin.gov)

#### **Call ForwardHealth Customer Service for:**

- Questions about how to use your ForwardHealth card
- Questions about ForwardHealth services or providers
- Help with getting a new ForwardHealth card

### 2. **HMO Enrollment Specialist**

Phone number: 1-800-291-2002                      Hours: 7 a.m.-6 p.m., Monday-Friday

TDD/TTY: 711

#### **Call the HMO Enrollment Specialist for:**

- General information about health maintenance organizations (HMOs) and managed care
- Help with disenrollment or exemption from the Cooperative or managed care
- If you move out of the Cooperative's service area

### 3. **State of Wisconsin HMO Ombuds Program**

An Ombuds is a person who provides neutral, private, and informal help with any questions or problems you have as a Cooperative member.

Phone number: 1-800-760-0001                      Hours: 8 a.m.-4:30 p.m., Monday-Friday

TDD/TTY: 711

#### **Call the Ombuds Program for:**

- Help solving problems with the care or services you get from the Cooperative
- Help understanding your member rights and responsibilities
- Help filing a grievance, complaint, or appeal of a decision made by the Cooperative

### 4. **External Advocate (Medicaid SSI Only)**

Phone number: 1-800-708-3034                      Hours: 8:30 a.m.-5 p.m., Monday-Friday

TDD/TTY:

#### **Call the Medicaid SSI External Advocate for:**

- Help solving problems with the care or services you get from the Cooperative
- Help filing a complaint or grievance
- Help requesting an appeal or review of a decision made by the Cooperative

## WELCOME TO GROUP HEALTH COOPERATIVE OF EAU CLAIRE

Welcome to Group Health Cooperative of Eau Claire (the Cooperative). The Cooperative is a health plan that runs the BadgerCare Plus and Medicaid SSI program. BadgerCare Plus is a health care program. It helps low-income children, pregnant people, and adults in Wisconsin. Medicaid SSI is a program that helps people who have Supplemental Security Income (SSI) get health care.

This handbook can help you:

- Learn the basics of BadgerCare Plus and Medicaid SSI.
- See the services covered by the Cooperative and ForwardHealth.
- Know your rights and responsibilities.
- File a grievance or appeal if you have a problem or concern.

The Cooperative will cover most of your health care needs. Wisconsin Medicaid will cover some others through ForwardHealth. See the *Services Covered by the Cooperative* and *Services Covered by ForwardHealth* sections of this handbook for more information.

### **Keep Your Contact Information Updated**

It is very important to keep your contact information including address and phone number up to date. To update your address and/or phone number at any time, please visit <https://access.wisconsin.gov/access/> or contact your local income maintenance agency. You may also call our Member Services Department at 1-715-552-4300 or 1-888-203-7770 (toll-free) for assistance.

### **Using Your ForwardHealth Card**

You will get most of your health care through network providers. But, you may need to get some services using your ForwardHealth card.

Use your ForwardHealth card to get the health care services listed below:

- Behavioral (autism) treatment services
- Chiropractic services
- Crisis intervention services
- Community recovery services
- Comprehensive community services
- Dental services
- Hub and spoke integrated recovery support health home services
- Medication therapy management
- Medications and pharmacy services
- Non-emergency medical transportation
- Prenatal care coordination
- Residential substance use disorder treatment
- School based services
- Targeted case management
- Tuberculosis-related services

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. It is a plastic card with your name on it. It also has a 10-digit number and a magnetic stripe. Always carry your ForwardHealth ID card with



you. 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.

If you have questions about how to use your ForwardHealth card or if your card is lost, damaged, or stolen, call ForwardHealth Member Services at 1-800-362-3002. To find a provider that accepts your ForwardHealth card:

1. Go to [www.forwardhealth.wi.gov](http://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/Medicaid.

Or, contact ForwardHealth Member Services at 1-800-362-3002.

### **Using the Provider Directory**

As a member of the Cooperative, you should get all your health care from doctors and hospitals in the Cooperative's network. See our provider directory for a list of these providers. Providers accepting new patients are called out in the provider directory.

The provider directory is a list of doctors, clinics, and hospitals that you can use to get health care services as a member of the Cooperative. The Cooperative has the provider directory in different languages and formats. You can find the provider directory on our website at <https://group-health.com/members/badgercare-plus-and-medicaid-ssi>. For a paper copy of the provider directory mailed to you at no charge, call our Member Services Department at 1-715-552-4300 or 1-888-203-7770 (toll-free).

The Cooperative's providers are sensitive to the needs of many cultures. See the Cooperative's provider directory for a list of providers with staff who speak certain languages or understand certain ethnic cultures or religious beliefs. The provider directory can also tell you about the accommodations that providers offer.

### **Choosing a Primary Care Provider**

When you need care, call your primary care provider (PCP) first. A primary care provider could be a doctor, nurse practitioner, physician assistant, or other provider that gives, directs, or helps you get health care services. You can choose a primary care provider from the Cooperative's provider directory. Use the list of providers accepting new patients. If you are an American Indian or Alaska Native, you can choose to see an Indian Health Care Provider outside of our network.

**Call our Member Services Department at 1-715-552-4300 or 1-888-203-7770 (toll-free) to choose or change your primary care provider.** You can keep your current primary care provider if they are part of our provider network. Your primary care provider will help you decide if you need to see another doctor or specialist. They can give you a referral if needed. If you want to use a certain specialist or hospital, you'll need a referral from your primary care provider. You'll need to get approval from your primary care provider before you see another doctor.

You may see a women's health specialist without a referral in addition to choosing a primary care provider. This could be an obstetrician and gynecologist (OB/GYN), nurse midwife, or licensed midwife.

Members may also refer to the Provider Directory on the website at <https://group-health.com/members/badgercare-plus-and-medicaid-ssi> to find the following practitioner information. Once a member has made a choice on a primary care practitioner, the member can call the Member Services Department at 1-715-552-4300 or 1-888-203-7770 (toll-free). Members will be able to find the following information on physicians as follows:

- Name, address, telephone numbers
- Professional qualifications
- Specialty
- Medical school attended (Call Member Services for more information)
- Residency completion (Call Member Services for more information)
- Board certification status

### **New Member Discussion of Health Needs**

The Cooperative will contact you by phone to talk with you about your individual health needs and circumstances. You can ask about resources in your community or that are part of your new health plan that may be available to you. They can learn more about you and help you achieve your health goals. Call 1-715-552-4300 or 1-888-203-7770 (toll-free) to get started.

## **GETTING THE CARE YOU NEED**

### **Emergency Care**

Emergency care is care that is needed right away for an illness, injury, symptom, or condition that is very serious. 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 are having an emergency, call 911**

**If you need emergency care, get help as quickly as possible.** Try to go to a network hospital or emergency room for help if you can. 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 emergency room, you or someone else should 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.

You do not need the Cooperative's or your primary care provider's approval before getting emergency care.

Remember, hospital emergency rooms are for true emergencies only. Unless your condition is very serious, 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. **You may have to pay a copayment if you go to an emergency room for care that is not an emergency.**

## **Urgent Care**

Urgent care is care for an illness, injury, or condition that needs medical help right away, but does not require emergency room 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 providers unless you get our approval to see a non-network provider. Do not go to a hospital emergency room for urgent care unless you get approval from the Cooperative first.

## **Specialty Care**

A specialist is a doctor who is an expert in an area of medicine. There are many kinds of specialists. Here are a few examples:

- Oncologists, who care for people with cancer.
- Cardiologists, who care for people with heart conditions.
- Orthopedists, who care for people with certain bone, joint, or muscle conditions.

Contact your primary care provider if you need care from a specialist. Most of the time, you need to get approval from your primary care provider and the Cooperative before seeing a specialist.

## **Care During Pregnancy and Delivery**

Let the Cooperative and your county or tribal agency know right away if you become pregnant, 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 provider to make sure you know which hospital you should go to when it is time to have your baby. Do not go out of the area to have your baby unless you have the Cooperative's approval. Your network provider knows your history and is the best provider to help you.

Also, talk to your doctor if you plan to travel in your last month of pregnancy. Traveling during your last month of pregnancy increases the chance that your baby will be born while you are away from home. Many people have a better birthing experience when they use the doctors and hospitals that cared for them throughout their pregnancy.

## **Telehealth Services**

Telehealth is audio and video contact with your doctor or health care provider using your phone, computer, or tablet. The Cooperative covers telehealth services that your provider can deliver at the same quality as in-person services. This could be doctor office visits, mental health or substance abuse services, dental consultations, and more. There are some services you cannot get using telehealth. This includes services where the provider needs to touch or examine you.

Both you and your provider must agree to a telehealth visit. You always have the right to refuse a telehealth visit and do an in-person visit instead. Your BadgerCare Plus or Medicaid SSI benefits and care will not be impacted if you refuse telehealth services. If your provider only offers telehealth visits and you want to do in-person, they can refer you to a different provider.

The Cooperative and Wisconsin Medicaid providers must follow privacy and security laws when providing services over telehealth.

## **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:

- **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 can tell us what happened. If you need emergency care outside of Wisconsin, health care providers in the area where you are can treat you and send the bill to the Cooperative. You may need to pay a copayment if you get emergency care outside of Wisconsin. If you get a bill for services you received outside of Wisconsin, call our Member Services Department at 1-715-552-4300 or 1-888-203-7770 (toll-free).
- **For urgent or routine care away from home, you must get approval from the Cooperative before you 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.
- **For urgent or routine care outside the United States, call the Cooperative first.** The Cooperative does not cover any services provided outside the United States, Canada, and Mexico. This includes emergency services. If you need emergency services while in Canada or Mexico, the Cooperative will cover it 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 bank in the United States. Please call the Cooperative if you get any emergency services outside the United States.

## WHEN YOU MAY BE BILLED FOR SERVICES

### **Covered and Noncovered Services**

With BadgerCare Plus and Medicaid SSI, you do not have to pay for covered services other than required copayments.

You may have to pay the full cost of services if:

- The service is not covered under BadgerCare Plus or Medicaid SSI.
- You needed approval for a service from your primary care provider or the Cooperative, but you did not get approval before getting the service.
- The Cooperative determines that the service is not medically necessary for you. Medically necessary services are approved services or supplies needed to diagnose or treat a condition, disease, illness, injury, or symptom.
- You received a non-emergency service from a provider that is not in the Cooperative's network. Or you received a non-emergency service from a provider that does not accept your ForwardHealth card.

You can ask for noncovered services if you are willing to pay for them. You'll have to make a written payment plan with your provider. 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 1-715-552-4300 or 1-888-203-7770 (toll-free).**

### **Copayments**

Under BadgerCare Plus and Medicaid SSI, the Cooperative and its providers may bill you copayments. A copayment is a fixed amount of money you pay for a covered health care service. Copayments for BadgerCare Plus and Medicaid SSI members are usually \$3 or less. The following members do **not** have to pay copayments:

- Nursing home residents
- Terminally ill members receiving hospice care
- Pregnant women
- Members younger than 19 years old
- Children in foster care or adoption assistance
- Youth who were in foster care on their 18<sup>th</sup> birthday. They don't have to pay any copays until age 26.
- Members who join by Express Enrollment
- American Indians or Alaskan Native Tribal members, children or grandchildren of a tribal member, or anyone who can get Indian Health Services. Age and income do not matter. This applies when getting items and services from an Indian Health Services provider or from the Purchase and Referred Care program.

## SERVICES COVERED UNDER BADGERCARE PLUS OR MEDICAID SSI@

The Cooperative provides most medically necessary, covered services under BadgerCare Plus and Medicaid SSI. 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."

Some services are covered by ForwardHealth. To learn more about these services, please refer to the table of contents in this handbook for "Services Covered by ForwardHealth."

Some services require **prior authorization**. Prior authorization is written approval for a service or prescription. You may need prior authorization from the Cooperative or ForwardHealth before you get a service or fill a prescription.

Service	BadgerCare Plus Standard Plan and Medicaid SSI
<b>Ambulatory Surgical Center Care</b>	Coverage of certain surgical procedures and related lab services.
<b>Behavioral (autism) treatment services</b>	Full coverage (with prior authorization).  No copay.  <b>*Covered by ForwardHealth. Use your ForwardHealth card to get this service.</b>
<b>Chiropractic Services</b>	Full coverage.  Copay: \$.50 to \$3 per service.  <b>*Covered by ForwardHealth. Use your ForwardHealth card to get this service.</b>
<b>Dental Services</b>	Full coverage.  Copay: \$.50 to \$3 per service.
<b>Disposable Medical Supplies (DMS)</b>	Full coverage with no copayment.
<b>Drugs (Prescription and over-the counter)</b>	Coverage of generic and brand name prescription drugs, and some over-the counter drugs.  Copay: \$0.50 for over-the-counter drugs \$1 for generic drugs \$3 for brand  Copays are limited to \$12 per member, per provider, per month. Over-the-counter drugs do not count toward the \$12 maximum.

Service	BadgerCare Plus Standard Plan and Medicaid SSI
	<p>Limit of five opioid prescription refills per month.</p> <p><b>*Covered by ForwardHealth. Use your ForwardHealth card to get drugs.</b></p>
<b>Durable Medical Equipment (DME)</b>	Full coverage with no copayment. Rental items are not subject to copayment.
<b>End Stage Renal Disease (ESRD)</b>	Full coverage with no copayment
<b>HealthCheck Screenings for Children</b>	* See additional information on page 18
<b>Hearing Services</b>	Full coverage with no copayment. No copayment for hearing aid batteries.
<b>Home Care Services – Home Health, Private Duty Nursing (PDN), and Personal care.</b>	Full coverage of private duty nursing, home health care, personal care with no copayment.
<b>Hospice</b>	Full coverage with no copayment.
<b>Hospital Services - Inpatient</b>	Full coverage with no copayment.
<b>Hospital Services - Outpatient</b>	Full coverage with no copayment.
<b>Hospital Services – Outpatient Emergency Room</b>	Full coverage with no copayment.
<b>Mental Health and Substance Abuse Treatment</b>	* See additional information on page 17
<b>Nursing Home Services</b>	Full coverage with no copayment.
<b>Physician Services</b>	Full coverage including laboratory and radiology with no copayment.
<b>Podiatry Services</b>	Full coverage with no copayment.
<b>Prenatal/Maternity Care</b>	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.
<b>Reproductive and Family Planning Services</b>	<p>Full coverage, excluding infertility treatments, reversal of voluntary sterilization and surrogate parenting and related services, including but not limited to artificial insemination, obstetrical care, labor or delivery, prescription and OTC drugs.</p> <p>*See additional information on page 17</p>

Service BadgerCare Plus Standard Plan and Medicaid SSI	
<b>Routine Vision</b>	Coverage of vision services including eyeglasses; however, some limitations apply
<b>Therapy - Physical Therapy, Occupational Therapy and Speech and Language Therapy</b>	Full coverage with no copayment.
<b>Transportation: Ambulance, Specialized Motor Vehicle, Common Carrier</b>	Full coverage of emergency and non-emergency transportation to and from a provider for a covered service.  *See additional information on page 20

## BADGERCARE PLUS STANDARD AND MEDICAID SSI PRIOR AUTHORIZATION GUIDE

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



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.

<b>Service</b>	<b>Prior Authorization Yes (Y) or No (N)</b>
Ambulance	N
Cardiac and Pulmonary 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 Screenings	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](http://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\*

The Cooperative maintains internal policies and criteria for these services or procedures and members can request information on excluded services or procedures.

## **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.

## **SERVICES COVERED BY THE COOPERATIVE**

### **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](http://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**

The Cooperative provides private family planning services to all members, including people under the age of 18. If you do not want to talk to your primary care provider 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 provider who is different from your primary care provider.

We encourage you to get family planning services from a network provider. This allows us to 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's network.

## **HealthCheck Services**

HealthCheck covers health checkups for members younger than 21 years old. HealthCheck exams, also known as "well-child checks," are doctor visits your child or young adult has when they are well. The doctor asks questions and examines your child. This is to make sure your child is healthy and taking the right steps to stay healthy. It's a good time to ask health questions you or your child may have. HealthCheck also covers treatment for any problems found during your child's HealthCheck exam.

HealthCheck has three purposes:

1. To find and treat health problems for members younger than 21 years old.
2. To share information about special health services for members younger than 21 years old.
3. To make members younger than 21 years old eligible for some health care not otherwise covered.

The HealthCheck exam includes:

- Age appropriate immunizations (shots)
- Blood and urine lab tests
- Dental checks and a referral to a dentist beginning at 1-year-old
- Health and developmental history
- Hearing checks
- Head-to-toe physical exam
- Lead testing for children ages 1 and 2 years old and children under age 6 who have never had a lead test
- Vision checks

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 Wisconsin non-emergency medical transportation (NEMT) manager at 1-866-907-1493 (or TTY 711) to schedule a ride.

## **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>.

## SERVICES COVERED BY FORWARDHEALTH

### **Behavioral (Autism) Treatment Services**

Behavioral treatment services are a covered benefit under BadgerCare Plus. Behavioral treatment services are used to treat autism. You can get autism treatment services from a Medicaid-enrolled provider who will accept your ForwardHealth ID card. To find a Medicaid-enrolled provider:

1. Go to [www.forwardhealthwi.gov](http://www.forwardhealthwi.gov).
2. Click on the Members link or icon in the middle section of the page.
3. Scroll down and click on the Resources tab.
4. Click on the Find a Provider link.
5. Under Program, select BadgerCare/Medicaid.

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

### **Chiropractic Services**

Chiropractic services are a covered benefit under BadgerCare Plus and Medicaid SSI. You can get 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](http://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/Medicaid.

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

### **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](http://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/Medicaid.

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

**You have the right to a routine dental appointment within 90 days of your request for an appointment.** Call ForwardHealth Member Services at 1-800-362-3002 if you are unable to get a dental appointment within 90 days.

Call the Wisconsin non-emergency medical transportation NEMT manager at 1-866-907-1493 (or TTY 711) if you need help with getting a ride to or from the dentist's office. They can help with getting a ride.

**If you have a dental emergency, you have the right to obtain treatment within 24 hours of your request for an appointment.** A dental emergency is severe dental pain, swelling, fever, infection, or injury to the teeth. If you are having a dental emergency:

- If you already have a dentist who is with ForwardHealth:
  - Call the dentist's office.
  - Tell the dentist's office that you or your child are having a dental emergency.
  - Tell the dentist's office what the exact dental problem is. This may be something like a severe toothache or swollen face.
  - Call the NEMT manager at 1-866-907-1493 or ForwardHealth Member Services at 1-800-362-3002 if you need help getting a ride to or from your dental appointment.
- If you do not currently have a dentist who is with ForwardHealth:
  - Call ForwardHealth Member Services at 1-800-362-3002. Tell them that you or your child are having a dental emergency. They can help you get dental services.
  - Tell them if you need help getting a ride to or from the dentist's office.

## **Transportation Services**

You can get non-emergency medical transportation (NEMT) services through Wisconsin NEMT manager. The NEMT manager arranges and pays for rides to covered services for members who have no other way to get there. NEMT 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

If you have a car and are able to drive yourself to your appointment but cannot afford to pay for gas, you may be eligible for mileage reimbursement (money for gas).

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

## **Pharmacy Benefits**

You may get a prescription from a network provider, 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.

## **Process for How Drugs are Managed**

### Procedures for drugs received through the pharmacy

Pharmacy benefits are managed by ForwardHealth. For processes related to these drugs, you will need to follow up with ForwardHealth Member Services at 1-800-362-3002.

### Procedures for drugs that are part of the medical benefit

Processes on how we manage drugs covered under the medical benefit (drugs that are not covered through the pharmacy) can be found on our website at <https://group-health.com/providers/prior-auth-guidelines>. The processes outlined on the website include:

- Covered drugs
- Copayment information
- Drugs that require prior authorization
- Limits on refills, doses or prescriptions
- Use of generic substitution, therapeutic interchange or step-therapy protocols
- How formulary updates are communicated, and how often, if the organization has scheduled formulary updates

## **SERVICES NOT COVERED UNDER BADGERCARE PLUS OR MEDICAID SSI**

The services below are not covered under BadgerCare Plus or Medicaid SSI:

- Services that are not medically necessary
- Services that have not been approved by the Cooperative or your primary care provider when approval is required
- Normal living expenses like rent or mortgage payments, food, utilities, entertainment, clothing, furniture, household supplies, and insurance
- Experimental or cosmetic services or procedures
- Infertility treatments or services
- Reversal of voluntary sterilization
- Inpatient mental health stays in institutional settings for members ages 22-64, unless provided for less than 15 days instead of traditional treatment
- Room and board

## **IN LIEU OF SERVICE OR SETTING**

The Cooperative may cover some services or care settings that are not normally covered in Wisconsin Medicaid. These services are called "in lieu of" services or settings.

The following in lieu of services or settings are covered under BadgerCare Plus or Medicaid SSI:

- Inpatient mental health services in an institute of mental disease (IMD) for a person 22-64 years of age for no more than 15 days during a month.
- Sub-acute community based clinical treatment (short-term residential mental health services).

Deciding if an “in lieu of” service or setting is right for you is a team effort. The Cooperative will work with you and your provider to help you make the best choice. **You have a right to choose not to participate in one of these settings or treatments.**

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

## CASE MANAGEMENT (COORDINATION)

As a member of the Cooperative, you have access to a case management team. Case management is a free service for Cooperative members. It will help you identify and meet your health and wellness goals. The case management team will also connect you with providers, community services, and social supports.

When you sign up for our plan, you will get an outreach letter or call to talk about your unique health needs. It is important to respond so we know how to best meet your needs. You can also call the Case Management team directly at 1-715-552-4300 or 1-888-203-7770 (toll-free).

It is important to respond within the first 60 days of your enrollment with the Cooperative so we know how to best meet your needs. Your case manager can also help you transition from the hospital or other care settings to home. Call your case manager at 1-715-552-4300 or 1-888-203-7770 (toll-free) for help if you are hospitalized.

## COMPLETING AN ADVANCE DIRECTIVE, LIVING WILL OR POWER OF ATTORNEY FOR HEALTH CARE

You have the right to give instructions about what you want done if you are not able to make decisions for yourself. Sometimes people become unable to make health care decisions for themselves due to accidents or serious illness. You have the right to say what you want to happen in these situations. This means you can develop an “advance directive.”

There are different types of advance directives and different names for them. Documents called “living will” and “power of attorney for health care” are examples of advance directives.

You decide whether you want an advanced directive. Your providers can explain how to create and use an advance directive. But, they cannot force you to have one or treat you differently if you don’t have one.

Contact your provider if you want to know more about advance directives. You can also find advance directive forms on the Wisconsin Department of Health Service (DHS) website at <https://www.dhs.wisconsin.gov/forms/advdirectives>.

You have the right to file a grievance with the DHS Division of Quality Assurance if your advance directive, living will, or power of attorney wishes are not followed. You can get help filing a grievance by calling the DHS Division of Quality Assurance at 800-642-6552.

## NEW TREATMENTS AND SERVICES

The Cooperative has a process for reviewing new types of services and treatments. As part of the review process, the Cooperative:

- Reviews scientific studies and standards of care to make sure new treatments or services are safe and helpful.
- Looks at whether the government has approved the treatment or service.

## OTHER INSURANCE

Tell your providers if you have other insurance in addition to BadgerCare Plus or Medicaid SSI. Your providers must bill your other insurance before billing the Cooperative. If your Cooperative provider does not accept your other insurance, call the HMO Enrollment Specialist at 1-800-291-2002. They can tell you how to use both insurance plans.

## IF YOU MOVE

If you are planning to move, contact your county or tribal agency. If you move to a different county, you must also contact the county or tribal 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. They will help you choose a new HMO that serves your new area.

## CHANGES IN YOUR MEDICAID COVERAGE

If you have moved from ForwardHealth or a BadgerCare Plus or Medicaid SSI HMO to a new BadgerCare Plus or Medicaid SSI HMO, then you have the right to:

- Continue to see your current providers and access your current services for up to 90 days. Please call your new HMO when you enroll to let them know who your provider is. If this provider is still not in the HMO network after 90 days, you will choose a new provider that is in the HMO network.
- Get services that you need to avoid serious health risk or hospitalization.

Call the Cooperative's Member Services Department at 1-715-552-4300 or 1-888-203-7770 (toll-free) for more information about changes in your coverage.

## HMO EXEMPTIONS

The Cooperative is a health maintenance organization, or HMO. HMOs are insurance companies that offer services from select providers.

Generally you must enroll in an HMO to get health care benefits through BadgerCare Plus and Medicaid SSI. An HMO exemption means you don't have to join an HMO to get your BadgerCare Plus or Medicaid SSI benefits. Most exemptions are granted for only a short period of time. It's usually 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.



## FILING A GRIEVANCE OR APPEAL

### **Grievances**

#### **What is a grievance?**

You have a right to file a grievance if you are unhappy with our plan or providers. A grievance is any complaint about the Cooperative or a network provider that is not related to a decision the Cooperative made about your health care services. You may file a grievance about things like the quality of services or care, rudeness from a provider or an employee, and not respecting your rights as a member.

#### **Who can file a grievance?**

You can file a grievance. An authorized representative, a legal decision maker, or a provider can also file a grievance for you. We will contact you for your permission if an authorized representative or provider files a grievance for you.

#### **When can I file a grievance?**

You (or your representative) can file a grievance at any time.

#### **How do I file a grievance with the Cooperative?**

Call the Cooperative's Member Advocate 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 file a grievance with the Cooperative, you will have the opportunity to appear in-person in front of the Cooperative's Grievance and Appeal Committee. The Cooperative will have 30 days from the date the grievance is received to give you a decision resolving the grievance.

#### **Who can help me file a grievance?**

The Cooperative's Member Advocate can work with you to solve the problem or help you file a grievance.

If you want to talk to someone outside the Cooperative about the problem, you can call the Wisconsin HMO Ombuds Program at 1-800-760-0001. The Ombuds Program may be able to help you solve the problem or write a formal grievance to the Cooperative. 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 filing a grievance.

### **What if I disagree with the Cooperative's response?**

If you don't agree with the Cooperative's response to your grievance, you can request a review of your grievance with the Wisconsin Department of Health Services (DHS).

**Write to:** BadgerCare Plus and Medicaid SSI  
HMO Ombuds  
P.O. Box 6470  
Madison, WI 53716-0470

**Or call:** 1-800-760-0001

### **Will I be treated differently if I file a grievance?**

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

## **Appeals**

### **What is an appeal?**

You have a right to request an appeal if you are unhappy with a decision made by the Cooperative. An appeal is a request for the Cooperative to review a decision that affects your services. These decisions are called **adverse benefit determinations**.

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 with only one HMO.
- The Cooperative does not arrange or provide services in a timely manner.
- The Cooperative does not meet the required timeframes to resolve your grievance or appeal.

The Cooperative will send you a letter if you have received an adverse benefit determination.

### **Who can file an appeal?**

You can request an appeal. An authorized representative, a legal decision maker, or a provider can also file an appeal for you. We will contact you for your permission if an authorized representative or provider requests an appeal for you.

### **When can I file an appeal?**

You (or your representative) must request an appeal within 60 days of the date on the letter you get describing the adverse benefit determination notice.

**How do I file an appeal with the Cooperative?**

If you would like to appeal an adverse benefit determination, you can call the Cooperative's Member Advocate at 1-715-552-4300 or 1-888-203-7770 (toll-free) or write to the following address:

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

If you request an appeal with the Cooperative, you will have the opportunity to appeal in-person in front of the Cooperative's Grievance and Appeal Committee. Once your appeal is requested, the Cooperative will have 30 calendar days to give you a decision.

**What if I can't wait 30 days for a decision?**

If you or your doctor think that waiting 30 days could seriously harm your health or ability to perform your daily activities, you can request a fast appeal. If the Cooperative agrees that you need a fast appeal, you will get a decision within 72 hours.

**Who can help me request an appeal?**

If you need help writing a request for an appeal, please call your Cooperative's Member Advocate at 1-715-552-4300 or 1-888-203-7770 (toll-free).

If you want to speak with someone outside the Cooperative, you can call the BadgerCare Plus and Medicaid SSI Ombuds at 800-760-0001. If you are enrolled in a Medicaid SSI Program, you can also call the SSI External Advocate at 800-708-3034 for help with your appeal.

**Can I continue to get the service during my appeal?**

If the Cooperative decides to stop, suspend, or reduce a service you are currently getting, you have the right to ask to keep getting your service during your appeal. You'll have to mail, fax, or email your request within a certain timeframe, whichever is later:

- On or before the date the Cooperative plans to stop or reduce your service
- Within 10 days of getting notice that your service will be reduced

If the Cooperative's decision about your appeal is not in your favor, you might have to pay the Cooperative back for the service you got during the appeal process.

**Will I be treated differently if I request an appeal?**

You will not be treated differently from other members because you request an appeal. The quality of your health care and other benefits will not be affected.

**What if I disagree with the Cooperative's decision about my appeal?**

You can request a fair hearing with the Wisconsin Division of Hearing and Appeals if you disagree with the Cooperative's decision about your appeal. Learn more about fair hearings below.

## **Fair Hearings**

### **What is a fair hearing?**

A fair hearing is a review of the Cooperative's decision on your appeal by an Administrative Law Judge in the county where you live. **You must appeal to the Cooperative first before requesting a fair hearing.**

### **When can I request a fair hearing?**

You must request a fair hearing within 90 days of the date you get the Cooperative's written decision about your appeal.

### **How do I request a fair hearing?**

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

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 608-266-7709.

### **Who can help me request a fair hearing?**

If you need help writing a request for a fair hearing, please call the BadgerCare Plus and Medicaid SSI Ombuds at 1-800-760-0001. If you are enrolled in a Medicaid SSI Program, you can also call the SSI External Advocate at 1-800-708-3034 for help.

### **Can I keep getting the service during my fair hearing?**

If the Cooperative decides to stop, suspend, or reduce a service you are currently getting, you have the right to ask to keep getting your service during your Cooperative appeal and fair hearing. You'll have to request that the service continue during your fair hearing, even if you already requested to continue the service during your Cooperative appeal. You'll have to mail, fax, or email your request within a certain timeframe, whichever is later:

- On or before the date the Cooperative plans to stop or reduce your service
- Within 10 days of getting notice that your service will be reduced

If the administrative law judge's decision is not in your favor, you might have to pay the Cooperative back for the service you got during the appeal process.

### **Will I be treated differently if I request a fair hearing?**

You will not be treated differently from other members because you request a fair hearing. The quality of your health care and other benefits will not be affected.

## YOUR RIGHTS

1. **You have a right to get information in a way that works for you. This includes:**
  - Your right to have an interpreter with you during any BadgerCare Plus or Medicaid SSI covered service.
  - Your right to get this member handbook in another language or format.
2. **You have a right to be treated with dignity, respect, and fairness and with consideration for privacy. This includes:**
  - Your right to be free from discrimination. The Cooperative must obey laws that protect you from discrimination and unfair treatment. The Cooperative provides covered services to all eligible members regardless of the following:
    - Age
    - Color
    - Disability
    - National origin
    - Race
    - Sex
    - Religion
    - Sexual orientation
    - Gender identity
  - 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 that refer or recommend members for services shall do so in the same manner for all members.
  - Your right to be free from any form of restraint or seclusion used to coerce, discipline, be convenient, or retaliate. This means you have the right to be free from being restrained or forced to be alone to make you behave in a certain way, to punish you, or because someone finds it useful.
  - Your right to privacy. The Cooperative must follow laws protecting the privacy of your personal and health information. See the Cooperative's Notice of Privacy Practices for more information.
3. **You have the right to get health care services as provided for in federal and state law. This includes:**
  - Your right to have covered services be available and accessible to you when you need them. When medically appropriate, services must be available 24 hours a day, **seven days a week**.
4. **You have the right to participate with practitioners to make decisions about your health care. This includes:**
  - Your right to a candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
  - Your right to accept or refuse medical or surgical treatment and participate in making decisions about your care.
  - Your 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 make these decisions by completing an **advance directive, living will, or power of attorney for health care**. See more information on page 22, Completing an Advance Directive, Living Will, Or Power Of Attorney For Health Care.

- Your right to a second opinion if you disagree with your provider's treatment recommendation. Call our Member Services Department for more information about how to get a second opinion.
5. **You have a right to know about our providers and any physician incentive plans the Cooperative uses. This includes:**
- Your right to ask if the Cooperative has special financial arrangements (physician incentive plans) with our physicians that can affect the use of referrals and other services you might need. To get this information, call our Members Services Department at 1-715-552-4300 or 1-888-203-7770 (toll-free) and request information about our physician payment arrangements.
  - Your right to request information about the Cooperative's providers, including the provider's education, board certification, and recertification. To get this information, call our Member Services at 1-715-552-4300 or 1-888-203-7770 (toll-free).
6. **You have a right to ask for copies of your medical records from your provider.**
- You may correct inaccurate information in your medical records if your doctor agrees to the correction.
  - Call our Member Services at 1-715-552-4300 or 1-888-203-7770 (toll-free) for assistance with requesting a copy or change to your medical records. Please note that you may have to pay to copy your medical records.
7. **You have a right to be informed about any Medicaid covered benefits that are not available through the Cooperative because of moral or religious objection. This includes:**
- Your right to be informed of how to access these services through ForwardHealth using your ForwardHealth card.
  - Your right to disenroll from the Cooperative if the Cooperative does not cover a service you want because of moral or religious objections.
8. **You have a right to file a complaint, grievance, or appeal if you are dissatisfied with your care or services. This includes:**
- Your right to request a fair hearing if you are dissatisfied with the Cooperative's decision about your appeal or if the Cooperative does not respond to your appeal in a timely manner.
  - Your right to request a Department of Health Services grievance review if you are unhappy with Cooperative's decision about your grievance or if the Cooperative does not respond to your grievance in a timely manner.
  - For more information on how to file a grievance, appeal, or fair hearing, see pages 24-27, Filing a Grievance or Appeal.
9. **You have the right to receive information about the Cooperative, its services, its practitioners, providers, and member rights and responsibilities. This includes:**
- Your right to know about any big changes with the Cooperative at least 30 days before the effective date of the change.
10. **You have a right to be free to exercise your rights without negative treatment by the Cooperative and its network providers. This includes:**
- Your right to make recommendations about the Cooperative's Member Rights and Responsibilities policy.

## YOUR RESPONSIBILITIES

- You have a responsibility to provide the information that the Cooperative and its providers need to provide care.
- You have a responsibility to let the Cooperative know how best to contact and communicate with you. You have a responsibility to respond to communications from the Cooperative.
- You have a responsibility to follow plans and instructions for care that you have agreed to with your providers.
- You have a responsibility to understand your health problems and participate in creating mutually agreed-upon treatment goals, to the degree possible.

## ENDING YOUR MEMBERSHIP IN THE COOPERATIVE

**You may switch HMOs for any reason during your first 90 days of enrollment in the Cooperative.** After your first 90 days, you will be “locked in” to enrollment in the Cooperative for the next nine months. You will only be able to switch HMOs once this “lock-in” period has ended unless your reason for ending your membership in the Cooperative is one of the reasons described below:

- You have the right to switch HMOs, without cause, if the Wisconsin Department of Health Services (DHS) imposes sanctions or temporary conditions on the Cooperative.
- You have the right to end your membership with the Cooperative at any time 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 one or more services performed at the same time and you can’t get them all within the provider network. This applies if your provider determines that getting the services separately could put you at unnecessary risk.
  - Other reasons, including poor quality of care, lack of access to covered services, or lack of access to providers experienced in dealing with your care needs.

If you choose to switch HMOs or disenroll from the BadgerCare Plus or Medicaid SSI program completely, you must continue to get health care services through the Cooperative until your membership ends.

For more information about how to switch HMOs or to disenroll from BadgerCare Plus or Medicaid SSI completely, contact the HMO Enrollment Specialist at 1-800-291-2002.

## FRAUD AND ABUSE

If you suspect fraud or abuse of the Medicaid program, you may report it. Please go to [www.reportfraud.wisconsin.gov](http://www.reportfraud.wisconsin.gov).

## NOTICE OF NON-DISCRIMINATION

### **Discrimination is Against the Law**

Group Health Cooperative of Eau Claire complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people less favorably on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity; and sex stereotypes).

Group Health Cooperative of Eau Claire provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Group Health Cooperative of Eau Claire provides free language assistance services to people whose primary language is not English, which may include:

- Qualified interpreters
- Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our Civil Rights Coordinator: 1-888-203-7770 (TTY: 711). If you believe that Group Health Cooperative of Eau Claire has failed to provide these services or discriminated in another way on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity; and sex stereotypes), you can file a grievance with our Civil Rights Coordinator. You can file a grievance in person or by mail, fax, or email. 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.

<b>Civil Rights Coordinator</b> PO Box 3217 Eau Claire, WI 54702-3217 Phone: 1-888-203-7770 (TTY: 711) Fax: 715-852-5739 Email: <a href="mailto:humanresources@group-health.com">humanresources@group-health.com</a>	<b>U.S. Department of Health and Human Services</b> 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 Phone: 1-800-368-1019 (TDD: 800-537-7697) Complaint forms are available at: <a href="http://www.hhs.gov/ocr/office/file/index.html">http://www.hhs.gov/ocr/office/file/index.html</a>
---	--

This notice is available at Group Health Cooperative of Eau Claire's website: [www.group-health.com](http://www.group-health.com).



# 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: Director of Compliance  
PO Box 3217  
Eau Claire, WI 54702-3217

# NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES AND AUXILIARY AIDS AND SERVICES

<p><b>English:</b> ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-888-203-7770 (TTY: 711) or speak to your provider.</p>	<p><b>Vietnamese:</b> Việt – LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-888-203-7770 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.</p>
<p><b>Spanish:</b> Español – ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. llame al 1-888-203-7770 (TTY: 711) o hable con su proveedor.</p>	<p><b>Arabic:</b> اللغة الإنجليزية: تنبيه: إذا كنت تتحدث الإنجليزية ، فإن خدمات المساعدة اللغوية المجانية متاحة لك. كما تتوفر مجاناً مساعدات وخدمات مساعدة مناسبة لتوفير المعلومات بأشكال يسهل الوصول إليها. اتصل بالرقم 1-888-203-7770 (الهاتف النصي: 711) أو تحدث إلى مزودك.</p>
<p><b>Hmong:</b> Lus Hmoob – LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau 1-888-203-7770 (TTY: 711) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob.</p>	<p><b>French:</b> Français – ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement Appelez le 1-888-203-7770 (TTY: 711) ou parlez à votre fournisseur.</p>
<p><b>Somali:</b> Soomaali – FIIRO GAAR AH: Haddaad ku hadasho Soomaali, adeegyo kaalmada luuqadda ah oo bilaash ah ayaad heli kartaa. Qalab caawinaad iyo adeegyo oo habboon si loogu bixiyo macluumaadka qaabab la adeegsan karo ayaa sidoo kale bilaa lacag heli karaa. Wac 1-888-203-7770 (TTY: 711) ama la hadal bixiyahaag.</p>	<p><b>Tagalog:</b> Tagalog – PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-888-203-7770 (TTY: 711) o makipag-usap sa iyong provider.</p>
<p><b>Laotian:</b> ລາວ – ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-888-203-7770 (TTY: 711) ຫຼືເວົ້າກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.</p>	<p><b>German:</b> Deutsch – ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-888-203-7770 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.</p>
<p><b>Burmese:</b> မြန်မာ - သတိပြုရန်- သင်က မြန်မာဘာသာစကား ပြောဆိုပါက၊ အခမဲ့ ဘာသာစကားအကူအညီ ဝန်ဆောင်မှုများကို ရရှိနိုင်ပါသည်။ အသုံးပြုနိုင်သော ဖော်မတ်များဖြင့် အချက်အလက်များ ဖော်ပြပေးရန် သင့်လျော်သော အရန်အကူအညီများနှင့် ဝန်ဆောင်မှုများကိုလည်း အခမဲ့ ရရှိနိုင်ပါသည်။ 1-888-203-7770 (TTY: 711) သို့ဖုန်းခေါ်ပါ သို့မဟုတ် သင်၏ ဆောင်ရွက်ပေးသူနှင့် စကားပြောပါ။”.</p>	<p><b>Pennsylvanian Dutch:</b> Pennsylvanisches Niederländisch: ACHTUNG: Wenn Sie Englisch sprechen, stehen Ihnen kostenlose Sprachunterstützungsdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-888-203-7770 (TTY: 711) an oder sprechen Sie mit Ihrem Anbieter.</p>
<p><b>Russian:</b> РУССКИЙ – ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-888-203-7770 (TTY: 711) или обратитесь к своему поставщику услуг.</p>	<p><b>Hindi:</b> हिंदी: ध्यान दें: यदि आप अंग्रेजी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक उपकरण और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1 888 203 7770 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।.</p>
<p><b>Chinese Mandarin:</b> 中文 – 注意：如果您說[中文]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電1-888-203-7770 (TTY: 711) 或與您的提供者討論。」.</p>	<p><b>Polish:</b> POLSKI: UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-888-203-7770 (TTY: 711) lub porozmawiaj ze swoim dostawcą”.</p>
<p><b>Korean:</b> 한국어– 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-888-203-7770 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.</p>	<p><b>Albanian:</b> SHQIP – VINI RE: Nëse flisni [shqip], shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndhima të përshtatshme dhe shërbime shpresë për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi 1-888-203-7770 (TTY: 711) ose bisedoni me ofruesin tuaj të shërbimit.</p>



PO Box 3217 | Eau Claire, WI 54702-3217  
1-715-552-4300 | 1-888-203-7770